

reviews

BOOKS • CD ROMS • ART • WEBSITES • MEDIA • PERSONAL VIEWS • SOUNDINGS



When drug news is no news

Media watchdog reveals how US television networks are broadcasting pharmaceutical promotions disguised as “news”

Drug company marketing people are used to having to work quite hard at product promotion, but now there is evidence that some major US television news outlets are giving them a helping hand—by broadcasting “fake news” reports, graciously written and produced by industry.

The Center for Media and Democracy, a public interest group based in Madison, Wisconsin, that exposes “public relations spin and propaganda,” issued a report last week that tracked the use of 36 video news releases (VNRs) aired by news outlets over the past 10 months (www.prwatch.org/fakenews/execsummary). VNRs are designed to look like independently produced news but they are actually pre-packaged promotions containing film footage created by corporate publicists or their public relations firms.

Diane Farsetta and Daniel Price, authors of the report, studied VNRs and satellite media tours (SMTs provide interviews for news stations) and found that 47 of the 49 sources were companies “that stood to benefit financially from the favorable ‘news’ coverage.” Of the 87 instances of VNR use documented by the centre, only one provided disclosure. That disclosure, however, identified the PR firm but not the corporate sponsor.

A favourite pitch used by drug companies to place their VNRs, said Price, is to announce Food and Drug Administration (FDA) approval of a new drug. The VNRs, provided free to newsrooms, serve as a financial gift to news outlets since the station doesn't have to pay to produce the “news” segment.

The FDA requires drug companies to provide “fair balance” by disclosing significant adverse reactions and contraindications in VNRs, but there is no such

requirement for “news” broadcasts. Furthermore, the broadcasts can be aired in countries that prohibit advertising of prescription drugs.

Drug companies know they can rely on broadcasters to accentuate the positive and eliminate the negative, according to Michael Wilkes, a former television network medical reporter who currently reports for National Public Radio and is the vice dean for medical education at the University of California at Davis. Dr Wilkes told the *BMJ*, “Drug companies’ direct-to-consumer advertisements are now the lifeblood of television stations. More than ever, pharmaceutical companies provide a larger portion of television advertising budgets. The thin line between the editorial and marketing departments is becoming more and more blurred.”

Report author Daniel Price told the *BMJ*, “VNRs are doubly powerful; drug companies get to launder their stealth message while relying on television stations to strip out negative information since they like to keep their broadcasts peppy and they don't want to bog them down with 30 seconds of contraindications or statements like, ‘This drug may cause diarrhoea or bleeding from the eyeballs.’”

Although the VNRs examined by the centre did include adverse events and contraindications, the subsequent broadcasts often reduced or eliminated mention of adverse events while some amplified claims of efficacy. Three stations removed safety warnings about a prescription cream for eczema and one station touted a supplement used to treat arthritis as a “major health breakthrough,” even though a government report found it to be little better than placebo.

Contrary to the claims of some broadcast news directors that VNRs are rarely used and almost always indicate their source, the centre found that VNRs were widely disseminated and almost always undisclosed by television stations, including those owned by ABC, CBS, NBC, and the *New York Times*. Fox News was the worst offender, according to the report. The VNRs studied reached 52.7% of the US population.

Newsrooms used a number of methods to disguise the VNRs as news. In over 60% of cases, stations “re-voiced” the VNR, often using one of their own newscasters and “sometimes repeating the publicist's original narration word for word.” Some stations

added network logos to the film and changed the appearance of text shown on the film to conform with the text type used by the station.

One of the VNRs tracked by the centre was a promotional release about Exubera, a new inhaled form of insulin. Pfizer, the maker of Exubera, contracted with the PR firm MultiVu to produce the Exubera VNR in anticipation of its approval by the FDA. The promotional package included interviews with the medical director of a Texas diabetes clinic and a patient who participated in a clinical trial of Exubera.

