

Educating, Informing, and Advertising: How and Why?

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AN ARTICLE BY Berger, Kark, Rosner, et al. entitled "Direct-to-Consumer Drug Marketing: Public Service or Disservice?" appears in this issue of *The Journal*. The manuscript resulted from discussions of the Committee on Bioethical Issues of The Medical Society of the State of New York. It deals with some very important aspects of the delivery of health care by providers, their responsibilities to patients, and the receipt of these services and materials by patients as individual consumers and/or as groups of consumers.

The blinded manuscript was sent for peer review upon its receipt. There was a wide range of opinion expressed by the reviewers in their responses, along with many comments and suggestions. Their initial general feeling was that a revised manuscript which addressed these comments and incorporated the suggestions would merit reconsideration of publication in *The Journal*. This information was transmitted to the authors, who undertook to revise and re-submit the manuscript. All of the reviewers noted that the revised manuscript was better. The editorial staff agreed with that assessment, but now some concern and sentiment were expressed regarding the appropriateness of publishing, in *The Journal*, a manuscript which outlined a position of an agency of The Medical Society of the State of New York. Others maintained that an institutional, agency, or commercial affiliation or association of an author, or group of authors, should not bar consideration of their manuscript for publication in *The Journal*. Careful attention must be given to the peer reviews and possible conflicts of interest to assure that *The Journal* serves as a forum for important information on health care. Editorial decisions regarding publication must be based on the quality of the scholarly presentation. In

line with this latter view, the authors were contacted again to query their relationship as a group to the Medical Society. I have been informed that the Medical Society has neither commented on, nor endorsed, the positions of the authors as described in their paper.

It is, perhaps, easiest to start by defining the role of the pharmaceutical and health equipment-device industries as driven primarily by the profit motive and secondarily by a stated desire to improve public health. In and of itself, and within reason, the profit motive is not necessarily bad, since without such a stimulus, there would be little or no incentive to stay the course in the search for new and better items to market. But it is not hard to harbor anxieties and suspicions when advertising claims of superior effectiveness and benefit-cost ratios are primarily directed toward patients who are unable to evaluate whatever scientific evidence may be included in the written or verbal presentation. Coverage and information on health-care developments offered by the general lay press also may not provide a balanced view to the patient (1, 2). So, whose responsibility is it to provide the elements necessary for an informed decision? Freedom of speech is a fundamental right in our society, but this has had to be tempered by various governmental regulatory agencies, including the Food and Drug Administration (FDA), to protect the public welfare. The authors suggest that drug advertisements be subject to pre-screening and approval prior to their release and that sanctions be applied when guidelines are disregarded. There is little or no evidence to suggest whether this can be implemented, and how effective such a program might be. With respect to the goal of improving public health, the authors conclude that the evidence does not support the view that di-

rect-to-consumer (DTC) advertising is an important tool. On the other hand, targeting advertisements to individual patients with specific information that recommends alternative drug choices for their illnesses, may serve to broaden their horizons, but it comes at the price of unwarranted, if not illicit, traffic in confidential medical records.

The professional community of health-care practitioners and clinical researchers has a plethora of tools by which information can be and is transmitted. These tools include journals (printed and electronic); society and association meetings; and meetings sponsored by academic health centers, medical schools, hospitals, etc. Continuing education is one of the basic tenets of professionalism, and a medical degree, a license to practice, and board certification as a specialist obliges the recipient to maintain and prove current proficiency. There is little documentation regarding how well this obligation is being met, but conventional wisdom suggests that much time, effort, and money are being expended. With respect to transmitting the new information developed in the basic sciences and its evaluation by clinical scientists and practitioners, a multitude of resources including the aforementioned written and electronic scientific (specialty) journals, and various meetings do exist. Increasingly, patients and the media also access these professional sources for information on health care.

The more "sensational" the information is or can be made, the more rapid is its announcement and distribution to the general public. This, of course, creates great pressure on individual physicians who are asked by their patients how these new developments relate to or impact on their own treatment. It is unreasonable to expect a given physician to be instantly knowledgeable about the specific details of the new "evidence" presented in any of the given formats mentioned above. Thus, the authors' recommendation that physicians should be alerted quickly to new developments (good and bad) would be both desirable and helpful.

This certainly would be a proper role for The Medical Society of the State of New York to assume, to develop, and to implement. The Society, however, discontinued its journal of many years without providing an alternative means of transmitting, under its sponsorship, important and timely expert professional recommenda-

tions to its membership. The Society should consider developing its web site and e-mail capabilities, and its bulletin, to accommodate the transmission of this information to its members. The Society could then ensure the distribution of reliable, balanced, and unbiased health-care information assembled by experts devoid of conflicts of interest. Another worthy goal which the Society could accomplish would be to reduce the long lag time in implementing valid diagnostic and therapeutic modalities (or in discarding ineffective ones), despite abundant supporting evidence already published or presented.

One of the major factors in the editorial decision to publish this paper in *The Journal* was a need to call attention to the issues surrounding direct-to-consumer advertising in health care, as a purported mechanism for patient education. What is critical in any meaningful conclusion regarding the effects of this sort of advertising is the rigor employed by the relevant studies. There is little doubt that more and better research must be carried out. Whether the Committee or the Medical Society should become engaged in sponsoring and/or conducting this research has yet to be addressed, but the Medical Society must face up to its responsibility to its members to help them serve the best interests of their patients. In the last analysis, the profession is obliged, and is best positioned, to transmit expert and comprehensible information about personal and public health to all patients and their respective communities. The endorsement of a recommendation by a medical society must be firmly grounded on the weight of the evidence. While it has been said that progress is our most important product, surely one must be able to evaluate, appreciate, and recognize the quality of the evidence before becoming committed to, or convinced of, any claim of benefit. Much has been done, but the profession, its societies, and their members must learn how to better traverse the new avenues and technologies if the "Golden Fleece" sequestered in the burgeoning information database is to be captured.

References

1. Moynihan R, Bero L, Ross-Degnon D, et al. Coverage by the news media of the benefits and risks of medication. *N Engl J Med* 2000; 342:1645–1650.
2. Steinbrook R. Medical journals and medical reporting [editorial]. *N Engl J Med* 2000; 342:1668–1670.