Medical Practitioners’ Perceptions Regarding Ethical Behaviour of Employees of the Medical Devices Industry in South Africa

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ABSTRACT

The medical device industry is a highly competitive environment. Medical device companies strategise and market aggressively to remain viable and sustainable in an environment where ethical behaviour is still an expected norm that underpins business practices. Most medical device companies trading in the South African market subscribe to strict ethical conduct policies, which are constantly communicated to staff through training programmes and refresher courses. Local and international legislation, in conjunction with business codes of conduct endorsed by industry associations such as the South African Medical Device Industry Association (SAMED), provide ethical behaviour guidance for all members of the medical devices industry.

While ethical conduct is company driven, it remains challenging to monitor and control employee behaviour during client interactions. Determining consumer perception is therefore an invaluable tool to monitor actual ethical behaviour during client interactions.

A cross-sectional, qualitative descriptive case study was conducted to determine the perceptions of medical practitioners regarding ethical behaviour of company employees in the medical device industry in South Africa. Results of the study indicated that medical device industry employees’ behaviour are perceived as ethical, but also emphasised a need for clarification on ethical behaviour and expectations in the relationship between medical practitioners and the medical devices industry. This sentiment was echoed by the study recommendations to extensively promote recommended codes of conduct as published by SAMED and to encourage regular discussions between medical practitioners and the medical device industry on ethical business practice expectations.

KEYWORDS: ethical behaviour, ethics, medical devices industry, medical practitioners, perceptions, qualitative case study

INTRODUCTION

Elkington coined the ‘triple bottom line’ concept, which holds that to be sustainable, a business has to perform equally well in three domains: economical (profit), social (people) and environmental (planet). The focus of business has shifted from being exclusively profit driven, to enhancing sustainability over time by also acting responsibly (ethically) towards the community and environment. Ethical behaviour of company employees is therefore under continuous scrutiny and needs to portray the socially acceptable image of their employers.

The dichotomy that emerges, is that most organisations publicly declare ethical behaviour to gain social acceptance and community goodwill, but on closer inspection some may implement questionable business principles. Competition among companies and pressure to achieve steep sales targets and results, can tempt employees to compromise on ethical behaviour to outperform rivals and maximise profit. Examples from various industries indicate the extent of unethical behaviour in recent times: banks who declared their social responsibility, but by greedy actions of employees almost caused the collapse of the world economic system. A giant motor vehicle manufacturer with a good social responsibility reputation, where actions of falsifying emissions reports caused considerable damage to the reputation of the automotive industry. And the well-known recent Enron scandal where dubious accounting practices led to losses of billions of US dollars and bankruptcy of the company and many of its investors. These cases illustrate that even in modern times, economic pressures can sway company executives and employees to act unethically – putting entire industries’ reputations at risk and denting companies’ quest for long term sustainability. The consequences can ultimately have an extremely negative impact on the community and society at large.
It is therefore understandable that the public have a negative view regarding ethical behaviour of business-people. A 2012 Gallup Poll reports that only 21% of the general public perceive business executives as highly ethical. Corporate scandals, conviction of senior company executives and the collapse of companies as a result of unethical behaviour, as evident from media reports, court cases and social media, reveals that corporate unethical behaviour appears to be a contemporary concern, warranting attention.

Due to these negative perceptions, consumer confidence and trust in total business industries are lost. Low confidence in companies leads to suppressed consumer loyalty, straining the consumer-provider business relationship. This eventually results in reduced sales and fewer transactions, which results in revenue loss. Reduced financial results trigger a chain of events, including possible retrenchments and reduced company research and development (R&D) spend. This portrays the company as a less favourable investment-option for the public, thereby negatively impacting the long-term sustainability of the company. Resultant closure of companies contribute to economic regression, increased unemployment and loss of essential products and services to the community.

