

# Assessing India's Uniform Code of Pharmaceutical Marketing Practices 2024: A Skeptical Perspective

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IndraStra Global Wednesday, March 20, 2024 (2024-03-20T03:49:00-04:00) Edit this post

By IndraStra Global Editorial Team



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The recent Indian government directive aims to curb pharmaceutical companies' practice of enticing doctors to prescribe their medications through various inducements such as gifts, vacations, and educational materials. The 10-page document, titled the **Uniform Code of Pharmaceutical Marketing Practices (UCPMP) 2024**, delineates a set of regulations for the industry to adhere to in the marketing and promotion of pharmaceutical products. However,

despite the government's efforts, there are doubts about the effectiveness of the UCPMP in achieving its intended goals.

Gone are the days of lavish gifts, extravagant trips to Thailand or the Maldives, and sumptuous meals at high-end restaurants—all provided by pharmaceutical companies to influence doctors' prescribing habits. The government's stance is clear: no more freebies. The UCPMP serves as a blueprint for reigning in such practices, setting forth rules, and outlining potential consequences for violations that may necessitate investigations and penalties.

On the surface, the UCPMP is a step in the right direction towards promoting transparency and ethical conduct within the pharmaceutical industry. By prohibiting the provision of gifts and incentives to doctors, the government aims to safeguard the integrity of medical practice and ensure that treatment decisions are based solely on patients' best interests rather than commercial interests.

However, skeptics argue that while the intentions behind the UCPMP are noble, its effectiveness remains questionable. Critics point to loopholes in the code that could undermine its objectives. For instance, the Alliance of Doctors for Ethical Healthcare (ADEH), a network advocating for ethical standards in medicine, has criticized the code, labeling it ineffective and describing it as a mere *"window-dressing"* exercise. According to the ADEH, the lack of meaningful penalties or enforcement mechanisms renders the code toothless in deterring companies from engaging in unethical behavior. They argue that without stringent consequences for violations, pharmaceutical companies have little incentive to adhere to the guidelines outlined in the code. Moreover, while the UCPMP 2024 mandates transparency regarding the funding of medical education programs and the selection of conference speakers, critics argue that it legitimizes potentially problematic practices without providing adequate oversight.

Moreover, enforcement mechanisms for the UCPMP are also a cause for concern. Pharmaceutical companies may continue to flout the rules with impunity without stringent oversight and penalties for non-compliance. Additionally, the effectiveness of self-regulation within the industry remains to be determined, as companies may prioritize profits over ethical considerations.

Sanjay Parikh, an advocate representing a federation of medical representatives' associations, emphasized the absence of a legal framework to penalize pharmaceutical companies for code violations. While the National Medical Commission (NMC) can take action against doctors who breach ethical standards, there are no corresponding provisions to hold pharmaceutical companies accountable.

Arun Gadre, a member of the ADEH, echoed these concerns, emphasizing the need for statutory regulations with enforceable penalties to ensure compliance. He noted that the lack of punitive measures has undermined the effectiveness of previous iterations of the code, such as the 2015 version, which has had limited impact in curbing unethical marketing practices.

Furthermore, the issue of transparency and disclosure poses a significant challenge. While the UCPMP mandates disclosure of financial relationships between pharmaceutical companies and healthcare professionals, the onus is often on individual doctors to report such relationships. This reliance on self-disclosure may result in underreporting or non-compliance, further eroding the credibility of the code.

Malini Aisola, an All India Drug Action Network member, expressed similar concerns that the code's provisions regarding industry-funded educational activities could inadvertently promote biased information dissemination. Aisola further highlighted the evolving nature of unethical marketing tactics, noting that companies have increasingly resorted to subtler forms of influence, such as offering doctors consultancy positions or advisory roles. The UCPMP 2024 attempts to address this by allowing companies to engage doctors in such capacities for legitimate research purposes. However, questions remain regarding the potential conflicts of interest and the adequacy of safeguards to protect patient interests. Legal experts have also raised doubts about the enforceability of the code.

In addition to concerns about enforcement and transparency, there are broader questions about the underlying dynamics driving the relationship between pharmaceutical companies and healthcare professionals. Critics argue that relying on industry-sponsored research and marketing tactics may compromise the independence and objectivity of medical practice.

Despite these challenges, proponents of the UCPMP remain hopeful that it will lead to meaningful change within the pharmaceutical industry. They emphasize the importance of fostering a culture of ethics and accountability, where patient welfare precedes corporate interests. However, achieving this goal will require sustained efforts from all stakeholders, including government regulators, healthcare professionals, and pharmaceutical companies themselves.

**EDITORIAL NOTE:** While the UCPMP 2024 represents a significant step towards addressing unethical marketing practices within the pharmaceutical industry, its effectiveness hinges on robust enforcement mechanisms and a commitment to transparency and accountability. Only time will tell whether the code succeeds in achieving its objectives or falls short of expectations. Nevertheless, the UCPMP debate serves as a critical reminder of the complex interplay between commercial interests and patient care in modern healthcare systems.

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