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Ethical Scrutiny of Marketing and Promotional Practices in the Indian Pharmaceutical Industry: A Comprehensive Analysis of Norms and Perspectives

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Abstract:

The Indian Pharmaceutical Industry today is one of the preeminent science-based industries in India with a wide spectrum of capabilities in the complex field of drug manufacture and technology. They are subject to a variety of laws and regulations regarding the patenting, testing, and marketing of drugs. From its beginning at the start of the 19th Century, the pharmaceutical industry is now one of the most blooming and significantly authoritative sectors, inviting appreciation as well as contention and dissension.

Business ethics is the study of proper company conduct when it comes to potentially contentious issues. This research has attempted to evaluate common practices, established norms, and upcoming expectations.

A mixed method approach was cast to study the descriptive propositions analysis, 1st-hand opinion figures were collected through arranged questions and tested on appropriate statistical measures.

This paper ethically examines the marketing and promotional practices of pharmaceutical companies in India and of hands-on sales by marketing professionals in the field. An exhaustive examination of existing norms and guidelines in conjunction with unreserved primary data analysis has been done to find out the marketing and promotional practices adopted by pharmaceutical companies in India from an Ethical point of view

Key Words: Pharmaceutical Industry, Ethics, Marketing, Code of Conduct, Healthcare,

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1.0 Introduction: Indian Pharmaceutical Industry:

The goal of a pharmaceutical firm, sometimes known as a drug company, is to create, market, and/or distribute pharmaceuticals, most frequently in the context of healthcare. They may trade in both brand-name and generic medicines (The New York Times Magazine September 13, 1970)¹. Regarding the patenting, testing, and marketing of medications, they must go by many laws and rules. The pharmaceutical business, which had its beginnings at the beginning of the 19th century, is now one of the most prosperous and significant, drawing both praise and criticism (McNeill PM, Kerridge IH 2006)². The drug and pharmaceutical sector is essential to any nation's health care system (Mott DA, Schommer JC 1998)³. One of the most well-organized sectors in India is the pharmaceutical industry. This sector is crucial for fostering and maintaining advancement in the field of global medicine (Rogers EM 2010)⁴. The sector is poised to reach new heights in the areas of production, development, manufacture, and research thanks to the availability of low-cost manufacturing facilities, educated and skilled labour, and a cheap labour force, among other factors (IBEF 2023)⁵. The Indian Pharmaceutical Industry, which has extensive capabilities in the intricate field of medication manufacture and technology, is currently at the top of India's science-based industries (Wazana A. 2000)⁶. In terms of technology, product quality, and variety of manufactured medications, it is ranked extremely highly in the third world. Almost all medications are now produced domestically, from straightforward headache medications to complex antibiotics and intricate cardiac chemicals (Ziegler MG, Lew P, Singer BC. 1995)⁷. In terms of volume, India's pharmaceutical sector is presently the third largest in the world, while it ranks 14th in terms of value (Kumar P, Sharan S 2013)⁸. The Department of Medicines, Ministry of Chemicals and Fertilisers reported that the medicines sector in India generated a total revenue of US\$21.04 billion between September 2008 and September 2009. The domestic market has a value of \$12.26 billion of this. Approximately 500,000 people are employed by more than 20,000 licensed enterprises in India's pharmaceutical sector (Kumar P 2020)^{9,10}.

70% of the pharmaceutical market is dominated by the top 250 businesses (Govt of India Annual Report 2022-23)¹¹. India has taken on the role of pharmacy for the poor world and is a significant producer and exporter of generic medications. Indian medications and drugs are available at reasonable prices and have been proven to be high-quality, safe, and effective (Lavtepatil S, Ghosh S. 2022)¹². Consequently, the DGFT's decision is intended to reaffirm India's position as a reliable generic pharmaceutical supplier while also requiring the exporting community to adhere to internal rules. Over \$9 billion worth of medicine leaves India each year (Berndt ER, Pindyck RS, Azoulay P. 2003)¹³. As of 2022, the Indian medicines business is the 3rd among the 12 destinations in the world, and the biotechnology industry had a total revenue of about Rs. 6,63,012 crores at 14% progress from last year⁵.

The nation is currently ranked third in terms of production volume and fourteenth in terms of value. The pharma segment paid to around 1.32% of the GDP of the Indian Economy in 2020-21 (at 2011-12 persistent prices. The sector accounted for a trade surplus of Rs.114,895 crore through 2021-22, resulting from overall exports of pharmaceuticals mounted at Rs.174,955 crore, while entire imports were around Rs.60,060 crore (DoP 2022-23). Indian exports are destined for various countries around the globe including the highly regulated markets of the USA, Europe, Japan, and Australia⁵.

