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Pharmaceutical Promotion, Physician Ethics, and Patient Welfare: A Principlism-Based Analysis in Bangladesh

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ABSTRACT

The relationship between pharmaceutical companies and physicians plays a critical role in shaping prescribing practices and healthcare outcomes, particularly in developing countries such as Bangladesh. This study examines the ethical implications of pharmaceutical promotion through the lens of principlism, focusing on autonomy, beneficence, nonmaleficence, and justice. Drawing on existing literature, policy documents, and contextual evidence from Bangladesh, the paper analyzes how gift culture, financial incentives, and aggressive marketing strategies influence physicians' clinical decision-making. The findings suggest that such practices often create conflicts of interest, compromise professional ethics, and increase healthcare costs borne by patients through out-of-pocket expenditures. The study further highlights regulatory gaps and weak enforcement mechanisms that allow unethical promotional activities to persist. By critically assessing the pharma–physician alliance, the paper underscores the need for stronger healthcare and pharmaceutical marketing regulations to protect patient welfare and restore trust in the medical profession. The study contributes to bioethics and health policy discourse by offering policy-relevant insights for ensuring ethical medical practice and equitable healthcare delivery in Bangladesh.

1 INTRODUCTION

The pharmaceutical industries can ideally go to the physicians and introduce their products to them so that the physicians can write their products into prescriptions, which is essential for their business as well as patients' care. However, the companies must not influence the physicians by providing gifts or benefits to influence clinical decision-making in favour of the companies because the physicians are committed to providing patients with the best possible treatment without bias. Consequently, the physicians must uphold their commitment to humanity and no amount of greed should pull them out of their path. Conflicts of interest in medicine are a source of anxiety due to the possibility that professional decisions about patients' welfare are unduly affected by a secondary interest. Traditionally, the pharmaceutical industry has relied on physicians for sales, spending billions of dollars on gifts and benefits. However, the US Food and Drug Administration permits small gifts from the pharmaceutical industry, and some of the physicians argue that they may receive gifts, but it does not influence clinical decision-making. The relationship between physicians and industry was not always as sweet as it is now; it has been improving since the second half of the twentieth century. Lexchin opines about the mutual relationship between physicians and the pharmaceutical industry, as pharmaceutical products are the basis for treatment; without pharmaceutical products, physicians can only provide a limited amount of treatment at present; consequently, the pharmaceutical companies are dependent on the

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physicians for revenue earnings, which was not the case in the first half of the twentieth century, when pharmacists compounded the majority of medications (Lexchin, 2017, p. 31). This dependency has evolved as pharmaceutical products are produced in the industry, which is primarily related to the prescription. Because of industrial production and prescription dependency, physicians secure a valuable position in the current competitive pharmaceutical market, opening the door to the gift culture with a diverse range of items, continuing education, trips, and events.

2 LITERATURE REVIEW

Pharmaceutical promotion is different from the usual course of marketing other products because it does not target the ultimate consumers of the products, the patients, but rather targets the physicians. In drug promotion, the prescription acts as a link between the physician and the patient in order for the patient to purchase medicine; the physician can identify the patient's problem and suggest appropriate medicinal or nonmedical interventions that the patient can purchase; the patient's knowledge is insufficient to choose her or his medicine. Hence, the physician stays between the pharmaceutical industry and the patients, who are the consumer of the pharmaceutical products, the ultimate target. Alagha and Fugh-Berman describe that patients pay for and use drugs, but it is the physicians, the intermediaries, who are the choosers but not the users (Alagha & Fugh-Berman, 2022, p. 2).

The industry's main workforce to reach out to physicians is a group of young people whose performance makes physicians sympathetic to the company. They are known as medical representatives or reps, and they visit the physicians with samples and gifts and hand them over to the physicians regularly so that they write their products' names in the prescriptions. Although it is common around the globe, there are some reverse opinions. Paul et al. depict that pharmaceutical companies give gifts to doctors as a part of promotion and marketing that influences their attitudes towards pharmaceutical companies, knowledge of pharmaceutical products, and prescription behavior, although many doctors deny it (Paul et al., 2006, p. 140). People cannot keep faith in their position that gifts are ineffective for influencing clinical decisions.

