



DOCTORS' ATTITUDES TOWARD THE PRACTICE OF GENERIC NAME AND BRAND NAME IN DRUG PRESCRIBING: A STUDY WITH SPECIAL REFERENCE TO THE NATIONAL HOSPITAL KANDY OF SRI LANKA

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ABSTRACT

Health care cost and expenditures for drugs are rising day-by-day in all healthcare systems in the world. Parallel to the global trends in pharmaceutical market, Generic drugs and Branded drugs have become crucial factor in drug prescribing. In Sri Lanka the drug usage and its distribution pattern have changed with the liberalization policies. Within this context, the study examined the doctors' attitudes toward the practice of Generic name and Brand name in drug prescribing. The study was carried out using qualitative data collection methods in National Hospital of Kandy, Sri Lanka. It found that majority of doctors used generic name in drug prescribing. Their decision was based on five factors; quality of the drug, patient related factors, factors related to branded drug companies, factors related to pharmacies and factors related to insurance companies. Nevertheless, promotional and marketing strategies of generic and branded drug companies were appeared as a pull and push factor for their decision.

KEY WORDS: Generic Name, Brand Name, Drug Prescribing, Pharmaceutical Industry

1. INTRODUCTION

Increasing healthcare cost is a prime concerning factor in the healthcare systems globally. According to the WHO (World Health Organization) global spending on health continually rose and reached 10 percent of gross domestic product in 2018 (WHO, 2020). Parallel to health care cost, expenditures for drugs are rising day-by-day in all healthcare systems. Nevertheless, there is an extreme unequal level of drug expenditure between high, middle and low income countries. As World Medicines Situations 2011 report mentions, in 2006, high income level countries accounted for 78.5 percent of global pharmaceutical expenditure whereas, upper middle income, lower middle income and low income countries combined accounted for 21.5 percent of the total. In other words, 16 percent of the world's population living in high income countries was responsible for more than 78 percent of the world's total expenditures on pharmaceuticals. 71 percent of low middle and low income countries share only 11 percent of world's medicines expenditure (The World Medicines Situation, 2011).

During and soon after World War II, new and powerful medicines began to emerge rapidly from

laboratories around the world. Penicillin was first used clinically in 1941 and later there were massive developments in pharmaceutical industry with innovative and powerful products. Generic drugs and Branded drugs are become crucial in relation to these global trends in pharmaceutical market. Each drug has an approved name called the 'Generic name' or rather 'Scientific name'. WHO defines, "A generic drug is a pharmaceutical product, usually intended to be interchangeable with an innovator product that is manufactured without a license from the innovator company and marketed after the expiry date of the patent or other exclusive rights" (World Health Organization, 2014). A drug can have one or more 'Brand names' or rather 'Property names'. As WHO defines, "A brand name is a name given to a drug by the manufacturer. The use of the name is reserved exclusively for its owner" (World Health Organization, 2014). Generic drugs are marketed under a non-property name rather than a brand name. They are cheaper than brand name drugs. Several companies may produce the same generic drugs, each with their own brand names.

Global pharmaceutical market consists of several distinct sub markets. It characterizes by



different degrees of competitiveness in pharmaceutical trade (The World's Medicines Situation, 2004). According to the World's Medicines Situations reveals, pharmaceutical medicines with patent protection or rather original brands are protected from competition in legal actions of the patent for the life of the patent. Legal competition is limited to 'therapeutic equivalent' medicines with either a different composition or manufacturing process from the original brand. Some of these generic drugs are known as 'commodity generics'. Generic drugs in generally intended to be interchangeable with original product. It is a copy of an original drug for which the patent has expired. This large category includes the drugs that have never been patented and copies of patented drugs in countries without such a patent. Those copies can be legal or illegal depends on the patent jurisdiction in which such drugs are manufactured. Generic medicines with their own brand names are important sub set of the generic market. Those are manufactured by a single company. These commodity drugs may be manufactured and marketed by many companies. This is a highly price competitive sub market. Currently all these sub sectors have become substantial influencers in the pharmaceutical industry.

Sri Lanka has accomplished higher standard of health status compared with other South Asian countries. Basically it may be due to free health facilities provided by Sri Lankan government and high literacy rate among the population. Basic health indicators (Indexmundi.com, 2020) of the country have reached better level during past period of time.

