

Topic

Perception of Healthcare Professionals towards prescribing branded and generic medicines.

Module Code: SBPD7002

Qualitative Research

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Part 1

Literature Review

Article Name-

Beliefs, perception and behaviours of GPs (General Practitioners) towards the generic medicines

Author Name- Suzanne S Dunne

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In June 2013, Ireland marked another Act into law the Health (Pricing and Supply of Medical Goods) Act 2013, making ready for nonexclusive substitution and reference valuing without precedent for that market.

As a result of the new enactment, Irish patients turned out to be more probable than at any other time to experience generic drugs.

The conclusions of GPs are key variables affecting the perspectives that patients show towards nonspecific medicines. Such impact, notwithstanding their own part as prescribers, implies that GP recognitions are conceivably essential for the fruitful usage of the proposed changes, that is, to expand the utilization of nonexclusive prescriptions in Ireland. Despite this, to the creators' learning, the latest associate investigated distribution on this theme, concerning Ireland, dates from 1997.

In addition, a PubMed look (June 2013) identified only 17 productions universally in the keep going 10 years about doctor impression of nonexclusive drugs (six of which were not in English)—just seven of which were particularly identified with GP feelings four of which were not in English.

The latest paper on Irish GP view of nonspecific drugs, from 1997, expressed that a greater part of prescribers (75%) had worries about the dependability and nature of generics. Also, a different 1997 report (arranged for the Irish Minister for Health with respect to a past endeavour by the Irish Government to build use of nonexclusive solutions) expressed that over 33% of Irish GPs trusted that nonspecific prescriptions were inconsistent and of low quality. That report additionally recognized that half of the doctors reviewed detailed that bland substitution expanded patient disarray and a fourth of the members announced that patients came back to them with protestations of perplexity or disappointment with changes in their medicine. At the season of composing, Ireland is on the cusp of a noteworthy change in social insurance hones, with numerous potential obstacles to be defeated. An evaluation of the feelings of pertinent human services experts isn't just opportune yet additionally can possibly feature territories where difficulties may emerge amid execution of the proposed changes. Our goal was to evaluate the convictions, states of mind held and practices towards nonexclusive medications among GPs—as agents of endorsing doctors in Ireland—in the time paving the way to the authorization of the new enactment.

Welcome letters (which included subtle elements of the examination) were sent to an aggregate of 65 GPs situated in the South of Ireland (these contained the associate of practices partnered with the Graduate Entry Medical School in the University of Limerick at the season of the investigation). The letter was caught up with a phone call, 1– 2 weeks after the fact, for those GPs who had not officially acknowledged, and meets were orchestrated with the individuals who agreed to take part. Deliberate testing of members, in light of topographical area, was utilized at this phase with a specific end goal to guarantee land spread of members—considering both urban and provincial areas (18 urban, 16 rustic)

Balanced meetings were performed with consenting members amongst June and August 2012 all interviews aside from one were finished by means of telephone. Meeting lengths were as per the following: least—9 minutes 25 seconds; most extreme—23 minutes 48 seconds; mean—15 minutes 39 seconds. Meetings, which were recorded (with every interviewee's authorization), were semi structured. Extra evaluation of feelings was finished utilizing a progression of organized, shut inquiries to which members could choose from predefined answers. In that occasion, a five-point Likert scale was utilized with a solitary reaction considered each inquiry, chose from: emphatically concur, concur, unbiased, differ and firmly oppose this idea. Members could volunteer extra discourse on each inquiry and were likewise offered the chance to express unreservedly any extra suppositions or perspectives toward the finish of the meeting session. The investigation instrument was educated by an as of late distributed survey of the utilization of bland solutions and how strategy changes to advance the utilization of nonspecific pharmaceuticals may influence human services arrangement. To guarantee understanding by members, questions were subjected to psychological testing with three GPs who were made the inquiries, permitted to give reactions and after reacting were solicited what their comprehension from the inquiries was. Where fundamental, alterations were made to questions. The reactions of these GPs were excluded in investigation.