Similar to an oath or written commitment like the American Medical Association (AMA), the physicians of other countries show the same respect to do what is best for the patients. In the preamble of the Principles of Medical Ethics (American Medical Association), it is written, "as a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self (Oberlander et al., 2019, p. 195). Silverman & Adler remark that "because physicians make a public commitment to first seek their patients' interests and well-being, they are given access to the bodies, lives, and, at least traditionally, to the homes of patients (Silverman & Adler, 2020, p. 12)." When physicians receive gifts from pharmaceutical companies, they become obligated to feast on them during the clinical decision-making process, which creates conflicts of interest, ethical dilemma, even if they do not make decisions in favour of the pharmaceutical companies.

Ethical dilemmas occur when multiple obligations conflict, as in the case of healthcare professionals who accept gifts from pharmaceutical companies. Stokamer argues that receiving gifts is an overt acceptance of a certain degree of intimacy and reciprocity; even a small gift from a pharmaceutical company can restrain the physician from studying the effectiveness of a medicine, which is essential to preparing credible prescriptions that ensure the patients' best interests and do no harm (Stokamer, 2003, p. 49). Receiving gifts or any kind of benefits from the industry distort autonomy, beneficence, nonmeliference, justice and ethical conducts of the physicians. Marco et al. explain that many of the physicians opine that receiving gifts or benefits from the industry does not influence the physician's clinical decisions. However, gifts may engender conscious or unconscious feelings of debt, which might lead to unwise adjustments in prescription practices (Marco et al., 2006, p. 517). Marco et al. also note there might be benefits for the physicians in the marketing activities of the companies that "in addition to their potential benefits to patients, all the gifts enumerated above—drug samples, information provided by pharmaceutical representatives, and industry support for educational activities and materials—may provide direct or indirect benefits to physicians (Marco et al., 2006, p. 516). Naturally, anyone should be grateful to the person or organization from whom they receive gifts.

Earlier, it was cited that the physicians disagreed about believing that gifts or benefits could influence their

decisions. If it is admitted that the physicians' argument is true and the gifts from the industry do not influence them in clinical decision-making. In that case, the question is why the pharmaceutical industry spends billions of dollars a year on marketing purposes. The pharmaceutical industry is not a charitable organization that can spend vast sums of money marketing prescription drugs.

Social psychology research demonstrates that human perceptions of fairness are influenced by self-interest. Additionally, this research shows that conscious efforts to prevent prejudice are ineffective even when an individual tries to restrain himself or herself from being partial to judgment, but he or she becomes unintentionally and unconsciously biased for personal benefits (Dresser, 2006, p. 9). The pharmaceutical companies in the USA is spending an significant amount of money every year; a statistics is depicted from Brown that "in 2016, the pharmaceutical industry spent $29.9 billion on medical marketing in the United States, including $20.3 billion for marketing directly to health care professionals. Of this spending, $5.6 billion was for prescriber detailing (mainly face-to-face visits), $13.5 billion for drug samples, and $979 million for direct physician payments" (Brown, 2021 , p. 348). Spending this much money on marketing allows pharmaceutical companies to form intentional relationships with physicians in an unethical way bypassing the professional code of conduct in order to prescribe medicine. The marketing strategy of forming an intentional relationship with physicians, which can be interpreted as trapping the physicians into prescribing medicines, produces a cost that increases the price of the drugs that the buyers must bear. According to Marco et al., the gift to physicians raises the cost of prescription medicines, putting patients and insurance companies at risk (Marco et al., 2006, p. 517).

The pharmaceutical companies implement dew-falling influence to motivate physicians to make clinical decisions that goes in favour of the industry as they receive gifts from them; that is how they make the relationship with physicians. The influence of gifts and payments from pharmaceutical companies on prescribing decisions should be no surprise; it is the cornerstone of effective marketing. Gifts, speaking fees, samples, and consultancies increase prescriptions, and if they do not, the tap is simply turned off. Pharmaceutical companies have been able to track the effects of their marketing efforts with great precision as they increase their sales volume, creating conflicts of interest. So, the pharma-physician relationship creates conflicts of interest that benefit pharma industries and physicians while negatively impacting patients. Hence, this essay examines the pharma-physician alliance in drug promotion considering the principlism theory and looks for a competent policy intervention to eradicate unethical drug promotion in Bangladesh.