According to Malik R. (2023), the pharmaceutical sector in India is expected to reach 65 billion dollars by 2024 and 130 billion dollars by 2023 (investindia.gov.in)¹⁴. There is ample opportunity for Foreign Direct Investment (FDI) in the healthcare industry in India. According to the Department for Promotion of Industry and Internal Trade (DPIIT), FDI inflow for the drugs and pharmaceuticals sector stood at US\$ 19.90 billion, from 2000 to 2022. Indian pharmaceutical

industry is the third largest in volume and 14th in value globally, creating 2.7 million employment opportunities directly (investindia.gov.in)¹⁴.

Fiscal Year	Business (in Crore)	Progress Rate
2017-18	Rs.226,423	3.03
2018-19	Rs.258,534	14.18
2019-20	Rs.289,998	12.17
2020-21	Rs.328,054	13.12
2021-22	Rs.344,125	4.89

Source: Pharmatrac/NPPA/DGCIS, Kolkata

2.0 Literature Review:

Three separate but connected usages for the word "business ethics" can be traced easily. The phrase's key 1st sense discusses existing events and the time when the term "business ethics" first became extensively used in the USA, which passed to the early 1970s. In this sense, the academia, speculative publications, meetings, and the advancement of the academic education, study, and periodical area are the origins. As the phrase gained admiration in the mass media and civic debate, frequently used interchangeably with corporate scandals or, more broadly, as *ethics in business*. In this 2nd larger sense, the times past of *business ethics* can be drawn to the foundation of the business, which is to include both commercial exchanges and economic structures. The third stance relates to programs exclusive to the business or an exertion to explicitly incorporate ethics into corporate structures using ethics committees, officials, and training. The nature of the topic takes precedence regardless of the sense that is used.

In its all-inclusive meaning, "ethics in business" merely refers to the tender of moral or ethical tenets of day-to-day life to business. Precisely, commands to truthfulness and honesty, or the prevention of stealing and envy are pertinent (DDCE 2009)¹⁵. Religions and traditions across the civilisations have analogous revered and primeval writings or sayings that have shown people's actions in all realms, including business, for centuries, and still do.

Business and society have always been intertwined and interdependent. The Rigveda also recognizes this connection between business and society- Corporates should work like a honeybee, which collects nectar from a flower without causing it to lose its shape or fragrance and then produces honey for the benefit of society (Ayla Fudala 2017)¹⁶. It implies that for each to survive and succeed, both must work in harmony.

There is disagreement over what constitutes business ethics because ethics, including business ethics, is a philosophical endeavor. Some people think that following rules and laws is the essence of business ethics. They believe that to be ethical in business, one needs only follow the law. For instance, when an accountant was asked to prepare a report on business ethics for the board of directors of 7-Eleven Stores, his study disregarded claims that a shop manager was attempting to bribe New York tax authorities. He responded that he did not think the occurrence was unethical because it was not unlawful, meaning that unethical and illegal are the same when questioned about why the claimed bribery attempt was left out of the report (Anonymous 1983). According to Bowie (1988), if something is morally acceptable, it must be lawful¹⁷. According to classical economists like Milton Friedman (1962) and Adam Smith (1776), the sole objective of business is to maximize profits. There is no place for ethics or morals in commercial behavior¹⁸. They contend that businesses should only be concerned with following the law in order to achieve their objectives, namely profit maximization. Milton Friedman asserted audaciously in 1962 that "the

business of business is business"¹⁸. Naturally, he eventually gave in to pressure and agreed that efforts at profit maximization should be made inside a legal framework and according to general social ethical standards (Friedman 1970)¹. The pursuit of self-interest, or the profit of a firm in exchange, was justified by Adam Smith in his landmark work "The Wealth of Nations" on the basis that by making trades for its own advantage, the business advances the interests of others. However, the commenters on Adam Smith's viewpoint note that in defending the free market in the passage of reading The Wealth of Nations Smith spoke of exchange, but economics also covers production and distribution, both of which contribute to social welfare (Sen 1993)¹⁹. Smith was speaking of exchange.

Professor S. K. Chakraborty advises educators to explain to students the importance of ethics in terms of existential rewards. He claims that internal values are the basis of ethics in action. Ethics is the result, whereas values are the causes²⁰. Positive human values compete with distorted or disvalued values, and our behaviour is determined by which of the two is prevailing. Hite (1988) carried out a content analysis of ethical guidelines for marketing practices²¹. According to their findings, political contributions, conflicts of interest, poor accounting, and abuse of funds are the four most frequently discussed subjects

According to Gossett (1975), corporate legal counsel is specially qualified and positioned to mediate social disputes between the corporation and society as well as to bring "a deep sense of personal morality to this task"²². The chief executive could use a guy with knowledge in this area as a sounding board and as a spiritual counselor, according to Erteszek (1975)²³. Steiner (1976) supports the use of ethical advisors or, as he refers to them, "moral iconoclasts in the corporate inner sanctum"²⁴.

