

## How Pharmacists and Physicians Reach the Win/Win

Ayman Afify\*

Department of Family Medicine, Prince Sultan Military Medical City, Riyadh, Saudi Arabia.

\*Corresponding author: Ayman Afify, Department of Family Medicine, Prince Sultan Military Medical City, Riyadh, Saudi Arabia, E-mail: iymen16@gmail.com

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### Description

How many times you as a Medical Representative (Med. Rep.) get out of the physician room not satisfied with his way of thinking or while he is dealing or talking with you.

How many times, you as a physician dealing with the Medical Representative while presenting his/ her papers (evidence), you think he is just an exaggerator and trying to deceive you.

Physicians and pharmacists are partners for a common goal; trying to highlight the best available evidence for pharmacological treatment of a certain disease, yes Medical Representative could be influenced by the pharmaceutical company and the pressure of achieving "the target" trying to convince the physician to prescribe his/her product, but for sure is trying to tell the truth in a way that influence the physician mind (he is not a fibber), also from the perspective of the physician, he/she wants the best out of each medicine without any fabrication or exaggeration [1-5].

If we want to deal with this sort of conflicting agendas, I prefer to go out of it and talk from the unbiased part of the deal, which is the evidence itself (the research) and how to deal with it.

Physician should not deal with the medical Rep as a traditional retailer who wants just to sell his/her product. He/she is your colleague from a solid scientific background and maybe more oriented with evidence terms than you.

At the same time, I hope that the pharmacist is trying to convince physician' mind scientifically and he/ she must acknowledge and declare the limitation of whatever the evidence they present.

I'm highly recommending for both the physician and the pharmacist to understand few Evidence-Based Medicine (EBM) concepts and terms especially those related to Therapy; like the confidence interval (CI), the ARR (absolute Risk reduction), the RRR (relative risk reduction) etc. and why not to attend workshops together and to hold Representative for the 2 points of view with and against the evidence to reach a shared fair win/ win state.

N.B; this concept of EBM awareness can be highlighted in separate article, especially the importance of study design, the study sample and the analysis of the data.

Both parties should abide with the international regulations for the drug promotion like WHO regulations or others and not to violate these recommendations by any mean. I may even recommend a transparent declaration statement to be distributed to each physician before contacting together.

Both the Med. Rep. and the physician should focus on clinically important outcomes; (including the clinical effects and side effects, the cost, the quality of life and the hospital stays etc.) rather than the surrogate ones as much as it can be.

Specific indication of the medicine should be highlighted meticulously and no way to extrapolate beyond what evidence is offering.

Taking more in terms of ARR and Number needed to be Treated (NNT) rather than RRR, and CI rather that p-value (more Clinical significance rather than statistical significance).

At the end, we do belief that the pharmaceutical companies are important source for evidence and for holding scientific activities, they are very important for physician to update their pharmaceutical knowledge. We are looking for transparent ethical mutual knowledge sharing and discussion that guarantee the optimum collaboration between both parties, the pharmacists and the Physicians aiming at a common goal of the safe and effective use of the pharmacological weapons (the medications).

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