Head to head

Should drug companies be allowed to talk directly to patients?

For truly informed decision making, patients need access to high quality information on treatments. Trevor Jones of the Association for the British Pharmaceutical Industry (ABPI) and Wendy Garlick of the Consumers' Association debate whether drug advertising direct to the public would help the quest for such information

YES Increasingly, patients have been seeking to learn more about their health and about treatments available. A symptom of the demand for this greater awareness and choice has been the growth of patient organisations. They provide information—often in great detail—to patients and therefore require a full understanding of, and information about, the diseases in which they specialise and the appropriate treatments. But they do not have the same level of information about medicines as a manufacturer.

Until now, other than through patient information leaflets, legal restrictions have made it difficult for pharmaceutical manufacturers to provide information to patients about the medication they take. But patient information leaflets—contained in medicine packs—have essentially become part of the regulatory dossier and, in many cases, cannot practicably provide comprehensive information about medicines to patients. Nor do patients, carers, and the public have direct access to factual, non-promotional information from pharmaceutical companies on diseases and treatment options—despite the fact that companies are well qualified to meet many of these needs.

Pharmaceutical companies spend an average of 10-12 years developing a new medicine, which gives them unparalleled knowledge and experience of their products that many patients and carers would find invaluable. Yet, it remains the only industry where companies are forbidden from communicating with their individual customers about their products.

Ensuring that patients and carers have access to accurate information is of real concern. Existing sources of information contain much that is of poor quality. But let us make it crystal clear, it is information that the UK based pharmaceutical industry wants to be able to give patients. Some opponents confuse the provision of information with US-style media and television product advertising campaigns. While these do bring benefits, they are not on the agenda in Europe.

Poor information is often supplied, especially on the internet, by various parties, whereas, ironically, the manufacturers are severely restricted from providing information on the medicines they have researched and developed with patients and carers. Pharmaceutical companies wish to respond to patients seeking help by providing accurate, balanced, scientifically based, and ethically sound information about their medicines and the treatment of their illness.

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A talent for selling: Pfizer has employed ex-Brazilian football star Pele to advertise its impotence cures

All stakeholders, including the pharmaceutical industry, have a part to play in the provision of information to the public. All health information providers should adopt best practice guidelines to ensure consumers understand the context in which information is being provided. The ABPI accepts that the quality of information is important and supports the need for effective self regulation and the principles of good practice. Indeed, at present, the work of the Prescription Medicines Code of Practice Authority shows the industry's ability to self regulate drug promotion to healthcare professionals. The authority's rigorous implementation of the code demonstrates that the industry can be trusted to provide reliable information, but it also shows that confidence can also be maintained in the industry's ability to regulate itself.

The government has shown its recognition of the value in encouraging patients to become better

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informed by launching the Expert Patient initiative in 2001.[1] In addition, the Wanless report, published in April 2002, outlines information as a crucial factor in determining future health outcomes for Britain.[2] Provision of information should enhance the relationship and understanding between doctors and patients and should not, as some critics suggest, prejudice a doctor's behaviour or professional judgment. Ultimately, the doctor is still responsible for prescribing decisions and the choice of treatment. Encouraging and assisting patients to have greater knowledge and involvement in their own health care can often lead to earlier diagnosis, early intervention, and ultimately better health outcomes. Better diagnosis and treatment of illness can, in the long run, save the NHS money, but, more importantly, it is a welcome result for patients.

The fact this is being discussed at European level is a clear indication that the need for greater communication with patients is widely accepted. Though these proposals are a step in the right direction, they need to be much less restrictive if they are to have a real and swift impact on patients' access to more and better information. It is no longer acceptable to keep patients in the dark and to expect them to be happy relinquishing control of their health care in order to avoid difficult decisions on availability of treatment and affordability. Informed patients can lead to better health outcomes, a reduction in hospitalisations and other health related costs, as well as an increase in the number of patients complying with their prescribed courses of medication. In fact, the benefits far outweigh the risks and will lead to improved health care.

The few who oppose allowing the industry to communicate quality information suggest that such a move would lead to a large increase in the NHS drugs bill. It's certainly true that, thanks to "postcode prescribing," patients are not always given information about appropriate treatments that are deemed "too expensive." If we can help them find out about what is available, and how it can help them deal with their condition better, it might cost more—but would be a price well worth paying.

But the NHS medicines bill will not soar. Patients with a greater understanding of their medicines and the benefits that they obtain from taking them as prescribed will inevitably have better health outcomes. This then leads to more effective and efficient health care for the population as a whole.

Competing interests: TJ is director general of the Association of the British Pharmaceutical Industry, which represents around 80 UK based companies which research, develop, manufacture, and supply more than 90% of the medicines prescribed through the NHS. He is also a non-executive director of Merlin Bioscience Fund and the stem cell company ReNeuron.

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2 Wanless D. *Securing our future health: taking a long-term view—Final report.* London: HM Treasury, 2002. (Wanless report.)

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NO Health care in Britain is undergoing a radical shift, with a series of high profile investigations (such as the Bristol Royal Infirmary inquiry report, published in 2001, and the Shipman inquiry, set up in 2002), changes in NHS delivery, and advances in technology. Traditional approaches are increasingly being challenged, and many people are becoming more involved in managing their own health care.

