

COMPLIANCE OF ETHICAL PROMOTION



FROM HEALTH CARE

PROFESSIONALS PERSPECTIVES

Agus Purwadianto

Indonesian Medical Association



Asia Pacific Pharma Congress,
Kuala Lumpur, 9 – 11 September, 2013

Collusion

Any Privilegest
for U and me ?

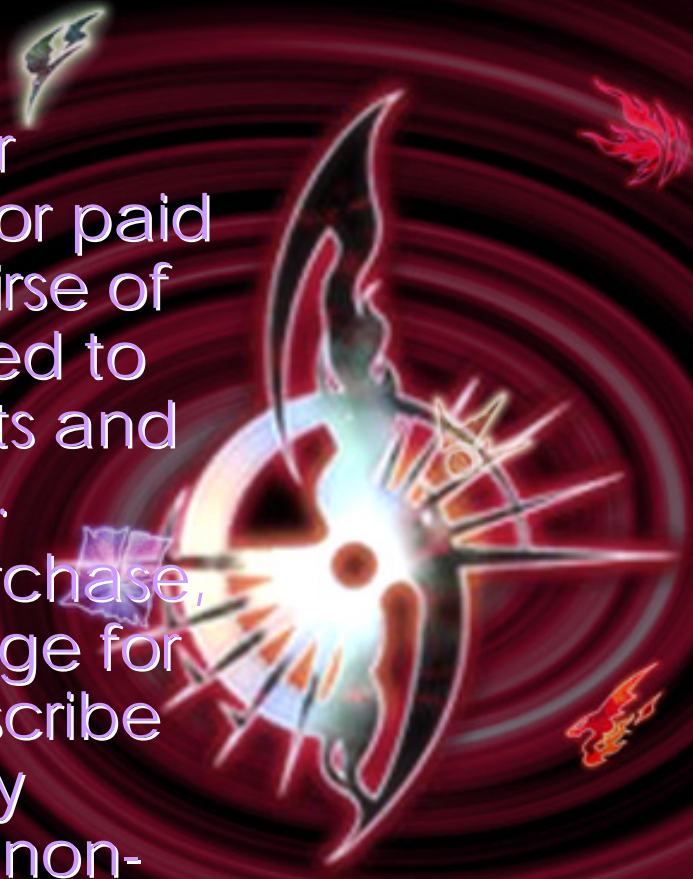
CME cost

SAME INTEREST

- The “Everlasting” phenomenon : Health Care Professionals (HCP) – Biopharmaceutical sector/Pharma Industry (PI)
 - Profit seeker in their relation (moral hazard)
 - (technical) fraud “feasibility”
- Even both side have Ethical Code as guiding principles
 - Rationalization of their ethical “necessity” respectively

