Abramson: direct-to-consumer advertising will erode health care

Canadian medical care will be corrupted and the country's political system will be polluted if a legal bid to strike down Canada's ban on direct-to-consumer advertising of prescription drugs is successful, warns prominent academic Dr. John Abramson.

The Harvard Medical School clinical instructor issued the warning at a public talk on Mar. 4, 2008, after a day of being cross-examined on an affidavit he submitted on behalf of a coalition of public interest and union groups that was granted intervenor status in a case involving the highly publicized Canwest Global Communications challenge to the federal government's ban on direct-to-consumer advertising. Lawyers will argue that case in June in Ontario Superior Court.

Canwest spokespersons said company officials were unavailable for comment, but the firm contends the ban is a breach of the Canadian Charter of Rights and Freedoms. Among arguments presented in the Canwest affidavits is one that "evidence suggests that DTCA [direct-to-consumer advertising] is used for a subset of drugs with few competitors that treat a range of conditions, many of which are undertreated."

But the public interest, and the health of patients, is sidelined when the emphasis is on sales, argued Abramson, the author of *Overdo$ed America: The Broken Promise of American Medicine* (2004), who spent 20 years as a family doctor before accepting a faculty position at Harvard.

Barbara Sibbald

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Direct-to-consumer advertising is extremely lucrative for both pharmaceutical companies and the media outlets that carry the advertisements. It is legal only in the United States and New Zealand, though since 2000 Canada has experienced an increase in so-called "reminder ads" in which the name of the drug, and the condition it treats, can be mentioned — but not in the same advertisement. Critics argue that by allowing these ads, Health Canada is not enforcing its own legislation.

Research indicates doctors typically acquiesce to patients who request drugs that they have seen advertised. (*CMAJ* 2003;169[5]:405-12). Yet, some of the most heavily advertised drugs include those where evidence of harm, or lack of benefit, has been established — arthritis drugs such as refocoxib (Vioxx) and celecoxib (Celebrex), and some classes of antidepressants, Abramson said.

In other cases, advertising is very successful for drugs with no clear benefit over existing treatments but come at much higher cost, Abramson added, citing the example of esomeprazole (Nexium), the most heavily marketed drug ever — a drug to treat acid related stomach disorders that costs about 8 times more than its over-the-counter off-patent equivalent.

From 2002 to 2006, Astra Zeneca spent $1.08 million on direct-to-consumer advertising of Nexium, according to a 2007 estimate by *Medical Marketing and Media.*

Medical care is an area where more is not better, Abramson argued, noting that on a per capita basis, the United States boasts 3 times as many angioplasties, 2 times as many statin prescriptions and 3 times as many bypass operations as the Organisation for Economic Co-operation and Development average, yet ranks 17th among among industrialized nations for death rates from heart disease.

Abramson argued that, if approved, direct-to-consumer advertising would increase drug use and drug prices in Canada, leading to more drug industry money in the country — much of which would be spent, as is the case south of the border, to influence the political process. In that country, pharmaceutical companies hiked their spending to lobby government by 25% in 2007 to over $22 million, he noted, and there is a revolving door between government and industry.

Abramson told the more than 100 people attending his talk, held at the University of Toronto, that he wasn't looking for trouble when he took a year off from teaching at Harvard Medical School to write a book for medical students about how interpersonal relationships with patients are as important as science. But the subject of his book changed after he began analyzing clinical trial data for Vioxx, Celebrex and statin drugs, and compared this to articles about the drugs published in medical journal articles, the recommendations of US Food and Drug Administration reviewers, and the content of direct to consumer advertising.

Canwest has argued that full-fledged drug advertisements are preferable to the Canadian reminder ads since the former mention risks. But

Abramson countered that while reminder ads are a problem, the mention of risks is a "decoy" — "there are words about risk" but the appeal is emotional and aimed at expanding sales, Abramson said. — Ann Silversides, Toronto, Ont.

