Altering Medical Relationships by Pharmaceutical Advertising to the Public

Nowhere within this discussion do I wish to argue that a patient should have information denied from them, however clearly advertising is not information; it is biased propaganda intended to sell merchandise. Advertisement is not bad, nor is it ineffective for a business, yet in the medical setting it plays a role in the dynamics of the patient-physician relationship. By "empowering" the patient with "information" the relationship changes; the patient believing that they are qualified to diagnose and prescribe medications to themselves due to the knowledge they believe they have gained through advertisement, strains the physician if they in their professional medical opinion, disagree. If the physician disagrees with the patient, this can lead to tension in the relationship. Such tension can further lead the patient to distrust the physician and lead to poor medical decisions by the patient due to the lack of trust. Advertisement does have a role in medicine, but it should not be directed at the patient. Establishing a relationship between a physician and a patient is difficult enough with the demands on medical professionals; pharmaceutical companies should not make it even more difficult.

Advertisements are not health information, they are marketing tools used by corporations to produce profit. Furthermore, direct to consumer (DTC) advertisements are misunderstood. Students studying pharmacy are not even knowledgeable about regulations of DTC marketing [1], these students had reported lecture content about direct to consumer advertising (DTCA) and therefore it is safe to assume that the students have a better understanding of DTCA than the general public. Many are ignorant of the fact that the Federal Trade Commission does not regulate advertisement of drugs, however advertisements do not have to be approved by the

FDA. Additionally, companies are not required to report potential side effects of complications of the medicine [1]. DTCA is only legal in the United States and in New Zealand [2],[3],[4]; New Zealand is considering a ban and now the U.S is considering implementing regulations against DTCA [2]. Recent studies have shown that DTCA increased the number of pharmaceuticals prescribed to patients, and many of those who asked for a drug by name received a prescription [3],[4]. As of 2005 drug companies spent an estimated $4 billion on DTCA, this marketing strategy has been shown to create an additional $4 for ever $1 spent on marketing [2].

Advertising is effective as has been shown with many drugs; one especially of note is the drug of the trade name Vioxx, which saw Merck pharmaceuticals spend $100 million dollars annually, creating a $1 billion in sales annually of Vioxx [5]. This drug was pulled off of the market due to its increased risk of myocardial infarct, and is a prime example how DTCA is dangerous. The information provided by the company was partial, as it did not choose to have the studies reviewed by medical journals prior to beginning DTCA. Such practice in combination with the increased amount of prescriptions written, and the lack of regulation by the FDA, is dangerous in medicine. Vioxx is not the only drug to be pulled off the market, prior to Vioxx over a 5 year period between 1997 and 2001, 13 drugs were pulled off the market by the FDA [6]. Peter Mansfield argues that it is more beneficial to spend money on health information than on advertising. Not only has it been shown that new drugs may be less effective than similar treatments and yet more expensive, which creates a burden on society when one accounts for those involved with Medicare or Medicaid programs [7].

Interpreting such information about DTCA clearly shows that the complications of DTCA greatly overshadow the benefits of providing the consumer with information.

Additionally, as Hollon argues, DTCA changes the dynamics of the "physician-patient relationship to a physician-consumer relationship" [8]. Moreover, a relationship where the patient is a consumer creates a situation of the patient expecting a product. Different individuals have specific needs when it comes to prescription drugs and although a product may work well, uniqueness of the individual may suggest an alternate product to work better. It is fearful to think in a physician-consumer relationship that the physician may be able to cut down his or her workload by not exploring the best option, but just delivering the desired prescription. This seems to be an absurd thought, yet it occurs. Worse is the fact that the patient is satisfied with the treatment that they received. The question is how satisfied are they when the medical data is put through the rigors of peer-review and the results show the patient is using an inferior, more expensive product.

Informing the patient of information regarding the inferiority/ineffectiveness when it is discovered causes a breakdown in the trust between the physician and the patient. The patient is likely to become dissatisfied with the physician at this point; after all, I would not buy a car from the salesman who proclaimed that the vehicle I purchased is the safest on the market when two weeks later it is recalled due to faulty airbags. Similarly, as a patient, the trust in the physician's discretion is gone, and it becomes increasingly difficult to work with the patient. Such strain could be prevented by not allowing DTCA. Secondly, denying the patient a prescription if the physician acts properly and evaluates the patient, can have adverse effects on the relationship. The patient effectively believing the advertiser is right, and they therefore are informed are being told they are not informed is insulting to some individuals. In the U.S most of the drugs are being prescribed to senior citizens, and this creates an interesting social dilemma; the individuals of this generation still believe in listening to ones elders, which creates a larger problem for young

doctors who may have to deny a prescription and inform the individual they are wrong. Such a minor issue can result in distrust and cause certain individuals to no longer seek healthcare in situations where they may need it.

DTCA does alter the dynamics of the patient-physician relationship and should therefore be banned. That is not to say a pharmaceutical company can not bring awareness to a condition that they have a superior drug for, and thereby indirectly benefiting their sales. The pharmaceutical companies are more than welcome to advertise to physicians, for physicians are trained professionals whom will look at the empirical data on the drug. By banning DTCA, a company will have to produce a superior product for it to be profitable, and thereby the consumer/patient is helped much more than by pseudo-informative commercials. In addition, by banning DTCA the over prescription of pharmaceuticals will hopefully end. The biased information in commercials can make it appear as if everyone has a form of clinical depression or insomnia, natural ups and downs along with the occasional stress induced sleeplessness can be treated without expensive drugs. Although proponents of DTCA would argue that it is the point of DTCA to educate those that experience these symptoms to "ask their doctor about …" this is unnecessary; individuals with serious health concerns will seek medical attention. If an individual is not ill enough to seek medical attention then do they really need treatment?

Direct to consumer advertising is a medical liability. Not only does it allow for the dissemination of unproven information that can lead to serious complications, but it creates an environment where drugs are over prescribed to individuals that do not need them, thereby increasing the cost of healthcare for society. Most problematic is that DTCA changes the patient-physician relationship. Misinforming the public places an enormous responsibility on physicians to correct the wrongs of pharmaceutical advertising, and possibly causing there to be a divide

between the physician and the patient. The U.S. needs to reexamine its policies regarding DTCA ,as New Zealand is, and change the ridiculous practices of pharmaceutical companies. Health and wellbeing need to take precedence over capitalistic greed.

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