

## **The view of the British medical profession on the provision of information**

The British Medical Association is the UK's leading voluntary professional association and trade union of doctors. Founded in 1832, the BMA has just over 139,000 members which represents 68% of practicing doctors in the UK. The BMA is the official trade union for doctors and as such has sole negotiating rights for national Terms and Conditions of Service for doctors working in the National Health Service (NHS).

The BMA has been concerned about the issue of patient information and the linked issue of direct to consumer advertising for a number of years. In 2002 when the issue of patient information was last on the table in Europe, the BMA, in conjunction with other health stakeholders, worked hard to amend the European Commission's proposed changes to article 88 of the pharmaceutical directive which would have allowed industry to provide so-called 'information' directly to patients on three specific diseases (AIDS, asthma, diabetes). Now the issue has once more been brought up at European level.

I'd like to say first and foremost that the BMA strongly supports the provision of information to patients, particularly those suffering from chronic diseases. Patients need to be well informed about their illness and the treatment that they are receiving.

We recognise that there is a large amount of information available on the Internet, particularly on American websites but we have strong concerns regarding its quality and veracity and regarding the evidence base for many of the claims that are made. The increasing use of the internet to actually obtain medicines indicates that patients want more convenient access to medicines with less control by doctors. However, there is no published research to show the knowledge and experience of this group

of patients. We need to educate the public on medicine use, side effects and related issues.

The BMA recognises that it is important for an organisation such as the European Commission to facilitate the provision of perhaps an Internet portal which provides information to European patients. The information provided by this portal must be of the highest possible quality and it is imperative that the information is free from undue industry influence and commercial interest. In addition, all information must be peer reviewed by an independent advisory board comprised of health professionals.

As an indication, we believe that this information should be:

- Objective – completely unbiased and neutral
- Evidence-based
- Up to date
- Reliable
- Understandable
- Accessible
- Transparent
- Relevant

When providing this information, the different information needs of the patient need to be addressed. These may differ according to demographic such as age, gender, or educational level. Formal user testing of all information – whether in the form of patient information leaflets, package labelling or from a secondary source such as a website is essential.

After outlining our views on patient information, I must now state that the BMA strongly opposes direct to consumer advertising of pharmaceutical drugs in all forms. Such advertising encourages the medicalisation of social problems and normal human conditions and plays on people's fears of suffering and death. The consequences of permitting direct to consumer advertising are all too evident for example in the United States system where doctors are under pressure to prescribe according to drugs that their patients may have seen on television rather than according to clinical need, and where prescribing patterns can be based on skilful advertising rather than on appropriateness and cost. Advertising is designed to increase sales regardless of need and can lead directly to inappropriate prescribing.

Studies cited in the British Medical Journal have shown that direct to consumer advertising in the US and New Zealand influences patient demand and doctors' prescribing patterns. Advertising can be misleading – the public has difficulty in distinguishing between promotional material and unbiased evidence based information. This puts pressure on doctors to prescribe products that a patient has seen advertised and wastes consultation time as doctors are forced to explain to patients why this drug may not be suitable for them due perhaps due to side effects not mentioned in advert. The content of these adverts can also overstate the benefits of a drug and omit important elements such as price – thus leaving national health care systems to pick up the cost of the drugs. This is something I will return to in a moment.

A review of DCA in New Zealand, again cited in the BMJ, found that patients do indeed visit their doctors as a result of advertising, an argument often put forward by the pharmaceutical industry, but that such advertising is also raising prescription costs. The study also found that money is being spent overwhelmingly on profitable lifestyle drugs and squeezing expenditure on drugs that help genuinely ill people. In

the US especially, fears are growing that DCA is distorting health priorities by stimulating demand for pharmacological treatments for lifestyle conditions that may have better alternative treatments such as diet or exercise. Thus mass media advertising may encourage companies to focus on developing blockbuster drugs for prevalent but non-life threatening conditions to the detriment of other, less profitable drugs for which there is a genuine clinical need. This view is further developed when one considers that DCA is most profitable for new, expensive drugs whose long term benefits may not yet be known and which have no established advantages over cheaper or generic alternatives or even over the counter drugs. Newer drugs are not necessarily better. If DCA was allowed in the EU, drug companies would spend most money advertising the most profitable drugs thus undermining patient confidence in similar cheaper yet just as effective drugs.

DCA also increases health costs. Pharmaceutical companies need adequate returns on costly advertising campaigns thus the burden is shifted to the taxpayer through increased drug costs. There is a growing debate in US about rising drug costs and many argue that DCA is at least partly to blame. It has been predicted that that if DCA stimulated demand in the UK on the same scale as in the US it would seriously destabilise the primary health care system as there would be insufficient funding to pay for the increased cost of drugs. This would necessitate radical NHS reform such as introducing more patient co-payment in order to meet the deficit. Thus DCA increases wealth for pharmaceutical, advertising and media companies but is detrimental to resource limited health systems.

Therefore the BMA feels that direct to consumer advertising is merely another mechanism by the pharmaceutical industry to alter prescribing patterns to suit their products. This goes counter to healthcare systems that are resource limited and grounded in evidence based prescribing. The BMA has published recently a report

*Evidence-based Prescribing* (May 2007) in which these principles are examined in more detail. Direct to consumer advertising is motivated by pharmaceutical companies who wish to sell more drugs, and is neither in the interest of patients nor of healthcare systems.

The European agenda at the moment seems to be driven by the pharmaceutical industry rather than by the consideration of needs and priorities from a public health perspective. The increased consumption of pharmaceutical drugs is not necessarily a good thing but this is what advertising aims at.

Before closing I would just like to add that we were shocked to read a now infamous article in *The Guardian* newspaper in May 2007 which stated that four pharmaceutical companies were proposing to launch a television channel to promote their drugs. The BMA strongly opposes this ludicrous proposal – prescription drugs should not be advertised in the same as an ironing board or shoe polish on a TV shopping channel! The Commission should not allow this shopping channel to be established.

The BMA believes that the primacy of the dialogue between healthcare professionals and patients must be safeguarded, and protected from the potentially damaging impact of misinformation. Prescription medicines are part of intricate system of medical care that should be governed by science and human judgement, not the profit motive.

The aim of advertising is to persuade rather than to inform – this fundamental distinction must be respected if the European Commission increases information provision. Thus, in setting any future proposals, the European Commission needs to

decide what it wants. If it aims to simply facilitate the provision of unbiased patient information, this must be clearly distinguished from DCA.

In conclusion, the BMA believes that if there is a gap in the provision of information for patients on prescription drugs, this gap should be filled by independent sources, in a transparent and high quality manner and free from commercial interest. At all times, health professionals should remain the primary source of health information particularly on treatments and medicines.