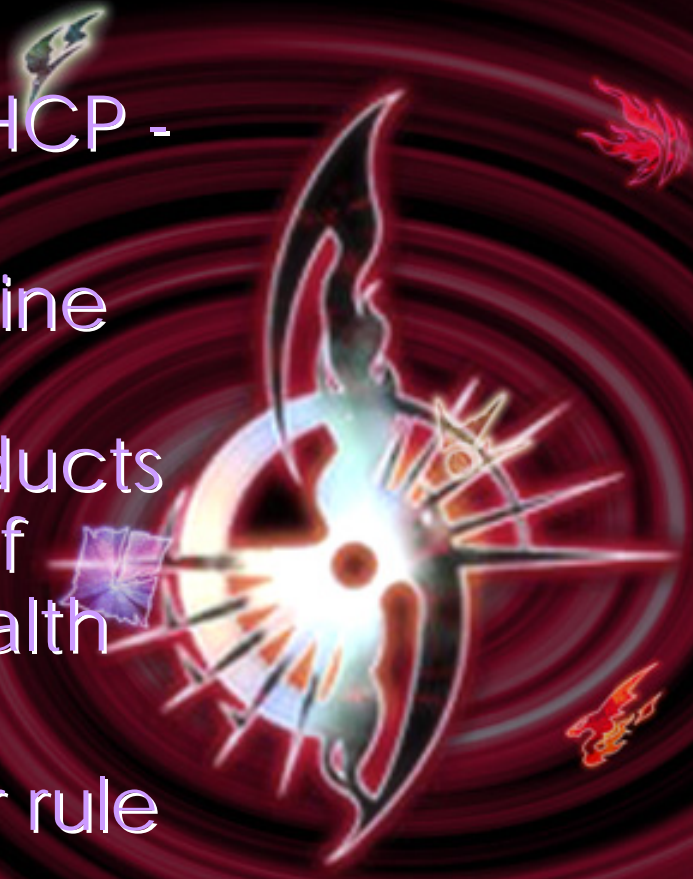
HEALTH CARE PROFESSIONALS

- A provider of medical or health services and any other person or organization that furnishes, bills, or paid for health care in the normal course of business, including but not limited to physicians, nurses, or pharmacists and their staff (APEC MCP Principles).
- An individual and entity that purchase, lease, recommend, use or arrange for the purchase or lease of, or prescribe Companies' medical technology products (including clinical and non-clinical individuals who make product-related decisions - APEC KL Principles).



HCP ON THIS REGARDS

- DR/Dentist, etc = clinical encounters, micro ethics (1 HCP - 1 Patient relationship)
- HCP have a rights to determine the proper drugs/medical devices of prescriptions products from PI for the best interest of patient via dispensary or health care facilities
- In line with the best & proper rule of their ethical standard
-



DEVIATION OR MISCONDUCT

- From their excessive professional power → collusion, corruption and nepotism among them
- The popular "modus operandi": :
the "hired HCPs" or collaborators from
"the commercial" PI

TEMPO
INVESTIGASI

Mahalnya Harga Obat:

Dewa Penyembuh Haus Komisi

Harga obat jadi sangat mahal, sebagian karena praktek kolusi pabrikan farmasi dengan para pejabat. Para pejabat berwenang tak bisa berbuat apa-apa untuk memperoleh bukti. Investigasi ini menemukan sejumlah bukti autentik: transfer uang dan formulir perjanjian yang nilainya ratusan miliar rupiah.

Wajah Dokter Indonesia

Oleh:

Masyarakat

Tempo, Edisi 2-8 April 2001

**Creator of the
Dependency syndrome**

Conflict of interest

Harm



**Kompas, Minggu 8 April
2001**

saya harus pulang lebih cepat karena sakit (badannya bintik-bintik merah). Setiba di sekolah pukul 12.05, oleh kepala sekolah
kasi dan siap menggantikan
Kepada Pemda Provinsi Ban
agar memperhatikan RSU
ngor...

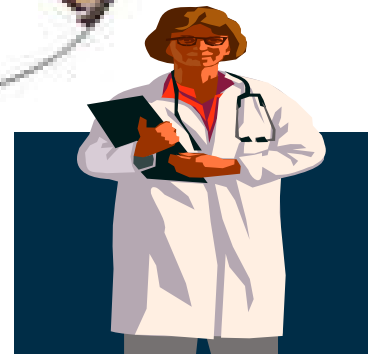
...an tindakan, baru
... surat

DEVIATION OR MISCONDUCT

- From their excessive professional power → collusion, corruption and nepotism among them
- The popular "modus operandi" :
the "hired HCPs" or collaborators from
"the commercial" PI
 - Known as "contracting" DR-PI

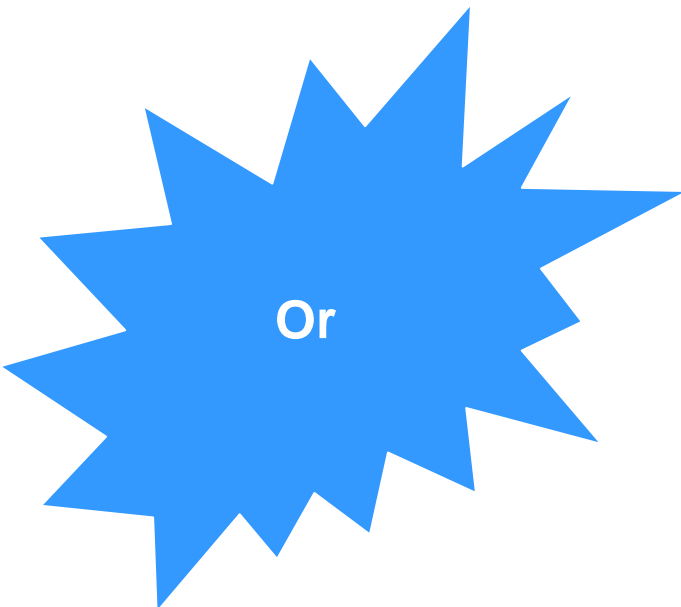
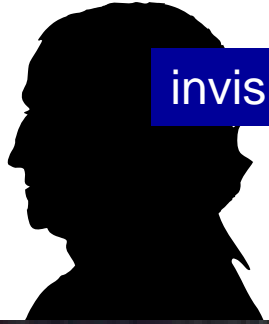
“the promotor/motivator of the vice”
(profit seekers), not best interest
of patient/client

Which one
the truth ?