The Medical Devices Industry (MDI)

A medical device is “any instrument, apparatus, appliance, material or any other article, whether used alone or in combination ...”. The registration of medical devices and in vitro diagnostic device (IVDs) in South Africa is governed by the provisions and requirements of the Medicines and Related Substances Control Act No. 101 of 1965, and the Regulations and Guidelines published relating to it. It is a legal obligation that data submitted for assessment should corroborate all claims and should meet technical requirements of quality, safety and performance of the product for the purposes for which it is intended. There is however, nothing related to the ethical behaviour of employees in the MDI in South Africa. There are regulatory systems in place, but these are intended to ensure a high level of protection of public health and safety. Nothing speaks to employee behaviour, while and there is public trust and assurance in medical devices and IVDs and in the administrative systems by which they are controlled (based on the safety and performance of devices throughout their life cycle), there is no consideration of MDI employees’ acquiring ethical conduct. The MDI supplies medical instruments and related products to the healthcare industry and ultimately to society. These devices, implants and instruments were developed through technological advancement and serve to fullfil a crucial need in the treatment of patients to ease pain, improve quality of life or save and extend lives.

In terms of the provisions of the Medicines and Related Substances Act, 1965 and in accordance with the view of the Council, a manufacturer of a medical device and IVD is regarded as:

(i) the natural or legal person with the responsibility for the design, manufacture, packaging and labelling of a medical device or IVD before it is placed on the market under the natural or legal person’s own name, or in the name of a company, regardless of whether these operations are carried out by that person by himself or on his behalf by a third party; or

(ii) any other person who assembles, packages, fully refurbishes or labels one or more ready-made products or assigns to them their intended purpose as a medical device or IVD with a view to their being placed on the market under the name of a natural or legal person’s own name, apart from a person who assembles or adapts medical devices or IVDs already on the market to their intended purpose for patients;

(iii) is responsible for the final release of the medical device to the market.

And yet, no formal aspects relate to employee behaviour. Medical device companies face a growing number of worldwide regulatory requirements in order to address product safety.

It is clear that the multiplicity of medical devices, the increasing use of modern technologies in entrenched devices and the comparatively short product life cycle make the manufacturing of medical devices a somewhat of a daunting undertaking.

The MDI is no different to that of many other industries in that it is a highly competitive business environment, where numerous manufacturers, suppliers and distributors compete for income from the same market segments, often with similar, competitive products. Historically, the medical devices industry was not strictly regulated and high levels of competition and aggressive marketing practices led to incidences of unethical conduct during interactions with clients. Evidence of this is clear from recent and currently pending legal cases against medical device companies. There is no doubt that it is time for amplified regulatory oversight to mitigate unethical practices (Figure 1).

The Medical Device Manufacturers Association of South Africa (MDMSA) currently includes 33 companies and organisations. There is an assortment between exporters, NPO’s, Parastatals, consultants PDI’s participation. The MDMSA strives to make the MDI a vibrant industry to meet the challenges that are faced both locally and globally. Its principal objective is to protect and develop the industry for the benefit of all in South Africa.

The manufacturers of medical devices are “the natural or legal person with responsibility for the design, manufacture, packaging and labelling of a device before it is placed on the market under his own name regardless of whether these operations are carried out by that person himself or on his behalf by a third party” (MDMSA). These include Own Brand Manufacturers (OBM). This is any company or person who places on the market under their own name, a device already CE marked by an OEM, Original Equipment Manufacturer (OEM), as well as assemblers, packers, sterilizers, re-processors.
The Medical Device Code of Ethical Marketing and Business Practice

The South African Medical Device Industry Association (SAMED) developed the Medical Device Code of Ethical Marketing and Business Practice in 2017. This was in order to offer leadership and unequivocal direction to medical device companies to empower them to uphold the ethical standards expected of companies in the healthcare sector. The Code is binding on all SAMED members to ensure there is a sustainable medical device industry. SAMED believes that the industry has a social responsibility that extends beyond the customers to: patients and to society in general.

SAMED maintains that all “...members of the industry, healthcare professionals, civil society “watchdogs” and the general public all have a role to play in ensuring the Code becomes an effective instrument for ethical conduct. A complaints process is the mechanism of Code enforcement. It is implemented jointly by members of the industry, independent experts and the SAMED office.”

The medical device industry is extremely commercialised, very competitive and innovative. However, sometimes the profit motivation undermines responsiveness to patient needs. SAMED is averse to perverse business practices and imposes penalties on companies and individuals that engage in for example, unethical practices.

