

Unethical Marketing Practices By Pharmaceutical Industry In Pakistan

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Abstract

The study aims to highlight the factors for unethical promotional practices by pharmaceutical industry in Pakistan. The study was intended to find who are responsible to initiate and continue these immoral services so that solutions may be suggested to minimize or end such practices. The population of the study contains doctors, pharma representatives, pharmacy stores, hospitals, health authorities and patients' attendants in hospitals. A convenient based random sample (N=200) was selected to collect the data using a structured questionnaire, obtained from literature. The data was analysed and presented using statistical and mathematical tools including mean, standard deviation, averages, ANOVA, f- test and z- test. The study comes to conclusion that these practices were started by pharmaceuticals and doctors which are responsible to continue these practices to accomplish their benefits especially financial gains. Moreover few doctors and pharmaceutical companies are striving hard to stop such practices by enforcing the law and regulations. The study suggests new legislation to stop such unethical practices through the higher authorities/committees. Also actions may be taken to stop promotion to the non-qualified doctors. Further, the companies need to develop and follow strict code of conduct, which should be part of initial training programs for their representatives. At the same time government law enforcement agencies are expected to work with true spirit to ensure ethical boundaries to develop a healthy and ethical atmosphere for patients.

Key words: Unethical practices, pharmaceutical industry, pharma marketing strategies.

INTRODUCTION

The human health is precious having no alternative and is at stake due to pollution and other environmental hazards and consequently the role of health care providers is vital in improving health related issues. It is the prime duty of the doctors to properly investigate the disease and recommend the treatment with full sincerity and devotion. To prescribe accurate drug is also a key decision for the doctor and thus the pharmaceutical companies and their representatives have a very sensitive role in providing accurate, reliable and trust worthy information about the drug they are promoting to the doctors (Chitnis, Limaye & Bhosale, 2017). The reading material provided with packaging of drugs should be authentic, true, reliable and with updated information. The practices or efforts made by companies are criticized at many forums as ethical or unethical focusing the need for the better services to humanity and quality human life.

The accurate and useful drug promotion is debatable for more than a century. World health organization has set criteria for medical drug promotion and referred it to all informational and persuasive activities of manufacturers and distributors to induce the prescription, supply, purchase and/or use of medicines. The unethical promotion is a major problem in the entire world but it is worst in third world countries (Chitnis, Limaye & Bhosale, 2017). The unethical drug promotion has two perspectives including the drug awareness and the other is the drug promotion. Researches have been conducted on drug relevant unethical practices but the literature on drug promotional practices are rare. It has been observed that the pharmaceutical companies spend huge budgets on market research for the unethical promotion. If such activities are prevented the funds can be used more on product research and development.

The drug unethical practices are deep rooted in Pakistan, and without involving in these practices the survival is too difficult for pharmaceutical companies. The promotion of drugs makes up a huge portion of practices by pharmaceutical companies in Pakistan. The evidences highlighted that these unethical practices at the cost of patients' welfare are continued in pharmaceutical industry with collaboration of government hospitals, authorities, chemists, doctors, and health related agencies. The promotional practices by the drug companies include percentages to doctors for prescribing the drugs. Moreover, the financial gains for doctor having several categories included monetary rewards, tours inside the country, tours in foreign countries, gifts of medical equipment and personal use items like laptop, mobile phones, air conditioners , cars, chamber or home decorations, sign boards , curtains etc.

Pakistan is the 6th largest country based on population and comprise of huge percentage of total global population. In Pakistan pharmaceutical industry is contributing in drug manufacturing and offer services for treatment of human beings. The role of pharmaceutical industry is vital and it needs to be explored and appreciated. There are about 650 pharmaceutical national and multinational companies operating in Pakistan, in these companies about 33 are multinational and the rest are national companies including importers, manufacturers, and franchiser. The growth of pharmaceutical companies is 9.4% per year, the 30 multinational companies enjoying 57% share, and the rest goes to national companies (Ahmed & Jalees, 2008; Khaliq et al., 2012; Ranae et al., 2009). The role of pharmaceutical is also momentous in providing employment to a major population of the country. According to Pakistan Pharmaceutical Medical Association (PPMA),

Pakistan's pharmaceutical industry is manufacturing high quality and essential products at affordable prices (Rana et al., 2009). It is also taking part to sustain economic growth in critical field of medicines within the country as well as the international markets. The business environment of Pakistan is energetic for pharmaceuticals to be successful, knowledgeable and based on high technology and yet a potential industry. Pakistan pharmaceutical industry is growing since last six decades, however still have potential to fill the gaps of demand and supply. Rana et al. (2009) explored that in Pakistan the pharmaceutical industry has many challenges in the market. These challenges are described as increased costs, competition in global and local markets, advancement in the field of technology and buying behavior of the retailers as well.