Utilizing a grounded hypothesis approach, interviews were deciphered, verbatim, and imported into NVivo (form 9) for examination. Transcripts were open coded for subjects identifying with interviewee assessments, observations and practices, including some other rising topics utilizing an inductive, topical process. Results were dissected, utilizing a consistent relative technique whereby information produced amid the meetings were contrasted and the greater part of the information from the meetings effectively examined. At the point when 4– 5 back to back meetings did not prompt the rise of any new topics, it was resolved that information immersion had been accomplished and the meeting procedure was finish up

Reactions were open coded into a topical system, considering subjects rising out of the information. On fruition of open coding, promote examination was performed to amalgamate comparative codes into a bringing together code, where conceivable. After the initial five meetings had been examined, all agents talked about the coding subjects keeping in mind the end goal to achieve agreement on the developing topical structure. The coding structure included such topics as: conclusions in regard to wellbeing and adequacy; past involvement with utilization of generics; individual inclinations; convictions in regards to authentic use of generics in Ireland; encounters with quiet reports in regards to generics; recommending methods of

reasoning; individual learning of, and mentalities towards, nonspecific drugs and suppositions in regards to the proposed administrative changes.

Thirty of the taking an interest 34 GPs recommended nonexclusive meds effectively. Transcendently, members trusted that generics functioned as successfully, and were of a similar quality, as originator prescriptions. Be that as it may, 32 GPs announced accepting patient protestations with respect to generics; very nearly a third revealed objections of expanded or adjusted reactions. Thirty-two GPs expressed that they would take a nonspecific pharmaceutical, albeit one of every seven would pick the originator if offered a decision. A minority of GPs were of the view that generics are made to a poorer quality than originators and might be a hazard to understanding security.

Some of the responses of the GPs were

Patients are whimsical... different size, shade of tablet has a tremendous effect. You can have individuals having one checked tasteless and genuinely slanting toward it and after that it's out of stock and the sensible ace gives them a substitute stamped nonexclusive and they couldn't tend to that one, or it doesn't work. Regardless, I do accept that these are basically issues of conviction truly, instead of any genuine multifaceted nature between the tablets.

I'd be more organized to continue running with the brand name absolutely, so the patient gets a practically identical thing each time ... For more settled patients it can cause a great deal of perplexity when they're getting varying brands at various occasions.

It may aggravate for individuals changing to specific exquisite introductions, individuals have the recognition that generics are different so if some individual's satisfying on the stamped thing I won't transform them.

For instance, I'm on a non-statin versus the originator statin and I'm in like manner too off on it. - maybe's s they're less a similar thing ... my vulnerability is that they're the same, at any rate without learning, you start to expect that they are beneath normal...

Now and again patients genuinely request a, named pharmaceutical that they feel works superior to anything another game plan they've had heretofore... It's more to do with quiet inclination... that they would think or say that one arrangement every so often came up short for also or they couldn't have looked after how it tasted or went down.

There's an immense misleading influence with any course of action; tolerant conviction is difficult to check. You'll get individuals who'll take one tablet of something and uncover to you it at times comes up short for - that they felt their circulatory strain was rising and mind-blowing things to check - when individuals have these sentiments it's difficult to kill that. –

I would reliably restrain the significance of [issues quick and dirty by a patient when taking a tasteless medication] and propose to the patient that it had nearby no to do with how it was a substitute medication and attempt to limit, to some degree, the inclination to return to the originator, yet ... if a patient is phenomenally chosen about it, it's the lesser of two catastrophes to recommend the originator stamp. The tricky impact is inconceivable and can't be reduced

On the off chance that we could be fulfilled that the affiliation who are endeavouring every last one of these solutions, on the off chance that they could give criticism and consolation to all Healthcare specialists that the achievability and the bioavailability and these generics were 100% at any rate I don't assume that data is right away open.

There are no affirmations over nature of the nonspecific thing or over where it's made ... really taking shape scene, at chop down cost, and transported here, and after that sold under stamped generics you'd require support about quality principles, and you'd require data about where they were made and their endorsing laws.

Conclusion of This investigation of GPs' dispositions towards nonspecific meds in Ireland features that this key partner gather has for the most part inspirational states of mind towards both nonspecific solutions and the new enactment. Be that as it may, variable information about nonexclusive pharmaceuticals and concerns regarding understanding knowledge, clinical viability and assembling quality were distinguished. GPs' feelings could adversely impact understanding suppositions; upgrading such assessments may demonstrate essential in effectively actualizing the new enactment.

Part 2

Topic-

Perception of Healthcare professionals towards prescribing branded and generic medicines in Central London

Abstract-

Now a days innovator and generic medicines is the latest and emerging topic in the healthcare and pharmaceutical sector and if there is healthcare professionals are directly involved with the NHS England and the prescribing the medicines in under regulations so identifying the perception and attitudes of healthcare professionals prescribing the branded and generic medicines to the patients and what when and how its benefits the all age of patients of central London where health of each and every individuals is very important and even the small sickness is affecting a lot in various aspects so from this study I have found that the central London patients are very health conscious and healthcare professionals are helping the patients by prescribing the branded medicines to treat faster and early relieving from the symptoms and signs of the disease. However, all participants are agree to the NHS England law and regulation of the prescribing the generic medicines on NHS prescriptions.

