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| Theme | Sub-theme | Physician | Pharmacist | Pharmaceutical representative |
| **Goal of the interaction between physicians, pharmacists and pharmaceutical representatives** | Educational | They bring you studies, they ask you if you have any questions so that they can get you the answers (Phys03 ) | If the drug is new, a professional provides us with information about this drug. Also, if there is a certain update concerning an old OTC {*over the counter*} drug, they inform us about it (Pharm04) | I talk about the drugs, the benefits compared to other drugs. Talk about mode of action, indications, side effects (PR01) |
|  | Promotional | The main goal of the visit is marketing of a drug. You see products in this world are advertised on newspapers.. and other social media sources, but regarding drugs it is logical that they are being marketed through physicians because they are the ones who prescribe this product (Phys12)  “They show you studies, or head to head comparisons between 2 drugs, sometimes some of them they try to convince you based on the financial aspect, for example they would tell you that this medicine is cheaper” (Phys09).  “Every time it’s for a different purpose, sometimes to invite me to a conference, sometimes to give me samples, sometimes to talk to me about the drug.” (Phys04) | Well, some {*pharma representatives*}come in a commercial way, like they approach us saying that we have the same generic medicine as that other company but you can have better gain from prescribing our medication (Pharm01) | Promote the product, encourage prescription (PR01) |
|  | Monitoring | --- | They *{pharma representatives}* ask me to monitor who is prescribing a certain medication (Pharm01)  This is called follow-up. They check how their medication is selling (Pharm02) | Track prescriptions by waiting at the secretary’s side to see the patient’s prescriptions or at the pharmacy because not all doctors are  honest (PR01) |
| **Criteria for targeting physicians and pharmacists** | Classification based on market potential | The companies have a certain classifications for the doctors “Group A” , “Group B”, “ Group C” depending on their impression whether this doctor prescribes for them or not […] A they visit the most , B is a bit less , C seldom , this is based on the prescription  (Phys10) | It depends on the classification of pharmacies whether it is classified as A++or A or B or C. The A++ contains more than 3-4 staff members and it is a large pharmacy, it should thus have a greater number of purchases, and from this point downwards the classification drops for example if the pharmacy has one door, or if the buying and selling process is low, or if it does not take big offers, therefore it does not catch the attention of the rep to increase his target. (Pharm10)  In old days, companies classified doctors into descending classes A, B, and C according to the reputation and experience of the doctor. It is important to note that 90% of doctors are dealers: they commit to a certain drug deal either for financial purposes or because they really trust the drug or for both drives (these are the majority). When you visit a class A doctor, your brand should be quality-effective; here the companies start competing for the classes of the doctors they want to deal with. Then, they found out that the vast majority of people visit class A doctor and thus the bulk of the prescriptions is focused on one drug. Hence, the companies changed the classification into two groups: On one side, a good doctor that works with us and a good doctor that doesn’t work with us, and on the other side, a bad doctor that works with us and a bad doctor that doesn’t work with us. (Ph04) | Pharmaceutical companies classify physicians in three categories, according to which they decide on how much incentives they would provide: A (high turnover of patients), B (highest turnover in their respective region) and C (low turnover of patients).” (PR04). |
|  | Specialty | Family medicine or internal medicine for example, see all of the drug reps because it’s a broad line. From antibiotics to multivitamins, cholesterol, diabetes, dyslipidemia to everything.  But for example cardiology is a bit more narrow and see only specific lines of drug reps (Phys01) | - Yes, because there are no limitations for cosmetics and multinational companies allow their representatives to use different ways that can get them more profit. When it comes to cosmetics, many deals are made with pharmacies (For example: If at the end of this year you reach a certain target you get a bonus of X% or if you reach a certain target you get a trip, gifts… etc). I don’t think this will ever stop because there’s a lot of competition in the field of cosmetics; this doesn’t only happened with pharmacists, it also happen with **dermatologists**. (*Pharm03*) | We choose who to visit depending on what kind of product we had. We choose the physicians that can use the medication in their specialty, to whom it would be useful. They would get the list of names of the specialists from the syndicate  (PR02) |
