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THE MEDIA

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Keynote:

In recent years, the Food and Drug Administration has allowed pharmaceutical companies to advertise prescription medications directly to consumers. The amount of money spent on this advertising, the number of prescriptions written for advertised medications, and the number of prescriptions purchased have all increased substantially in the same time period. Supporters of direct-to-consumer-advertising (DTCA) suggest that the practice improves patient education, promotes active participation in personal health, and also helps to destigmatize certain medical conditions. Critics, however, warn that DTCA is represents an intrusion into the realm of personal health by commercial interests, drives up the cost of prescription medications, and threatens the economic sustainability of the American healthcare system.

Entry:

Optional Opening Sentence: With strong opinions on both sides of the debate, it is critical to balance the pros and cons of DTCA, and also to consider whether the simultaneous capitalist and social motivations behind DTCA exist in a state of natural and inevitable conflict.

Increased Education, or an Information Gap?

Industry representatives and advocates suggest that consumer education – especially amongst some previously neglected minority communities – is a positive byproduct of DTCA. And FDA regulations seem to support this, with the law requiring any advertisement that gives information about a medication's benefits to also give information about its risks.ⁱ Furthermore, DTCA also benefits patients in the following ways: consumers may not be aware that treatments exist for certain conditionsⁱⁱ; they may suffer from symptoms without realizing that they are part of a treatable diseaseⁱⁱⁱ; new treatments may become available for existing medical conditions^{iv}; or a new remedy with fewer side effects or more effectiveness may become available.^v In any of these cases, DTCA campaigns that educate consumers can be seen as being positive.

This benefit is particularly notable in one minority population, but woefully lacking in another: racial minorities, and the elderly, respectively. Racial minorities, traditionally underserved by “lower quality health care”^{vi} have seen a positive effect of DTCA in the promotion of dialogue between patients and their doctors. Conversely, the aging baby-boomer population in America is at particular risk for being overexposed to DTCA literature and underserved by its contents. The vast majority of advertised drugs are directed towards this population, and the demographic “accounts for \$8.40 of every \$10 of all prescription drugs sold in the United States.”^{vii} However, this is also the group at the highest risk for misunderstanding prescription drug ads, and for failing to clarify concerns with physicians. There is evidently an uneven distribution of benefits from DTCA education, with some populations benefiting and others at risk for serious side effects as a result of the “medication information gap.”^{viii}

Destigmatized but Overmedicated?

While DTCA can help to “normalize” previously misunderstood or stigmatized medical conditions, the proliferation of advertising for medical conditions across a spectrum of seriousness can also lead to a tendency to diagnose even the most minor of medical ailments as being suitable for prescription treatment. DTCA has the potential to “encourage people to discuss things with their doctor...destigmatize certain conditions and make people realize they’re not alone.”^{ix} Advertisements for antidepressants, for example, have helped to mitigate the stigma of depression as being a sign of mental or emotional weakness,^x and have instead normalized the medically accepted definition of depression as a chemical imbalance. (*See Sidebar 1*)

While serious medical conditions such as depression are certainly alleviated by widespread knowledge of the causes and potential treatments, there is the potential for other normally occurring medical “conditions” to be overemphasized by DTCA, and over-treated as a result. Physiologically normal conditions such as baldness, shyness, or the occasional inability to perform sexually, are framed as serious medical conditions by DTCA campaigns, and are presented to consumers as jeopardizing the very enjoyment of life itself unless treated with a prescription medication.^{xi} Some critics worry that this

trend will promote the development of a “nation of healthy hypochondriacs,”^{xii} but not necessarily a healthier nation.

Patient, Heal Thyself (“Ask Your Doctor About...”)

Just as in other forms of consumer advertising, DTCA taps into the deepest anxieties and worries of consumers about their health and wellbeing, and strikes an emotional chord in order to prompt patients to demand a specific medication. This is an anxiety that doctors traditionally would seek to alleviate through sound medical advice, rather than prey on. This forms the crux of the debate over the ways in which DTCA has profoundly altered the traditional doctor/patient relationship. In this traditional relationship, educated and specialized doctors dispensed advice and experience along with prescriptions. With the increase in DTCA, this relationship has morphed into a physician-patient-advertiser triad. In essence, there is now a third party looming large in the examining room: the pharmaceutical ad.