Introduction

Branded medicines are developed by the innovator companies and the copied and patent right has been reserved with the pharmaceutical company and this company has spent lots of money and time to found new molecule and launch in the market.

While generic and nonspecific medicines are the chemical ingredient would remain same rest all can be changed by the generic company and the source and the other properties of the medicines cant be same as like innovator so that's why that are cheaper in the market.

So the healthcare professionals needs to prescribe medicines very carefully for the patient when it comes to the patient health and life.

Some lifesaving medicines Healthcare professionals are prescribing on daily basis and they need to write the prescription under the regulation of the government and that's change by country by country and the also governments are changing the rules so its very hard for the Healthcare professionals to change their perception and attitudes towards the prescribing the branded and generic medicines so this study is trying to identify the prescription pattern of branded and generic medicines healthcare professionals are when why what type of situation and what's their belief on the patient benefits by using the different types of medicines and their impact on different types of patient .

Research questions (include Aims and Objectives)

To Identify the perception of healthcare professionals towards the branded medicines and generic medicines and how, when and why they are prescribing different brands and generic medicines to the different patients.

To identify the best medicines suitable for the different types of patients and what benefits to the patient if they are taking branded and generic medicines.

Research Philosophy and Literature Review

While there have been various distributions managing generic medicines and their improvement and market presentation, resulting use and parts of acknowledgment or something else; there is moderately restricted late writing with respect to the states of mind of doctors towards these items. Without a doubt, we discovered just three unique English dialect papers distributed somewhere in the range of 2003 and 2013 concentrated particularly on GP points of view. This paper is the main distributed investigation, utilizing semi-organized meetings, of GP discernments and practices identifying with bland drugs in Ireland. While dispositions in this associate seem to have enhanced since the last distributed (yet less thorough) consider around there, from 1997, GPs in Ireland still express some negative conclusions of nonspecific medications and exhibit hesitance towards their utilization.

In a complete story audit, Hassali et al. examined worldwide investigations distributed somewhere in the range of 1980 and 2008 and blended the aggregate perspectives of doctors as: tolerating of nonspecific substitution under arrangement and monetary weights however having concerns with respect to bland medications' general quality, unwavering quality and switch ability. That survey additionally guessed that those worries may avoid full appropriation of bland medication recommending and substitution by doctors, which could prompt heightening in social insurance costs for governments, back up plans or buyers straightforwardly.

In spite of this, to the creators' learning, the latest companion checked on distribution on this theme, as for Ireland, dates from 1997 . In addition, a PubMed seek (June 2013) distinguished only 17 productions globally over the most recent 10 years on the subject of doctor view of bland drugs (six of which were not in English)— just seven of which were particularly identified with GP feelings four of which were not in English.

Description of context and participants

Healthcare professionals and Clinical Pharmacists

Participants has selected from the central London and all participants are verbally consented and if they are agree with our university guidelines and I also followed our university guidelines and after that taken the appointments of the participants (5Healthcare Professionals of Central London Medical Centres and 3 Clinical Pharmacist)

This study instrument was chosen on the basis of the recently published review of the generic medicines and branded medicines usage perception and attitudes towards the prescribing pattern by the general Physicians of the Ireland.

To identify and understanding the participants view and perception through the cognitive testing of questions and few participants who were questioned and taken the responses and feedback of the healthcare professionals and that responses has not taken in the data analysis.

I have used the thematic approach and inductive method as I am trying to find out something which were not founded before and trying to develop new analysis of the healthcare professionals prescribing pattern of the Urban area patients and satisfying patients' needs and treating them with highly satisfied ratio with good health results.

Results are analysed by using the comparative method where I had used the previous studies result as a comparison and data collected during the face to face interviews of the healthcare professionals are analysed and I had taken the interviews single day single interview so data saturation would not happened and that has taken very cautiously and each interview was ranging between 10 minutes to 20 minutes

Preliminary findings

Following are the some of the responses of the participants

Patients are whimsical... diverse size, shade of tablet has a significant effect. You can have individuals having one marked generic and really preferring it and after that it's out of stock and the scientific expert gives them an alternate marked nonexclusive and they don't care for that one, or it doesn't work. However, I do trust that these are simply issues of conviction truly, as opposed to any genuine contrast between the tablets.

