

Doctors, Pharmacy Students and Drug Companies: A First Week of Research in Pakistan

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Dear Editor,

Survey research is to collect the data representative of a population.¹ When I stepped into the survey research in social pharmacy I do not have the remote idea what I will come across through. I opted for qualitative methodology which gives an in depth understanding of the problem.² The thought of meeting people, probing and speaking them for issues makes me enthusiastic although sometimes I contemplate about their co-operation. The pre-testing of interview guide which is an essential step to refine the survey instrument³ reflected scanty knowledge of generic medicines in every category of respondents whether dispensing doctors or pharmacy students. When in the first instance I explained them about social pharmacy and the research project on generic medicines issues their responses were mixed. In spite of prescribing generic equivalents dispensing doctors were ignorant about the presence of generics in Pakistan. On probing they admitted that they considered generic equivalent a 'research product of local manufacturer'. Students of Pharm D final year from a public university were unable to differentiate between brand and generic medicines. Technocrats from a couple of multinational pharmaceutical companies blamed local manufacturers for not giving quality products to the market. They supported their answers with case studies and reaffirmed my suspicion to step into branded generics for their own survival. One of the technocrats lamented on the hospital formulary of one of the reputed hospitals of Karachi which is definitely fulfilling the criteria of *state of excellence*. The technocrat revealed that more than 70% medicines on the formulary are locally manufactured and in cases

like antipsychotic and Clopidogrel doctors advised their patients to buy these therapeutic classes from outside pharmacies. Local manufacturer advocated compulsory licensing and suggested that building a large generic market takes time and requires supportive regulation and legislation, reliable quality assurance and professional and public acceptance.⁴

In Pakistan where more than 80% of the population cannot afford modern medicine⁵ quality use of generic medicines could be a recipe to tackle the affordability issue.

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