Some medical device companies are prioritising efforts into ethical business practices as a core part of their long-term sustainability strategies, while striving to deliver optimal economical results. Friedman (1993), known for profit maximisation theories, emphasises that business conduct must conform “to the rules of society, both those embodied in the law and those in ethical custom”. This especially holds true for an industry that deals in products directly affecting the health and wellbeing of the community they serve.

The industry intensely “supports a legislative framework that ensures that South African patients have access to medical devices that are safe, effective and of good quality and the promulgation of regulations that are: appropriate for the South African market and that have leverage on international experience”. Ethical compliance awareness and formal ethical conduct training is a priority at most MDI companies.

Employees receive regular training and guidance on compliance regarding ethical conduct expectations and legal requirements to trade responsibly. As the industry becomes more regulated, it becomes crucial to determine whether employees act within these set boundaries. A lesson learnt from the Enron scandal, is that ethical policies on paper is worthless until it has been applied.

A Medical Device employees’ issue in the USA

Frequently termed device reps’ or “healthcare industry representatives” employees of the MDI are employed by enterprises that make medical devices. “Their presence in the OR, particularly in some types of surgery, is part of the equipment packages that hospitals buy. For the most part “they are the real experts on their products”. A sequence of court cases has raised questions about their participation in surgeries that went askew, from as early as the 1970s when a New York sales manager tried for three hours to fix a prosthetic hip while a surgeon purportedly left the OR. Notwithstanding their role, device reps’ have received little examination.

Some hospitals in the USA have principally eliminated reps’ in orthopaedics, buying implants directly from the manufacturer at a substantial discount and training surgical technicians to take their place. In any event the very presence of device reps’ in the OR, raises questions about the inadequacy of consent, if patients are not explicitly informed of their presence.
Boodman (2016) asserts that “A survey conducted by researchers at New York’s Albany Medical College found that 88 percent of 43 device reps said they had provided verbal instructions to a doctor during surgery, while 37 percent had participated in a surgery in which they felt their involvement was excessive, often because the surgeon lacked sufficient expertise. Twenty-one percent said they had direct physical contact with hospital staff or a patient during an operation, which could violate hospital policy as well as state law.”

PURPOSE OF THE STUDY
This study aimed to establish whether prescribed and expected ethical principles are adhered to, as proclaimed in the MDI, by gaining feedback from the customer side of the business interaction. The study set out to determine and analyse the perceptions of medical practitioners on whether employees in the medical industry act ethically. The information gathered indicates the degree to which actions taken by medical device companies, governing bodies and industry leaders to promote ethical behaviour, are perceived to be effective, as evident in the response from clients (medical practitioners).

RESEARCH DESIGN
A qualitative, inductive reasoning approach was utilised to offer a new perspective on an existing phenomenon (perspective of medical practitioners). A cross sectional, descriptive and intrinsic case study design was followed, collecting data by means of a web-based questionnaire sent to purposively selected participants. Ethical approval (Ref #: 2017_SBL_254_FA) was obtained prior to data collection. Participants were private medical practitioners (general surgeons, orthopaedic surgeons and gynaecologists) in Pretoria, South Africa, practicing surgery, who make use of the products or services supplied by medical device companies. Their regular contact with representatives of medical devices companies would arguably enhance the credibility and therefore validity of their responses.

... are prescribed and expected ethical principles adhered to ...

Using the HPCSA-register, a list of 198 medical practitioners was compiled. Fifteen (N=15) of these members were purposively selected to participate in the study. Inclusion criteria and selection criteria were based on participant’s accessibility and availability to receive the survey questionnaire and their willingness and consent to assist with the research. The sample size met and exceeded the “general qualitative research sample size criterion of five to thirty participants” The sample group was purposefully selected to represent diversity in specialty, gender, age, ethnicity, home language, marital status and years of experience in current role. Response rate was 73%. (See Table I for an overview). Participant demographics unfortunately did not reflect the population distribution in South Africa, and specific data is not available for the population demographics of medical practitioners practicing surgery in Pretoria. However, the responses received provided deep and rich data relevant to the study.

