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THE FRONT BURNER

# Pharmaceutical advertising: Good Rx?

## Forget TV claims: No magic pill exists for what ails you

By SOMMER D. ZARBOCK | Guest columnist

These days it seems we can't watch the evening news without seeing numerous prescription-drug advertisements to treat everything from cancer to erectile dysfunction. Remember how the commercials used to get louder? No matter how loud the commercial gets, it's not likely you'll be able to pronounce the name of the newest, most expensive drug.

So why have these ads in the first place? Pharmaceutical companies would argue that direct-to-consumer advertising provides useful patient information and that robust ad-driven sales are needed to support the sky-high cost of bringing a new drug to market. But, there is a downside to these ads, which often seem to be gimmicky — designed to get people to feel they are taking control of their own health by prompting a visit to their doctor to demand the latest advertised medication to cure what ails them.

A 1985 Food and Drug Administration ruling made DTC advertising (i.e. television, radio, magazines, newspapers and journals) legal, but it skyrocketed in 1997 when the agency eased up on a rule requiring companies to offer a detailed list of side effects in their commercials. Today, the FDA allows TV ads to cover only the major risks associated with the drug. A print ad may cover all reported adverse events — most likely in very tiny writing that will require the reader to dig out that old magnifying glass.

If we're being honest, I think we can admit that a 30-second TV advertisement is much too short of a time span to explain the benefits, adverse effects and safety issues to a consumer who more than likely will not understand medical terminology. The average consumer cannot sufficiently research all the studies and data on new medications to evaluate its efficacy and safety.

Additionally, it seems that most TV drug ads are designed to weigh heavily on our emotions. Did you ever notice what joyful, healthy, fulfilling lives patients are living in the commercials no matter how serious their disease? These ads give patients the impression that if they can just get their doctors to prescribe drug X, they will live the same type of jubilant, care-free life.

In most cases, the reality is in stark contrast to this scenario. Most medical conditions do not disappear or even vastly improve overnight. Depression, for example, is a complex condition and a daily struggle for many people. Treatment options include prescription medications, but they are just part of what is usually a complex and long-term treatment program. Clinically depressed people do not take a pill one day and jump joyfully out of bed the next.

So what happens when patients end up soliciting drugs based on an advertisement with inadequate medical knowledge? Doctors may lose patients if they refuse to prescribe medications the patients have seen on TV and now want. On the other hand, some doctors may oblige and sign prescriptions just to keep their patients happy and coming back for business. According to a 2010 AARP Bulletin survey, 68 percent of those who have ever asked their physician either received a prescription for the advertised drug or received a free sample.

Yet, if the medication doesn't work as expected, patients may eventually lose trust in their doctor as they perceive the medical profession and drug companies are more interested in making money than improving their health.

In addition, the consumer is often going to pay a higher price for the product due to the billions of dollars spent on advertising by the drug company. Drug-company ads send a message to patients that without these pricey drugs, their lives will be less enjoyable. This is leading to overmedicating Americans and driving up the cost of health care at a time when we desperately need to do everything we can to lower it.

Perhaps it's time to take a long, hard look at why only one other country in the world allows direct-to-consumer drug advertising.

*Sommer D. Zarbock is an associate professor of clinical sciences and the director of interprofessional education at Keck Graduate Institute's School of Pharmacy in Claremont, Calif.*

**Drug-company ads send a message: Without these pricey drugs, lives will be less enjoyable. This is leading to overmedicating Americans.**



Today's moderator



DARRYL E. OWENS  
Editorial Writer

Ever since the federal Food and Drug Administration relaxed rules on direct-to-consumer broadcast advertising in 1997, Viagra, Claritin, Cialis, Viagra, Prilosec, Xenical, Plavix, Ambien CR, and a raft of other prescription drugs have become household names.

That move freed Big Pharma — which in print ads must include technical descriptions, contraindications and dosage information for a drug — to deliver broadcast-ready sales pitches. On TV, drug makers need only mention a product's side effects and note consumers who shouldn't take it.