| Region they serve | --- | It depends on the location of the pharmacy; if it is a high-end, then people can afford to buy an expensive drug and so we tend to accept brand offers. If the region is low-end, we accept generics, same effectiveness but cheaper” (Pharm04). | Local companies have brand and generics. In [ Name of region] focus on products that are brands because patients don’t mind paying the price , in [name of region] you would focus on generics. (PR04) |
| **Nature of the interaction** | Friendly relationship | You sit down with her and she asks about your son and tells you about hers this kind of things (Phys11) | Some reps have been visiting us for 6-10 years, we would develop a friendly relationship and we become good friends (Pharm 01) | Some doctors meet with drug reps in cafes…because they have been working together for a really long time (PR01)  We establish friendly relationships with the main ones {*physicians and pharmacists*} (PR02)  Yes personal relationships…some like you and become friends so they prescribe more (PR01) |
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| Purely professional | Some are professional, and you can tell when they have a well studied product (Phys05) | It depends on the person. I become friends with some and with others I keep it professional (ph05) | --- |
|  | Very personal  Business | When a drug rep comes wearing short cloth and directly sits in front of you and crosses her legs on purpose. Of course some companies use that strategy to seduce the physician ( Phys 06 )  It *{interaction}* can be purely business (prescribe this so that I give you that or do this…) (Phys11) | ---  There are cases of both, but 90% it is the company’s strategy, they tell him do what you want but sell our product.(Pharm10) | There are reps in a local company who sleep with the doctors for the sake of promotion  (PR03)  Once a pediatrician wanted money for her services ($150) ; she told me to meet her at the hairdresser not the clinic so that no one knows ( PR02) |
| **Intensity of interaction** | Controlled | I have selected for them specific times during the month for example twice a month I have 2 hours where reps can come and visit me (Phys03) | --- | We usually take appointments, rarely any surprise visit. The secretary tells you when the doctor is free to see med reps in most cases (PR02) |
|  | Uncontrolled | On a daily basis […] because I am here most of the day I don’t schedule and just see them when I am free (Phys01). | It depends on each agent, every agent visits us once every 1 to 2 weeks or once per month. Again it depends on his  schedule. (Pharm12) | Surprise visits because we rarely give appointments so it is always a surprise visit  (PR01) |
| **Mutual benefits as a result of this interaction** | Pharmaceutical representatives receive bonuses | The reps also benefit, They tell us that they have a target. If they sell a specific amount of drugs per year they receive extra money (Phys02) | They usually have a target they need to reach by the end of the month and if I find that the drug is being sold then I would do him a favor and purchase an additional amount of that drug (Pharm10) | If you don’t get to the target you get a warning that you are not doing your job. If you do less than the average of your team you get a warning.  If you do more, maybe monetary bonus like 1500 $... multinational give more around $5-6000 (PR04) |
|  | Pharmaceutical representatives receive discounts /free consultations | --- | Yes I would give him/her the medication in the price we buy it as a pharmacy without profit (ph02) | When I need something medical I know which doctor to go to and I get a free consultation (PR04)  Pharmacists I deal with frequently give me medication in discounted price (PR04) |
|  | Boosts physicians’ reputation and status  No impact on physicians’ reputation and status | affect the popular reputation, patients would be impressed and say: Oh! They invited him to France to talk about this medicine” (Phys05)  The patient hears that this physician is good , that he adequately treated his neighbor, relatives ,friends etc..and that’s how the physician makes his own reputation with the patient without drug reps (Phys 06) | There are also circles among doctors themselves. For example, a circle of eight cardiologists take an offer from a company as a combination or a group . Therefore, a good doctor that does not work for a company might face problems for sure (Pharm04)  Therefore, a good doctor that does not work for a company might face problems for sure. (*Pharm04*) | ---- |
| Pharmacists receive free samples for personal use or special discounts | --- | They can give you free samples for personal use (*Pharm02)*  They give free drug samples; the pharmacist has the authority to do with them as you please. You can give them to your family or to someone for free (Pharm10) | To make deals with pharmacies: we offer them discounts if they get the drug from us (PR02) |