The pharmaceutical industry and the physician have to come closer for business and patient care; however, close relations provoke conflicts of interest that affect patient care. Paul and Ian denote that both are concerned with promoting the appropriate and effective use of currently available medications in healthcare as well as monitoring their usage and doing cutting-edge research. However, the parties place different stakeholder groups and emphasis on their respective priorities. While the industry is primarily concerned with commercial outcomes, doctors are primarily focused on patient care and scientific advancement. The patient is the main stakeholder in healthcare, whereas the shareholder is the main stakeholder in business. Participants' shared and divergent interests necessitate debate and the possibility of conflict (Paul & Ian, 2002). The two objectives are united at the point of self-interest.

In certain nations, marketing medical items through advertising are only mildly permitted for over-the-counter drugs; however, marketing prescription drugs is outright forbidden elsewhere. Rosenthal et al. argue that there are various logics against direct-to-customer advertising because it is a direct waste of the physician's valuable time, increases the use of unnecessary and excessive medicine, which leads to pharmaceutical company profits (Rosenthal et al., 2002).

The pharmaceutical marketing always goes beyond the boundaries, targeting extra profitability. Islam and Farah explain that aggressive medication marketing is a major focus of the pharmaceutical industry worldwide. Islam and Farah also add that drug advertising claims are frequently false and not supported by adequate scientific data, which encourages irrational medication usage through improper prescribing (Islam & Farah, 2007, p. 6). In the case of medicine marketing, Islam and Farah describe their remarks that pharmaceutical firms in Bangladesh focus a lot of their efforts on marketing and promoting their products, and they are the only institutions here that can advise healthcare professionals about available medications. Most people think that medicine firms in Bangladesh frequently promote their products using exaggerated claims and false facts (Islam & Farah, 2007, pp. 6-7). The use of direct promotion to

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physicians and misinformation, exaggerated claims, false facts, and gifts that influence the physicians, which is inevitable in the prescription process, creates mistrust in the medical profession in Bangladesh.

The above discussion shows that the drug-marketing phenomenon is floating around gift cultures worldwide, including Bangladesh. So, it is necessary to analyze the drug marketing in the light of bioethical principles to get an idea of the rightness and wrongness of the strategy. The following discussion is on the principlism theory and the drug marketing in Bangladesh.

3 RESEARCH METHODOLOGY

Principlism theory is used in this essay to explain pharma-physician relationship that influences the drug promotion using the tools, the gifts which tide up the physician with loyalty rope. The principlism theory is used in this essay to explain the pharma-physician relationship. The relationship that influences drug promotion uses the tools of gifts, tie up the physician with a loyalty rope. The promotional activities for drug marketing mostly depend on the MR's visits to physicians and providing small- and large-scale gifts, even cash. How the gifts from the companies influence the physicians to make clinical decisions favoring the companies, which conflict with the principles of autonomy, beneficence, omnipotence, and justice, as well as with state rules, is discussed later. On the other hand, the Ministry of Health and Family Welfare website has been visited to find healthcare related laws or rules.