On 26 January KAAL-6, an ABC station in Rochester, Minnesota, ran a 90 second story on Exubera that was taken entirely from the Pfizer VNR. There was no disclosure that Pfizer was the source. Tim McGonigal, news director for KAAL, told the *BMJ*, “We try to generate as much local news as possible.” He said, “It's good to avoid [VNRs].” If a station *does* run a VNR, “it's good to get the other side of the story,” he said. Mr McGonigal did not explain why the station ran the unaltered Exubera VNR without revealing the source as Pfizer, but he said that he has now told his news staff to “disclose the source of VNRs.”

Three television stations removed safety warnings about a prescription cream for eczema

KPIX-5 in San Francisco aired a “news” segment about Exubera on 27 January that included roughly one-half of the unaltered Pfizer VNR. Safety information about Exubera was cut to just eight seconds of the nearly three-minute broadcast that was otherwise laudatory. Dan Rosenheim, news director of KPIX, told the *BMJ* that the segment ran without a disclaimer identifying Pfizer as the source of at least part of the report. He said, “Our policy has been that [VNRs] should be labelled and if it wasn't labelled, our policy was violated.”

Pfizer spokesperson, Vanessa Aristide, said, “Transparency is very important to Pfizer in all information that is disseminated to the media, and Pfizer is clearly identified as the source on all VNRs.” Aristide did not respond to a question about whether the drug maker would take any action to stop broadcasters from using their VNRs without disclosing that Pfizer was the source of the “news.”

“Our policy has been that [VNRs] should be labelled and if it wasn't labelled, our policy was violated.”

Jeanne Lenzer medical investigative journalist, Kingston, New York state, USA
jeanne.lenzer@gmail.com



Tobacco industry satire fails to ignite

Hollywood portrayal of antics of smoking lobbyists pales in comparison to real life

Thank You For Smoking
Directed by Jason Reitman
US release date: 17 March 2006
UK release set for June 2006

Rating: ★★☆☆

How does a self respecting tobacco industry lobbyist sleep soundly at night, given that the product he is peddling kills one in two of its users? And how should he respond when his pre-adolescent son asks him, "Daddy, what do you actually *do* for a living?"

Nick Naylor (played by Aaron Eckhart), handsome, Armani-clad, fast-talking spokesman for the euphemistically named Academy of Tobacco Studies (a front for Big Tobacco), already has enough on his plate without having to deal with these tricky moral questions keeping him up at night.

For a start, anti-smoking activists are threatening to kidnap him. On top of that, the Birkenstock sandal-wearing senator from Vermont, who goes by the rather rococo name Ortolan Finistirre (William H Macy), has introduced legislation requiring the skull and crossbones to be prominently displayed on every cigarette pack. Worst of all, tobacco sales are plummeting, much to the dismay of Nick's boss BR (J K Simmons), who, in an angry outburst to his employees, reminds them: "We don't sell Tic Tacs. We sell cigarettes. And they're cool, available, and *addictive*. The job is almost done for us!"

Luckily for Nick, and for Big Tobacco, he is a master of spin ("Michael Jordan plays basketball, Charles Manson kills people, I talk," Nick says). In an early scene in Jason Reitman's satirical film, *Thank You for Smoking*, based on Christopher Buckley's 1994 novel of the same name, we see our "hero" use his rhetorical skills to turn an initially hostile TV chat show audience into putty in his hands.

Nick is debating the health effects of tobacco with Senator Finistirre's incompetent aide, Ron Goode (Todd Louiso), who has brought along a hugely effective "prop"—a sick-looking boy with cancer called Robin (Eric Haberman), who is bald from chemotherapy.



"It's in our best interest to keep Robin alive and smoking"

"How on earth would Big Tobacco profit off of the loss of this young man?" asks Nick, in a masterly display of twisted logic. "I hate to think in such callous terms, but if anything, we'd be losing a customer... it's in our best interest to keep Robin alive and smoking." Nick steals victory in the debate, reducing the audience to tears when he announces that the Academy of Tobacco Studies will spend an impressive \$50m on an anti-teen smoking campaign.

We see another display of slick Nick's way with words when he agrees to talk about being a tobacco lobbyist at his son's careers day at school. "My mommy says that cigarettes kill," says a young girl angrily. Nick responds, smiling sweetly, "Is your mommy a doctor? No? Well she doesn't exactly sound like a credible expert to me."