Both public and private sector provide health care services in Sri Lanka. The public sector provides health care for nearly 60 percent of the country population (Annual Bulletin of Medical Statistics, 2009). The public health sector encompasses the entire range of preventive, curative and rehabilitative health care provisions for the people. Private sector provides mainly curative care services. Similarly, healthcare in Sri Lanka is financed mainly by the government, with some private sector and limited donor financing. Public sector financing comes from the General Treasury, generated through taxation. Public sector services are totally free at the point of delivery for all citizens through the public health institutions distributed country wide.

With the liberalization of the pharmaceutical in 1977, the drug usage and its distribution pattern have changed. Economic and political factors directly influence to the shape of the pharmaceutical market in the country. As a result of that Sri Lanka National Pharmaceuticals policy was established in 1970s following of a report by Dr. S.A Wickramasinghe and Prof. Senaka Bibile. The aim of the policy was to ensure people get good quality drugs at the lowest

price. This policy was pioneer in the medical field that executing number of countries around the world.

Quality and price are important factors in buying, selling and prescribing of drugs. Drug companies engage in a great competition to sell their brands using various promotional strategies, targeting medical practitioners and patients. At the beginning of the drug history patent right was exclusive. Then this exclusivity originates from trade name. Nowadays branded drugs have clear monopoly. The price of a generic drug becomes 10-50 times smaller than the price of the branded drugs (RizwanRaheem, Ahem et al. 2012). Similarly, health policies of the country and their lacking in implementation contribute to create problematic conditions in this field.

Drug prescribing is the prerogative of a number of health care professionals from doctors to nurses. However, doctors are traditionally the dominant prescribing health professionals. Therefore, doctors play a pivotal role in promoting and implementing drug prescribing practices. They are thus an important agent in determining whether patients receive either Brand name or Generic name drug. Therefore, it is important to investigate into the practice of generic name or brand name from doctors' point of view in this domain.

2. LITERATURE SURVEY

There are bulk of studies have carried out on drug prescribing. Jamshed et al. (2011) have been carried a study to investigate knowledge, attitude and perception of dispensing doctors regarding generic medicines in Karachi, Pakistan. It found that doctors have lack of knowledge on the availability of generic medicines. Similarly, study revealed negative and positive perceptions on generic medicines. Lack of efficacy and lack of quality were the two main negative perceptions among the doctors whereas, availability of reputable generic manufactures was the positive perception towards the use of generic medicine. Moreover, doctors had favorable and unfavorable attitudes toward the generic medicines. Similarity in efficacy between generic and branded medicines was the favorable attitude among the doctors toward the generic medicine. Distrust in local manufactures and therapeutic classes were caused for the unfavorable attitudes among them. Furthermore study found that facilitators to prescribe generic drugs among the doctors. Such as, influence by pharmaceutical promotions, doctors personal experience with drug, socio-economic factors, side effects, therapeutic types and patient demand.

Pandiamuniani et al.(2014) have been done a questionnaire based study on perception of doctors working in a tertiary care teaching hospital towards their prolonged stay duties in hospitals, ADR (Adverse Drug Reaction) reporting tendency, generic drug preferences and life style. It found that only one



percent of doctors did ADR reporting. Also it revealed that 57.48 percent of doctors prefer only brand drugs. Moreover, 54.79 percent of doctors are not doing any regular physical exercise. Similar, Peklar et al. (2006) have been done a postal survey on attitudes of Slovene general practitioners towards prescribing generic drugs. It found that over 50 percent of general practitioners in Slovenia followed patient demands or advice from hospital consultants when prescribing drugs. Also 38.3 percent general practitioners did not take price in consideration when drug prescribing. 88.9 percent of them perceived the generics as drugs with the same effectiveness. One quarter of them prescribe more generic drugs. Also 63.8 percent stated that pharmaceutical industries have big influence on their drug prescribing habits.

Moreover, Tsiantou et al. (2009) have been carried out a study on Greek physicians' perceptions and prescribing practices. It revealed that Greek physicians have a positive view on Generic drugs. Their age and opinion on generic drugs', efficacy and effectiveness are identified as important determinants of prescribing decision. The primary reason behind their decision was the side effects. Instead of that, patients' insurance coverage, income and drug cost were important to take the decision for the physicians. Therefore, study concluded that Greek physicians could be persuaded to prescribe generic drugs, if a generic promotion policy was introduced in the country.

Turnbull and Parsons (1993) have been done an attitudinal study of general practitioners on generic prescribing in general medical practice in USA. It found that physicians' attitudes towards generic medicines depended on various product features. Such as therapeutic category and dosage form complexity. The physicians with higher number of years practicing in generic practice were more inclined to prescribe brand names.