4 FINDINGS AND DISCUSSION

4.1 Healthcare in Bangladesh

Bangladesh's healthcare goes forward with the collaboration approach of public, private, national and international non-government organizations. "The Ministry of Health and Family Welfare of Bangladesh, in partnership with UNICEF, provides healthcare through medical college hospitals, district hospitals, upazila health complexes, and maternal and child welfare centers (MCWCs). Several private clinics or hospitals and health-related NGOs are also serving as partners in this program" (Health, 2020, p. 40). There are 39 private institutes of health technology, 18 government medical colleges, 41 private medical colleges, 11 private dentistry colleges, a well-equipped medical university, 589 government hospitals, and 2,271.5 non-government hospitals (Talukder, 2011). Based on the payment, there are three types of healthcare service providers: public, private, and non-profit. Public hospitals provide free treatment, private hospitals operate for profit, and some non-profit organizations provide healthcare services at reduced rates. Medical college hospitals, postgraduate hospitals, specialized hospitals, and maternal and child welfare centers are the leading providers of public healthcare services (Talukder, 2011). Private hospitals and clinics are the primary healthcare providers who deliver services through the out-of-pocket system, focusing on business; service is a secondary aim. Moreover, two-thirds of the total expenditure is profit-driven; the government, on the other hand, funded one-third, or around 60%, out of tax revenue (Islam & Biswas, 2014, p. 371). The lion's share of the healthcare financing comes from out-of-pocket (OOP) payments, which are 67% against the global standard of only 32%; among them, 61% is spent on drugs and medicine (Fahim et al., 2018, p. 13). The out-of-pocket payment becomes a burden for low- and middle-income people and also for the poor as their income is spent to buy their livelihoods and they do not have savings, but the sickness is uncertain. Doctor-patient ratio is also hindrance to ensure healthcare in Bangladesh. Doctor-patient ratio is also a hindrance to ensuring healthcare in Bangladesh, which is 3.05 doctors per 10,000 people, and there is no formal referral mechanism; as a result, some government-paid post-graduate doctors have to see hundreds of patients in their private clinics beyond office hours (Andalib & Arafat, 2016). As a result of shortage, government-paid physicians engage in private practice, which is regarded as a significant source of income that exceeds what the government pays. In Bangladesh, the high cost of healthcare and the scarcity of educated healthcare providers are key concerns for both the commercial and governmental sectors (Medhekar & Ali, 2012). The physicians should do the best they can for the patients, and they are committed to doing that from the beginning of their careers. This has been the practice since the time of Hippocrates, and still, doctors take an oath before beginning to practice as doctors. However, providing the best treatment to the patients in Bangladesh is unpredictable because of the aggressive drug promotion and excessive greediness of the physicians. Talukder has given a good summary of

the situation that prevails in Bangladesh: "The patient-physician relationship in Bangladesh is very miserable. Physicians' negligence, carelessness, absence from duty, lack of attention, irresponsibility, allocating a very short time per patient, wrong treatment, unwillingness to provide information, misinformation for continuing inappropriate treatment, and business attitude are frequent events in Bangladesh" (Talukder, 2011, p. 67). The public impression is developed from one's own experiences, those of their family, friends, neighbours, and the media. Except for this, every person has the opportunity to receive care from a physician one or more times in his or her life. The physicians do not spend sufficient time in patient visits in Bangladesh. Das et al. find in a survey that only 3.51 minutes are used for consultation in government facilities, which causes dissatisfaction among the patients in Bangladesh (Das et al., 2021).

Lack of adequate time allocation and a communication gap are cited as reasons for patients' bad relationships with doctors in public opinion surveys. Patients also claim their doctors do not care about or support them. In addition, people believe that doctors do a variety of malpractices, such as irrationally prescribing medicine, diagnostic tests, cesarean sections, and intensive care units (ICU) in private hospital facilities (Hamid et al., 2021). Das et al. add, "an increased consultation time can contribute to enhanced patient safety, medication adherence, decreased costs of medical malpractice, and increased patient satisfaction across the healthcare sector" (Das et al., 2021, p. 2). The patient's satisfaction is significantly important; after receiving treatment, he or she should be happy that justice has been confirmed during the treatment process, which is not an issue of saying it should be displayed, and the patient can understand he has enjoyed justice.