| **How pharmaceutical representatives are perceived?** | Sympathy | But the job of the drug rep is hectic because he has a target and if he doesn’t reach it they replace him. You feel they are exhausted, tired, trying to convince you to prescribe the medicine. (Phys10) | I think we should be considerate with a Med Rep because he is working all day long and I believe it is his utter right to know if the doctor he is dealing with is actually prescribing this company’s drug or not. (*Pharm04*) | --- |
| Annoyed | Drug reps are always following physicians around and hovering in the hallways here, and it is just annoying and it is so disrespectful for all of us and the image of the institution, like if the patient walks and sees like 10 drug reps (Phys05) | --- | --- |
| Gossipy | They {pharma representatives} gossip and talk a lot. Come on Thursday and see what’s outside… They all know and they all talk, go see their groups on their phone, if someone sneezed in the North they know the story, they have a huge network (Phys01) | Sometimes if the physician is unprofessional and the drug rep is angry, she might come bursting angry and talk about him (ph07) | Drug reps talk badly about other reps and teams…(PR04) |
| **Credibility of information provided by pharmaceutical representative** | Provide scientific information  Lack of knowledge  Provide biased information | The “ good ones “ they come with a study , and have a case to make , they are the least aggressive , and they know they have a product you need (Phys05)  You even ask them about the drug and they don’t even know what ingredients it contains.(Phys06)  If there is a study that does not show the importance of that drug or if the results were different from what they were expecting, they may not discuss it with us. But be sure that the rival drug company will discuss it with us. (Phys03) | As for the representative from the scientific office, he/she is concerned with indications and information about the drug. (*Pharm03*)  ---  If the representative is introducing a new drug he tells us about the drug, its benefits, side effects and its similarity to other drugs. Though they usually try not to tell us everything about its side effects, they usually tell us the info they receive from their company, they usually think that their product is the best product out there and this is normal (Pharm10). | Rep was required to present info regarding the product, like pamphlets and studies which were done on the medication so that they could prescribe them knowing what the medicine was composed of (PR02)  ---  I talk about the drugs, the benefits compared to other drugs (never say anything that is not true) with bias of course (depending on company credibility). Talk about mode of action, indications, side effects, studies (most important since it is concrete evidence about the product).(PR01) |
| **How physicians and pharmacists are perceived by pharmaceutical representatives** | Physicians break the code of ethics  Pharmacists breech confidentiality | ---  --- | ---  - I would say they would focus more on that physician and they see that their work with this physician has finally paid off (*Pharm08*) | Some doctors would sell free samples for cheaper prices… Sometimes they prescribe drugs that are not effective because they are paid for it (PR02)  Most doctors care about the deal not the drug and keep prescribing the worse medication. Some prescribe drugs for patients even though they know it won’t be beneficial in order for the patient to come back for another consult (PR01)  Some doctors prescribe the same medication from two companies to keep receiving their deals…E.g.: 2 anti- inflammatory, different brand names, one pill of each, 1 in the morning 1 at night (PR01)  If you are close to the pharmacist he might tell you the name of the doctors who are prescribing or stopped prescribing or prescribing competitor products (PR01) |
| **Physicians and pharmacists perception of each other** | Pharmacists are meddling with physicians’ prescriptions  Pharmacists at times favor financial gain over professionalism  Physician Pharmacist mutual benefits  Physicians are sometimes unprofessional  Physicians are overprescribing | The pharmacist doesn’t care about patient’s health. He only wants to sell and he sells the more expensive drugs because he benefits more. So they are changing the drugs we prescribe (Phys02)  The pharmacist doesn’t care about it (patient’s health) he only wants to sell and he sells the more expensive drugs because he benefits more. So they are changing the drugs we prescribe. (Phys02)  I was really sad thinking if someone I knew got sick  And needed a consultation, how would I  trust that he is giving me his real scientific opinion or because he gets a check at the end of every month to his bank ? (Phys01)  Take for example anti-osteoporosis medicines the doctor might tell people your bones are very good but this drug is preventive you should take it so they prescribe randomly” (Phys11) | If I find that the doctor prescribed two drugs of same benefit, I advise to take only one. Sometimes, in case of personal relation or an OTC drug that I want to sell and even to be prescribed by the doctor, I could help by changing the prescription, only if the prescription doesn’t have the term NS (non-substituted); this is allowed. (Pharm04)  “Each pharmacist, wants to profit the most of his work, or else no matter how professional he may be, if he’s not a good businessman, he’s not going to stay in business.” (Pharm03).  “Sometimes, someone would come to buy a medicine without prescription; we tell them no we can’t but they go to another pharmacy and they give it” (Pharm08).  The physician sends [patient]) to the pharmacy and the pharmacy gives the physician a certain commission and recommends that physician.” (Pharm07).  Some doctors are known in the country that they deal with the drug company till the very end no matter what the drug is. I will not name them; the drug companies know them and know how to deal with them. Since they are affiliated with this certain company, they have to comply with the requests of this company. Also, they do what the company asks them to do because they are getting offers in return (AC for example). Thus, they have the upper hand probably because they are financially committed to that company. (*Pharm03*)  For example, a medication with expiry date in 6 months, the drug rep will go incent the doctor in one way or another, whether it is based on the friendly relationship between them or a gift … to prescribe their drug more often. This usually happens in local pharmaceutical companies, unlike multinational ones… (*Pharm02*) | ---  ---  ---  --- |
| **Monitoring prescription** | Strategies  Through pharmacists | They used to go to pharmacies and ask who is prescribing their drug and they can have the information easily. Now it is much easier after the “Unified medical Prescription” has been introduced. You have one copy with the doctor, one at the pharmacy and one with the patient. They can take the copy of the pharmacy and look at it. (Phys02) | “If the company that is paying money wants to know how many prescriptions a physician wrote, you tell them the number and some reps take a picture of the prescription to know if the physician is prescribing the drug” (Pharm12)  I don’t always provide them with names. If I feel that things are getting too commercialized, I choose to stay out of it. (*Pharm05*) | If you are close to the pharmacist he might tell you the name of the doctors who are prescribing or stopped prescribing or prescribing competitor products (PR01)  Some drug reps who find out that a doctor is prescribing a competitor drug, go to the physician and tell him they saw prescriptions of the other company (PR01) |
|  | Third party payer  Secretary  Straight from physicians | So what, even if you regulate the pharmacist, there is still the 3rd party payer : social security they will still know ( phy07)  Maybe, perhaps because perhaps some physicians have secretaries that stamp their paper so she might see the prescription (phys09)  There are even doctors that take pictures of the prescription so that company believes that they prescribed (Phys01) | ---  ---  --- | ---  Sometimes if you become friends with the secretary, he/she could offer you information (PR01)  --- |
| **Initiation and value of incentives** | Pharmaceutical representative initiates the conversation  Physicians initiate the conversation | The drug rep tells you “how can we reach an agreement with you” or  “How can we arrange it?” or “How will you prescribe for us and how will we pay you” (Phys06)  I’m telling you a drug rep gave me a wide range of offers saying: “ would you like a monthly payment, travel, what do you like? “ (Phys10)  Sometimes even if the company doesn’t offer, I was shocked a while ago that doctors actually demand {incentives} (Phys01)  They {physicians} ask a lot. They can ask to sponsor a conference, to sponsor something for their clinic to buy for them a new cellphone, a new ipad, something they need for their work. They say why not (Phys03)  “There is a doctor that has a sign outside his office “if you don’t have a sample don’t bother coming in” (Phys01). | First of all, if we don’t know the med rep, he/she will introduce themselves and the company they are coming from. Then they talk about the medications he/she is responsible for promoting and their prices as well as the offers. (*Pharm05*)  Some doctors demand that they take their wives and children with them. … Some doctors are willing to prescribe any drug in return to the offers (*Pharm04*). | There are companies that make scientific meeting with pharmacists to encourage them to prescribe their products more (PR01)  To make deals with pharmacies: offer like giving them discounts if they get the drug from us. Everyone wants discounts. We used to increase the profit margin so that when we give discounts or free samples, we would still make a lot of money. (PR02)  Some doctors ask for contributions (money) or ticket and hotel to a congress, dinners/lunches, small conferences to be a paid speaker…(PR01)  Some physicians serve on the advisory board for some companies in order to get paid (PR03) |