Data collection and analysis
Distribution of the questionnaire was done by emailing a Uniform Resource Locator (URL) to respondents, which allowed them access to the questionnaire. Access was opened for multiple logins per respondent, to allow respondents to save and return to the questionnaire multiple times. This was done in order to provide them ample opportunity to respond as comprehensively as possible. The questionnaire consisted of an information page, informed consent section (with built-in logic), demographic questions and then open questions pertaining to the main research question:

- Do medical practitioners as clients of medical device companies in South Africa perceive the conduct of these companies to be ethical?

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The questionnaire was piloted using participants skilled in academic research. The participants were asked to evaluate/critique the questionnaire based on: face validity, construct and content validity, relevance, ease of reading, time (online answering speed and constraints) and ethical concerns. Qualitative results were analysed, using Creswell’s six steps of thematic analysis. Recurring themes, subsequent categories and sub-categories were identified and collated to create the schematic overview of the data as illustrated in Figure 2.

On the right side of the schematic overview (Figure 2), Medical Practitioners and Medical Devices Industry are the two most important themes identified, as the relationship between these two entities form the crux of this study.

Systems and community are the other two themes extracted from the data analysis and are shown on the left. These two themes are significant as they form a constant backdrop to the relationship between medical practitioners and the medical devices industry.

Ethical conduct is shown as an overarching topic, linking all the themes together. This is the focus of the study. The themes relate to the research questions and sub-questions.

**Theme 1: Systems**

Systems refer to formal and informal processes that aim to guide and regulate behaviour in the medical industry. This includes regulating the actions of medical device industry employees in their business interactions with medical practitioners.

- **Professional**
  
  Question 11 of the questionnaire specifically enquired whether expectations of SAMED and other regulatory bodies are perceived as realistic and attainable. While only one “no, not realistic” was recorded, one reply was that it is “not too strict”, and three perceived the expectations as “realistic, but not always attainable”, “good, but only reacts to complaints, not pro-active” and “yes, realistic, but ethics must also be applied to the rest of the field”.

  One comment elaborated that the medical devices industry should not be made out as the only culprit for unethical behaviour, as unethical behaviour in the medical industry may very well be from other parties not on the manufacturing/supply side.

  In total, five participants were mostly satisfied with accuracy and attainability of ethics regulations and expectations for behaviour of the medical devices industry and one was not satisfied. Four participants were not aware of who or what SAMED is and one did not reply as per the reference to SAMED. Therefore, it can be fairly assumed that five were not aware of the codes of conduct and ethical behaviour expectations that SAMED prescribes to its members. The significance of the fact that 45% of participants were unaware of SAMED and its prescribed codes of conduct lies therein that these medical practitioners do not know what the formal expectations regarding ethical behaviour for employees of the medical devices industry are and their perception of whether these employees act ethically or not, may in fact be skewed.

  Continuous Professional Development (CPD) educational topics suggested in answer to question 18 contained four suggestions to introduce SAMED and other regulatory bodies and awareness and discussion of their proposed guidelines. It will therefore be a recommendation from this study to communicate with SAMED that there is interest from medical practitioners as clients of the medical devices industry to be introduced to and to learn more about SAMED’s role and their prescribed codes of conduct in the medical industry.

- **Informal**
  
  Under informal systems, the two sub-categories that emerged were “professional business relationship” and “integrity”. Question 10 in the questionnaire referred to the participant’s own definition of ethical behaviour, while question 12 referred to examples of unethical behaviour and question 17 asked what companies can do to improve their ethical image.

  These questions revoked several answers containing “professional relationship” and “business relationship”, which can be described as informal processes to guide ethical behaviour. Replies referred to “showing respect and understanding others”, “honesty and integrity”, “transparency”, “keep within rules”, “honesty, fairness and equality” and “actions must not advantage self at the cost of others”. More similar phrases were used to describe informal guidance of ethical behaviour and linked to these were also phrases that described professional business conduct,
including “company employees should be professional and effective in what they do”, “Good service, on time and available when needed” and “misusing/abusing company time for personal business”.