The role of pharmaceutical industry is vital for every nation and this role increases more significantly when we talk about developing countries. It is also important to consider the strong impact on manufacturing medicines in developing countries when it comes to the provision of economical/ least expensive medicines without compromising the quality of the product. Moreover these companies also supports in disaster like tremor, flood and deficiencies of food items. They fulfill their corporate social responsibilities by donation of medicines, grants and free camps for far areas of the country. The pharmaceutical industry, unfortunately have potential risks in providing effective quality of patient care. As patient is the primary focus point for the doctor and the need is to ensure that the health of patient is never being compromised at any cost, they will remain focus on the patients and the activities of medical representatives are considered to have great impact on prescribing behavior of the doctor all over the world. This study aims to evaluate the role of pharmaceutical industry in Pakistan, the unethical practices that are commonly observed and the responsible for initiating and continuing such practices so that to come up with some solutions to remove the conflict of interest. The study was restricted to medical community, pharmaceutical companies and the health care professionals. The main focus remains on medical services providers either they are doctors, policy makers, pharmacists or medical representatives of any drug companies. The study

investigates the intensity of the issue in Peshawar city and establishes the involvement of the health care professionals, pharmaceutical companies, and hospitals in such activities. The study has limitation to be conducted in one city and directs the future researches in all the cities of Pakistan to broaden the scope of study. It is however assumed that similar issues exist in other parts of the country.

LITERATURE REVIEW

The surveys and studies have highlighted that the unethical promotion practices became an acceptable tradition in pharmaceutical industry, and these routine practices are carried out with the involvement of doctors, pharmacies, and representatives of the companies at the cost of patient's health.

Pharmaceutical Industry and doctors

The American Medical Association (AMA) and many other authorities have developed and passed ethical guidelines and statuses, regarding refusal of gifts or give away from medical representatives, or accepting cash rewards or any type of compensation from the pharmaceutical representatives, but the practice still continue as cited by Jawaid & Jafary , 2004; Katz et al. (2010); Khan et al. (2013). Zipkin and Steinman (2005) studied the interaction between pharmaceutical representatives and doctors. They revealed that the representative and doctors' interaction is mutual and it is nothing unethical in such interactions. It is also confessed by the doctors in training that the pharmaceutical representative's interactions, frequency of visits, gift or give away and quantity of samples have a positive impact on prescribing any drug of the concerned pharmaceutical company (Wen et al., 2006). Ample distribution of the drug samples is the another way to influence physician prescribing behavior and according to a report in year 1999 samples distributed in USA, was worth 7.2 billion (Katz et al., 2010).

Marketing practices in pharmaceutical industry

According to World Health Organization (2011), the parameters for ethical drug promotion is weak in developing countries and needs ethical code of conduct. A case was inspected against Glaxo-Smith-Kline from Italian and German officials for supposed corruption of illegal favors to health care professionals from 1999-2002. After that event Glaxo-smith-kline developed a code of ethical conduct and it was compulsory for all representatives to clear that evaluation and even terminated those who violated. The drug promotional practices could be differentiated as ethical and unethical practices. The gifts with nominal value, pen, writing pads, dairy, calendars came under ethical promotion tools and paybacks, local or foreign tours, clinic decoration, home decoration, expensive gift like car, mobiles, laptop, air conditioners and other expensive equipment are part of unethical promotional practices studied Ahmed and Jalees (2008) and Khan et al. (2013). Ethics, values and code of conduct has been followed by many good firms. Although in small number but playing their role in ethical practices, not only through trainings and development of their representatives but also educating/ helping medical community to remain patient-focused. The year 2003 was a great wave about the struggle of pharmaceutical companies to influence the health care professionals and to make a close relationship with doctors controlling their prescribing behavior Lexchin (1995), Mintz et al. (2002), Lieb and Brandtonies (2010). These problems are flourishing day by day globally specially in developing countries. Smith R (2003) concluded that the relationship between the industry and the prescriber is in trouble and he advised to extricate the industry and medicine. According to a survey report of Mintzes et. Al (2002) pharma industry sponsors around 50%of general physicians in UK.