This emerging triad has prompted changes in both patient and physician behavior. Consumer surveys show that consumers are generally more satisfied with the information provided by advertisements than by their physicians,^{xiii} and consumer confidence in the advice of doctors has dropped substantially in recent years.^{xiv} Patients arrive at medical appointments “with an agenda of what type of health care they demand, and how it will be delivered,”^{xv} and frequently include requests for specific branded medications. A recent study revealed that nearly half of all patients would try to persuade their doctor to prescribe the specifically requested drug,^{xvi} and over a quarter “would change doctors to get the prescription they wanted.”^{xvii} There is also troubling evidence that doctors are not only experiencing, but succumbing to, consumer pressure to prescribe the most heavily marketed drugs. In 2004, doctors wrote nearly 35% more prescriptions for the drugs promoted the most heavily to consumers” than for others.^{xviii} Even more worrying is the revelation that almost half of all doctors surveyed in one study acknowledged they’d “prescribed medicines they knew were ineffective, simply because they were expected to.”^{xix}

By scientific rationale, prescription medications are chemical compounds designed to ameliorate a specific medical condition. Therefore, on a purely medical level,

the choice of a prescription medication should be based on scientific efficacy and not on the strength of the related advertising campaign. By introducing branding practices and intensive advertising to the decision-making process, DTCA: encourages consumers to pressure doctors for prescriptions based upon emotional appeal rather than on chemical/medical sensibility; contributes to the steady erosion of physician authority in the doctor-patient relationship; and leaves little room for truly private, privileged decisions based solely on medical authority.

The Runaway Money Train...

When examined from the perspective of the pharmaceutical industry, the DTCA trend has been phenomenally lucrative. When the same numbers are applied to the American health care system, however, it becomes apparent that the DTCA trend may be contributing to ever escalating healthcare costs and may in fact threaten the long term sustainability of the system.

There has been a nearly 14,000% increase in DTCA spending between 1991 and 2005, and DTCA now ranks as the “fourth largest advertising category in the U.S. market, behind only cars and trucks, restaurants and movies.”^{xx} The pharmaceutical industry’s willingness to commit to such enormous budgets is predicated upon the return on investment in the form of drug sales and high profit margins of both moderately advertised and so-called “blockbuster” medications.

The pharmaceutical industry focuses on a select group of “blockbuster” medications each year: those that receive the both the bulk of ad spending and the majority of subsequent prescriptions. In 1999, for example, just ten medications accounted for nearly half of all DTCA spending; the industry “deliberately concentrated its firepower on a small group of blockbusters.”^{xxi} A solid return on investment from such targeted spending is clear: 65% of total prescription drug sales in 2000 were for the most heavily advertised drugs.^{xxii}

Evidence shows that DTCA is one of the most cost-effective marketing sectors in the US economy. In 1999, Pfizer spent \$57 million to promote its antihistamine, Zyrtec, and saw a 32% increase in sales over 1998 revenues.^{xxiii} This increase boosted Zyrtec’s drug-sales ranking by 23 spots, while a similar campaign increased Aventis’ competing

antihistamine, Allegra, by 34 spots.^{xxiv} There was no sudden exponential growth in pollen output or sudden increase in the number of people suffering from allergies. There was, however, an increase in the sale of prescription allergy medications as a result of the Allegra DTCA campaign.^{xxv}

The Healthcare System: Costs and Priorities

Much of the blame for skyrocketing health care costs has been directed at the increase in prescriptions for expensive, highly advertised medications instead of cheaper generic or over-the-counter equivalents. (*See Sidebar 2*) The National Institute for Health Care Management, for example, suggests that “consumer advertising could be responsible for 10% to 25% of the recent increase in prescription drug spending.”^{xxvi} The increase in spending is vast: it is estimated that in 2002, Americans “paid almost \$208 billion for prescription drugs...almost double that spent in 1996.”^{xxvii} As a percentage of total health-care costs, prescription drug costs “are the fastest-growing...rising by almost 20% a year, double the growth rate of other healthcare services.”^{xxviii} Growth of this speed and magnitude is exerting tremendous pressure on the budgets of individual consumers and on the financial viability of the health care system as a whole.