I'd be more disposed to run with the brand name absolutely, so the patient gets a similar thing each time ... For more established patients it can cause a great deal of disarray when they're getting diverse brands at various occasions.

It very well may be upsetting for individuals modifying [to distinctive tasteful presentations], individuals have the observation that [generics are] diverse so if some individual's agreeable on the marked item I won't transform them.

For instance, I'm on a generic statin versus the originator statin and I'm similarly too off on it. - quite possibly' s they're not so much a similar thing ... my doubt is that they're the same, however without learning, you start to presume that they are sub-par...

Now and again patients really request a particular, named pharmaceutical that they feel works superior to anything an alternate solution they've had previously... It's more to do with quiet inclination... that they would think or say that one medication sometimes fell short for too or they didn't care for how it tasted or went down.

There's an immense misleading impact with any solution; tolerant conviction is difficult to gauge. You'll get individuals who'll take one tablet of something and disclose to you it sometimes falls short for - that they felt their circulatory strain was rising and unimaginable things to check - when individuals have these convictions it's difficult to neutralize that. –

I would regularly minimize the noteworthiness of [issues detailed by a patient when taking a generic medication] and propose to the patient that it had next to no to do with the way that it was an alternate medication and attempt to oppose, to some degree, the inclination to return to the originator, yet ... if a patient is exceptionally determined about it, it's the lesser of two disasters to recommend the originator mark. The misleading impact is great and can't be reduced

On the off chance that we could be fulfilled that the organization who are trying every one of these medications, in the event that they could give criticism and consolation to all Healthcare professionals that the viability and the bioavailability and these generics were 100% - however I don't believe that data is promptly accessible.

There are no assurances over nature of the generic item or over where it's made ... in the creating scene, at bring down cost, and transported here, and after that sold under marked generics

you'd need consolation about quality guidelines, and you'd need data about where they were produced and their authorizing laws.

Results

Participating 5 Healthcare Professionals and 3 Clinical Pharmacist prescribed Branded and Generic medicines actively. Branded in Private Prescription and Generic in the NHS Prescriptions.

However, participants perception and behaviours is that generic medicines are working as effectively and were of the almost same quality as branded or innovator medicines. However, 3 Healthcare professionals has identified and received patient complaints regarding generic medicines and all reported complaints of increased or altered side effects.

All healthcare professionals and clinical pharmacist answered that they would like to take a branded medicine if they have option of brand vs generic for their personal prescription or if it's in prescribing in the family member.

Most healthcare professionals and clinical pharmacists were of the view that generics are manufactured to a poorer quality than originators and may be a risk to patient safety.

Discussion that emerged from findings

While there have been various distributions managing nonexclusive drugs: their improvement and market presentation, resulting use and parts of acknowledgment or something else; there is moderately restricted ongoing writing in regard to the dispositions of doctors towards these items. We discovered just three unique English dialect papers distributed somewhere in the range of 2003 and 2013 concentrated particularly on GP points of view. This paper is the main distributed investigation, utilizing semi-organized meetings, of GP recognitions and practices identifying with bland medications in Ireland. While states of mind in this partner seem to have enhanced since the last distributed (yet less thorough) examine around there, from 1997, GPs in Ireland still express some negative suppositions of nonspecific prescriptions and show hesitance towards their use. In an extensive account audit, Hassali et al. ordered worldwide investigations distributed somewhere in the range of 1980 and 2008 and mixed the aggregate perspectives of doctors as: tolerating of nonexclusive substitution under arrangement and financial weights however having concerns with respect to bland medications' general quality, dependability and switch ability. That audit additionally speculated that those worries may avert full appropriation of nonexclusive medication endorsing and substitution by doctors, which could prompt acceleration in social insurance costs for governments, back up plans or buyers specifically.

Roughly one out of eight of the members in our investigation trusted that generics may be unsafe contrasted with originator solutions, an outcome that viably reflected the perspectives communicated by GPs in past examinations. Be that as it may, conversely with those reports, Irish GPs did not really show absence of certainty related altogether to the nature of nonspecific pharmaceuticals. Or maybe, they communicated sees in regard to the unsatisfactory quality of identicalness for bland substitution with a few medications, for example, antiepileptic drugs and the way that excipients may vary between the originator and proportionate nonspecific definitions (for instance a GP detailed a patient having had an unfavourably susceptible response to a red colour excipient in a nonspecific item, which was not part of the originator plan). This may not be a nonsensical worry, as confirmation has been distributed with respect to the risky outcomes that emerge from contrasts between excipients utilized in originator prescriptions and their nonexclusive partners

A potential perplexing element is that healthcare professionals in our investigation communicated the conviction that most negative encounters detailed by patients are expected to nocebo impacts, coming about because of patients' negative assumptions about generics. A public wellbeing concern emerging from this, potentially as a zone for future research, is regardless of whether healthcare professionals accepting grumblings about adjusted symptoms related with use of nonspecific medications are announcing such to the pharmaceutical controller

as antagonistic occasions. Identified with this is the way that upwards of 1 of every 20 antagonistic occasions go unreported.