| Value of incentives is based on physicians’ status | --- | They also target the less competent doctors (of course **less often** but they do) by offering them a **cheaper deal** than the more competent (*Pharm04*) | Very important people you give them more money to give a lecture due to position and title. Give more to someone giving a lecture in a congress than someone lecturing in a hospital though the content is the same  (PR03) |
| **Unanticipated Incentives** | Gold coins  Sexual Favors  Car | ---  There are doctors that I trust told me that there are sexual favors that are offered (Phys 11)  Yes there is of that sort (sexual favors) depends on the groups that’s travelling and it depends on the company. If they want to take him at night , they can take him for drinks and nightclubs, some of them even bring girls (Phys 01)  --- | I was offered gold twice and heard of that multiple times. (Pharm05)  Once there was a scandal concerning a certain multinational company giving sexual favors for doctors. This was later denied by the company. So even the multinational companies have their own mishaps*.* (*Pharm05*)  - (Mentions company name) offers travels for several doctors. The doctor can take his wife, if not his wife, his mistress. (*Pharm02*)  The company bought him a car and was paying the instalments When he stopped prescribing, they stopped paying for the car. (*Pharm05*) | ---  Sexual favors: during travel, they prepared “girls” for the doctors to choose from (PR04)  --- |
| **Impact on prescription practices** | No impact | No matter what they say, the prescription is my decision so they cannot influence me in what I prescribe although I receive them all I don’t have to prescribe what they give me (Phys03)  “If it is a medicine that you are used to prescribing a lot and it is good I don’t consider it wrong if they offer conferences or journal reviews or things of the sort.” (Phys07)  “I don’t prescribe it if I am not convinced, some of the drug reps are actually my friends and I still don’t prescribe for them if I am not convinced.”*(Phys09)* | --- | --- |
|  | Misuse  Sense of obligation | The patients show you a prescription from a certain doctor that is giving the same medicine for different conditions. “ My wife came and he gave her this, my sister came and he also gave her this.” Its like there is nothing except that company! ( phys06)  Many people are taking [name of medication] but they don’t even need them. (Phys11)  In general if there are similar medications and they are all good, I try to use everything.” (Phys08).  He’ll maybe prescribing drugs that are more expensive and this will harm the patient” (Phys11)  “They [physicians] tell you that they are giving you a reduction on this medicine although they received it for free.” (Phys10)  I was once in a very difficult time and I had to take samples from them for people in my family so now when I want to prescribe a drug from this therapeutic group the first drug that comes to my mind is this one (Phys11  )  Yet everyone is a human being. If a company sponsors your trip to a conference and the trip is costly and they sponsor it. They would ask you to tell them where the conference is and they do everything else. They book the flight, the hotel everything. It is a scientific conference and you are going to attend a scientific conference and not for a vacation. You appreciate that especially because it is very costly so it is so difficult not to prescribe for them. It is so difficult to say they supported me and I am not going to prescribe for them (Phys03) | - Some doctors are known in the country that they deal with the drug company till the very end no matter what the drug is. (*Pharm03*)  - It is becoming a trend where the doctor would prescribe several medications that are all NS for the same case, is the doctor really convinced that these medications are the best out there? I am not against the deal personally; the physician at the end of the day will get tempted. What makes a doctor choose between two generic drugs? Unless the doctor is actually refuses to prescribe anything but brand medications but nobody is perfect. **A Med rep friend of mine had an incident, where the doctor told him that all the prescriptions I issue include a particular antibiotic** (he named). Even if the drug is a multivitamin, it doesn’t justify it especially that multivitamins, like those for pregnant women, are currently the highest priced. (*Pharm05*)  - Since they (doctors) are affiliated with this certain company, **they have to comply with the requests of this company**. Also, they do what the company asks them to do because they are getting offers in return (AC for example). Thus, they are the **upper hand** probably because they are financially committed with that company. (*Pharm03*)  - Yesterday I was in the hospital, I was in the emergency room the physician told me that he needs to give the prescription even after I told him that I knew the required drugs, he prescribed 3 drugs, next to 2 of them he wrote NS, when I asked him why he did that he told me that he is obliged from the hospital to write prescriptions with NS, knowing that the drugs he gave me were normal drugs that could be easily changed for others.(Pharm11) | “Some doctors prescribe the same medication from two companies to keep receiving their deals, for example, two anti-inflammatory medications with different brand names, one pill in the morning and one pill at night” (PR01)  --- |