Just as it is critical to examine DTCA’s role in the increasing costs of health care in America, it is also important to identify where the gap is occurring. If vast sums of money are committed to DTCA campaigns each year, which budgets are being depleted within the pharmaceutical/healthcare industry, and to what effect?

The enormous financial rewards enjoyed by pharmaceutical companies as a result of DTCA campaigns has prompted a structural shift in recent years; today an ever-greater percentage of drug budgets in particular, and industry resources in general, are earmarked for DTCA. In 2000, 15-20% of total drug marketing costs^{xxix} were devoted to DTCA. By 2003, it was estimated that as much as 90% of a brand’s total promotional budget was earmarked for DTCA.^{xxx} The increase in advertising resources is mirrored by a shift in industry structure, as pharmaceutical companies downsize their research and development departments while bolstering marketing sectors.

Prompted by the earnings potential of DTCA, the shifting of both money and non-fiscal resources towards DTCA suggests the pharmaceutical industry is adjusting

economically and structurally to enable a continuation and/or intensification of the DTCA trend. While this may make economic sense from the perspective of the pharmaceutical industry, it may leave a gap in the healthcare system in the context of research/development, and impede research progress on medical conditions with that lack “blockbuster” treatments.

Doctor, the Customer is here to see you...

Just as medications are seen less as chemical compounds than as consumer products in the DTCA prism, patients are positioned as mass-market consumers instead of as medical subjects. Close analysis of the discourses of the pharmaceutical industry reveals a tendency to frame potential consumers as sources of profit, rather than as individuals. This tendency can dehumanize individual patients in favor of a more dispassionate economic discourse.

Internal industry publications and sources frequently refer to consumers in terms of economic benefit, failing to acknowledge that real human suffering and varied personal experiences underlie each prescription. Consumers are classified according to measurements of “highest potential lifetime value,”^{xxxix} “appropriate performance metrics,”^{xxxix} and “value per patient (return per script multiplied by duration of use).”^{xxxix} Just as the weakening of physician authority in the patient relationship can cause an imbalance in quality of care, the inflation of the patient’s economic value over his physiological health is a real and important byproduct of the DTCA trend.

There is evidence that even physicians have begun to refer to patients from within an economic framework. Surveys have found that many doctors have prescribed medications in order to satisfy patient demands, and not to meet the specific physiological demands of the medical condition. In part, this acquiescence on the part of physicians can be attributed to the desire to maintain a positive working physician-patient relationship. Doctors “do not want to alienate patients who can take their business elsewhere,”^{xxxix} and emphasize that there is a desire, as “with anyone else who provides service, to keep the customer happy.”^{xxxix} The designation of patients as “customers” is indicative of the ways in which the physician-patient relationship has adapted to the discourse of the DTCA trend. In this sense, the evolution – or degradation – of the

relationship can be seen as: doctor-patient, to doctor-patient-advertiser, and finally to doctor-consumer-advertiser.

Cornflakes, Acupuncture and Alternative Viewpoints...

With advertising budgets for DTCA campaigns approaching or surpassing those for other categories such as consumer goods and food products, it is useful to compare both the type of advertising and its potential effects on consumers. It can be asked of DTCA, “If we start advertising [prescription medications] like corn flakes, does it trivialize medicine?”^{xxxvi} Consumer products are generally harmless – the choice of one breakfast cereal or wrinkle-reducing cream over another isn’t likely to cause physiological harm to the consumer – while medications can seriously harm or kill patients if not prescribed or taken properly. Indeed, there is a substantial gap in the “magnitude of the decisions”^{xxxvii} involved in assessing risk and reward of, for example, a breakfast cereal, as compared with a prescription medication.

