Direct-to-consumer advertising: the future in Europe

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Pharmaceutical medicine is big business, and direct-to-customer (DTC) advertising of prescription medicines will make it bigger. So far, Europe has successfully resisted a trend that has been evident in the USA for many years. Under article 3.1 of European Directive 92/28/EEC, member states are still required to prohibit the advertising to the general public of medicinal products that are available on prescription only—a provision implemented in the UK by regulation 7 of the Medicines Advertising Regulations 1994. Exceptions are allowed for approved vaccination campaigns (article 3 of the Directive and regulation 11 UK). In the UK, pharmaceutical companies adopt a voluntary code [the Association of British Pharmaceutical Industry (ABPI) code] which also opposes DTC advertising. However, with the Internet, digital television, insatiable patient demand for information and relentless pressure from industry, the spirit if not the letter of current European DTC laws is weakening.

AMERICAN EXPERIENCE

Since 1985, when the US Food and Drug Administration (FDA) lifted its moratorium on DTC marketing of prescription medicines¹, US pharmaceutical companies have increased their expenditure on marketing to the public and healthcare professionals by an average of 18% per year². For the twelve months up to March, 1999, spending on DTC advertising amounted to some \$1.53 billion. 1999 saw the tightening of FDA regulations, with mandatory minimal advertisement content—including, for example, details of adverse reactions as well as sources of additional information (toll-free numbers, Internet addresses). This did little to stifle the growth of DTC or public demand for healthcare information from this 'new' source³. Nowhere is the growth more apparent than through the World Wide Web. The US industry now regards the Internet as an essential part of its DTC campaigns. There is also an increasing belief that industry profits can be substantially raised by the use of e-commerce—i.e. cutting out pharmacists and even doctors for certain medicines to sell

directly to the 'consumer'⁴. With the public distrust in the healthcare system and dissatisfaction with health maintenance organizations more and more people are opting for self-treatment, especially for 'lifestyle' conditions. Every year some 25 million Americans consult the pharmaceutical websites on health-related matters⁵.

EUROPE

Despite the continuing prohibition under law, DTC is becoming an issue in Europe, with the advent of 'disease awareness' campaigns and the Internet revolution. One controversy centred on the online version of the *BMJ* (*eBMJ*) which, though accessible on an open website, carries advertisements from pharmaceutical companies; the defence is that this site is aimed mainly at healthcare professionals⁶. However, a different view was taken when the Medicines Control Agency complained that an Internet advertisement by a pharmaceutical company was in breach of the ABPI code⁷; the complaint was upheld because the site in question was open-access and not just directed at healthcare professionals. There are huge difficulties in any potential Internet regulation. Furthermore, if patients wish to access perfectly legitimate Internet sites in the US, they can easily do so.

DTC in Europe is firmly on the pharmaceutical industry's agenda. The industry contends that DTC improves public health, patient motivation and the communication of available treatments⁸. Although there is truth in these assertions, the ultimate aim (a legitimate one) is to enhance profits. What warnings are sounded by the US experience? 91% of 199 primary care doctors surveyed in Ohio and Pennsylvania said they felt under pressure to prescribe certain products to patients because of DTC, although only 6% admitted it was 'a lot' of pressure⁹. In the US, surveys indicate that most clinicians regard DTC as commonly misleading and adding costs without tangible benefits¹⁰. As a source of information about the risk of a particular medicine it performs poorly¹¹, and this is especially true of television advertisements, which must pack a large amount of information into a short time-frame. However, as Tanouye remarks, 'Ultimately, it isn't the patient's signature on the prescription – it's the doctor's'¹².

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DTC is often portrayed as a purveyor of information that empowers the patient. How then does it measure up to the statement from the NHS Executive¹³ that 'patients are entitled to receive information in a way they can understand about the proposed treatments, the possible alternatives and any substantial risks so that they can make a balanced judgement'? Obviously, individual companies will not give a balanced view based on all treatment options, including the often forgotten 'no treatment'. What they can give is factual, supportable and understandable information about their own products to both healthcare professionals and patients (e.g. better access to intelligible patient information leaflets¹⁴, and via the Internet to sources such as the Electronic Medicines Compendium [www.emc.vhn.net]). This brings us to the crux of the matter. The Internet is a very special type of DTC that requires an active search for information on a particular medicine or disease—whereas DTC in the guise of print or television advertisements is barely more than passive brand awareness to generate demand.

IMPLICATIONS

In the US several professional societies have issued guidelines on industry–doctor interactions¹⁵, but ignorance on these matters remains widespread¹⁶. Many in the US medical profession, along with consumer groups, are starting to question the public health benefit of DTC, calling for stricter regulations¹⁷. These moves will be opposed by an industry that has seen the potential benefits of an aggressive marketing campaign¹⁸. Perhaps part of the dilemma is that, in today's consumer society, 'brand recognition' and 'demand creation' are the new industry banners. As Maurice Shock said, 'This is an age of regulated capitalism, in which the consumer is cosseted and protected, encouraged to be articulate, and persuaded of his or her power'¹⁹. Industry wishes to encourage relationships where demand is driven by the consumer. What we see now is one facet of a sometimes painful medical evolution. The doctor–patient relationship of the future has many interested parties. Healthcare and the pharmaceutical industry are more closely associated than ever before, and regulation needs to be in place to govern this complex relationship and maintain balance. In the end it

will be up to the medical profession to demonstrate that the 'learned intermediary' is still indispensable.

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