

## LETTER

**Educating healthcare professionals about pharmaceutical promotion**

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**Keywords:** Fiduciary relationship, pharmaceutical promotion, physicians

I read with great interest the editorial on the pharmaceutical company–healthcare relationship published in the April-June issue of this journal [1]. Clinical practice guidelines are increasingly used by physicians to guide treatment decisions, and the pharmaceutical industry focuses on influencing the authors of these guidelines. Almost one in four guideline writers with no disclosed ties may have potentially relevant undisclosed ties to pharmaceutical companies [2]. Doctors are in a fiduciary relationship with patients and expected to act in their best interests. The relationship with the industry influences doctors in several ways; they may obtain information about medicines, but this information has been provided with an intention of influencing prescribing and increasing sales of the medicine [3].

**Educating students**

My colleagues and I have been involved in teaching the rational use of medicines along with understanding and responding to pharmaceutical promotions to medical students for over two decades [4]. Health Action International, in association with the World Health Organization, published a book on *Understanding and responding to pharmaceutical promotion*, which is one of the free resources available to educate students about such promotions [5]. Disparate methods are used to teach medical students to interact “properly” with the industry, making comparison of the effectiveness of different teaching methods difficult [6]. Identification and analysis of context-dependent educational interventions is needed. Published studies from developing nations may be few. Incorporating understanding and responding to pharmaceutical promotion in the medical curriculum is required. It is also important to study the impact of this initiative.

**Clinicians’ interactions with the industry**

Medical representatives are a key part of the pharmaceutical sales force. They build personal relationships with doctors and may provide incomplete medical information to influence prescribing and offer a variety of incentives to prescribers [7]. Clinicians may have a positive attitude toward promotion, regarding it as a means to obtain information about drugs and other benefits [8]. They also expect their continuing medical

education (CME) needs to be sponsored by pharmaceutical companies. Developing countries do not yet require CMEs to be provided independent of the industry. A recent article argues that the fiduciary nature of the physician’s relationship with patients requires CMEs to be provided by medical professional societies [9].

**Academic detailing**

Medical students should learn to understand and respond to pharmaceutical promotion during pharmacology sessions and their clinical training. Several exercises can be conducted using free resources. Clinicians should be role-models of appropriate behaviour with the industry. This education should be reinforced during postgraduation, and unbiased information must be provided through academic detailing, a structured educational programme in which a trained healthcare professional visits healthcare professionals in their practice to provide tailored evidence-based information [10]. In developing nations like India, major challenges to implementing academic detailing include inadequate funding, lack of human resources, lack of health information, and the influence of pharmaceutical promotion. Educating doctors and other professionals about pharmaceutical promotion is vital for them to fulfil their primary fiduciary duty to their patients.

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## Unverified medical certifications surge amid telemedicine guideline ambiguities

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Telemedicine technology plays a crucial role in addressing healthcare challenges, particularly in countries like India, by mitigating physician shortages, reducing patient burden and costs, and aiding in disease prevention. The term telemedicine, meaning "healing at a distance," was coined in 1970 [1]. It encompasses the use of electronic, communication, and information technologies to deliver healthcare services remotely. To regulate telemedicine practice, the Government of India released telemedicine guidelines on March 25, 2020, during the Covid-19 pandemic [2]. The National Medical Commission (NMC) added the Telemedicine Practice Guidelines as Appendix-5 to the Professional Conduct (Etiquette and Ethics) Regulation 2002 of the erstwhile Medical Council of India (MCI) [3]. Additionally, on June 11, 2020, the Insurance Regulatory and Development Authority of India (IRDAI) recognised teleconsultation services for insurance claims [4], which led to a surge in telemedicine consultations and the proliferation of various apps and service providers.

Telemedicine has proven to be invaluable during natural disasters and in remote areas. It reduces patient costs, time, and effort, leading to widespread acceptance of teleconsultation as an alternative to in-person consultations. Additionally, patients do not need to be physically present, reducing hospital burden, preventing the transmission of infectious diseases, and enabling easy digital record-keeping accessible, anytime and anywhere.

### Lacunae in existing guidelines

Indian Telemedicine Guidelines have significant gaps, such as the absence of specific data protection laws, the lack of a mandatory grievance officer as per the IT Act [5], unclear jurisdiction for professional misconduct, and the need for national or interstate registration of Registered Medical Practitioners (RMPs), as RMPs can consult patients from any location within India. Furthermore, the guidelines do not address the issuance of medical certificates via teleconsultation or their validity.

Medical certificates are essential for medico-legal and administrative purposes. Issuing false certificates is a serious offence, equivalent to giving false evidence in court, under Section 234 of the Bhartiya Nyaya Sanhita (formerly, Section 197 IPC) [6], and punishable by up to seven years of imprisonment. Standard medical practice requires thorough physical examinations and appropriate investigations before issuing certificates for fitness, sickness, or disability. Teleconsultation does not permit in-person recording of patient vitals by RMPs, making it unreliable for certificate issuance.

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The Telemedicine Practice Guidelines allow and have been effective for outpatient department (OPD) consultations and patient follow-ups; but restrict teleconsultations in emergencies, complex surgeries, and invasive procedures. These guidelines do not provide directions on issuing medical certificates following virtual examinations.

The legalisation of telemedicine has led to a surge in startups offering digital apps that promise various services, including teleconsultation, medication dispensing, and diagnostic tests, often with incentives like discounts and cashback. It is challenging for laypeople to distinguish between legitimate teleconsultation apps with qualified RMPs and fraudulent apps that scam users. Recently, some startups have advertised issuing medical certificates via teleconsultation, aggressively marketing dubious products online, promising certificates within minutes from RMPs based on simple questionnaires. These platforms falsely claim that their certificates are valid under the telemedicine guidelines issued by the NMC/MCI.

Medical certificates are often used for medico-legal or administrative purposes. The online certificates issued, based solely on patient-provided answers, lack a mechanism to verify the patient's claims, allowing individuals to feign illness to obtain false certificates. The responsibility for issuing false certificates, which is legally punishable, rests on the RMP. Feigned illnesses for personal gain can negatively impact the country's economic growth due to sickness absenteeism and loss of productivity.

A review of international telemedicine guidelines, such as those issued by medical boards in the United States,[7], Australia [8], New Zealand [9], and the Standing Committee of European Doctors [10], advises that teleconsultation