As the medical industry is a highly professional workspace, expectations for professional conduct and integrity are in place that are not formalised, but expected as a norm of society. It is crucial that all parties are aware of and understand each other’s expectations to be able to function effectively.

**Theme 2: Community**

Community, or society, is the reason for the existence of both the medical device industry as well as medical practitioners and similar to the theme of systems, forms part of the background that is a constant factor to reckon with in the interactions between medical practitioners and the medical devices industry. The two categories that emerged are society in general and patients.

- **Broader community refers to society in general**
  
  As per the utilitarian definition that ethical behaviour should result in the greatest good for the greatest number of people, the actions of the medical devices industry impacts more than only their relationship with medical practitioners. The ripple effect of unethical behaviour in the medical industry may have social, economic and other consequences reaching far wider than only the medical sphere. Questions 10 (definition of ethical behaviour) and 11 (compliance expectations) led to “respect the rights and dignity of people”, “not at the cost of others” and “cultural view of ethics” answers as indications that ethical behaviour impacts society as a whole.

- **Patients**
  
  Questions 10 (definition of ethical behaviour), Q11 (compliance expectations), Q17 (industry ethical image) and Q18 (educational topics) evoked responses referring to patients as being an important part of the community. A clear and to the point reference of this can be found in Q11 response: “Firstly the needs and rights of patients are important to both the medical device companies and medical professionals”. While medical practitioners and employees of the medical devices industry all work towards providing healthcare to patients, their dealings with each other may also affect patients.

A further response noted that “choice of technology should be determined by patient needs”, while more conservative remarks referred to ethical behaviour resulting in “effective, efficient and transparent healthcare”, “best interests of patient”, “no harm to patient” and “importance of patients’ needs and rights”.

The responses emphasise that the actions of all parties doing business in the medical industry should have the best interests of their ultimate client, the patient, and of society as a whole, at heart.

**Theme 3: Medical Practitioners**

To clarify understanding of some responses and comments to follow, it is important to put the roles and actions of medical device industry employees when they interact with medical practitioners, in context. Their roles vary and include:

- Providing scientific and evidence-based product information and sales (one-on-one or at conferences)
- Offering continuous professional development and training regarding the use of the products and devices
- Invited presence/attendance in operating theatres to provide technical product advice to the surgeon. No patient contact allowed.

Ethical codes of conduct for medical representatives, including training, are endorsed and communicated by SAMED.27

The aim of this study was to measure the perception of medical practitioners regarding the ethical behaviour of medical device industry employees. Therefore, medical practitioners form a crucial theme in the data analysed. Three important categories that were highlighted from the responses as issues that had a direct impact on medical practitioners’ perception of ethical behaviour displayed were: autonomy, ability and ethical behaviour.

- **Autonomy**

  In several replies, it was mentioned that medical practitioners felt their autonomy was threatened and their free decision-making ability put at risk.

  - **Decision-making:** Autonomy is used in this instance to refer to medical practitioners’ ability to make their own decisions regarding patient diagnosis and treatment. Participants expressed the opinion that medical device industry employees often employed aggressive marketing tactics to sell their own companies’ products, to the point of trying to dictate diagnosis and treatment options to medical practitioners. In answering Q10 to define ethical behaviour, “company employees should never decide on patient treatment - the decision must always be with the doctor”, was a response that were echoed in further responses to other questions, including “Companies must respect healthcare professionals to make independent decisions regarding treatment and safety of the patient” (Q11 – ethical compliance) and listing “Deciding on patient treatment” as example of unethical behaviour (Q12 – examples of unethical behaviour).

**The medical industry should have the best interests of their ultimate client, the patient, at heart**

- **Dictated behaviour:** A separate, but similar issue from medical practitioners’ own decision-making capabilities that can potentially be influenced by marketing tactics was raised in at least two responses and can be described as behaviour dictation, where medical practitioners were forced to make certain decisions regarding patient diagnosis and treatment. In these instances, however, “medical aids and hospital group/owners” were blamed (Q11). Product formularies enforced by hospital groups and medical aids, payment restrictions and even treatment...
restrictions for their members by medical aids were cited as dictating to medical practitioners how to diagnose and treat patients. The sentiment behind mentioning this issue, was that “Unethical behaviour from suppliers is over emphasised, while ethics in a large part of the medical industry is not attended to” (Q19 – Additional comments), although another response involved medical device companies in this process: “There are still many companies offering incentives to healthcare professionals and hospital groups for using their products. This does not always serve the best interest of the patient. Hospital groups initiate deals with companies forcing doctors to use products that are not necessarily the product of choice” (Q11).