Boling (1978) concurs with Petit (1967) that there is a "moral crisis in management," which is characterised as a clash between traditional business philosophy and an operational ethic that promotes profit through economic action- Management ideology, a moral philosophy that places a focus on social responsibility^{25,26}. Because laws cannot dictate what moral behaviour is appropriate for everyone in all circumstances, Boling contends that ethical standards must act as the cutting edge of law. Fritzsche and Becker (1982) pointed that, it is necessary to create a set of guidelines for managers to follow when confronted with certain ethical dilemmas²⁷. These guidelines ought to represent society's prevailing ideals and standards. The response guidelines should lead to an improvement in organizations' long-term ethical behaviour through the practices and expectations of incoming management.

According to Lacznia and Udell (1979), the following figure depicts the marketing industry's future trends²⁸. They contend that in order to address the challenge of becoming more morally responsible, marketers will strive to do so in one of the following ways: (1) increased professionalism; (2) ethical codes; (3) ethical consultants; or (4) ethics seminars.

3.0 Conduct and Codes of Pharmaceutical Industry: Marketing and Promotion:

Any firm would bawl to subsist lacking strong marketing functions. Theodore Levitt states that "there can be no operative corporate strategy that is not slanted towards marketing.... the purpose of business is to create and keep the customer"²⁹. Levitt ought to add, however, that businesses essentially also produce goods and services that users want at charges they are prepared to pay²⁹. Making judgments about what things or services to sell, who the target markets for those goods are, how to get in front of those markets and convince them to buy, and how to price those goods or services are all included in marketing, as generally defined, is appealing to these people, and how to physically deliver the products to the final consumers. These issues are frequently summarised as the four Ps of marketing: Place, Product, Price, and Promotion. Let's thoroughly explain these 4 Ps as they relate to the Indian pharmaceutical industry. We shall concentrate more on the Promotion component of the Pharmaceutical Industry's Marketing Mix in our present debate.

Khazzaka M. (2019) advocates that pharmaceutical companies depend on their marketing efforts to sway the decisions of physicians³⁰. James P. Orłowski (M.D., F.C.C.) and Leon Wateska (R.Ph., M.S.) published a study in the American College of Chest Physicians' official journal CHEST, July 1992, titled "The Effects of Pharmaceutical Firm Enticements on Physician Prescribing Patterns* There's No Such Thing as a Free Lunch"³¹. Surprisingly, research results showed how the marketing initiatives by the Pharmaceutical Companies, alter doctors' prescriptions and practices for medications. Researchers looked at how pharmaceutical companies' practices of granting all-expenses-paid excursions to well-known sun-belt holiday spots to attend symposia sponsored by a pharmaceutical company affected physician prescription. By comparing pharmacy inventory usage reports for two medications before and after the symposiums, the effect was evaluated. Both medications could only be used on hospitalized patients and were only available as intravenous formulations. During the 22 months prior to each symposium and the 17 months following each symposium, utilization patterns were monitored. Ten doctors who were invited to each symposium were questioned on the possibility that such an incentive may change the way they prescribe. Following the symposiums, both medications' prescribing patterns saw a large increase.

Before the symposium, drug A was used on average in 81 44 units; after the symposium, it was used on average in 272 117 units (p 0.001). Before the symposium, medication B was used in 34 30 units; after the symposium, it was used in 87 24 units (p0.001). Additionally, these altered prescribing patterns differed noticeably from the national usage trends of the two medications over the same time period in major medical centers and hospitals with more than 500 beds. Even though the majority of doctors who attended the symposia thought that such inducements would not change their prescribing practices these changes in prescribing patterns nevertheless happened.

3.1 Promotional Tools in the Pharmaceutical Industry:

Pharmaceutical corporations have been under fire in recent years for their marketing strategies, particularly in relation to their business dealings with physicians. It was well known that the pharmaceutical business spoiled doctors all around the world with pricey gifts and vacations to exotic locales. Critics said that by doing this, the corporations were pressuring doctors to recommend their medicines even when doing so would not have been in the patients' best interests. While the majority of doctors claimed they were not swayed by these incentives, studies done in India and other nations indicated that they did concede that their colleagues were affected by such promotions.

10 of the top 25 selling brands of medicines were given labels by the Indian National Commission on Macroeconomics and Health in 2005(Richard Lloyd and Bjarne Pedersen. 2007)³², considered either "irrational or non-essential or hazardous" in the nation. These brands, some of which are market leaders, are included in the table below. These problems affect both affluent and developing nations, but they are more urgent in the latter since every dollar that is misappropriated is a dollar that cannot be cheaply replenished.

Health practitioners in underdeveloped nations operate in overworked, underfunded industries for poor pay and under challenging circumstances. The pharma companies' promotion is appealing in such circumstances. Reasonably inexpensive marketing in a developing country will create far more interest there than it would in a developed country due to disparities in health spending between the world's richest and poorest countries. Drug promotion seeks to influence consumers to purchase more pharmaceuticals and/or to pay higher costs. This is accomplished by elevating the drug's perceived worth through one or more of various strategies, such as: Elevating the perceived frequency and/or seriousness of the indications, Extending the indications to a larger audience, Increasing the benefits' perceived likelihood and size, Reducing

perceived harms' likelihood and extent, and Extending the length of time that the medicine is used.