Unethical practices prevailing in market

A study in Nepal by Giri and Shankar (2005) highlighted the common problems of prescription switching at pharmacies, over prescribing drugs, and high cost of generic drugs over the research drugs. They explored an excessive use of drugs in hospitals, includes antibiotics, enzymes, and multivitamin preparations prescribed by the doctor and the consultant frequently visited by

company medical. It was also found that the medical representatives were freely allowed to meet doctors without having academic qualification. Ahmed and Jalees (2008), Khan et al. (2013); Lexchin (1995); Mintz et al. (2002) and Lieb and Brandtonies (2010) concluded in various studies that the use of unscrupulous and unethical marketing tactics by the industry not only to influence doctors to prescribe their products but also to provoke and persuade consumers need. A report based on the practices of the 20 of the world's largest companies highlighted that there are restrictions for drug companies, not to advertise the product to consumers and surprisingly these drug companies were promoting their drugs by student groups, people groups and chat rooms on internet (Lexchin, 1995; Mintz et al., 2002; Nagashekhara et al., 2012; Rohra et al., 2006). Further these studies indicated that the companies were educating people about modern life style diseases like stress, poor habit of eating, through press releases and other media. The main objective is ultimately to sell their drugs and gain profit. Katz et al. (2010) cited a report revealing the facts that the pharmaceutical companies in US pay out approximately 12 billion US dollars per year on rewards and other payments to doctors. The pharmaceutical companies are capturing medical professionals so are the key responsible unit for such unethical practices both in developed and developing countries (Ahmed, 2012; Haris, 2003; Lieb and Brandtonies, 2010; Lexchin, 1993). Giri and Shankar (2005) found the facts that the doctors were getting rewards/incentives for the drugs they prescribe for the concerned pharmaceutical companies, even though the more quality products at economical prices were also available in the market. The authors in a study in Nepal also explored that the pharmaceutical representatives can easily manage their personal travelling, lodging, and meal expenses under the head of conferences and seminars and it might be on the demand of doctors (Abbasi & Smith R,2003). Parmar and Jalees (2004) emphasized the difference between ethical and unethical drug promotion practices based on group discussion. The ethical practices by visiting doctors for drug promotion, showing the features and benefits of the drugs along with adverse effects and drug interactions, donating samples for patient use and give away of nominal quantities are acceptable and ethical way of drug promotion compared to unethical practices which include promotion on the bases of monetary benefits, and neglecting the patient's health and quality of life.

The review of literature leads the study towards the following hypotheses:

H₀: There is no unethical practices in pharmaceutical industry in Peshawar, Pakistan.

H₁: there is a high level of unethical practices in pharmaceutical industry in Peshawar, Pakistan.

H₀: There is no unethical drug promotion in rural and urban areas in Peshawar, Pakistan.

H₂: There is high level of unethical drug promotion in rural and urban areas in Peshawar, Pakistan.

H₀: The unethical drug promotion practice in Pakistan is not initiated by Pharma Industry.

H₃: The unethical drug promotion practice in Pakistan is not initiated by Pharma Industry.

H₀: Unethical drug practices are similar by the pharmaceutical industry than by the doctors in Peshawar, Pakistan.

H₄: Unethical drug practices are more by the pharmaceutical industry than by the doctors in Peshawar, Pakistan.

METHODOLOGY

The population of the study involved the doctors, pharmaceutical representatives, zonal managers and sales managers of top pharmaceutical companies, government officials, and medical officers from different specialty, hospitals, chemist and drug store (retailer). The study was conducted in Peshawar and focus was in rural plus urban areas of Peshawar city. Keeping the convenient accessibility and proximity of respondents, a convenience sampling technique (Suen et al., 2014) is used to select a sample of the government and private hospital doctors and general practitioners. A sample size of 200 respondents (Kotrlík & Higgins, 2001) is categorized as shown in Table 1.

Table 1. Sample of the study (n=200).

S/N	Samples	Male	Female
1	General practitioner	35	10
2	Pharmaceutical Personnel	57	15
3	Medical Officers	25	15
4	Hospital Authorities	10	02
5	Chemists	30	01

Source: Personal questionnaire.

The sample of the study consists of 157 male and 43 female respondents. The questionnaires were distributed and collected through sales representative and with clear understanding of the study objective. The intention to gain information is clearly to understand and measure levels of pharmaceutical effort in an ethical promotion and the doctor's perspective to respond different pharmaceutical representatives and their promotional codes. The hypotheses tested through statistical techniques like z test, f test and t test. And the qualitative measures were also taken based on the focused group discussions. The ten companies are selected on the bases of highest sales contribution in 3rd quarter of year 2016: including Glaxo Smith Kline, Getz, Abbott, Sami, Novartis, Sanofi Aventis, Pfizer, Searle, Hilton, Bosch. The data is analysed through hypothesis testing using the mathematical and statistical tools including, mean, standard deviation, ANOVA and presented using EXCEL and SPSS software. Four hypotheses were established for the study and verified through f-test, simple ANOVA, and z-test.