Hassali et al. (2005) have been studied generic medicines perceptions of general practitioners in Melbourne, Australia. It found that general practitioners have mixed attitudes toward generic prescribing. Some of them viewed generic drugs as equally effective as the innovator brands whereas some of them dissatisfied with generics. It is because of their personal role as prescriber is being threatened by the pharmacist. Furthermore, Ahmet et al. (2012) have been carried a study on factors that affect attitude towards generic drugs perception. It revealed that specialties physicians and general practitioners prefer to prescribe generic drugs. It is because of academic detailing as sales representatives of generic drug companies visited them many times and update them on them, price of generic drug.

Considering about Sri Lankan context, Prasad and Ranasinghe (2006) has been done a descriptive cross sectional study on pattern of private sector drug prescription in Galle. It revealed that

irrational practices of drug prescribing among private sector doctors in Galle. Poor use of generic names of the drugs, incompletely written prescriptions and illegible writings were the main irrational practices among them. Missing of date, age and gender of the patient were main inappropriate practice of the doctors. This makes it difficult for the pharmacist to verify the dose and could lead to toxic effects of drug especially in children. Illegible prescriptions can lead to harmful effects. About one fourth of the prescriptions in the study were found to be illegible. Consultants were found to be writing illegibly significantly more than junior doctors.

Moreover, Senarathna et al. (2011) have been studied medical prices, availability and affordability in Sri Lanka. It found that generic medicine in Sri Lanka have effective pricing and they are available and affordable. Also it revealed that there are no drastic changes in prices of medicine in the private sector. No marked differences in pricing in *Raiya Osu Sala* and privately owned pharmacies. The high availability of generic products ensures affordability and equity for patient.

As a whole, it is obvious that many of these researches focused towards generic drugs. These researches tried to reveal attitudes and perception of doctors towards them. Nevertheless, there is clear research gap in Sri Lankan context to reveal on generic and branded drugs from doctors point of view as they are the dominant drug prescribers to patients.

3. OBJECTIVES

1. To identify doctors' decision on Generic name or Brand name in drug prescribing to patients
2. To examine the factors affecting to their decision-making process

4. METHODOLOGY

The research site was the Kandy General Hospital. It is the second largest hospital in Sri Lanka. It is a teaching hospital attached to Medical Faculty of the University of Peradeniya. General hospital, Kandy is the main hospital in the Central province which serves for the general public of the Kandy, Mathale and Nuwaraeliya districts. It also provides number of specialized healthcare services for the adjoining provinces as well.

The study employed as qualitative research design in order to achieve the objectives. The main focus of the study was to collect attitudes of doctors' and qualitative research design was per excellence than others. Snowball sampling method was used for the study. It was used as a strategy to find respondents for the study. Eight male doctors and twelve female doctors were included to the snowball sample. It represented two consultant doctors and eighteen MBBS doctors.



The mean age of the respondents was 40 years. The mean year of period of service was 12 years. Among the doctors, eight were not engaged in any type of private practicing activity. Four were joined with the private practicing in different places with the friends but not as regular bases. These doctors were not handled their own private practicing place. Rest of the eight had their own private practicing place. The mean patients per week for a doctor were around 200.

Primary data were collected from in-depth interviews with doctors of the National Hospital Kandy. An interview guideline was used to carry out the interviews with them. The study was focused to collect data based on attitudes of doctors and in-depth interviews were the best of all data collecting tools to collect them. One focus group discussion was conducted including six doctors to cross the data revealed from the in-depth interviews.

Human artifacts were used to collect concepts related to study. Similarly, previous published research articles and reports were used to find the literature review and background information for the study. Internet web sites, blogs, journals and e-books were important to collect statistical data related to the study.

The analysis of data was done by theme list method. Themes were derived from the transcriptions of the in-depth interviews.

5. RESULTS

5.1. Doctors' decision on Generic name or Brand name in drug prescribing

According to the revealed data, doctors had three types of decisions on drug prescribing.

1. Use only Generic name of the drug
2. Use both Generic and Brand name of the drug
3. Use only Brand name of the drug

As study revealed, majority of doctors were used only generic name in drug prescribing. The important fact behind this trend was majority of this category of doctors were not engaged in private practice and joined with their friends' places but not as regular bases. The MBBS doctors who engaged in private practice used both generic and brand name in drug prescribing. Among them, some of them used both generic and brand name for each drug in their prescriptions. Some of the doctors used generic name for some drugs and brand name for some drugs at once in their prescriptions. Nevertheless, consultants were written only brand name in their prescription.