The film's satire is at its funniest during Nick's regular meetings, in an upscale Washington DC pub, with his fellow lobbyists from the alcohol and firearms industries. They call themselves "the MOD squad" (the Merchants of Death) and they take perverse pleasure in battling each other over whose products are the deadliest and therefore who has the toughest job. Again Nick steals victory. Cigarettes, he says, kill 1200 people a day, compared with a mere 270 from alcohol and 30 from guns. "Thirty a day," says Nick sarcastically, "that's less than passenger car mortalities."

How, then, does Nick reconcile being a father with being a merchant of death? That's easy, he tells an investigative reporter who is writing a profile on him—his job pays the mortgage.

This "Yuppie Nuremberg defence," as the reporter calls it, allows Nick the moral flexibility not to worry when his boss asks him to pay off the former Marlboro Man, who is trying to sue Big Tobacco for causing his lung cancer. Nor does Nick have any qualms about cutting a deal with Hollywood agent Jeff Megall (Rob Lowe) to get

cigarettes featured in the latest Hollywood blockbuster.

Thank You for Smoking has plenty of laughs, and it looks dazzling. But the film sometimes feels limp, perhaps because the antics of Big Tobacco portrayed in the movie pale in comparison to real life. Product placement in a blockbuster? Been there, done that.

There is also something troubling about the film's moral ambiguity. While it certainly mocks the tobacco industry's greedy tactics, it also portrays public health advocates as self interested, badly dressed, dithering idiots who will do anything possible to play up the harms of tobacco. Public health advocates may not always wear the best suits, but it is a major failing of the movie to suggest that their activities are morally equivalent to those of tobacco lobbyists.

The final scene shows us where Reitman's heart really lies. At a congressional testimony, Nick makes a passionate speech about personal freedom and the duty of parents, not politicians, to guide their children. Ultimately, then, the film champions libertarianism—the dubious notion that big government should never interfere with an individual's personal freedom (such as their right to carry a firearm or their choice of whether to smoke). That argument might have some validity were it not for the ugly fact that Big Tobacco has done everything in its power to distort the truth about cigarettes, restricting children's choices by deliberately going out to get them addicted to their deadly product.

Like smoking a cigarette, watching *Thank You for Smoking* gives you a brief moment of pleasure but leaves you with a slightly bitter taste in your mouth.

Gavin Yamey senior editor, PLoS Medicine
(www.plosmedicine.org), San Francisco, United States
gyamey@plos.org

Items reviewed are rated on a 4 star scale
(4=excellent)

PERSONAL VIEW

How to halt the brain drain

Some say that to take away doctors and nurses from the developing world is a crime. But why are there currently so many overseas doctors and nurses in Britain, for example, and why does such a large proportion of NHS staff come from the developing world?

There are several good reasons: the niche is becoming increasingly larger as health care has become the largest industry; the British government is spending so much money on the NHS; because of the European Working Time Directive there is a need for more doctors; British health professionals are becoming increasingly demoralised and humiliated by politicians and managers; and young Britons do not aspire to become doctors or nurses any more. There is another reason: the peoples of the former British colonies outnumber those of the French, Spanish, Portuguese, Dutch, and Danish put together; they speak English, and they went to medical and nursing schools that followed in principle the tradition of British medical education and training.

Their home countries are unable to retain doctors and nurses not only because they do not pay them well but also because they do not treat them well and they cannot provide them with working environments in which they could function. Public medical care has disintegrated in many parts of the world and is, in Africa, worse than elsewhere.

With the destruction of public health care a new niche opened for doctors and, to a lesser extent, nurses in developing world countries: commercial practice, mostly urban. In as much as Britain competes for medical manpower with African countries, it competes with the burgeoning private sector, for the ministries of health are unable to employ the medical manpower available, let alone required.

The migrant workers that rich countries employ—whether taxi drivers, toilet cleaners, computer operators, or consultant anaesthetists—support the economies of the home countries by sending an admirable proportion of their income home to their families. For some poor countries these remittances are the most important foreign exchange earner.