According to the World Health Organisation, "all informational and persuasive activities by manufacturers and distributors with the effect of inducing the prescription, supply, purchase, and/or use of medicinal drugs" fall within the definition of drug promotion" (WHO 1988)³³. Promotion's primary objective is persuasion rather than information. Rarely does advertising for consumer products include much information on the characteristics of the product. Instead, a lot of advertising focuses on connecting the happy feelings that come from using the product.

Table 1: Promotion Methods Used by Pharmaceutical Companies

Type	Examples
Pharmaceutical	• Brochures • Sponsored articles • Internet
Advertisements	• Sponsored journal subscriptions or textbooks
Personal Selling	• Visits by PMP • Sponsored events with "key opinion leaders" in the field. Most of the time, these company-sponsored guest speakers use presentation slides provided by the company for their talks.
Trade promotion	• Gifts • Product samples • Gimmicks and incentive schemes based on the number of prescriptions
Sponsorship	<u>Academic activities</u> • Symposiums • Exhibition booths • Registration fees • Tutoring sessions • Journal clubs • Free textbooks and journal subscriptions <u>Non-academic activities</u> • Entertainment • Excursions • Travelling expenses • Meals • Family-related activities • Support for facilities used in offices i.e. fax machines, printers, furniture, etc. • CASH

Pharmaceutical Marketing Professionals (PMPs) and adverts put in medical publications or pamphlets sent directly to doctors are the main ways that businesses reach health professionals. Advertising, detailing (visits from PMP), direct mail, sales promotion, PR, and public relations are the key channels of promotion in India. Detailing, along with the advertising strategies listed in the table above, takes the lead among them.

Although it is customary in the industry not to advertise prescription-only pharmaceuticals, there is currently no particular regulation that forbids it. Any substance that legally requires a prescription from a doctor in order to be supplied is prohibited from being advertised, according to a notification the DCGI's office is considering issuing.

In India, television advertisements for the following OTC medications can be seen: • Digestives • Antacids • Ant-flatulent • Cold rubs and analgesic balms/creams • Vitamins/ tonics/ health supplements (especially herbals and Ayurvedic-Registered) • Medicated skin treatment • Analgesic /cold tablets • Antiseptic creams/liquids • Glucose powders • Cough liquids • Throat lozenges • Medicated dressings (band-aids) • Baby gripe water. Etc.

3.2 OPPI Code of Pharmaceutical Marketing Practices 2019: The Group Of Pharmaceutical Producers Of India (OPPI), which was founded in 1965, is a prestigious group of pharmaceutical manufacturers made up of big Indian and international businesses. The most recent edition is referred to as "OPPI Code of Pharmaceutical Marketing Practises 2019". There are the

definitions and recommendations provided by the OPPI Code for various promotional terms. This claim that the baseline of working members is Ethos which firmly stands on Trust which has four pillars viz. Care, Fairness, Respect and Honesty (OPPI 2018)³⁴.

4.0. Research Methodology:

This study is related to Promotional Practices of Pharmaceutical Marketing Professionals: Ethical Assessment. The methodology used is mixed but mainly descriptive.

4.1. Sources of Data and Data Collection Tools: For Data collection, both Primary as well as Secondary sources of data are used. First-hand primary data for the study was collected from the customarily chosen sample of Pharmaceutical Marketing Professionals (PMPs) with the help of well well-constructed Questionnaire and Schedule. The published materials from various government and non-government sources were used to collect information related to the subject matter and study area of the present research. The information is used for both data analysis if needed as well as to develop the core texts of the research. The Sources of these are listed in the references section.

4.2 Sampling Techniques: All Pharmaceutical Marketing Professionals working in Pharmaceutical Companies running their business in India constitute the Population for the Study. For the purpose mentioned above sample of 275 PMPs almost working for more than 50 different Pharmaceutical Companies operating in India was chosen conveniently.

4.3 Data Analysis Tools: The data collected are presented in tabular form to present the findings as simple and easy to understand. A suitable tabular and diagrammatic presentation of the distribution of PMPs on the basis of their responses has been done. Frequency and Percentage analysis are used for simple presentations. All the data and questions were first put in the M.S. Excel sheet and then in the SPSS26 Package and different descriptive as well as hypothesis testing based on Non-Parametric tests chosen by the software were used.

5.0 Data Analysis and Findings:

Due to place and convenience concerns, only necessary and important analyses of data and findings are presented below. The percentages shown are the nearest round values as and where applicable. The Five point Likert scale has been used; (5=Highly Agree, 1=Highly Disagree). The Reliability test for questionnaires used was positive and allowed to use of the scale for collecting the pieces of information collected. The statistics score which states Cronbach's Alpha Based on Standardised Items over 32 Questions counts 0.985. Further below data and findings are described.