4.2 Healthcare and Drug Policies

In Bangladesh, the private sector and non-governmental organizations provide healthcare services; however, there is a huge variation in quality, cost, and coverage among them. Siddiqui and Khandaker denote that a survey was conducted by the Centre for International Epidemiological Training (CIET), Canada, and showed that "13% of treatment-seekers in Bangladesh use government services, 27% use private or NGO services, and 60% use unqualified services, where the overall use rate for public healthcare services was as low as 30%" (Siddiqui & Khandaker, 2007). In Bangladesh, the healthcare access quality index is improving, but slowly and with a number of drawbacks. Referring to the recent reports, Fahim et al. explain that "the health care access quality index of Bangladesh has mounted from below 42.9 to 52 in a period extending from 1990 to 2015, which is much better compared with neighboring countries. Despite all these achievements, the health system of the country is suffering badly from poor funding and the inadequacy of manpower, infrastructure, and logistics" (Fahim et al., 2018, p. 12). Bangladesh works hard to meet its commitment to ensuring universal healthcare, which is a constitutional provision implemented through the Ministry of Health and Family Welfare. In 2017, the Ministry established two divisions: the health services division for healthcare and the education and family welfare division for medical education and family planning (birth control). These divisions provide healthcare, medical education, and birth control servicesThe Department of Health (DH) and the Directorate of Drug Administration (DDA), two vital departments, work under the Services Division, which is responsible for the supervision of hospitals and clinics, drug approval, promotion, and overall administration (Division, 2023).

The National Health Policy 2011, the Bengal Drugs Rules, 1946, the Drugs Act, 1940, the National Drug Policy 2016, and the Code of Professional Conduct, Etiquette, and Ethics are some of the vital policy documents for ensuring healthcare and drug administration in Bangladesh; however, most of the documents are in Bengali and available on the website. The National Health Policy 2011 contains a lot of commitments relating to healthcare, but nothing is available on how to protect influencing physicians in the case of unethical drug promotion, pharma-physician relationships, and physician-patient relationships (Division, 2023).

According to Murshid and Haque, Bangladesh National Drug Policy 1982 is a turning point in the history of drug administration and management; it created the scope of controlling unnecessary, harmful, and unsafe medicine, but drug companies got an ampule of opportunity to increase drug prices on its amendments in 2005 (Murshid & Haque, 2019). The out-of-pocket payment system, unethical drug promotion, and aggressive profit-making mentality of the pharmaceutical company has grabbed the throats of low- to middle-income people and the poor.

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4.3 Pharmaceutical Market and Drug Promotions in Bangladesh

The pharmaceutical market in Bangladesh is perfectly competitive, as a good number of pharmaceutical companies in operation. There are 858 pharmaceutical units, of which 271 are allopathic, 271 unani, 205 ayurvedic, 79 homeopathic, and 32 herbals. For selling, there are 125,489 registered pharmacies throughout the country (Shah, 2020). The pharmaceutical market is worth approximately BDT 113 billion, with an annual growth rate of about 11%, and multinational companies own about 20% of it. Bangladesh has an excellent capacity for exporting generic medicine to 157 countries, fulfilling 98% of domestic demand and earning BDT 65758 million in 2021 (Adminisration, 2023).

For its competitiveness and profitability, pharmaceutical companies aggressively perform their promotional activities for selling products. The MRs, who are designed to boost product sales, are forced by these promotional activities to use immoral tactics when necessary. Hence, the inability of the system to hold people and organizations responsible for abiding by fundamental medical ethics, standard operating procedures, norms, laws and regulations.

The promotional activities are more motivated by the financial interests of the prescribers and dispensers than by the needs of the patients (Mohiuddin et al., 2015). Therefore, the company representatives, the medical representatives (MRs), are busy visiting doctors with gifts and benefits to avoid any forgetfulness on the part of the physicians. Moreover, every year, the MRs are given targets to meet; failure to meet the target may result in termination. This situation makes the industry bound to go to physicians to influence them to write their products in prescriptions, creating an ethical dilemma. However, the government has yet to promulgate any law or rule to protect the malpractice of the physician and control the drug's aggressive promotional activities that harm the patients' rights and health.

Like pharmaceutical companies in other parts of the world, Bangladeshi pharmaceutical companies also employ a lot of resources for pharmaceutical promotion, most of which are related to professional gifts and other promotion-related expenditures. For marketing purposes, the pharmaceutical companies spend 15 to 25 percent of their overall budget (Ahmed, 2021). The amount they spend for the promotion that creates contradiction with the principlism theory and the burden of it goes to the shoulders of physicians, increasing drug costs and endangering patients health.