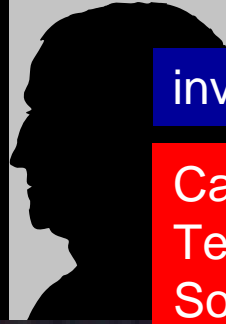
**Employee/Agent
or “representative”
of a PI**

invisible powerful person /players



invisible powerful person /players

Capital
Technology
Social influence
Collectivity/globality
IMS



“Peanuts”

Businessman

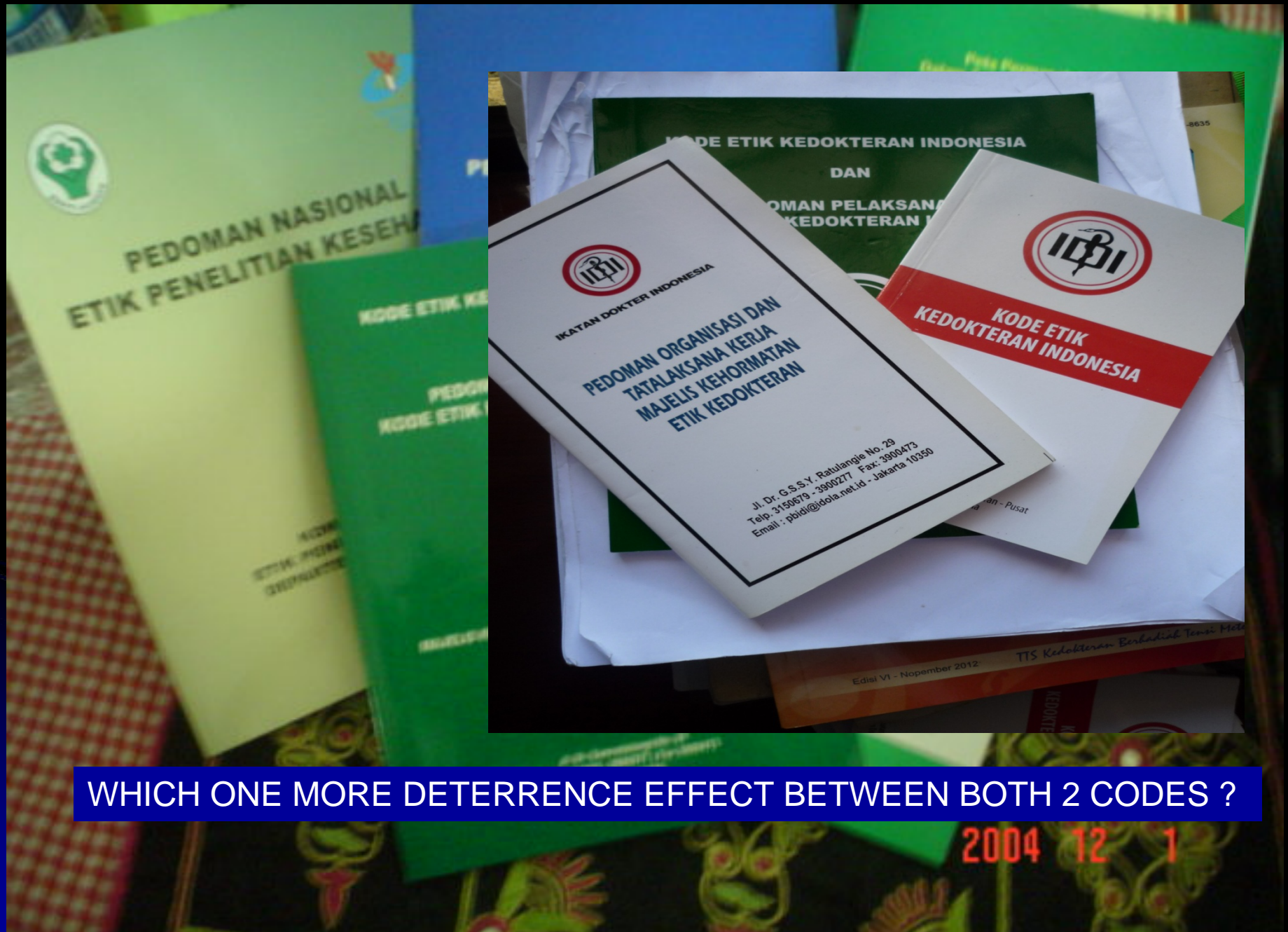
Sponsor

- self-interest ethics
- Contract
- Consumer orientation
- Not oath taker
- Vocational/profession