RESULTS AND DISCUSSION

Table 2 shows the results of the level of unethical drug promotion practices in pharmaceutical industry of Peshawar, Pakistan. Z-scores were computed for raw scores in the pharmaceutical industry data set.

Table 2. Level of unethical drug promotion practices in urban areas.

Mean	4.39
Standard deviation	0.54
Hypothesized mean	4.00
Confidence level	0.95
Critical value one tail	1.65
Critical value two tail	1.96
Z-calculated value	7.96

For the raw score 95%, $z = 1.65$. This z-score tells us that the level of unethical drug promotion practices in pharmaceutical industry is above the average. The results support the findings of Parmar and Jalees (2004).

Table 3 shows the outcome that the unethical drug promotion practices are high in rural area, thus the hypothesis is accepted. Z-scores were computed for raw scores in the pharmaceutical industry data set of rural area. For the raw score 95%, $z = 1.64$. This z-score tells us that the level of unethical drug promotion practices in rural area is above the average contrast to the findings of Parmar and Jalees (2004).

Table 3. Level of unethical drug promotion practices in rural area.

Parameter	Rural	Urban
Mean	4.66	3.83
Known variance	0.44	0.54
Observations	120	120
Z	9.19	
Z critical one tail	1.64	
Z critical two tail	1.95	

The essential aspect of study was to know, who is responsible for initiating these unethical drug promotion practices in Pakistan. Interestingly doctors, pharmaceuticals, pharmacies, and hospital authorities all have different point of views. The hypothesis was tested through simple ANNOVA and summary is given in Tables 4A and B.

The result rejects the hypothesis at confidence level 95% and (3, 476) level of freedom, the calculated f-value was 110.64 ($p < 0.05$) and the critical value was 2.62, explaining no noticeable difference on who initiated the unethical drug promotion practices in Pakistan supporting the study of Rohra et al. (2006).

Table 4 A. Opinion on who initiated the unethical drug promotion practices.

<u>Groups</u>	<u>Count</u>	<u>Sum</u>	<u>Average</u>	<u>Variance</u>
Pharmaceutical	200.00	436.00	3.63	2.52
Chemist	200.00	283.00	2.36	3.12
Doctors	200.00	138.00	1.15	0.46
Hospital	200.00	130.00	1.08	0.18

Table 4 B. ANOVA results.

<u>Source of Variation</u>	<u>Ss</u>	<u>Df</u>	<u>Ms</u>	<u>F</u>	<u>P-Value</u>	<u>F Critical</u>
Within Groups	747.93	476.00	1.57			
Between Groups	521.56	3	173.85	110.64	0.00	2.62
Total	1269.48	479.00				

The findings proved that the respondent trusts that the unethical drug practices have been initiated by the pharmaceutical companies with a mean of 3.63 and the doctor response is lower at this concern that is 1.15. Table 5 shows that unethical drug practices are more by the pharmaceutical industry than by the doctors in Peshawar, Pakistan (Jawaid & Jafary, 2004; Lexchin 1993). At 95% confidence level, the z critical value was -1.64 and calculated value was -4.18; falls in critical region.

Table 5. Opinion on who continued the unethical drug promotion practices.

<u>Parameter</u>	<u>Pharmaceuticals</u>	<u>Doctors</u>
Mean	2.78	3.72
Known Variance	3.43	2.56
Observations	120.00	120.00
Z	(4.18)	
P(Z<=Z) One Tail	0.00	
Z Critical One Tail	1.64	
P(Z<=Z) Two Tail	0.00	
Z Critical Two Tail	1.96	

Therefore, the hypothesis related to high contribution of pharmaceutical companies is rejected which means that

although the pharmaceutical companies are responsible for initiation of the unethical drug promotion practices in Pakistan but the doctors are responsible to continue these practices. The results support the study of Shah and Khawaja (2013).

Table 6 shows a qualitative analysis on the basis of different group discussion highlighted the mean values of the factors like monetary rewards, gifts, local and foreign tours, and clinic and house decoration given by pharma companies to the doctors. The results depict that the local and foreign tours (4.23, 4.47) having high mean values due to the reason that the pharmaceutical companies can show and compensate these expenses under the head of conferences and seminars.

Table 6. Tools of unethical drug promotion practices.

Monitory Rewards	Local Tours	Foreign Tours	Gifts	Chamber Decor	Home Décor
4.04	4.23	4.47	3.58	2.07	1.48

Ethically, the drug should be promoted to qualified doctors only; the opinion from respondents regarding drug promotion is presented in Table 7. The responses related to the point of drug promotion to nonqualified doctors, it was strongly refused by all the respondents, but fact is that drugs are being promoted to these doctors. The opinions of pharmacy, doctors, hospital, and pharmaceutical representative strongly in favours to have strict legislation against unethical drug promotion practices.