4.4 Gift-Culture and Contradiction with Principlism Theory

Pharmaceutical companies seek physicians to accomplish significant goals which is product marketing. Pharmaceutical companies introduce new drugs which are both necessary for their business and beneficial to patients. It was discussed earlier that pharmaceutical companies have to depend on physicians for marketing purposes, as people buy medicine mostly based on prescription. In addition, Bangladesh does not allow advertising for medicines in the mass media. Therefore, pharmaceutical companies depend on physicians for drug marketing although the physician is not the product's end user. The medicine market is in perfect competition in Bangladesh, therefore, the physician harvest the benefits as well as the pharmaceutical company.

Pharmaceutical companies use a variety of strategies to influence doctors. For example, pharmaceutical companies offer money, gifts, tours, seminars, and ghostwriting services in order to influence physicians. By receiving gifts or benefits, physicians become kind to the company by including particular company products in the prescription that goes to the company, protecting the patient's interests. Little gifts, like pens and notepads, have a behavioural impact. Physicians are more likely to prescribe a pharmaceutical firm's drugs if they receive direct payments from the corporation. This arrangement goes against the moral duty to prioritize the patient's needs (Brown, 2021).

The taste of gifts is changing from kinds to cash; however, valuable gifts are also quite fit to keep their demand all along. Shah says physicians are no longer willing to accept gifts; instead, they prefer cash and valuable gift items. The gifting practice provokes worries about a "conflict of interest" between the obligation of the doctor to the patient and the obligation to the pharmaceutical corporations in return, which could jeopardize the doctors' ethical conduct (Shah, 2020, p. 207). This suggests that such an investment is improper on a professional and moral level. However, medical professionals and businesses tend to disregard these factors (Shah, 2020, p. 207). Another factor in this unethical giving practice is the mushrooming of

pharmaceutical corporations. Pharma quality is frequently sacrificed as a result of drug industry competition. This unethical gifting practice of some drug firms can be curbed if the government regulates and standardizes the retail price, quality, and genetic and generic names of medicines (Arefin, 2022).

As the prescription plays a vital role in revenue earnings, the company is always keen to widen the list of the gifts for the prescriber. Mohiuddin et al. have given a bigger list of gift items, "sponsorship for conference, seminar, medical equipment, items for doctor's waiting area (chairs, water filter, TV, etc.), visiting card, prescription pads, folders, cash for products prescription, air ticket and hotel accommodation, for pleasure trips with family and friends; decoration for home, flat, car, food items, mobile recharge cards, Internet modem, cash or sponsorship for personal programmes such as wedding, birthday, naming ceremony etc" (Mohiuddin et al., 2015, p. 6) . Mohiuddin et al. also explain, "there was an increasing tendency of the pharmaceutical companies to provide almost everything as gifts to the doctors" (Mohiuddin et al., 2015, p. 5).

As the pharmaceutical company invests in physicians in the form of gifts, they monitor their prescription behavior. The responsibility of not only visiting the physicians but also checking their prescriptions rests with them. According to Shah, corporations generally keep an eye on the doctor's prescribing habits in three ways: first, by conducting a prescription survey at the doctor's office from the patient; second, by gathering information from the medical store; and third, by buying market research studies from consulting companies that make use of databases pertaining to doctors' prescribing habits (Shah, 2020, pp. 219-220). Physicians do not have any alternatives but to endorse the company's products from which they receive gifts, a potential way of trapping physicians that makes them bound to protect the company's interests while avoiding the patients' interests.

When pharmaceutical companies influence physicians, they fail to respect patients' autonomy. They also avoid other pillars of principlism theory, such as beneficence, nonmaleficence, and justice. Gifts or benefits of the company create a moral dilemma, and the physician thinks about the mutual benefits for himself and the company.

Physicians break Hippocrates' Oath and violate their conduct rules, favouring the pharmaceutical companies. They also instill distrust in public and lose the public's respect while working for the company. The following diagram shows the relationship circle. Receiving gifts Physicians do not consider the negative impact of medicines on patients; they only consider pharmaceutical companies' revenue, which violates the principle of non-maleficence.

Poor prescription has been connected to a lack of control over promotional activities. Positive attitudes toward the pharmaceutical industry are a result of interactions between medical professionals and the industry. These attitudes make it difficult to spot false medication claims, the quick prescription of a new drug, irrational prescribing practices, and the prescription of more expensive and modern drugs with no discernible benefit (Johora & Rahman, 2019).