A conceivable confinement of this investigation could be the way of member determination as all healthcare professionals taking an interest had a college association. As these people had some inclusion with instructing and preparing, their attitudes may contrast from the individuals who don't have any connection with the scholarly world. This contention, notwithstanding, is to some degree alleviated as ongoing exploration, finished in indistinguishable area from our examination, has demonstrated that solutions originating from college partnered encouraging healing facilities are never composed blandly. A further potential confinement might be sexual orientation and age adjust.

Data Analysis

What is your comprehension of what a generic prescription is?

All participants are knowing very well about the originator and generic medicines and they are aware about the new law of the UK government and the prescribing pattern of the NHS England.

What is your comprehension of how a nonspecific solution contrasts from an originator drug?

All participants are knowing that there would be the bioequivalence difference in between the branded and generic medicines after administering the medicines and it would be seen and they realize that the patient to patient there is a brand change of same chemical ingredient and there is an efficacious difference has been found in the patient.

What is your comprehension of bioequivalence?

Amount of medicines found at the site of action that's call the bioequivalence and there is a difference between originator and generic medicines.

To the best of your insight, what rate contrast is permitted as far as bioequivalence between an originator prescription and a proportional nonexclusive medicine?

Originator medicines manufacturer have different manufacturing pattern than the generic medicines and they have just copied the main chemical ingredient and they are not even knowing about the what types of excipients has been used by the originator and what effects they are giving with the synergistic with the same chemical ingredients so there would be the difference between both the medicines.

What is your comprehension of why brand pharmaceuticals are less expensive than originator drugs?

Major difference between the originator and generic medicines is the new innovation molecule expenditure which was done by the research and development team of the originator company and the clinical trials all four stages and after the launching of the new molecule in the market that all cost to the company and that's the very huge cost to the originator company while the generic company doesn't need to do anything for this they are just copying the chemical formula and making the generic medicines which is not costing too much to the company.

What do you accept about how brand solutions contrast with mark name medications?

All the participants are accepting that there is a big difference in between the branded and generic medication and there is a lots of cost are involved to find the new innovative drug and for making generic no much cost are involved and all the participants are accepting this fact.

Do you recommend nonspecific pharmaceuticals effectively?

All the participants has answered that they will recommend the branded medicines towards the generic medicines and in central London area all the patient need the faster treatment and that will be possible with the newer molecule available in the pharmaceutical market and available as branded medicines.

However, all the participants are agreeing in that the if some of the patients are not financially capable to pay the branded medicines bills they need to give the generic medicines to them.

Do you ever recommend originator prescriptions in inclination to generic medicines?

On the off chance that truly, what kind of medicine(s) have you seen this with?

In the event that truly, would you be able to please give some short points of interest of what the patient detailed having encountered?

What move did you make for this situation?

Did you at that point recommend the originator solution?

In the event that indeed, was there any detailed absence of adequacy from the substituted originator medication?

Have you at any point had a patient report that an originator medication, which you endorsed for them, didn't function as successfully as a nonspecific pharmaceutical?

In the event that truly, what sort of medicine(s) have you seen this with?

On the off chance that truly, would you be able to please give some concise points of interest of what the patient revealed having encountered?

What move did you make for this situation?

This all are the other questions which were ask to the healthcare professionals and they all had answered the all the questions with inclined towards the Branded (innovator and originator medicines and that all the participants are agree that the Branded medicines are the better effective and better quality and better efficacious than the generic medicines that's what the this research key finding.

Interpreting my finding with previous studies

However, the studies which were done prior in that it was found that the branded and generic both the medicines have equal efficacy and equal quality and equally effective as branded and generic medicines are effective and that might be chances is that this study has been done in the central London and the in urban area and with limited number of the participants so that might be chances is that for the variation in the result if its done in the rural and urban area with equal participants than we can get the better clarity .