vs DR

User (learner intermediary)

- Beneficence – humanitarian
- Covenant
- Patient Oriented
- oath taker profession
- Noble profession

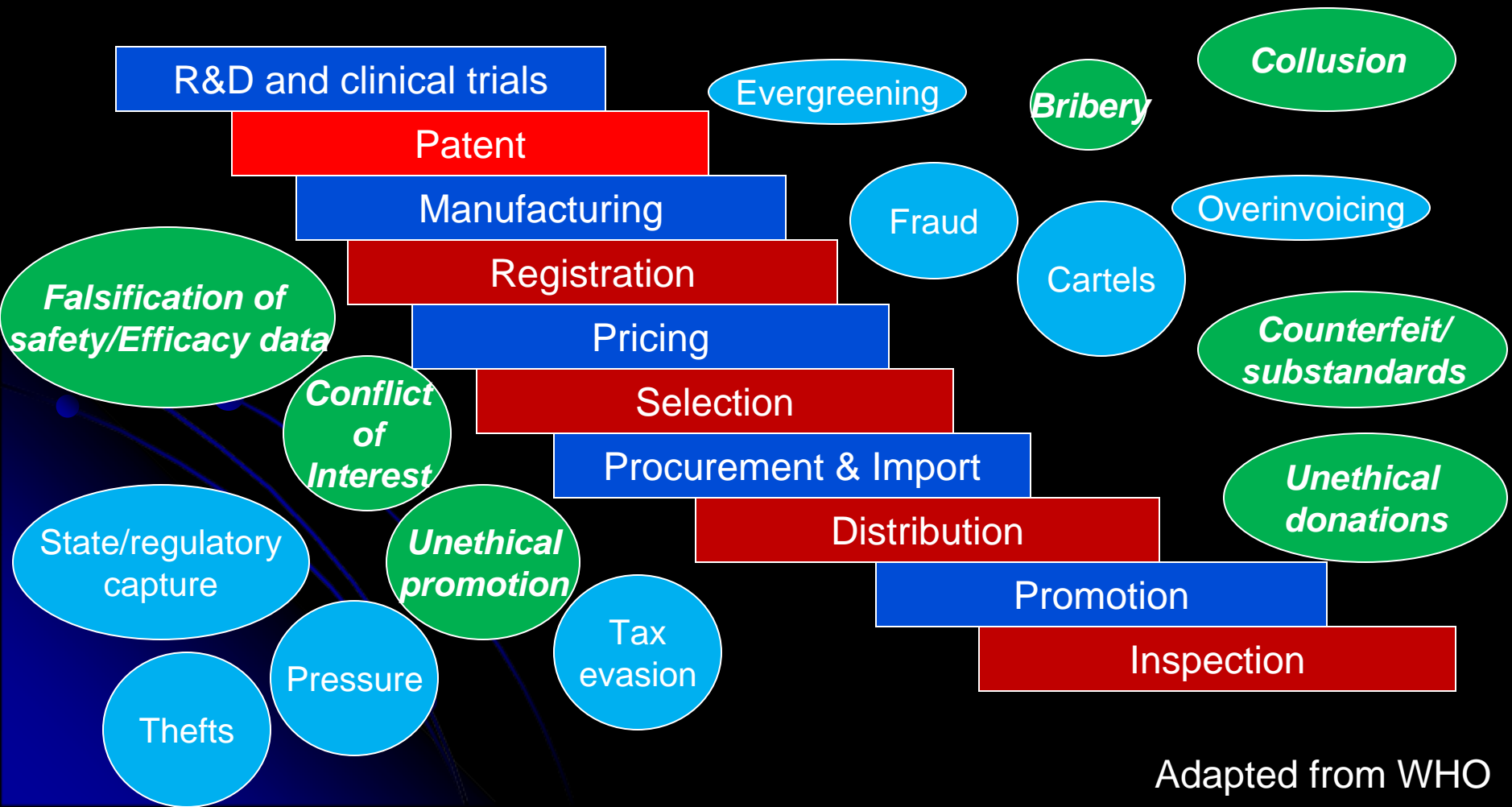


WHICH ONE MORE DETERRENCE EFFECT BETWEEN BOTH 2 CODES ?

