



## The gift

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I was doing my house surgency/internship after completing my undergraduate medical course (MBBS). Though the incident I describe happened around three decades ago, I still remember it clearly. The outpatient department where I was posted was crowded like in most government hospitals. In those days there were no postgraduates/residents at our institution, so interns used to see patients and write prescriptions.

One day a medical representative (MR) politely asked me if he could give me a gift. We were at the lower end of the hospital pecking order and someone talking nicely to us and giving us gifts was a big thing, and I didn't know enough about the matter, so I accepted.

The gift was a beautifully carved image of the Hindu God, Krishna, on a wooden stand with the name of the company mentioned on the front. I was happy that someone had noticed me and thought me worthy of attention. The gift was not large in value, but it created within me an urge to reciprocate and support this person who had been nice to me. Little did I know that it was precisely the effect the MR desired.

One of his products was a tonic and I started

prescribing it to patients. This tonic was more expensive than some others available in the market and was not always available at the pharmacies located around the hospital. But over time, since some of my batch mates were also prescribing the same tonic, the preparation gained in popularity and availability was no longer a problem.

Months passed, and I got used to the culture of accepting gifts and other sponsorship, especially since it was a common practice in those days among doctors in our teaching hospital. However, the more time I spent with my patients, the more I began to understand where they stood with regard to financial and other challenges. Ours was a government medical college and many of our patients were from socio-economically disadvantaged communities. I wondered at their ability to spend money on the tonics prescribed by me.

Then, one day, we had a discussion with our consultant faculty about tonics and their usefulness. One of them mentioned that he would not recommend prescribing tonics to all and sundry since simple changes in their diet could bring about sustainable change and would be far cheaper in the long run. He would, however, prescribe it to mothers as

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mothers often ate last and might not have enough to eat after catering to their family's needs.

His comments left me feeling conflicted. I felt I had an obligation to the MR who was nice enough to give me a gift, but I also had an obligation to my patients. Tonics, our professor had candidly told us, were just supplements and did not actually treat diseases. If tonics and multivitamin preparations offered no real benefits to most patients, then the expense to them was unjustifiable, particularly when they were already impoverished to start with. But how was I to reconcile these two obligations, one to the generous MR, and the other to my patients?

In those days, I was not aware of pharmaceutical promotion and the need for maintaining an ethical relationship with the industry. We were not educated on these issues and, once I began to feel conflicted, I did not know whom I could approach for guidance. Even our clinical meetings were sponsored by a pharmaceutical company, and conferences and symposia also had lavish dinners and hospitality. To my mind, the only way I could reciprocate the generosity was by prescribing the tonic that the company produced. But what was I to do about the families that struggled to meet their basic needs, knowing as I did that the expenditure involved in purchasing a tonic could have been better used elsewhere? I didn't have an easy answer then, but I've taken a proactive role, in the years since the incident, in mitigating - for future healthcare learners and practitioners - the struggle I underwent.

As an academician, I am involved in teaching medical students, and I make sure we discuss pharmaceutical promotion. I also pilot-tested a World Health Organization/Health Action International book on 'Understanding and responding to pharmaceutical promotion'.<sup>[1]</sup> Many of the techniques used by the pharmaceutical industry to promote their products are

discussed in this book. Giving gifts to doctors is mentioned as an important strategy. The gift creates a human urge to reciprocate and the easiest way for doctors to do so is to prescribe the medicines of the company. Newer medicines and more expensive ones are likely to be more strongly promoted.<sup>[1]</sup>

It is interesting that doctors who accept gifts from the industry seldom believe that their prescribing is influenced. But data shows these physicians request that the promoted products be made available in the hospital formulary. They also prescribe more of the newer medicines and fewer of cheaper generics, and their ability to critically evaluate claims made by the industry is reduced.<sup>[1]</sup>

Even small gifts buy the MR 'face time' with the physician and help in establishing a personal relationship between the physician and the MR. Then there are the patients: they report lower trust in the physician and in the health care system when they hear that their physician receives gifts.<sup>[2]</sup> Gifts may bias physician judgments and affect the primacy of patient welfare, autonomy, and social justice.<sup>[3]</sup>

Pharmaceutical promotion as an issue was not addressed during my undergraduate studies and I am not sure if it is addressed adequately even today. It is ironical that MRs are trained on how to sell their products and persuade doctors, while doctors receive very little training on understanding promotion and responding appropriately.

Teaching hospitals can regulate pharmaceutical promotion within their premises. Ideally all hospitals should do so. However, because the next generation of doctors are educated in teaching hospitals, these are the places where they should have proper role-models and where they can learn to understand and respond to pharmaceutical promotion.

The gift had a strong influence on my career path. I have now spent over two and half

decades teaching medical students rational use of medicines and about understanding and responding to pharmaceutical promotion. Putting the interests of patients first is the

primary responsibility of physicians and may require that pharmaceutical promotion and interactions with the industry be carefully regulated.

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