

Side Effects May Include Persuasion: The Ethics of Direct-to-Consumer Pharmaceutical Advertisements



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The United States and New Zealand are the only two countries in the world where direct-to-consumer (DTC) advertising for prescription drugs is legal. The United States accounts for 5% of the world's population yet it is responsible for 42% of global pharmaceutical ad spending. In the U.S., DTC advertisements tend to follow the format demanded by the Food and Drug Administration (FDA): the utility of the drug is explained, and then followed by a list of potential side effects. Jon Swallen, the chief research officer for Kantar Media, a firm that tracks multimedia advertising. noted that "Pharmaceutical advertising has grown more in the past four years than any other leading ad category" (2017). Spending on pharmaceutical commercials has increased by 62% since 2012, exceeding \$6 billion in 2016, while spending for the majority of other products remains flat according to a report from ABC News. Brand name drugs tend to be astronomically more expensive

than their equivalent, generic counterparts, magnifying the need for professionally-produced and persuasive advertisements that are calculated to get consumers to want specific drugs for their ailments. One may think that the presence of negative outcomes of the drug in DTC advertisements removes any ethical concerns by fully informing consumers of potential risks, but evidence suggests the opposite may be true. According to Jeff Rothstein, the CEO of an advertising agency specializing in health care, "It's counterintuitive, but everything in our research suggests that hearing about the risks increases consumers' belief in the advertising" (Kaufman, 2017). The controversy about DTC advertisements is far from abating.

Advocates for DTC advertising of pharmaceutical drugs claim that these advertisements are critical to disseminating information to the public, as well as for increasing doctor/patient dialogue about health issues and potential treatments. A study from the FDA in 2004 reported that 58% percent of people believe that these ads contained enough information for the individual to decide whether or not they should speak to a doctor, and 73% of doctors said their patients asked thoughtful questions believed to be a result of such advertisements. Additionally, spurring demand for health products are viewed by many as a necessary means of revenue for pharmaceutical companies. Developing a drug is a long and expensive process. The average development of a pharmaceutical drug costs a minimum of \$4 billion and could be as high as \$11 billion (Herper, 2012). Also, a patent for a new drug lasts for 17 years, and typically up to 10-15 of those years can be spent working with the FDA to get the drug approved to go to market. Successful DTC advertisements allow pharmaceutical companies to see a higher return on their investments before the patent expires and generic forms of the drug are made by other companies.



Critics of DTC advertising worry about these appeals doing more harm than good to the public, even if they help a company's bottom line. They also worry about the supposed educational effects of these advertisements. In a survey of nurse practitioners published in the *Journal of Clinical Oncology*, 74% reported having patients request inappropriate drugs and 43% felt pressure to prescribe the inappropriate drug. The worry is that the public is not educated enough to make the correct decisions about their healthcare, but persuasive DTC advertisements lead them to believe that they know what pharmaceutical products they need. While drug development is an extremely expensive and expansive process, critics argue that this shouldn't be a reason to allow consumers to be fooled into thinking they know more than their doctors about which medicines they need. This consumer confidence is even implicated as a cause for rising health care costs. 37% of doctors surveyed by *Science Daily*, a research news source, said they often prescribe brand name drugs rather than the generic brand because patients demand the specific brand name they have seen advertised. This adds to increased health care costs due to the high price of brand name drugs.

Both the World Health Organization and the American Medical Association have made public requests to ban DTC advertisements. According to a study from the Harvard School of Public Health, 57% of adults in the U.S. support removing advertisements for prescription drugs from television. Does this apparent majority of medical professionals and the general public's opposition prove that pharmaceutical companies do not ethically belong in advertising? Or are pharmaceutical advertisements a true benefit to consumer education while financially allowing for continued research and development of new drugs?

Discussion Questions:

- 1. What are the ethical concerns with DTC advertisements?
- 2. What values are in conflict in the debate over DTC advertisements?
- 3. Is there a way to balance these concerns and interests beyond the requirements to list side effects and risks?
- 4. What makes pharmaceutical advertising different from other sorts of advertising? Does this make a difference in the ethical concerns related to these messages directed at consumers?

Further Information:

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