Table 2: Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items
.982	.985	32

5.1 It was observed that about 70 % of PMPs were from a science background, 21% were from an arts background, 5% were from a management background, and 4 % were from a commerce background. *It is found that the distribution of respondents is statistically significant.*

Table 3: Distribution PMPs According to Subject Stream

SL No	Qualification	No of respondent	% to Total
1	Science	194	70
2	Arts	57	21
3	Management	14	5
4	Commerce	10	4
	Total	275	100

Table 4: Hypothesis Test Summary for PMPs According to Subject Stream

Null Hypothesis	Test	#Sig.	Decision
The categories of Distribution of Qualification occur with equal probabilities.	One-Sample Square Test	Chi-.000	Reject the null hypothesis.

#Asymptotic significances are displayed. The significance level is .050.

Source: Primary

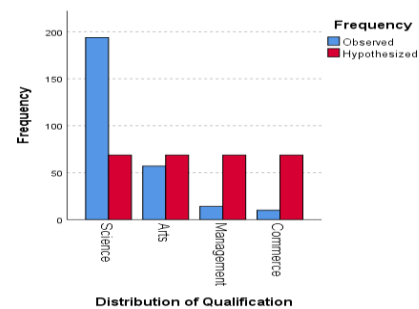
Table 5: One-Sample Chi-Square Test Summary of PMPs According to Subject Stream

Total N	275
Test Statistic	323.996 ^a
Degree Of Freedom	3
Asymptotic Sig.(2-sided test)	.000

a. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 68.750.

Source: Primary

Figure 1



5.2 The question was asked to PMPs about sorting of doctors according to the business they provide. About 13 % of PMPs have responded that they don't provide categories to doctors according to the potentiality of business, and 11 % of PMPs responded sometimes companies categorize doctors accordingly. It is found that the majority of the companies (*strangely 76 %*) sort doctors according to the potentiality of business. *This shows that communication is designed according to profitability.*

Table 6: Categorization of Doctors by the companies based on the potentiality of the business they provide

SL No	Category according to VVIP/ VIP/ CORE/ GP	No of Respondent	% to Total
1	Yes	210	76
2	No	36	13
3	Some times	29	11
	Total	275	100

Table 7: Hypothesis Test Summary for Categorization of Doctors

Null Hypothesis	Test	#Sig.	Decision
The categories of categories of Doctors occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.

#Asymptotic significances are displayed. The significance level is .050.

Source: Primary

Table 8: One-Sample Chi-Square Test Summary

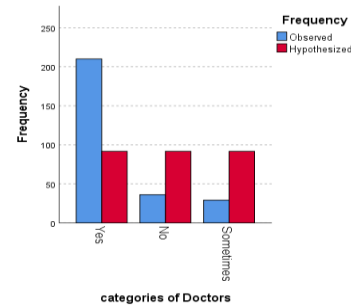
Categorization of Doctors

Total N	275
Test Statistic	229.404 ^a
Degree Of Freedom	2
Asymptotic Sig.(2-sided test)	.000

a. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 91.667.

Source: Primary

Figure 2



5.3 When Pharmaceutical Marketing Professionals were asked about the general causes behind the high sales of drugs in the market, it was brought into being that the Quality of the drugs is the primary reason behind high sales. The second most important reason is Easy Availability followed by Price, Doctors’ or Company Name respectively.

Table 9: Distribution of PMPs for general causes behind the Sales of Drugs of the Company

SL	Behavioral Factor	Respondents (Actual Numbers) No					Rank*	
		5	4	3	2	1		Total
1	Quality of the Product	198	19	23	21	14	275	4.33
2	Cheaper Price	27	89	73	39	47	275	3.03
3	Easy Availability	24	91	99	41	20	275	3.21
4	Prescribed by a Proficient Doctor.	16	35	49	101	74	275	2.34
5	Brand Name	26	45	31	62	111	275	2.32

Table 10: One-Sample Chi-Square based Hypothesis Test Summary of causes behind the Sales of Drugs

Causes Sale*	*Quality	*Cheaper Price	*Easy Availability	*Prescription	*Brand Name
Total N	275	275	275	275	275
Test Statistic	465.564 ^a	46.982 ^a	102.073 ^a	80.618 ^a	85.491 ^a
Degree Of Freedom	4	4	4	4	4
Asymptotic Sig.(2-sided test)	.000	.000	.000	.000	.000
H ₀ - The categories occur with equal probabilities.	Decision- Reject H ₀	Decision- Reject H ₀	Decision- Reject H ₀	Decision- Reject H ₀	Decision- Reject H ₀

There are 0 cells (0%) with expected values less than 5. The minimum expected value is 55._a

This is unspoken but true that Quality always matters. Although representatives of Pharma companies say that due to cheaper prices, their products have merit over the competitors, the fact is that this is the doctor who selects the product to prescribe and customers have little choice over the selection of the brand. Fearing of responsibility and emotions, patients and caretakers buy only prescribed medicines, whatever the brand is and wherever it is available and at any price. Generally, Medicines are available at the shop where the prescriptions reach.