2004 12 1

UNETHICAL PRACTICES IN THE MEDICINES CHAIN

Italics fall under PHAP/Ethics Committee Concerns



Mode of collusion

- Doing services (on drug prescription)
- Fee splitting (dichotomy)
- From : Individual, sporadic, follow the “trend setter”, endemic → collective action, “well-planned”, epidemic → “contracting Dr-PI”
- New drug research → scientific collaborators recommending the drug’s EBM → CPD forum



Harmful vs Benefit on gift donation

- Blurring objectivity (deviating the Med indication)
- increasing drug price
- Naming & shaming the DR : “DEPENDENT COLLABORATOR” : doing CME if only supported by PI
- sparking conflict of interest
- facilitate learning on competencies
- not undermining clinical judgment
- if not you, other Dr will do, scientific meeting more unfrequent
- Modified from Bernard Lo,p 303 – 304.

CCN PRACTICE ALWAYS DETERIORATING

patient's rationality



- (a) getting treatment - maximizing his life expectancy → MUJARAB (good efficacy)
- (b) best quality of life → MUDAH (simplicity)
- (c) best opportunity the combination between services availability and variety of natural life → MURAH (economicity)

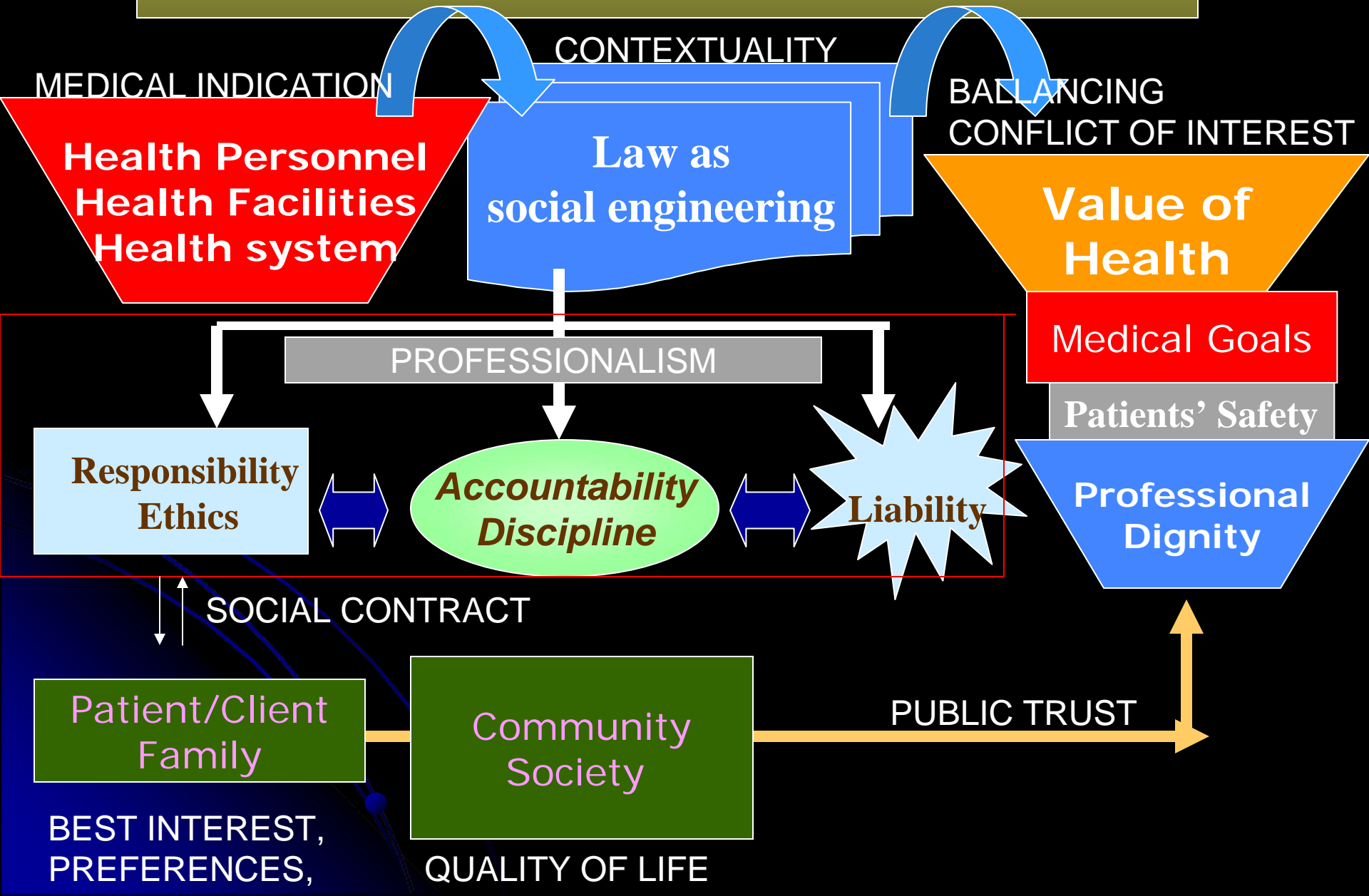
Compliance Strategy

- Strengthening the DR's integrity (internalization of the best interest value's of patient)
 - Golden rule's principles
 - Awareness raising and capacity building of bioethical principles combine with value clarification method
 - Socialization of ethicolegal system including medical professionalism by using the triad of responsibility – accountability & liability

But reciprocally ? Can the employee/agent or "representative" of PI achieve it similar ?

Ethico-legal System

Agus Purwadianto, 2005



Compliance strategy (2)

- Updating the Code of medical ethics
 - Indonesian Code :
 - elaborating the articles with several extended detail rules –
 - and their elucidations respectively
 - For easier comprehension



Adoption of Current Principles

- Kuala Lumpur (for medical devices) and Mexico City Principles (for biopharmaceutical)
- → The Medical Code & it's SOP : include area of concerns : conflict of interest, whistle blower, policy on referral, gift giving/receiving, ethics of CPD/CME, interprofessional communication, compliance, and internal report.

Basic rule - Art. 3 Kodeki : professional integrity

EXTENDED ART :