As per one of the study (Suzanne et al study 2014) Healthcare professionals of the Ireland has perception toward the branded and generic medicines usage on the Ireland people that both are the equally effective towards the patients and now the government has also imposed the new legislation in Ireland for the prescribing the generic medicines towards all the patients

While in my finding it was found that the all the participants have perception that there is a huge difference between branded and generic medicines and that all are preferring the branded innovator medicines towards the generic medicines.

Although they are also agree that the if patient is not able to take the branded medicines and they are going to prescribe the generic medicines to that type of patient for the benefit of the health of the patient.

Limitation of the Study and Ethics

Limitation of the study is that its done in the very less number of participants

8 Participants (5 Healthcare professionals and 3 Clinical Pharmacist)

All the participants were verbally consented and the informed to the Tutor for this consent with the permission of the assessment officer of the university.

Second limitation is its done in the central London area only so there might be chances of the variation in the rural and other area of United Kingdom healthcare professionals perception and attitude towards the innovator and generic medicines prescribing pattern towards the patients.

Personal Reflections

According to me the both branded and generic medicines both are the good for the people patients only thing is healthcare professionals needs to identify the right patient for the right type of medicines which is suitable for their disease and that will cure the treatment in as minimum time it can possible through the medicines than it may be branded means innovator or it may be generic.

This research is very much useful for the future as I have seen that there is no much publications of the perception and attitudes of the healthcare professionals towards the innovator and generic medicines so there is future opportunities for the in-depth research on this topic and that will help to the government of each and every country and healthcare professionals of the all the countries to prescribe the medicines for the benefits of the patient health and that leads to the increase quality of life of the patients and healthier patient life that's why I had chosen this topic as a my qualitative research in perception and attitudes towards the prescribing the branded and generic medicines towards the patients in the central London .

During this research I had found that the all the participants which were enrolled for this study they all are agree on the one tricky question that if you want to use the medicines in your family than what type of medicines you are going to use and all the participants has answered that we are going to use branded medicines for their family and that will give us the mental peace that they all are on good medicines that will treat them and that perception of the all healthcare professionals is match with my perception as well that the innovator medicines has certain edge over the generic medicines which will generic cant do because innovator medicines has certain other factors which will make them different from the generic and that are the excipients which were used for the making the drug formulation and innovative formulation as well packing and labelling and manufacturing techniques are different than the generic and that's are made for the patient advantage and for better patient treatment.

This pilot research has been done in the central London so that's the limitation of this study but in future further research with big participants and with urban and rural area of all over the England can be done and that research can be helpful for the National Health Services England for the taking decision of the allocating budget to the NHS England and accordingly they can inform the healthcare professionals to what ,where and why and how they are going to prescribe the medicines to patient.

My research finding is that the NHS prescription should be on the generic as it's the regulation of the NHS England and with respect of that law all healthcare professionals need to follow that law and need to prescribe generic medicines and that's the pharmacist duty to give the best quality medicines available in the England that will help to the patient health and patient disease treatment.

As London is the very popular and very rich city and famous all over the world and people living in London and people who are visiting in London needs to be appreciated to give the best treatment available in the world so the Healthcare professionals are bound to give best medicines

and that's why in private prescription majorly all the prescription are coming in the branded and innovator medicines that's what patient needed and that's what the value for money for the patient and doctor both of them are appreciating the pharmaceutical companies to do their research and help the patient with the newer medicines available in the world.

So this is the vicious cycle Pharmaceutical Companies are developing newer medicines and serving to the world with the best innovative and newer treatment for the all chronic and acute disease and newer disease which came across the all over the world later on that product is copying by the other companies and that will help to the developing countries and their poor people so they can also afford the medicines and so on this will continue to the serving the Patient all over the world .

So all Healthcare Professionals has only One Goal and that's the Patient Treatment with best possible way they can afford it and take the treatment and cure the disease and improve the healthier life.

Now a days all the people are so cautious and curious that if they are fallen sick and they need medicines they will directly search on the internet and find the best possible way to treat their sickness that's call the over the counter (OTC) medicines that is also the future research topic that how that OTC medicines is useful for the people or not and what's the healthcare professionals opinion about the OTC medicines and What's the Pharmacist role to give the right OTC Medicines for the patients.

Lastly, I would recommend from this research that if patient is financially strong than take the branded medicines which will justify the pharmaceutical newer research costing and patent of the product patient who are not financially strong and they have to take medicines take the generic medicines which is basic need to treat the sickness and diseases and that will justify the generic pharmaceutical companies.

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