All over the world, the pharmaceutical companies aggressively continue their promotional activities to gain the highest profit margin from the competitive market by spending lots of money on favorable prescriptions that can increase sales. Mohiuddin et al. explain, "The pharmaceutical industries spend between 15 and 25 % of their total budget on promotional activities, which is even higher in the third world countries" (Mohiuddin et al., 2015, p. 2) Some physicians do not receive gifts and benefits from the companies and write prescriptions based on the patient's necessity and the medicine's efficacy. According to ethical theory and professional conduct, accepting gifts or benefits is unethical. Except for this, some physicians prescribe costly medicines, ignoring the cheaper substitutes that also generate additional costs for the patients.

Excessive or unnecessary medicines in prescriptions can cause serious harm to patients, which is a violation of principlism and the professional code of ethics. Except for this, irrespective of the patient's necessity, medicines can cause health hazards, including life-threatening side effects, which also can increase treatment costs. Krska and Morecroft's research is notable, "Two large prospective studies in Liverpool hospitals have shown that 6.5% of 18,820 admissions to medical units were caused by adverse drug reactions (ADRs), that 2.3 % of patients admitted with ADRs die and that 14.7 % of 3,695 medical or surgical in-patients experienced an ADR during their stay" (Krska & Morecroft, 2013, p. 673). As a result, only the best drugs and dosages should be chosen based on necessity and patient safety. ADRs from necessary drugs can be tolerated, but ADRs from unnecessary and excessive medicines, which are prescribed solely for the

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company's interests and violate principlism, and raise treatment costs, cannot be excused.

In Bangladesh, the private sector and non-governmental organizations provide healthcare services; however, there is a huge variation in quality, cost, and coverage among them. Siddiqui and Khandaker denote that a survey was conducted by the Centre for International Epidemiological Training (CIET), Canada, and showed that "13% of treatment-seekers in Bangladesh use government services, 27% use private or NGO services, and 60% use unqualified services, where the overall use rate for public healthcare services was as low as 30%" (Siddiqui & Khandaker, 2007). In Bangladesh, the healthcare access quality index is improving, but slowly and with a number of drawbacks. Referring to the recent reports, Fahim et al. explain that "the health care access quality index of Bangladesh has mounted from below 42.9 to 52 in a period extending from 1990 to 2015, which is much better compared with neighboring countries. Despite all these achievements, the health system of the country is suffering badly from poor funding and the inadequacy of manpower, infrastructure, and logistics (Fahim et al., 2018, p. 12)."

5 CONCLUSION

In Bangladesh, people have to buy medical services on an out-of-pocket basis because the government's free services are insufficient to cover the whole population. On the other hand, it suffers from a shortage of physicians, which allows government-paid physicians to run private practices. Pharmaceutical companies run businesses to maximize their profit; the physicians' first and foremost duty is to provide the best treatment to the patients. Although they have two diverse objectives, gifts from the pharmaceutical companies bring them together and foster friendship for their mutual benefits, ignoring the patients in exchange for getting the patients' care. Pharmaceutical companies provide small to expensive gifts, sponsor workshops and seminars—whatever the physician needs, the company provides—just to influence them to prepare prescriptions in their favor so that they may increase their sales. A maximum of one-fourth of their budget they spend on marketing purposes, which increases the treatment cost, which the patient pays. As direct-to-consumer advertising is prohibited for prescription drugs, the company's MRs visit physicians to convince them with various gifts. Although some of the physicians agree that gifts cannot influence their clinical decision-making, it is human nature to make up for the indebtedness. Sometimes the physicians prescribe excessive and unnecessary medicine, which is adverse for Being influenced by the pharmaceutical companies, the physicians principles of autonomy, beneficence, nonmaleficence, and justice, including their code of professional ethics, increased the cost of medicine. Therefore, the gift culture of pharmaceutical promotion violates the principlism theory by increasing treatment costs. Although the government of Bangladesh introduced various policies and rules that are not sufficient to stop aggressive promotional activities of the companies, a strong healthcare law and pharmaceutical marketing law are a dire need to ensure quality care for all at reasonable costs.

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