Nevertheless, liberating drug marketers, critics argue, only spawned an epidemic of hypochondria and armchair doctoring. Some congressional representatives tried to purge the airwaves of the ads. A recent study of doctors found that nearly 53 percent believe DTC advertising should be limited. One of today's Front Burner columnists argues the TV spots not only spark unrealistic expectations, but pressure physicians to prescribe drugs that may have name-recognition, but limited efficacy for a specific patient.

Others see direct-to-consumer ads as a boon. They contend it's created better-educated patients who are more engaged and proactive about their health care.

This salubrious payoff, however, as our other Front Burner columnist notes, works only when drug makers roll out ads that are incisive and scrupulous.

BY THE NUMBERS

- More than 89 percent of doctors in a CMI/Compass survey report TV ads led patients to request a specific drug.
- Patient requests led 43 percent of doctors surveyed to alter their prescribing.
- The U.S. will account for 31 percent of prescription spending in the \$1.2 trillion global market by 2016, the IMS Institute for Healthcare Informatics forecasts.

## Empower patients with honest direct marketing

By SUMMER MCGEE | Guest columnist

In the United States, direct-to-consumer pharmaceutical advertising has become a notable part of popular culture and a highly controversial one at that. In fact, only two countries in the world allow direct-to-consumer pharmaceutical advertising (the U.S. and New Zealand). But here in the U.S., whether watching the evening news, reading a magazine, listening to the radio or surfing the Web, you are almost certain to see or hear a drug ad.

Repeatedly, bans on this kind of advertising have been proposed in the United States. Yet, these calls for bans ignore a simple fact: Many, perhaps most, of the products advertised on television, radio and the Internet carry potential health risks for the buyer. Motorcycles are dangerous, blenders are dangerous, and children's toys are dangerous. Direct-to-consumer advertising of drugs should be less concerning, in principle, because pharmaceutical purchases have the benefit of a gatekeeper (your health-care professional) to provide consumers with guidance about appropriate drug-treatment options. You get no such protection when picking out your shiny new blender — and no one is calling for total bans on household-appliance advertising.

**A few bad ads (or companies producing those ads) should not lead to pharmaceutical advertising [in the U.S.] being banned entirely.**



Patients have a right to know what treatment options are available to them. Patients should not be limited to acquiring that knowledge only from health-care providers. Exposure to direct-to-consumer pharmaceutical advertising provides patients, at a minimum, knowledge of what new treatment options exist and should provide truthful, accurate information about those choices. Patients can discuss with their health-care providers, in an informed way, whether certain treatment options make sense for them.

Thus, the problem isn't pharmaceutical advertising; the problem involves pharmaceutical advertising that is misleading or confusing to patients or downplays scientifically established medical risks.

Such ads do not adhere to the rules and regulations established by the U.S. Food and Drug Administration to protect consumers. Direct-to-consumer drug advertising that fails to do this fails not only the regulatory standards, but ethical standards as well.

Pharmaceutical advertising, if truthful and fair, can empower patients to initiate discussions with providers. Armed with information — instead of a knowledge vacuum — patients can ask questions about drug-treatment options in ways they could not have in an era without drug advertising.

Pharmaceutical advertising should not be eliminated. It should be improved — more clear, more honest, more helpful — for patients who want to discuss treatment options with their doctors.

A few bad ads (or companies producing those ads) should not lead to pharmaceutical advertising being banned entirely. We should not throw the baby out with the bath water. Instead, we must do a better job of policing what is put on our airwaves and in our publications as direct-to-consumer pharmaceutical advertising. Ensuring that companies follow rules is something our government can and must do for us.

Better oversight of direct-to-consumer prescription-drug advertising content, media and audience comprehension is essential to ensuring that we protect patients' rights to choose based on fact, not on fantasy or hype. Improving oversight of direct-to-consumer pharmaceutical advertising to ensure it is accurate and factual will empower patients and improve physician-patient dialogue about treatment decisions.

Direct-to-consumer drug advertising can do this only if the information that consumers and patients receive is accurate and fair. Knowledge is power, but confusion can be deadly — whether the product is a blender or a decongestant.

