Icebreakers—Unexpected Outcomes

Sir,

A clinic of a dispensing doctor is the best example of the amalgamation of healthcare professionals’ roles. This is the place where the diagnosis of the disease as well as prescribing and dispensing of medicines simultaneously occur. Not only in developing and transitional economies, even in developed countries doctors prefer to dispense due to incomplete pharmacy coverage, increased drug accessibility and availability for their patients and for financial gain. In developing countries like Pakistan and India more than 80% of the doctors dispense medicine and general practitioners earn their living as dispensing doctors. Despite this remarkable number of dispensing doctors, only 50% of the medicines are prescribed as generics in Pakistan. In the present era, of acclivitous healthcare costs, prescribing generic alternatives is known to be a cost-containment strategy. In this context, a qualitative study comprised of face-to-face interviews was planned to gather in-depth information from dispensing doctors regarding generic medicines. In every interview protocol one of the essential components is an ice-breaker. Ice-breakers are effective conversation tools that help the interviewer and the interviewee know each other. Ice-breakers can create an atmosphere that foster interaction, stimulates creative thinking, and energizes learners. In the current study, these ‘ice-breakers’ generated unexpected concerns.

The respondents insisted on changing the terminology of ‘dispensing’ to ‘Family’ Practice Medicine. Five dispensing doctors insisted on changing the term dispensing to ‘Family Practice’ or ‘Family Practitioner’, whereas six emphasized that it be changed to ‘General Practitioner’. Some of the respondents viewed dispensing as the domain of a pharmacist but due to the limited presence of professionally qualified pharmacists in pharmacies the doctors had to perform the role of both the prescriber and the dispenser.

Interestingly, one of the dispensing doctors showed a strong resentment over the financial incentives from the pharmaceutical companies and denied any visits from medical representatives at his clinic. Moreover, the respondent also blamed his peers who succumbed to the mammoth incentives from pharmaceutical companies and helped medical representatives to achieve their annual sales targets. This unnecessarily, self-justifying attitude paved the way for doubts and further probing in this case revealed astounding facts. By executing a couple of simulated patients it was revealed that the doctor owned two pharmacies around his practice setting. He prescribed only those generic alternatives and branded generics which are available in his pharmacies. All his patients were instructed to purchase the medicines from the same nearby pharmacies. The visits of medical representatives were directed to these pharmacies and the discounts and promotional campaigns were catered to the doctor via his professionally unqualified but trained drug seller in the pharmacy.

In fact, this is not unusual in Pakistan. Although the exact number is not known, many doctors own pharmacies around their practice setting and earn both as prescriber and provider. To date in Pakistan there is no law regarding dispensing by doctors. This absence of law may be considered by doctors as a general presumption of permissibility to dispense and thus, they stepped into the shoes of the dispenser also, performing the role of both the provider and prescriber.

REFERENCES


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