This serious difference raises legitimate and important concerns about the advisability of treating prescription medications as if they were general, casual and benign consumer products, and promoting them as such. Furthermore, a sense of “needing” a specific consumer product can be inspired by creative advertising, while “needing” prescription medications should ideally be based on physiological factors and physician recommendations. The similar advertising methods between prescription medications and general consumer goods encourage the stimulation of popular demand for products whose use should be based solely on medical need.

It is also worth noting that, as a product of the pharmaceutical industry with financial interests in the return on investment of DTCA campaigns, prescription medications tend to be favored in the media over other health alternatives. The prevalence of DTCA and the cultural authority it holds as a mode of consumption effectively precludes alternative treatments, such as homeopathic or natural remedies, as well as unbranded generic or over-the-counter medications. In the context of the prevailing social order, DTCA privileges heavily advertised, expensive medications over all other possibilities. This is evident both at the micro-level, in the changing physician-

patient relationship, and at the macro-level, with the increasing costs of healthcare in America.

The World Health Organization itself debates the merits of DTCA, arguing that it represents an “inherent conflict of interest between the legitimate business goals of manufacturers and the social, medical and economic needs of providers and the public to select and use drugs in the most rational way.”^{xxxviii} However, there is also indisputable proof that DTCA facilitates education and dialogue, as well as normalizes serious and previously stigmatized medical conditions. If the profit motives of the pharmaceutical industry can be reconciled with the serendipitous byproducts of education and personal health empowerment, the DTCA trend can continue to exist and grow benignly.

Sidebar #1: Remove the Stigma of Depression, but does EVERYONE have it?

Two separate DTCA campaigns for antidepressants highlight both sides of the debate as to whether DTCA destigmatizes difficult medical conditions or causes hyper-awareness amongst consumers regarding otherwise “normal” symptoms.

“Depression Awareness Campaign”, 2003

With no single word in the Japanese language to “properly capture the generally accepted medical definition of depression as a chemical imbalance,”^{xxxix} the campaign sought to generate public awareness of depression. The campaign communicated one consistent message: “Your suffering might be a sickness. Your leaky vital energy, like your runny nose, might respond to drugs.”^{xl} The campaign framed both the disease and its treatment in the culturally understandable terms of “energy” and “vitality,” familiarizing consumers both with the symptoms and benefits of treatment.

Depression Campaign, 2001

Appearing on the heels of the September 11, 2001 terrorist attacks, a DTCA campaign for Paxil emphasized the drug’s anti-anxiety benefits. The campaign listed symptoms indicative of chronic anxiety, including worry, anxiety or irritability. This symptom list concerned some physicians: “at what point does an understandable response to distressing life events become an indication for drug treatment, and a market opportunity?”^{xli}

Sidebar #2: Brand Names vs Generic/Over-The-Counter: The Economics

One of the central debates in the study of DTCA is the promotion of brand-name medications that have equally effective, and, oftentimes, less expensive generic or over-the-counter equivalents.

Example #1

The acid-reflux/heartburn medication Nexium, and its over-the-counter counterpart, Prilosec are virtually equal in terms of effectiveness. However, in the wake of a massive marketing campaign to promote Nexium, it has become one of the top-ten best-selling medications in America, garnering nearly \$3 billion in yearly sales.^{xlii}

Example #2

A 1999 medical study revealed that neither heavily-advertised Vioxx nor Celebrex “alleviated pain any better than the older medicines.”^{xliii} Despite this finding, Vioxx’s 2003 sales topped \$2.5 billion and comprised 11% of Merck’s total revenue that year.^{xliiv} In contrast, the over-the-counter pain relievers referenced in the study cost pennies a dose. It is estimated by some that up to 94% of patients on Celebrex would be just as content with the OTC medication^{xlv} – and at a vastly reduced annual cost.

Example #3

The allergy market has been fundamentally transformed by DTCA campaigns for prescription antihistamines. Formerly dominated by over-the-counter remedies, now 53% of allergy sufferers buy prescription products.^{xlvi} One large Health Management Organization (HMO) estimated that it spent “\$20 million dollars paying for costly, heavily advertised, non-sedating antihistamines when generics would have sufficed.”^{xlvii}

Further Readings

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- ^{iv} Higgs, 45.
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- ^{xxvi} Charatan, 783.
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