| **Social impact** | What is considered ethical or unethical | I think it’s the physician (that should be controlled) in the end but here in Lebanon I would add the pharmacist because the dispensing of products is not as regulated as other places. In an ideal situation it should be the physicians (Phys05)  There are some doctors who really do it (use the incentives/samples) in a good way to help unfortunate people” (Phys11).  There shouldn’t be any promotional material such as gadgets, travels, covering trips, sponsoring of research. Nothing! These should be done through the syndicate. The company who wants to contribute to the welfare of the doctors well it should be a group welfare it should not be individualize (Phys03) | Nothing about it is ethical. Whether the relationship between the pharmacist and the drug rep or the drug rep and physician. I am not against the deal, at the end of the day the aim is financial gain. There is only one person who didn’t benefit from his invention and that was the person who discovered the polio vaccine. Everyone else wants the financial gain. The red line is whenever there is trespassing of the patient’s health like when prescribing unneeded medication.  (*Pharm05*) | I think everyone is to blame; the doctors should not accept incentives and wouldn’t ask or them if they weren’t offered to them (PR04) |
| Impact on patient’s health | - Those are key players and it will affect the health of the patient definitely. Especially if the pharmacist changes to another drug and the patient trusts him and doesn’t tell the physician (Phys03) | - I know other pharmacies that work in collaboration with a physician. The former prescribes the drug, the price of each needle required is high and the patient needs 3-4 needles of the drug per session, the pharmacist would purchase a huge quantity of the drug from the agent, and thus he would receive an offer and would ultimately split the profit between him and the physician. (Pharm10)  - I know that other pharmacies might prescribe drugs sometimes not even related to the case of the patient just for the sake of selling. (*Pharm03*) | --- |
| **Recommendations** | Rules and regulations  Need for regulation  Need to overcome obstacles to regulation/ implementation | Every effort should be made not to allow this interaction and the aim of each of these three to affect your patient definitely. The key player is the doctor. (Phys03)  Regulation is important, should regulate the physician and the company, although sometimes I don’t blame the company. There are physicians who ask themselves and demand these incentives. (Phys01)  So what, even if you regulate the pharmacist, there is still the 3rd party payer: social security they will still know (Phys07)  Now since it’s not computerized nobody will know. They cannot catch hundreds and thousands papers of what is sold and what is done everyday.  As long as there are no computers and control, there will still be doctors that sell anything (Phys02). | Yes of course, but the law must be implemented gradually. Also I think that all deals must be presented to the Ministry of Health and should be reasonable and the ministry decides. The minister prohibited selling OTC drugs (like antibiotics) for 2-3 days and we faced many problems. Hence, the law must be studied thoroughly before execution. This all is for the benefit of the patient. But this might harm you as pharmacists…Yes but as long as it is applied to all, all what matters is the health of the patient. (*Pharm04*)  I believe these things are hard to force. The new generation doesn’t have the ideals our old generation has. For me personally, these ideals are the safety zone and it all goes back to the upbringing of the individual. And children nowadays are not being raised on these ideals.  Benito *Mussolini* said: “It is *not impossible to rule Italians*, but it would be *useless*”. And this is our current situation in Lebanon (*Pharm02*).  - In Lebanon we have many reasonable and good laws whether in the medical or nonmedical fields, but most aren’t applied. This is why awareness should be raised before the implementation of laws and regulations. (*Pharm03*) | We could follow Big international pharmaceutical companies which have two ethical centers: a medical department that  has selection criteria for congresses, and compliance and audit office that checks and audits all expenses and activities.  Unlike local companies no cash advance in multinational pharma…everything is  paid back according to receipts which are audited by the auditors (PR03)  --- |