5.5 When PMPs were queried about other factors having an impact on the sales of the drugs; most PMPs valued the Positive Attitude (>93%) followed by Frequent Visit to Doctors (>84%). Findings indicate alarmingly that Free Samples and Gifts engage in recreation for the prescription to both PMPs and Doctors because very few PMPs refuse their role (< 16% and 20% respectively).

Table 11: Distribution of PMPs according to Impact Factors of the sales of the drugs

SL No	Impact Factor	Yes	No	Sometimes
1	Frequent Visits to Doctors	231	17	27
2	Free Samples	192	44	39
3	Free Gifts	138	55	82
4	Smartness and Positive Attitude	256	8	11

Table 12: One-Sample Chi-Square based Hypothesis Test Summary of Impact Factors of the sales of the drugs

Impact Factor *	* Frequent Visits to Doctors	* Free Samples	* Free Gifts	* Smartness and Positive Attitude
Total N	275	275	275	275
Test Statistic	318.029 ^a	95.658 ^a	39.716 ^a	441.956 ^a
Degree Of Freedom	2	2	2	2
Asymptotic Sig.(2-sided test)	.000	.000	.000	.000
H ₀ - The categories occur with equal probabilities.	Decision- Reject H ₀	Decision- Reject H ₀	Decision- Reject H ₀	Decision- Reject H ₀
There are 0 cells (0%) with expected values less than 5. The minimum expected value is 91.667. ^a				

5.6 Respondents' opinions about Sample Circulation can be seen in below tabular data. The role of Sample Distribution in the complete profession is clear from the data below.

Table 13: PMPs according to their view and response about Sample circulation

SL No	Impact Factor	Respondents (Actual Numbers)		
		Yes	No	Sometimes
1	Provide Samples to Doctors	195	44	83
2	Medicine Tested by doctors before Prescribing	107	44	124
3	Doctors provide samples Free of Cost to the Patients	184	11	80

Table 14: One-Sample Chi-Square based Hypothesis Test Summary of Respondents' view and response about Sample circulation

Impact Factor*	*Provide Samples to Doctors	*Medicine doctors Prescribing	Tested by doctors before	*Doctors provide samples Free of Cost to the Patients
Total N		275	275	275
Test Statistic		175.076 ^a	36.756 ^a	165.476 ^a
Degree Of Freedom		2	2	2
Asymptotic Sig.(2-sided test)		.000	.000	.000
H ₀ - The categories occur with equal probabilities.	Decision- Reject H ₀	Decision- Reject H ₀	Decision- Reject H ₀	Decision- Reject H ₀

There are 0 cells (0%) with expected values less than 5. The minimum expected value is 91.667._a

5.7 Below is the distribution of PMPs according to their responses about the communication and promotional tools they use on behalf of their company for marketing and sales of the drugs. The *bizarre* finding is that more than 81% of companies do not communicate about the Side Effects of Drugs. On *ethical* grounds, other promotional tools also contradict significantly OPPI guidelines and common expectations about the industry. E.g., PMPs' denial about bearing the Expenses and denial of sponsoring the Doctors is less than 50%. All types of tools that OPPI and Govt. want to control have considerable practice; therefore *it cannot be denied that unethical promotional practices exist in the industry.*

Table 13: Distribution of PMPs according to their responses about the communication and promotional tool

SL No	Promotion Factor (seminar/ conferences/ symposia/ meetings) **	Yes	No	Some Times
1	Providing Research Articles	138	19	118
2	Requesting some special Favors	148	45	82
3	Providing Sponsorship for attending **	111	85	79
4	Providing Financial Support for organizing **	46	168	61
5	Bearing the Expenditures for **	65	129	81
6	Providing Tour Packages for other than **	46	159	70
7	Providing Handsome and Costly Gifts	18	226	31
8	Providing Medical Instruments	52	87	136
9	Communicate about the Side Effects of the Durgs	37	224	14

5.8 Distribution of PMPs on their Personal and Work Ethics can be seen in the below table. It seems that PMPs work under tremendous work pressure and are *Exasperated*. For their completion of the target, they provide Samples, etc. to Chemists and Stockists instead of Doctors. It is obvious that most of the PMPs have adopted the Philosophy that "Ends Justifies the Means". This finding automatically allows possible unethical deeds for business and profit in the industry.