According to the revealed trend, their decisions go in parallel with their evaluations of the brand name drugs and generic drugs. The doctors those who used only generic drug; evaluate the difference between brand name and generic name drugs in differently. They revealed that, it is same drug with the same compound. Logically it should be

happened and they prescribe drug to the patients based on this, though it can be different in practice. Nevertheless, they said, they don't know the differences beyond that hence; they have less knowledge on brands of the drugs due to less experience with them. Hence they wrote generic drugs at the hospital. Nevertheless, some of the doctors said that, though they prescribe generic drugs, in some cases they ask and prescribe patients to buy necessary brand where very limited occasions. According to the revealed trend of the data, this happened basically regarding the drug, Amoxicillin. Doctors prescribed new generation of Amoxicillin drug, Co-Amoxicillin. They prescribed 'Augmentin' brand name for that based on their clinical experiences at the hospital. As they revealed that, their decision was changed primary due to the patient's benefit, in other words curing. Nevertheless, there were some exceptions. Doctors' those who write only generic name revealed, some of the brands were recommended by the consultants at their units at the hospital. Therefore, in those cases they use brand name instead of generic name for the patient's benefit. Moreover, they revealed consultants have recommended them with their own clinical experiences and they also practice that at the hospital.

The doctor who used only brand name were consultants and they revealed that, generic name drug and brand name drugs are similar drugs with essential differences. In some cases, those were completely different in quality wise. Therefore, with their personal experience they prescribed only branded drugs to the patients. The doctors who used both generic name and brand name revealed that, through their experience there is a clear differences between generic and branded drugs in quality wise. Four doctors were written both generic and brand name in their prescriptions at once for each drug. They ask patients to buy them and inform nearby pharmacies to sell the prescribe brands to the patients. Two doctors wrote prescriptions mixing with generic and brand name. They have been written brand name where necessary. Their necessity was based on the patient's curing.

Study revealed that, doctors usually get knowledge about generic drugs from various sources. The main source of the generic drugs was the BNF (British National Formulary). This was the main text book referred by the doctors to get knowledge about generic drugs. It included all the drugs for each disease. They were used this book since their undergraduate studies under the pharmacology. As they said, it publishes once for four years. Except this main source, each country has common accepted version of this book based on the drug usage of the country. Second major source was internet. The third major source was medical journals. Doctors were normally get knowledge and information about the



availability of branded drugs from the medical representatives of the Branded drug companies.

5.2. Affecting factors for the doctors' decision

Study found that, five main factors were contributed to decision making process of doctor. As such,

1. Quality of the drug
2. Patient related factors
3. Factors related to branded drug companies
4. Factors related to pharmacies
5. Factors related to insurance companies

Above five factors, one or few were influenced to the doctors' decision on generic name or brand name in drug prescribing.

1. Quality of the drug

According to the trend of the data, all doctors had three common opinions on quality of a drug whether it was a generic or branded.

- Safety of drugs
- Effectiveness of drugs
- Efficacy of drugs

Safety was the main thing of all whether it can be a generic or branded. The second quality was the effectiveness of the drug. In some cases, the doctors those who used only generic names changed their decision rarely and wrote brand name basically due to the effectiveness of the drug. Affectivity depended on curing of the patient within reasonable time period. Private practicing doctors revealed that, branded drugs were more effective than generics. It is due to the high quality in drug ingredients, production process, packing and marketing. Similarly, these doctors revealed that, from their own clinical experience they have identified branded drugs have less side effects than generic drugs. That was related to efficacy, the third important quality of a drug as doctors revealed. Private practicing doctors have more opportunities to check these things than others and that was the revealed reason behind their decision of practicing brand names in drug prescribing. Moreover, private practicing doctors revealed that, they have problems with quality of a drug related to weight, absorption qualities. Hence they use branded drugs with well reputed company. Therefore, it was obvious from the findings that, quality of the drug affect to all types of doctors' drug prescribing decision in various degrees.