*Summer McGee is a bioethicist and associate professor in the graduate program in health-care administration in the College of Business at the University of New Haven in Connecticut.*

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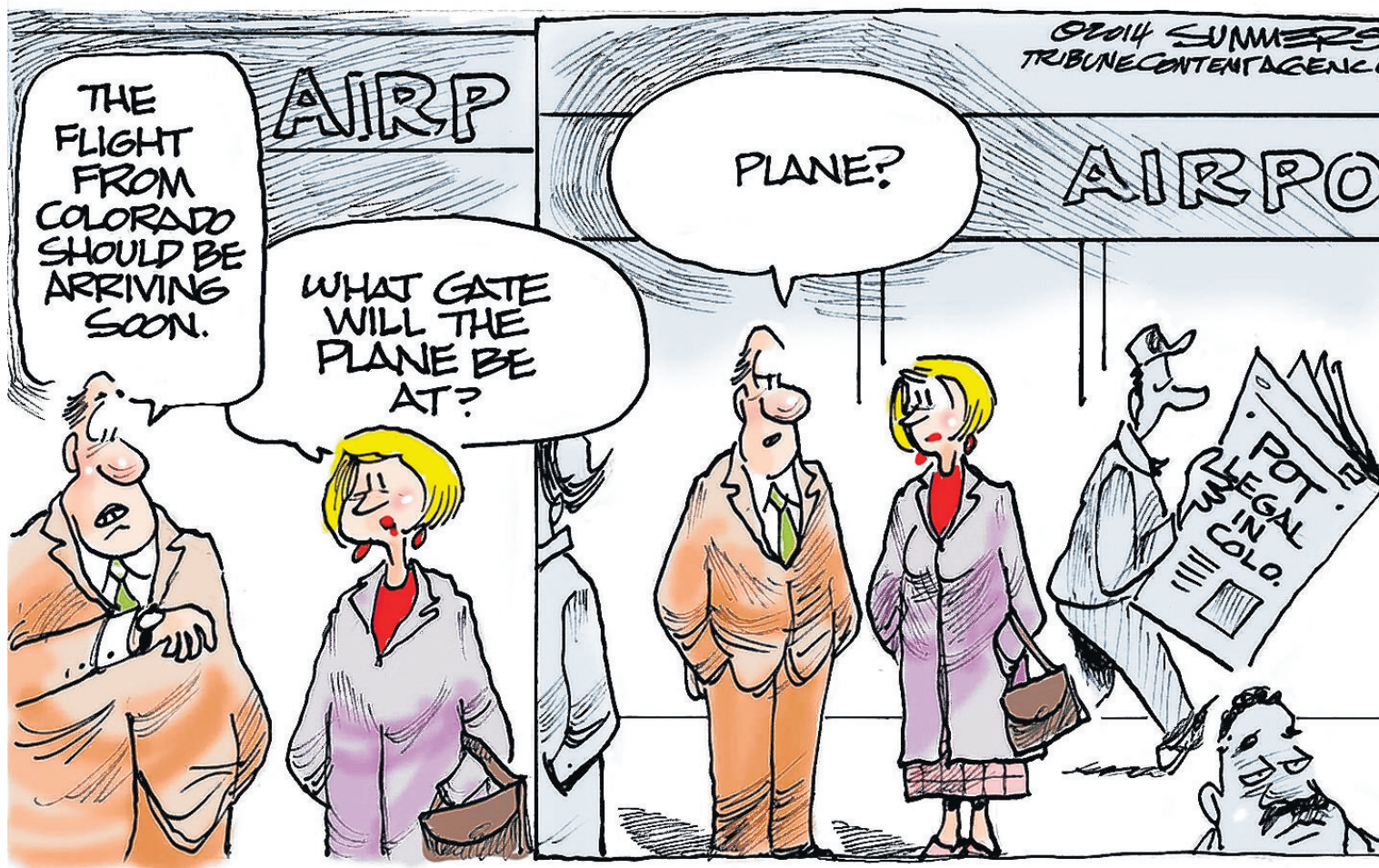
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## The Needle

Russia Warns Special Olympians Against Promoting Non-Traditional Lifestyles" — newsmutiny.com

Stock Market Has Best Year Since 1996; Look for several R-rated movies about current period of greed, decadence sometime in next decade" — IronicTimes.com

One sign the economy's picking up: It's reportedly just recently gotten 'less hard out there for a pimp.'" — Conan O'Brien tweet



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