Table 14: Distribution of PMPs on their Personal and Work Ethics

SL Behavioral Factor	Respondents (Actual		
	DA	N	A
1 Consciously give Wrong Figure of Expenses	238	16	21
2 Become Impatient and Exasperated with the Doctor and break the journey	100	113	62
3 Advocate the Quality of Medicine of their Company	224	24	27
4 Spare valuable work time on Personal Business	249	13	13
5 Manipulate the Information to get the Order from the Stockiest	247	12	15
6 Adopted the philosophy that "Ends Justify the Means"	121	66	88
7 Use Company's Assets for Personal Benefit	256	12	7
8 Supply Samples to Chemists and Stockiest instead of doctors	190	32	53
9 Uses the Company's Promotional Items and Properties.	248	16	11

6.0 Discussion:

The drug and pharmaceutical sector is essential to any nation's health care system. The goal of a pharmaceutical firm, sometimes known as a drug company, is to create, market, and/or distribute pharmaceuticals, most frequently in the context of healthcare. One of the most well-organized sectors in India is the pharmaceutical industry. This industry contributes significantly to the promotion and maintenance of progress in the area of international medicine. In terms of volume, India's pharmaceutical sector is presently the third largest in the world, while it ranks 14th in terms of value.

There is disagreement over what constitutes business ethics because ethics, including business ethics, is a philosophical endeavour. Some people think that following rules and laws is the essence of business ethics. They believe that to be ethical in business, one needs only follow the law. Others contend that managers should construct a set of response guidelines or codes that they can use as a reference when confronted with certain ethical dilemmas. The general aspirations and values of society should be reflected in these laws. The response guidelines should have the long-term effect of improving organizations' ethical behavior through the practices and expectations of incoming management.

The American College of Chest Physicians' official publication, CHEST, released a study titled "The Effects of Pharmaceutical Firm Enticements on Physician Prescribing Patterns* In July 1992, "There's No Such Thing as a Free Lunch" was released. Surprisingly, research results showed how pharmaceutical companies' marketing campaigns alter doctors' habits about medicine prescriptions. Even though the majority of doctors thought that such inducements would not change their prescribing habits, the changes in patterns nevertheless happened.

7.0 Conclusion:

Critics have attacked pharmaceutical corporations globally for their marketing strategies, notably in relation to their business dealings with physicians. It was well known that the pharmaceutical business spoiled doctors all around the world with pricey gifts and vacations to exotic locales. Some people believed that by doing this, the businesses were pressuring doctors to prescribe their products even though it might not be in the patient's best interests.

Pharmaceutical Marketing Professionals appear to be working under a great deal of stress and to be irritated. Instead of using doctors, they give samples and other materials to chemists and stockists in order to meet their goals. It is clear that a significant number of PMPs adhere to the "Ends Justifies the Means" philosophy. This conclusion automatically permits any potential

immoral actions for the purpose of business and financial gain in the industry. It is manifest that there are unethical marketing and promotional practices in the industry because the promotional strategies used by pharmaceutical companies in India significantly conflict with ethical guidelines and general industry expectations.

References:

1. Friedman M. (1970). The Social Responsibility of Business is to Increase Its Profits. The New York Times Magazine. <https://www.nytimes.com/1970/09/13/archives/a-friedman-doctrine-the-social-responsibility-of-business-is-to.html>
2. McNeill PM, Kerridge IH, Henry DA, Stokes B, Hill SR, Newby D, Macdonald GJ, Day RO, Maguire J, Henderson KM. Giving and receiving of gifts between pharmaceutical companies and medical specialists in Australia. *Intern Med J.* 2006 Sep;36(9):571-8. doi: 10.1111/j.1445-5994.2006.01151.x. PMID: 16911549.
3. Mott, D. A., Schommer, J. C., Doucette, W. R., & Kreling, D. H. (1998). Agency theory, drug formularies, and drug product selection: Implications for public policy. *Journal of Public Policy and Marketing*, 17(2), 287-295. <https://doi.org/10.1177/074391569801700211>
4. Rogers, E.M. (2010) Diffusion of Innovations. 4th Edition, Simon and Schuster, New York.
5. IBEF. (2023). *PHARMACEUTICALS INDUSTRY REPORT*. IBEF. Retrieved from <https://www.ibef.org/industry/pharmaceutical-india>
6. Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift? *JAMA.* 2000 Jan 19;283(3):373-80. doi: 10.1001/jama.283.3.373. PMID: 10647801.
7. Ziegler MG, Lew P, Singer BC. The accuracy of drug information from pharmaceutical sales representatives. *JAMA.* 1995 Apr 26;273(16):1296-8. PMID: 7715044.
8. Pramod Kumar, Sudhir Sharan. (2013). Marketing Mix of Pharmaceutical Industry in India: An Exploration. *KBSCMR's Journal of Management Research*. Vol. 1. pg.- 50-71. ISSN:0975-1513 https://www.researchgate.net/publication/272376646_Marketing_Mix_of_Pharmaceutical_Industry_in_India_An_Exploration
9. Kumar P (2018). *Pharmaceutical Marketing In India- Ethical Perspective*. LAP LAMBERT Academic Publishing, Mauritius. ISBN: 978-613-9-90000-8
10. Kumar P (2020). Strategic Distribution of Pharmaceutical Products in India - Overview of Ethical Guidelines of OPPI. *Adhyayan: A Journal of Management Science*. Vol (10) Issue-1, Pg.- 23-30. ISSN: 2462-2117. <http://smsjournals.com/index.php/Adhyayan/article/view/1989>