2. Patient related factors

Income of the patient or rather affordability was the second factor that contributed to doctors' decision making process especially, private practicing doctors. Hence branded drugs are more expensive than generics. Nevertheless, it occasionally applies to others when they had to prescribe branded drug. Yet, private practicing doctors revealed, there are no big price differences among the different branded drugs. Moreover, rarely some of the patients

demanded to prescribe branded drugs at the hospital. This is little bit high in private set up than hospitals. Generally doctors revealed that patients have less knowledge on generic name and brand name of the drug. Nevertheless, they experienced few occasions of demanding. Mostly these patients had special characteristics than those who were not demanded. They were suffering from long term illness and diseases. They were mostly educated, retired patients. It is due to less side effects and short term curing.

3. Factors related to branded drug companies

As all the doctors revealed that, drug representatives from various companies come to meet them weekly. According to the data revealed from private practicing doctors, they were come two three times per week to meet them. These companies do presentations on their drugs while distributing newsletters, leaflets, medical journals on their drug company and its products. Private practicing doctors revealed they received free samples of brand name drugs from them. Nevertheless, all the doctors said they have not done any pressure to prescribe their brand. Moreover, doctors those who engaged in own private practice revealed, once they practice certain brands in drug prescribing from certain period of time, drug representative agents of the particular company come and do different offers to them. Those were benefits received from these companies for the brand prescribing. As such,

- Air tickets
- Cash checks
- Air condition for the private practicing place
- Carpets for the private practicing place
- Name boards

Furthermore, it revealed that, generic drug company representatives like, *Rajya Osu Sala* also do some presentations on generic drugs. Nevertheless, this was not happened alike brand drug companies. The reason was it was produced limited drugs in Sri Lanka. They also give free samples and some private practicing doctors to prescribe drugs from them too.

4. Factors related to pharmacies

As private practicing doctors, revealed that if they do not write specific brand for a drug, pharmacist can sell any drug according to their wish. They revealed that, there is a wide price range per single drug in Sri Lanka. Due to that reason they prescribe the most effective drug for the patients considering their affordability. Then pharmacist cannot sell any drug except what they were written. They revealed that, they were keen on pharmacies behaviors as well.

5. Factors related to insurance companies

This factor was relevant only to private practicing doctors when claiming drug cost. Moreover, as revealed data consultants those who rendered their service to private hospitals mostly write only brand names. It is due to claiming from



the insurance company that has not impact on patient or private hospital.

6. DISCUSSION

According to the findings of the study it was obvious; doctors usually deal around 200 patients per week. This number was gone up to 350 among the private practicing doctors. It reflects two things. In one hand, citizens understanding toward health and health care. On the other hand demand of the doctors. Nevertheless, it should not to be wondered that about these facts with free health policies and high demands for the doctors in the country. Yet, 40 percent of private practicing doctors who included to the sample were practicing around the Kandy city area or nearby places to Kandy city. They were not gone more than 10km from the city. The National Hospital Kandy is the main provincial hospital of three districts. The doctors of the hospital sell same service for a cost with a high demand. Patients also like to take their service for a cost due comfortable environment. Doctors also rendered their service in dual way due to lack of wages that they received to live socially accepted standards that deeply rooted in society.

As revealed pattern of data, 60 percent majority of doctors used only the generic name in drug prescribing. This finding quite similar to Padiamuniani et al. (2014); Tsiantou et al. (2009) and Ahmed et al. (2012) findings. Doctors have different attitudes toward the practice of generic name or brand name. Below quotation clearly show their attitude from their own words.

“...I write only generic name. It is basically I’m not doing private practice. I have never done private practice. Because, I can’t tell price for patient’s tears. We are also doing kind of a service like teaching. But our service little bit feel than that. I can live with my salary. I don’t need to sell my job. So I write the generic name”...

40 percent of private practicing doctors use brand names. Among them 10 percent (consultants) used only brand name. This finding does not totally exception to study done by Prasad and Ranasinghe (2010). It also revealed that poor use of generic name among private practicing doctors. Nevertheless, 30 percent of doctors use both generic and brand name. Among them 20 percent asked to buy brand drug from that. 10 percent never write the generic name. Yet, Sri Lanka Medical Council pointed out and it has instructed doctors to follow the procedures of writing the generic name of the drug when prescribing with the brand name according to the Cosmetics, Devices and Drug Act published in the Government Gazette of 6th July 1992. However, doctors did not have clear cut idea about this act.