- **Ability**
  Medical practitioners continuously need to update their knowledge and skills to stay relevant with the latest medical research and developments. Q11 (Ethical compliance) drew a response that “doctors do not need financial help from companies for further training in surgical techniques/drugs/devices” while medical practitioners do realise that medical device industry employees do act ethically when “Merit and focus of sponsored meetings are mostly educational and professional. Sponsorship of doctors to attend congresses are not used to promote products” (Q13 – current perception of interactions). Other responses indicated clearly that training and education support is a great need, but that this is where ethical behaviour is tested the most, as stated in replies to Q10 that ethical behaviour includes “information to and training of doctors without the obligation to use any of their product”.

- **Ethical behaviour**
  Participants referred to ethical behaviour of medical practitioners as a factor to consider when interpreting their perceptions. Some medical practitioners, for example may initiate unethical behaviour from others by their own actions, either by expecting perverse incentives for using products, “there are grey areas where one of the two parties put pressure on the other for kickbacks” (Q13) or by unknowingly acting unethically as a result of not being properly informed. Many participants indicated a need for more information on ethical behaviour, including “How to handle requests for support and how to deal with unethical requests”, “Introduce regulatory bodies”, “Introduce SAMED” and requesting “2017 SAMED guidelines” (all from Q18 – topics recommended for CPD). Further training topics requested in response to Q18 included “any topic regarding ethical behaviour”, “practical examples of ethical challenges” and even a basic request to explain “What is ethics? - how to interpret practical issues and business aspects”, which also answers the final supporting research question: What continuous professional development topics must be addressed to ensure future compliance to ethical conduct expectations?

**Theme 4: Medical Devices Industry**
The medical devices industry is “the other key player” in this study and therefore an important theme that emerged. As the study aims to measure medical practitioners’ perceptions of the behaviour of employees of the medical devices industry, categories identified were marketing, product and employees.

- **Marketing**
The basic sentiments to expectations regarding ethical marketing were expressed as: “fair marketing without pressure to use products” (Q10). Honesty, fairness and responsibility are the key elements of ethical marketing and these characteristics are also repeated in the response to Q10 stating that “Ethical conduct includes honesty, fairness and equality”. Responses that emphasised marketing actions where unethical behaviour was described, referred to aggressive marketing “…where the marketing skills of a company can cloud the judgement of a healthcare professional” (Q11), “Pressure to use their products even if you do not believe in their product”, and “Dishonest marketing and non-disclosure of limitations of products” (Q12). Other participants agreed that “Marketing is not always honest and fair towards other products available” (Q13), and “When a marketer makes claims of their product “superiority” the healthcare professional can easily be misguided if he/she does not have experience / knowledge of the other product” (Q11). A response to Q12, regarding examples of unethical behaviour, referred to “Excessively expensive marketing e.g. glossy brochures and posters” as unethical.

A concerning reply to Q12 referred to biased literature, as an unethical marketing practice, arguing that “Literature papers supporting the benefits of their products, yet these researchers are also biased because I believe they are also offered benefits for ‘proofing’ that the company’s products work better”.

Recognition was also given that products still need to be marketed but there is a place for ethical marketing. This is evident from feedback to Q19, which enquired about issues not addressed in the questionnaire, stating that “some unrealistic rules and regulations inhibit proper marketing and training events” and “Ethical regulations should still leave room for marketing. Lack of marketing will lead to cheap Chinese and Indian imports of low quality becoming the industry standard. Therefore, strict ethics regulations will leave patients at risk with low quality products”.

- **Product**
The role of product in influencing perceptions regarding ethical behaviour, stems from two factors, namely quality and price.