11. Annual Report (2022-23), Department of Pharmaceuticals, Ministry of Chemicals & Pharmaceuticals, Government of India.
<https://pharmaceuticals.gov.in/sites/default/files/Annual%20Report%202022-23%20Final-3.pdf>
12. Lavtepatil S, Ghosh S. Improving access to medicines by popularising generics: a study of 'India's People's Medicine' scheme in two districts of Maharashtra. *BMC Health Serv Res.* 2022 May 13;22(1):643. doi: 10.1186/s12913-022-08022-1. PMID: 35562697; PMCID: PMC9107149.
13. Berndt, Ernst R., et al. "Consumption Externalities and Diffusion in Pharmaceutical Markets: Antiulcer Drugs." *The Journal of Industrial Economics*, vol. 51, no. 2, 2003, pp. 243–70. *JSTOR*, <http://www.jstor.org/stable/3569847>. Accessed 10 Mar. 2024.
14. Malik R. (2023) Formulating success: The Indian pharmaceutical industry. Invest India. Website. Available at: <https://www.investindia.gov.in/sector/pharmaceuticals>
15. Business Ethics and Corporate Governance (2009). DDCE, Utkal University. VIKAS® PUBLISHING HOUSE PVT LTD. <https://ddceutkal.ac.in/Syllabus/BECG-MBA.pdf>
16. Ayla Fudala (2017). The Sacred Bee: Ancient India. Planet Bee Foundation.
<https://www.planetbee.org/planet-bee-blog//the-sacred-bee-bees-in-ancient-india-and-china-7tmcx>
17. Bowie, N.E. (1988). Fair Markets. *Journal of Business Ethics*. Vol. 7, pp. 89-98. Springer. E-ISSN: 1573-0697. doi: 10.1007/BF00382002, <https://link.springer.com/article/10.1007/BF00382002>
18. Milton Friedman (1962,2000), *Capitalism and Freedom*. The University of Chicago Press. ISBN:978-0-226-73482-8
19. Sen, Amartya, 'Capability and Well- Being', in Martha Nussbaum, and Amartya Sen (eds), *The Quality of Life* (Oxford, 1993; online edn, Oxford Academic, 1 Nov. 2003), <https://doi.org/10.1093/0198287976.003.0003>, accessed 10 Mar. 2024
20. Chakraborty, S. K. (1995). *Ethics in management: Vedantic perspectives*. New York: Oxford University Press.
21. Hite, Robert E., et al. "A Content Analysis of Ethical Policy Statements Regarding Marketing Activities." *Journal of Business Ethics*, vol. 7, no. 10, 1988, pp. 771–76. *JSTOR*, <http://www.jstor.org/stable/25071833>. Accessed 10 Mar. 2024.
22. Gossett, William. 1975. Legal counsel as a social adjuster. *Harvard Business Review* 53(May-June: 6-7).
23. Erteszek,Jan J. 1975. An interview with Jan Erteszek in Los Angeles. *Business and Economics* 1(Fall)
24. Steiner, John F. 1976. The prospect of ethical advisors for business corporations. *Business and Society* 16(Spring): 5–10.

25. Boling, T.Edwin. 1978. The management ethics crisis: An organizational perspective. *Academy of Management Review* 3(April): 360–365.
26. Petit, Thomas A. 1967. *The moral crisis in management*. New York: McGraw Hill.
27. Fritzsche, David J., and Helmut Becker. 1983. Ethical behavior of marketing managers. *Journal of Business Ethics* 2: 291–299.
28. Lacznia, Gene R., and J.G. Udell. 1979. Dimensions of future marketing. *MSU Business Topics* 27(Fall): 33–44.
29. Levitt, Theodore. 1970. The morality of advertising. *Harvard Business Review* 48(July–August): 84–92.
30. Khazzaka M. 2019. Pharmaceutical marketing strategies' influence on physicians' prescribing pattern in Lebanon: ethics, gifts, and samples. *BMC Health Services Research*. Vol.-19. Article No.-80. ISSN: 1472-6963. BMC, Springer Nature.
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-3887-6>
31. Orłowski JP, Wateska L. 1992. The effects of pharmaceutical firm enticements on physician prescribing patterns. There's no such thing as a free lunch. *Chest*. Jul;102(1):270-3. doi: 10.1378/chest.102.1.270. PMID: 1623766.
32. Richard Lloyd and Bjarne Pedersen. 2007. Drugs, doctors and dinners How drug companies influence health in the developing world. *Consumers International (CI)*. UK. ISBN: 1-902391-59-4
33. World Health Organization (WHO). (1988). *Ethical Criteria for Medicinal Drug Promotion*. Geneva: WHO.
34. OPPI Code of Pharmaceutical Marketing Practices 2019. 2018.