Doctors’ decision on generic name or brand name changed due to patient’s benefits; curing, side effects and patient’s income. Doctors who were not engaged in private practice mostly concerned these factors where as private practicing doctors considered drug’s withdrawal of the market and launch in the market of a new drug as well. The reason behind this variation was, doctors who do not engaged in private practice had no necessity to concern on new trends and all. They have to prescribe the drug available at the hospital have limited necessity to follow other things. Private practicing doctors more aware about current changes with all updated information received mainly from medical representatives. It was revealed from the study that in some cases doctors had to change their decision due to usage of drugs and drug resistances. As doctors revealed that, Amoxicillin was resisted at their places and had to prescribe more advanced drug instead of that to answer the disease. This has happened high drug usage among the people. People used to take drug for each and every pain. Then human body naturally adapts to drugs. It caused for drug resistance. On the other hand in Sri Lanka have easy accesses for drugs.

Quality of the drug was the main factor that affect to doctors’ decision. India, Pakistan, Bangladesh are the main drug export countries of Sri Lanka. Private practicing doctors question about the ingredient, production process, packing and marketing of a drug. They revealed that, quality of the drug is directly influenced to effectiveness. They said they prescribed well established companies drug to their patients and effectiveness measures through their own clinical experience. Nevertheless, this is not or very limited to the doctors those who were not engaged in private practicing.

On the other hand, generic drug representatives have limited or rarely organized visiting or promotional activities. In return, branded drug representatives execute massive level of promotional activities not only target the doctors especially, private practicing doctors but also patients using electronic and printed media devices. With most effective promotional activities, private practicing doctors used to prescribe brand name of the drugs. In return these doctors receive various offers as well. As study revealed they received money, free of charge air condition facilities, name boards, carpets, tire sets for the vehicle, liquor and air tickets. Below quotation shows doctors’ view from their own words.

“...every branded drug company keeps 15 percent of their profit for the doctors. If we do not accept company offers, medical representatives misuse that money. They can take that money using fulsome ways. Why do we allow them to do so? We are taking them by earning big profit for them. Also they reserve very



small amount from their big profit for us. We are not slave of them. Patients are the number one in our life. I accept the company offer, only if I do prescribe that branded drug. I don't like to cringe to drug companies..."

Similarly, activities of pharmacies and insurance companies also influence to prescribe brand names for the private practicing doctors. As doctors revealed, branded drug companies keep special share for them also. If doctors do not prescribe relevant brand, they sell the most profitable brand to the patient. That directly impact to the patients. This has happened due to availability of large number of brands in the market. Pharmacies subjected to brand companies. If they sell 10 tablets from a particular brand they receive two tables with free of charge.

Considering all the above factors, it is not unfair to say private practicing will cause to reduce government expenses for the health care facilities. It is basically due to its high popularity among people. This popularity can be identified through doctor shopping behavior of the patients.

7. CONCLUSION

This research elaborated on doctors' attitudes toward the practice of generic name and brand name in drug prescribing. It focused to reveal doctors' decision on generic name or brand name in drug prescribing to patients and affecting factors to their decisions. From the study it revealed that majority (60%) of doctors used generic name in drug prescribing. And they belonged to non-private practicing and not having own private practicing place as regular basis category. Among the rest (40%), majority (30%) used both generic name and brand name. All these category of doctors were belonged to their own private practicing category. Consultants used only brand name in drug prescribing. Nevertheless, according to the Cosmetics and Devices and Drug act in 1992, doctors have to write generic name of the drug with or without brand name. Within this situation, it is contradictory of certain categories of doctors prescribing pattern.

Similarly, doctors' decisions were based on five factors. The quality of the drug was the prime fact of all. Safety, effectiveness and efficacy were relay on the quality of the drug and these were accepted by both decision holders. Moreover, private practicing doctors specifically questioned the ingredients, production, packing and marketing aspects of a drug. And decision for the branded drugs was decisively influenced by this fact. Patient's related factors, especially level of income was the second important affecting factor for the doctors' decision. Rest of the three factors such as, factors related to branded drug companies, factors related to pharmacies and factors related to insurance

companies were significantly influenced to keep the private practicing doctors with their decision on prescribe branded drug. Among these three factors, promotional and marketing strategies of branded drug companies were appeared as a pull and push factor for their decision.

Similarly, findings showed the high intensity of drug usage of the people. It was proved from the number of patients per doctor working at National Hospital Kandy. This amount is higher to the private practicing doctor. In one hand, it revealed the attention for the health among the people. It has extended up to creation of new behavioral pattern, doctor shopping from patients' aspects. On the other hand, parallel to this pattern pharmaceutical industry has modified to adjust the contemporary situations to ensure their future stablesness.

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