  - **Product quality** was mentioned as part of defining ethical conduct in reply to Q10 and as method for companies to ensure that their conduct is viewed as ethical in Q17: “Do not sell, or supply any product or service that can harm patients”.

  - **Price** of the product was mentioned twice in Q10 replies defining ethical conduct, stating “Price of product must be justified” and “Purpose of product justify cost”. In Q11
• Employees
By referring to employees, the focus is specifically directed towards conduct of the employees, as the aim of the study is centered on determining if their behaviour is perceived as ethical. When answering on how companies can ensure that their conduct is viewed as ethical (Q17), the responses included that “Conduct of representatives must be professional at all times”. Reference to professional business relationships, and professional conduct as a fundamental aspect of ethical conduct was made at least six times in responses to four questions in the survey. Further responses listed in Q17 on what would enhance the ethical image of a company and ensure that their actions are perceived as ethical, included:

“1. Promote business that is fair and honest, always showing respect and understanding for others.
2. Create and maintain an environment for the fair exchange of knowledge and ideas.
3. Respect academic freedom, honesty, and integrity.
4. Show social responsibility that extends beyond the beyond products being marketed.
5. Cooperation and shared responsibility between companies and doctors to deliver cost-effective and efficient healthcare.
6. Do not offer incentives/inducements that can enrich healthcare professionals
7. Conduct of representatives must be professional at all times”

Examples of unethical conduct by employees included aggressive and inappropriate marketing, (see marketing theme), as well as “Sales reps” persistently try to convince surgeons to only use one company’s products” (Q12) and marketing techniques that “Pressure to use their products even if you do not believe in their product” (Q12). Further comments relating to unethical marketing conduct, but which can also indicate inadequate training, included: “Sales people are coached to repeat phrases that they do not understand”, “Sales people do not fully understand their product or the impact of using it” (Q12).

More responses pertaining to professional conduct as a potential area of unethical behaviour, described personal conduct such as: “Sales people underestimate doctors’ intelligence by repeating marketing slogans and sales messages” and “Company personnel are out of touch with reality and dress inappropriately for situation - so how in touch are they with what they are selling?”
A frequently recurring theme was perverse incentives offered to medical professionals to obtain their business. Although the majority of responses indicated that corruption is not as common as it may have been in the past, it is noteworthy to mention that frequent references were made to: “benefits”, “kickbacks”, “reciprocal benefits”, “deals”, “gifts”, “buying lunches and dinners”, “incentives”, “bribery”, “trips”, “sponsorships” and “huge fees” when referring to unethical behaviour.

From the responses, it is evident that professional conduct by employees is the key in shaping the perception of medical practitioners regarding their ethical behaviour.

A supporting research question that elicited a very poor response, related to consequences of unethical behaviour. Participants’ responses mainly suggested formal discussion with guilty parties and internal disciplinary action as deemed appropriate by company management. Although dismissal was cited as a previously observed consequence, only one participant suggested this as an expected and appropriate consequence, while 2 responses suggested banning from doing further business at the hospital where the behaviour was observed.

CONCLUSION
This study provided valuable information regarding needs and expectations in the medical industry encompassing ethical behaviour and relationships. Some of these aspects can be addressed with simple recommendations or introduction of parties that are currently unknown to each other and some concerns may highlight the need to find more information to address certain topics professionally and adequately.

Generally, it can be concluded that most medical practitioners sampled perceive the behaviour of employees of the medical devices industry as ethical. It is however essential to highlight that the study results still raised some concerns (to be addressed) as opportunities for unethical behaviour and many “grey” areas still exist. There will always be companies and individuals that will make use of these opportunities to benefit. It is clear from this study however, that these instances are declining.

A need for guidance and clarification on ethical behaviour and expectations in the relationship between medical practitioners and the medical devices industry in South Africa has been identified. Along with a more robust and wider promotion of published and recommended codes of conduct, regular discussions between medical practitioners and the medical device industry on ethical business expectations are needed. This is essential to understand the expectations from all sides, to adapt to changing environments and most of all, to ensure a sustainable medical industry in South Africa.

REFERENCES ARE AVAILABLE ON REQUEST.