Dr has moral responsibility to prevent the patient or any parties who deviating or violating the law and/or ethics intentionally or unintentionally through physician practice or work.

Dr is forbidden to any conduct which lead to disappearing professional freedom and integrity which mention on Art. 3, i.e. :

Extended Art. 3 point 15

(15) Dr shall support government's program of anti corruption, collusion and nepotism (CCN) as well as professional association and any parties' similar program.



Elucidation of Ext.Art. 3 point 15

(15). Including these programs are awareness of anti CCN ie : the PI association (IPMG) program to implement *The Mexico City Principles* which is using health care & patient focus, transparency, integrity, independence, accountability, legitimate intent. And the medical device industry's association (GAKESLAB) program to implement *Kuala Lumpur Principles* : integrity, independence, appropriateness, transparency, advancement. Dr shall give the sympathetic support for the victims from the enforcement of anti-CCN program.

Compliance strategy (3)

- Empowering the external institutional control
 - MKEK IDI for individual doctor's deviant
 - MAKERSI for hospital's deviant
 - Ethics reviewer board for GP Farmasi
- Joint examination of the above mentioned board to tackle : both of the “tango dancers”

THE EFFECTIVITY OF JOINT ETHICS BOARD

- Shared formal legitimation and mutual resources support from their professional's association
- Clarity of each jurisdictions from their organizational bylaws respectively → implementing 2 divisions : a. The judge & b. The advisory body
- Panel of judge = highly integrity, respectable and impartial Dr, laymen with goodstanding → upholding confidentiality principle
- Member of advisory body → competence on respective current Code of Ethics + SOP's and has the mutual spirit → apprenticeship experience as the next judge's panelist & the "executor" of ethical punishment for violators

CONCLUSION

- *All collusion case as deviants of HCP's and PI's Code of ethics and ultimately the "contracting PI - Dr" as "cruellest dyadic species" shall be punished as the implementation of compliance strategy by joint HCP's and PI's ethical and disciplinary board.*
- *The ethicolegal system could be use as preventive and pre-emptive method of compliance strategy for any HCP and PI's individually as well as institutionally to uphold the best patient's interest and need.*

