



Self-referral, Compounding or Delivering Traditional Remedies by Physicians: Ethical Concerns and Codes

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Abstract

"Self-referral" as a specific type of conflict of interest, could potentially interfere with the integrity of an "appropriate referral" which should be practiced based on the unique needs of each patient. Referring patients to health facilities where the traditional therapist or physician "has investment interests or is part/full owner of such facilities" is ethically unacceptable and considered to be a kind of self-referring. We, in line with international community and as a professional duty, are obliged to abstain from such a problem. Considering the fast-growing global request for natural products, this ethical and professional issue needs crucial considerations respecting legislation, legal and professional detection and controls. In this way, potentiate the Traditional Pharmacy specialty (Ph.D), practical education of interested pharmacists regarding traditional medications, defining standards for traditional herbal preparations, cessation of preparation of traditional remedies by physicians are among the suggestions could be followed for professional handling of the problem. It is also the right time for compiling ethical codes covering global concerns for ethical prescription of traditional medications.

Keywords: Conflict of interest, Natural products, Self-referral, Ethics, Traditional medicine

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“Conflict of interest” as a general term has been in debate as a serious concern in different fields of medical practice since 1980s [1]. In this regard, the term “self-referral” as a specific type of conflict of interest came into discussion later in the early 1990s [2, 3]. Potentially, self referral could interfere with the integrity of an “appropriate referral” which should be practiced based on the unique needs of each patient [4]. Self referral, therefore, could be the origin of some secondary interests, those that intervene with health members’ (physicians’, etc.) responsibility to their patients [5]. In this way, referring patients to health facilities where the physician “has investment interests or is part/full owners of such facilities” deemed unacceptable from professional ethics point of view as is considered a kind of self referring [5]. In its growing scope, traditional therapists or physicians throughout the world including Iran, from time to time, compound the remedies they have prescribed for their patients. Moreover they may refer patients to the [pharmacy] stores or specific centers, where patients purchase or receive the prescription while, a complete or partial financial interest exists between the prescriber physician and the referring medication centers. Preparation of and selling medication services in the physicians’ own clinic and those medication centers established by traditional physicians (as owner) are two common instances of this kind of issue. Ignoring the problem at the beginning could irreversibly destroy public trust, as the worst consequence, even to the whole medicine. As a result, considering the fast-growing global request for natural products [6], this ethical and professional issue needs crucial considerations respecting legislation, legal and professional detection and controls.

Although “financial reasons” are in the dark, other reasons are often brought to the light to justify this kind of referral. Although, some of the justifications are acceptable partly and of course when they are considered on their own but we need to assume all parts through a whole and in a long span of time to be able to comprehend the true nature of the issue. In this

way, the most common reasons for what have been discussed are: A: traditionally, therapists prepare their own medications and meet the remedies for their patients by themselves. So, this trend should be continued. B: current traditional medicine suffers from not having access to various remedies indicated in the traditional era. Traditional physicians usually look for certain remedies specific to each patient; therefore, each remedy is new for the market and it is somehow impossible to have a single one for all patients. In this way, traditional physicians are the only ones to account for this fact. Nevertheless, some critics believe that such practices could not be counted as a therapeutic trend whereas in many cases were a trial to find the true reaction of patients to specific preparations. C: claimants believe that pharmaceutical companies which are monitoring the market of traditional products have not had any serious reaction to the phenomenon which indicates their stance around the issue. Opponents on the other hand, emphasize that such companies probably are not authorized on the procedures of producing traditional medications. D: certain therapists pretend that they have and can transfer some kind of spiritual forces to the remedies they prepare while others are not able to do so. Nevertheless, critically, this ability in many cases weighted with money and high prices are asked for such medications.

“Reliability problem” of these preparations would be a serious challenge. Traditional medications and remedies may be prepared in substandard situations, so that pharmaceutical quality controls could not be usually guaranteed in such preparations. For instance: the expiry date and stability tests would not be considered for such medications. Therefore, patients should pay for the remedies which are not products of a reliable pharmacy system. Additionally, they are prepared directly by physicians and therefore could not be covered by health insurances.

In conclusion, considering the aforementioned causes and effects for self referral, thorough and immediate considerations should be given to the systematic and formal control of traditional

pharmacy preparations based on the international professional standards and ethical codes. In this way, the following suggestions are proposed as basic and comprehensive solutions to the problem: A: potentiate the Traditional Pharmacy specialty (PhD), which was established for the first time in Iranian academic system since 2008, with the aim of covering pharmaceutical defects of the Iranian traditional medicine. B: practical education of interested pharmacists through complementary workshops for covering the growing requests of the market for traditional medications. Educated pharmacists could be learnt how to prepare bench remedies in small scales in their authorized pharmacy stores or they could specifically, initiate herbal/traditional pharmacy shops. C: defining standards for traditional herbal preparations through a specific pharmacopeia as a basic and long term solution. In this regard, existing pharmaceutical companies need to be supported and encouraged legislatively, fanatically and professionally for producing standard herbal medications based on the market trends and requests. Additionally, setting up new companies for covering the growing market seems to be urgent for long term coverage of the needs of the field. D: Certainly, in line with bringing about the necessary conditions, preparation of traditional remedies by physicians should be ceased for the surrounding unacceptable professional and ethical circumstances. At worst, the current trend of traditional physicians' self referral for its potentiality to raise serious financial conflict of interests could seriously harm social trust to the whole medicine. Fortunately, this catastrophe is preventable regarding that ethics and professional standards do not sacrifice for the sake of other things. E: the logical Razi's medical approach for treatment of patients should be academically thought and then supervised in the community as a basis for traditional medicine; that is: starting with diet therapy, then using simple medications and finally, if there were no acceptable consequences treat with multi-component formulations. F: simple and easy procedures

could be presented and learnt to the patients for preparing simple medications especially when the remedy should be continued for a while and the patient is not convenient for attending the pharmacy store multiple times.

In sum, the fast-growing requests for traditional remedies throughout the world, calls for setting up a systematic approach for ethical and professional handling of the issue. Consolidation of prescriber and deliverers of traditional medications potentially, could trigger "conflict of interest" and we in line with international community and as a professional duty are obliged to abstain from the problem. In this way, any try should be carried out in the least possible time for the significance of preventing the negative and serious consequences in time. Certainly, the problem should be avoided by using the specialists (pharmacists) who can stop the process of self referral while having no conflict of interest when practicing. It is also the right time for compiling ethical codes and introducing related rules and regulations covering global concerns for ethical prescription of traditional medications.

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