Table 7. Opinions from respondents regarding drugs promotion practices.

Parameter	Pharmaceutical	Doctors	Pharmacy	Hospitals
Drug promotion should not be to non-qualified doctors	1.53	2.19	1.19	1.29
Strong legislation should be against unethical drug promotion practices	4.42	4.76	4.51	4.35
Should be eradication of unethical drug promotion practices	1.58	1.67	2.08	1.71

But the fact is that even the existing rules are not being followed properly. The responses were under taken for the elimination of unethical drug promotion practices in Pakistan (Table 7), so all respondent have faith that the eradication of unethical drug promotion practices is not impossible. And still these practices can be stopped from the industry and health care community.

CONCLUSION AND RECOMMENDATIONS

The study mainly focused on the recommendations pertaining to ethical drug promotion, to avoid any conflict of interest and to improve quality of interactions between pharmaceutical

representative and healthcare providers. Thus it is proved that the level of unethical practices are higher in rural in comparison to urban areas. The common concept was that the pharmaceutical is responsible for initiating the unethical practices in industry. Therefore, it has been proved that the pharmaceutical company is not responsible for continuation of the practices rather doctors are found to be responsible for the continuation of unethical drug promotion practices (Lexchin, 1993).. The commonly used trappings for unethical practices were monetary prizes, local visits, and foreign visits. The drug company prefers these visits because of the reason that doctors prescribe their medicines and the expenses on these tours could be adjusted in conference and seminar head (Abbasi & Smith , 2003).. Doctors should avoid acceptance of gifts for the drug they used to prescribe. Although it is discouraged by all doctors and pharmaceuticals to promote drugs to non-qualified doctors but it is seriously needed to stop promoting drugs unethically. It is also encouraging factor that all respondents are emphasizing on the strong legislation against unethical promotion of drugs. However the legislation works when it is combined with society norms and ethical values. Majority of respondent were also in favor of eradication of unethical drug promotion practices on the part of the industry. And it is suggested that strong legislation by health care authorities and government agencies to stop or minimize these practices both by the doctors and the pharmaceutical industry. Legal rules and regulations must be followed by both pharmaceutical personnel and doctors' community (Jawaid & Jafary , 2004). It is highly recommended for the pharmaceutical companies to develop ethics and values sessions for medical representatives during initial training program (ITP). It should be a target free environment, patient focused working style and quality base promotion of products. Finally, it is concluded from the findings of the study that the doctors and pharmaceutical companies both are responsible for unethical drug promotion activities in Pakistan, and the thought-provoking fact is that pharmaceutical companies are responsible for initiating these practices and the doctors want to continue the same practices. These doctors not only ask for multiple favors and rewards but also refuse to prescribe drugs if their demands are not fulfilled by the companies. Recommendations are suggested to make a healthy and ethical interaction environment in medical and pharmaceutical field. The meaning of promotion is the provision of information about a product, which need to be sold in the market by highlighting the positive and good in the product. It is globally a visible difference in available resources for the sake of promotion and own information. That is why the health care professionals and representatives of pharmaceutical companies are focused to comprise in the biased relationship while covering all positive impacts of drug and neglecting or shading the safety concerns. Most importantly need to respect and appreciate the efforts of those doctors and pharmaceutical companies who always consider the patient at the center of their focus while each interaction, by practicing this single value we can change the whole society. Ensuring a code of ethics is mandatory that can establish an acceptable behavior with integrity of the company and sales representatives. Including these programs in initial training sessions is the need of the time. Drug regulatory authority should be an independent entity that must establish and implement a proper and strict legislation and get follow up by the authorities. Doctors and representatives training sessions should be encouraged by the authorities, companies or institutions. Government

institutions should stop bullying pharmaceutical representative and companies. Pharmaceutical manufacturing companies should be encouraged and heavy sales taxes should be reduced or remove so that they can adopt latest technology in medicine manufacturing. The very need is to modify the attitudes and to develop competencies within the trainees to tackle with pharmaceutical information and marketing.

Limitation of the study

The major limitation of this study was the short time period. It was not adequate to get comprehensive information from the whole population and to cover each and every aspect of the study. Other major constraints was the constraints in meeting and getting written responses from the personnel in data collection process, as the respondents belongs to a very busy class of the society, doctors are mostly in emergency situation. Their responses were also recorded in a restricted manner on the questionnaires.

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