While health professionals must respect the wishes of patients who are content with the traditional "doctor knows best" approach, they cannot ignore the growing number of people keen to become more equal partners in decision making about their own health or that of the relatives or friends they care for. Central to shared decision making is the ability for people to make informed choices. To do this, they must be able to gain access to high quality, balanced, accurate, full, and up to date information as well as have it effectively communicated to them by health professionals and others (such as the media). We are therefore campaigning for a more constructive approach to the provision of information based on patients' individual needs.

The pharmaceutical industry claims to have a direct part to play in educating the public and improving patient information (as set out in the aims of its current "My Medicine" campaign for patient friendly information). On the surface, this may seem attractive. After all, the industry produces the drugs we use. But the Consumers' Association believes that such an approach would only serve to undermine, not strengthen, patient information. The pharmaceutical industry is putting pressure on the European parliament to have the current ban on advertising medicines directly to the public (direct to consumer advertising) lifted. The first vote was held in October 2002, and the proposals—to lift the ban initially as a pilot for three conditions (HIV infection and AIDS, asthma, and diabetes)—met with strong opposition from MEPs (with a 12:1 majority). The vote shows that MEPs share our and others' view that advertising does not equate to education or high quality information.

On the contrary, advertising by its very nature is designed to "sell" a product, and adverts therefore need to talk up the benefits and play down the risks. Another ploy often used to engage the public is celebrity endorsement, such as that of the famous footballer Pele in Pfizer's advertisements for impotence treatments.

The Consumers' Association continues to be guided by the concerns of patients and carers and what they have told us about their information needs. For example, our recent policy report *Patient Information: what's the prognosis?*[1] is based on the views of patients, and carers and also takes on board those of academics, and representatives from industry and government, all of whom contributed to recommendations designed to improve the quality of patient information. In the report we advocate provision of high quality patient information and propose improvements to reduce the confusing and often conflicting advice confronting patients today. Our recommendations include:

- There should be one central, independent, and impartial source of information on medicines and treatments which is stripped of any commercial or political bias and which the public can rely on to provide or direct them towards accurate and current infor-

mation. Although several worthy initiatives do exist, what is lacking is an overarching body to ensure consistency and safeguard standards. Information about medicines acquired privately should also be made available

- Medicines education should be introduced into the school curriculum within the wider context of health education. We believe this will provide children with a basic respect for and understanding of medicines as well as equip them with the critical skills necessary to appraise health information and become involved in shared decision making with health professionals
- Health professionals' communication skills should be strengthened, so that "communication" becomes embedded within training and patients are involved in the design, delivery, and evaluation of such communication training. Effective communication—listening, two way talking, and explanation—is key to developing good relationships between health professionals and patients, and across the health service generally.

We also conducted a consumer omnibus survey in June 2002, which showed that only 25% of the public would trust drug companies to provide them with impartial information.[2] The results of our research underpin our pursuit and promotion of good practice in provision and delivery of health information. This provides strong evidence for the need to retain the current ban on direct to consumer advertising of drugs and to ensure that public health is protected.

People are right to be sceptical about the ability of pharmaceutical companies to be responsible information providers. Reports of the negative impact of direct to consumer advertising in the United States[3] and New Zealand[4] (the only countries where it is currently permitted) strongly supports our view that lifting the ban will be harmful to public health. Reports range from criticism levelled at the many flaws in research supporting direct to consumer advertising (such as Bodenheimer[5]) to examples of profit margins taking precedence over public health. For example, Bayer, the German drug manufacturer of Baycol (Lipobay in Europe), a lipid lowering drug, failed to alert the public to growing evidence of risks associated with its use.[6] The drug was finally withdrawn in August 2001, but thousands of people developed severe side effects as a result of its use, and at least 100 have died.[7]

In Britain, where prescription drug promotion is permitted only to health professionals, complaints about misleading advertisements have led to some being withdrawn (such as Schering's adverts for its oral contraceptive Yasmin[8]). Such evidence leaves us in no doubt that the pharmaceutical industry cannot, and should not, be trusted as a health information provider to the general public.

It is of particular interest that New Zealand's departments of general practice in the medical schools of Christchurch, Dunedin, Wellington, and Auckland are currently calling for a ban on direct to consumer advertising because of its negative impact on public health. Complaints about it include:

- Misleading claims and a tendency to maximise benefits and minimise risks
- The tendency to advertise new drugs (for which there is less known about side effects and which therefore potentially pose a greater risk to public health)
- Failure to provide information on alternative treatments or non-treatment
- Failure to alert the public when a product has been recalled in another country or where controversy exists over its safety.

We believe we should learn from the negative experiences of the United States and New Zealand. It is encouraging to have the support of the UK government and so many MEPs, but we need to be vigilant about the pharmaceutical industry's attempts to jeopardise genuine advances in the provision of high quality patient information and ensure the ban on direct to consumer advertising remains. The priority must be to address what patients and carers need and want. It is also important to remember that patient information is not just about drug advertising.

We envisage that implementing our proposed measures as outlined in this article, and maintaining the ban on direct to consumer advertising, will deliver high standards and quality patient information within 10 years.

For further information visit the Consumers' Association website at www.which.net/campaigns/health or contact Wendy Garlick (tel: 020 770 7258; wendy.garlick@which.co.uk)

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