The migrants, the returnees, and the commuters also exert professional influence in their home countries. Considering the societal and professional decay in much of the developing world, these reimported role models are essential. Furthermore, the migrants have been, and are, the major force behind democratisation across the continents. Were it not for those thousands of Kenyans—among them prominent opinion

makers, such as doctors—who have been or still are abroad, and were it not for electronic communications, Kenya might still be a one-party state and Daniel Arap Moi its president.

Those who say that the brain drain is a crime do not seem to think of such benefits. Also, no one has so far said that employing migrant computer operators, pilots, preachers, or even teachers is a crime.

Those who desire to cure or to minimise the brain drain list a number of remedies. One recommendation is to refuse to recognise degrees and qualifications obtained in poor countries. Considering that it took over 50 years to arrange recognition, such a move would be retrogressive, smack of neo-colonialism, and would be politically impossible.

Some would like poorer countries to curtail education and training so that “products” are not exportable to rich countries. The trouble with this line of thinking is that, specifically in the health sector, the knowl-

edge and skills required in poor countries are much broader than those needed in rich ones. Health care in the rich world is so specialised, structured, and monitored that “half trained” migrants would fit in nicely, whereas they would be use-

less in a district hospital at home. (Already teaching hospitals in the developing world imitate their northern counterparts and do not train for practice in the bush—another factor contributing to the brain drain.)

If the north wants to help the south it has to do it in a big way. Short of a Marshall plan, nothing will really work, not in most countries of sub-Saharan Africa. So what does the north need to do to halt the brain drain? Rebuild the public hospitals and health centres and provide and guarantee maintenance and supplies. Establish a telecommunication system, including radios and aeroplanes, and arrange for realistic salaries and housing. If this were to happen a large proportion of migrants would flock home—after all, it is not such fun to be a casualty officer in Liverpool or an intensive therapy nurse in Birmingham, Alabama.

Meanwhile, let British, American, Scandinavian, and Japanese medical students, postgraduates, and consultants travel to the poor countries in a properly organised, well thought out manner and work there. They will invigorate the healthcare sector at both ends, and will gain insight and self confidence, and everyone would benefit. After a while it could be said that for a northerner not to have worked in the south is a crime.

Imre Loeffler editor, *Nairobi Hospital Proceedings, Kenya*
proceedings@nbihosp.org

SOUNDINGS

Eclipse

I don't particularly like travelling and I still find the abrupt dislocation of worlds a bit unsettling. At the moment I am sitting at home, looking out over an early spring Cotswold valley, going over the mass of accumulated paperwork before my surgery tomorrow morning. But a few days ago I was sitting with my family in the middle of the Sahara desert waiting for the total eclipse of the sun. I find it rather curious, but I suppose the sharp juxtaposition of worlds does make you step back and look at your life.

The eclipse was around midday and, not surprisingly, it was very hot. In every direction there was just flat sand, without a bush or a ripple. It was as though God had thrown down a two dimensional plain and then got bored, or some cosmic computer simulation had crashed and wiped the detail.

To accentuate this sense of the surreal, my wife and daughters were sitting under small parasols against the blistering sun looking for all the world like something out of Lewis Carroll.

We sat there sweating a little, surrounded by polite but overenthusiastic Libyan youths. Then, over a short period the light dimmed and the heat mercifully fell away.

We put on our Gloucestershire woollens and waited. Eventually we were blinking in a half light of sharp, strange shadows when the oddest thing happened. Ripple-like shadow bands swept across us, apparently above the sand. It was as though we were paddling in an invisible stream.

Then, abruptly, the desert went dark and we looked up and saw the black, flaming disk of the sun set in a purple sky. For four minutes the world was suspended in violet light.

And then it was over. The lights went up, we stumbled around looking for somewhere private to have a pee, clambered on the rusty coach and returned to our normal lives. All very odd.

Absurdly, for a few moments in the violet light, when normal time seemed suspended, I found myself thinking about a training course I had recently been on. Why was I wasting my life on this cant? Why did I sit there toeing the line when I think the stuff is woolly nonsense? Life is too short, I thought, and one day I'll be dead.

I think maybe I shouldn't go to too many eclipses if I want to keep training.

Kevin Barraclough general practitioner, Painswick, Gloucestershire