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Affidavits for all the parties to the court challenge can be found at the website of Women and Health Protection, part of the coalition that received intervenor status. (http://www.whp-apsf.ca/en/documents/doc_index2.html#charter)

Ditch that white coat

Some British physicians call it "chasing sound bites." Others say the new "bare below the elbows" policy is simply good infection control. Whatever the opinion, few issues have generated controversy quite like the one that's ensued in the wake of the September 2007 dictum by the United Kingdom Department of Health (www.dh.gov.uk) to curb health care–associated infections in hospitals through such measures as clothing guidelines and isolation of infected patients.

The new rules obligate doctors to adopt a "bare below the elbows" dress code, that is, short sleeves, no wrist watch, no jewellery and avoidance of neckties when carrying out clinical activity. The traditional doctor's white coat is not just passé, it's not allowed. The Department of Health also hopes the new clothing guidance, which took effect in January, will prompt more hand and wrist washing.

It is difficult to ascertain the role of clothing in the spread of hospital infection. A group from Thames Valley University, London, UK, reviewed the evidence for the extent to which health care uniforms become contaminated with microorganisms, and their role in infection transmission, but there was limited evidence available (*J Hosp Infect* 2007;66:301–7).

Jonathan Fielden, Chairman of the British Medical Association Consultants Committee, sums up the feelings of the profession by saying that while all doctors support the cause, "there is a feeling that the government is chasing sound bites with its bare below the elbow and deep-cleaning policies, particularly given the lack of evidence that this aids reduction in the spread of infection. Nevertheless, most doctors are showing a willingness to implement the measures needed to reduce the scourge of hospital-acquired infection."

"This cooperation is accompanied by a sense of frustration and irritation that the government is not addressing a range of other major issues to tackle hospital infection, such as high hospital bed occupancy, excess antibiotic use, lack of isolation facilities and the conflicting pressures of other policies, such as the accident and emergency waiting targets," he adds. "These have been raised by the British Medical Association at ministerial level and will have more lasting effects on this major concern to all our patients.

Some believe the dictum crosses a line. "My basic gripe is that the policy is a public relations exercise which is not based on science; indeed with religious embolism and dress being exempt, it appears to be presented as 'scientific fact' influenced by religion," says one doctor, insisting on anonymity.

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It's bare below the elbows from here on in for physicians in England as one of the symbols of the profession, the once-ubiquitous white coat, is outlawed as a health hazard.

Other doctors sounded a more positive note. Rohit Bazaz, Royal Free Hospital, London, UK, welcomes workwear guidelines. "Working on an infectious diseases ward, I am routinely expected to wear short-sleeved shirts and no wristwatch, and neckties are strongly discouraged." Bazaz favours an extension of the policy to include prohibitions on medical equipment like stethoscopes, which also can become infected with pathogenic microorganisms.

The Royal College of Physicians and the Infection Prevention Society are also supportive. "We have said that there is a need for clinical leadership on infection control issues. Although the evidence base on the details, for example, the impact of jewellery and watches is uncertain, nonetheless, complying with guidelines on appropriate measures sends out a message that doctors are taking the infection control message seriously in their daily practice," says Royal College of Physicians President Dr. Ian Gilmore.

The Infection Prevention Society was also generally supportive of the proposals. "The evidence for the effectiveness of these measures is limited but there is merit in enforcing a policy of short sleeves and no hand or wrist jewellery insofar as it facilitates effective hand hygiene," said Honourary Secretary Neil Wigglesworth. "The IPS [Infection Prevention Society] believes most infection prevention and control specialists share that view.

"Many health care organizations, including our own, had already put in place such a policy before the [Department of Health] guidelines were issued," Wigglesworth added.

As health is a devolved jurisdiction in the United Kingdom, the guidelines only apply to physicians in England.

Charles Saunders, chair of the Scottish Consultants Committee for Health Protection Scotland says a working group is looking at the issue of uniforms worn by all health care staff. A spokesperson with the British Medical Association in Scotland, who refused to be identified, said they are not aware of any plans to implement similar proposals to those of the Department of Health. — Cathel Kerr, Fife, Scotland

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