

## US MDs divided over direct-to-consumer advertising: survey

Physicians are split in their attitudes toward direct-to-consumer advertising (DTCA), a survey by the US Food and Drug Administration (FDA) indicates.

When asked about DTCA's overall impact on their patients and practices, 32% of physicians said it has had a negative effect, while 40% said the impact has been positive; 28% said it had no effect.

In the survey of 500 physicians — half FPs and half specialists — 62% said DTCA had caused some tension between them and their patients, while 25% said it had caused patients to second-guess or question their diagnoses.

The most common reason for supporting the advertisements was that they promoted discussion. The major reason for dissent was the amount of time doctors had to spend correcting misconceptions created by the ads, which are now ubiquitous in the US.

Eighty-six percent of respondents said patients have asked them for drugs by brand name; in 88% of cases, patients did have the condition the drug was used to treat, but most had little or no understanding of side effects or limitations.

Jacques Lefebvre, spokesperson for Rx&D, the lobby group representing brand-name drug manufacturers in Canada, said the organization would not comment on the FDA survey because it had no bearing on Canada.

Health Canada regulations permit pharmaceutical companies to advertise prescription drugs as long as their purpose isn't mentioned (*CMAJ* 2002;167 [10]:1153). This explains why a Canadian TV commercial shows a man dancing happily through sunny streets. The only clue about the ad's sponsor is the word Viagra, which appears at the end. But given the drug's popularity, most viewers will understand why the man is so happy.

The FDA relaxed its rules governing the broadcast of DTC drug ads in 1997, and the amount of money being spent has skyrocketed, as have drug company profits. Survey results are available at [www.fda.gov/cder/ddmac/globalsummit2003/sld001.htm](http://www.fda.gov/cder/ddmac/globalsummit2003/sld001.htm). — *Laura Aiken, CMAJ*

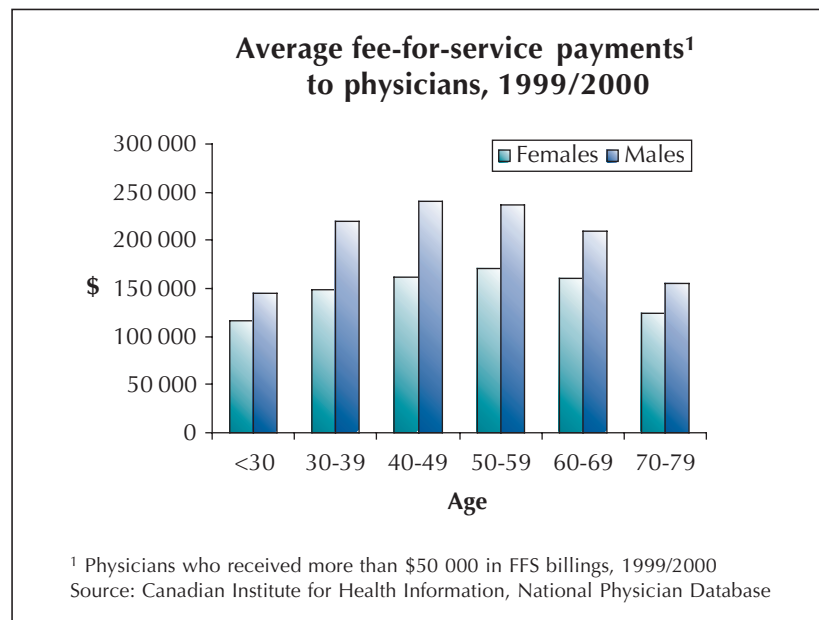
## PULSE

### New data point to significant gaps in income of male, female MDs

Billing data for physicians who received at least \$50 000 in fee-for-service income in 1999/2000 indicate that male physicians continue to earn considerably more than females. The information was compiled by the Canadian Institute for Health Information at *CMAJ's* request.

On average, male medical specialists billed 43% more for medical services than their female counterparts. The same trend was apparent among family physicians (38%) and surgical specialists (26%).

Male physicians' average gross billings (before expenses and taxes) peaked between the ages of 40 and 49, at \$241 088, while female doctors hit their peak earning years while in their 50s, with average annual fee-for-service earnings of \$170 236. (To estimate net fee-for-service income, payment data would have to be reduced by 25% to 40% to account for overhead expenses.)



The earning differences separating the sexes were smallest in the youngest age group (< 30 years) and among physicians aged 70–79. In both groups, male physicians received fee-for-service payments that were, on average, 24% higher than those received by females. Average income for men in their 30s and 40s was almost 50% higher than for women in those age groups. For all age groups up to age 70, the income differences between the sexes were greatest among medical specialists and smallest for surgeons.

Overall, average payments revealed a 45% difference between the gross billings of males and females. The *CMA's* own survey data reveal a statistically significant difference in workload for male and female physicians who rely primarily on fee-for-service income, with males working about 7 hours a week more, excluding on-call activities. Males also tend to spend more time on call than females, regardless of specialty group. — *Lynda Buske, Associate Director of Research, CMA*