

Socioecological factors linked with pharmaceutical incentive-driven prescribing in Pakistan

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Background

Pharmaceutical incentivisation can distort physicians' prescribing behaviour that can compromise patients' health and well-being.

Physicians who are under a burden of reciprocity with pharmaceutical companies may prescribe expensive and/or unnecessary medicines, even when less expensive alternatives are available in the market.

Objectives

1. To identify factors that contribute to physicians' engagement in incentive-linked prescribing.
2. To examine the extent to which multiple factors are interrelated and work together to produce contexts for incentive-linked prescribing.

Methods

A qualitative approach was adopted to seek the perspectives of 28 purposively selected policy actors (see Table 1) on incentive-linked prescribing.

A thematic analysis using NVivo (12) was performed to analyse the data.

The data themes were conceptualised in accordance with four key concepts of Bronfenbrenner's Ecological System Theory: micro, meso, exo, and macro factors (Figure 1).

Table 1: Participants' characteristics

Participants	Gender	
	Male	Female
Officials from regulatory institutions	4	2
Former officials from MoH	2	–
Pharmaceutical company executives	3	2
Pharmaceutical research consultant	1	–
NGO executives	3	1
Members of professional associations	4	–
Media and communication experts	3	–
Ethicists	1	1
Health promotion expert	1	–
	22	06
Total	28	

MoH, Ministry of Health; NGO, non-governmental organisation.

Affiliations

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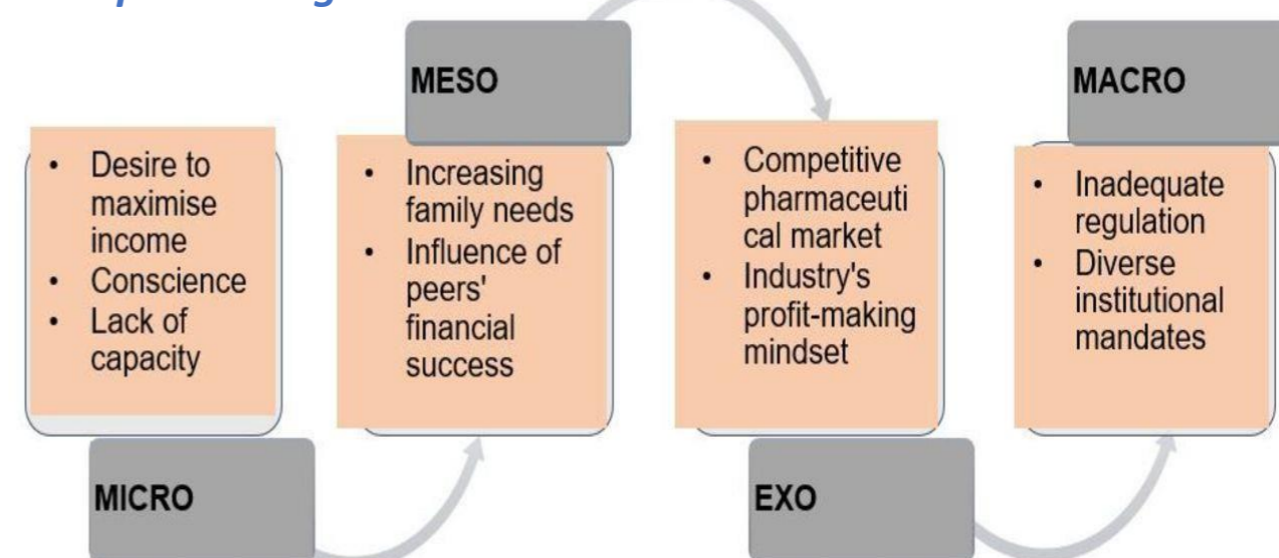
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Results

1. In addition to influences such as the increasing family needs and peers' financial success, sometimes physicians may naturally be inclined to maximise incomes by engaging in pharmaceutical incentivisation
2. The pharmaceutical market dynamics that involve that competition underpinned by a profit-maximisation mindset enable pharmaceutical companies to meet physicians' desires/needs in return for prescribing their products.
3. Inadequate monitoring and health regulations may further permit the pharmaceutical industry and physicians to sustain the incentive-driven relationship.

Figure 1: Socioecological factors linked with incentive-linked prescribing



Conclusion

The private sector plays a crucial role in delivering healthcare to almost 80% of the population. This implies that distortion of physicians' prescriptions through pharmaceutical incentivisation can affect a large proportion of the population, and, hence, achieving good quality of care can continue to be a problem, unless incentive-linked prescribing is addressed.

This goal can be achieved through providing continued formal education on medical ethics and quality of care and strengthening health regulation which can further help to physicians reduce incentive-linked prescribing.

References

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