

## Position Statement on Direct-to-Consumer Advertising

2007

### 1. Preamble

- 1.1 The AMA believes that in order to support and enhance the collaborative nature of the doctor-patient relationship, patients must be able to make informed choices regarding their health care. An informed choice is dependent on receiving reliable, balanced health information, free from the influence of commercial considerations, that is communicated in a manner easily understood by patients.
- 1.2 For the purpose of this position statement, Direct to Consumer Advertising (DTCA)<sup>1</sup> is defined as advertising directed at the general public that may include any statement, pictorial representation or design, intended directly or indirectly only to promote the use or supply of goods or services. Advertising directed at the general public can occur in many ways; for example, through broadcast media such as television and radio, print media such as newspapers and magazines, leaflets and brochures, the internet, point of sale locations, and other outdoor locations (for example billboards, bus shelters, buses and taxis). In this position statement, 'DTCA' is limited to the advertising of therapeutic goods as well as medical and health-related services.
- 1.3 Patients should be in a position to make informed choices on using therapeutic goods (which includes prescription medicines, over the counter medicines, complementary medicines, and medical devices), medical and health-related services.
- 1.4 The AMA recognises that proponents of DTCA (in reference to prescription medicines) advocate that it can reduce underdiagnosis and undertreatment by raising awareness amongst patients of health conditions and treatments.<sup>1,2,3,4,5</sup>
- 1.5 DTCA is unlikely to be broad, balanced, and inclusive.<sup>5,6,7,8,9,10,11,12,13,14</sup>
- 1.6 The AMA believes that while DTCA may potentially increase awareness of certain health conditions, medical and health services, and/or health-related treatments, its primary purpose is often that of marketing and promotion in order to increase demand and sales for the advertiser's product. The information provided to consumers/patients through DTCA may be designed to persuade, rather than inform. DTCA may not provide the necessary balance and objectivity required for consumers/patients to make informed choices.<sup>5,6,7,8,9,10,11,12,13,14</sup>
- 1.7 The AMA supports empowering patients and promoting autonomy. DTCA that puts the commercial interests of the advertiser ahead of patients' health and well-being has the very real potential to undermine patient autonomy and the doctor-patient relationship. Studies on the impact of DTCA of prescription medicines shows it can create unnecessary stress and worries in otherwise healthy patients, increase demands by patients for medicines that are inappropriate for them, unnecessarily increase healthcare costs, and undermine quality use of medicines.<sup>4,5,8,10,11,12,13,14</sup>
- 1.8 The AMA believes that pharmaceutical or other commercial industry should not be the main supplier of patient information and education regarding health, disease, and treatment options.

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<sup>1</sup> This definition is adapted from the Australian Therapeutic Goods Administration's *Therapeutic Goods Advertising Code 2005* for the purpose of applying to the advertising of not only therapeutic goods but also medical and health-related services, including treatments and procedures.

**2. General Principles Regarding DTCA of Therapeutic Goods and Medical and Health-Related Services**

- 2.1 The AMA advocates that DTCA must not:<sup>2</sup>
- 2.1.1 exploit patients' vulnerability or lack of medical or health-related knowledge;
  - 2.1.2 attempt to induce unjustified fear or concern in patients/consumers regarding their own health in order to increase demand for the advertiser's products or services;
  - 2.1.3 encourage inappropriate self-diagnosis or treatment or in any way discourage patients from seeking the advice of their medical practitioner;
  - 2.1.4 attempt to promote an unreasonable expectation as to the applicability or efficacy of the advertised product or service;
  - 2.1.5 create inappropriate use of the goods or services;
  - 2.1.6 be false, misleading, or deceptive. All claims made through DTCA should be readily substantiated.

**3. DTCA of Prescription Medicines**

- 3.1 The AMA is opposed to the introduction of DTCA of prescription medicines into Australia.
- 3.2 The AMA believes that the inevitable outcome of DTCA of prescription medicines is increased use, but not necessarily effective or rational use in line with Quality Use of Medicines, with increased costs to the health care systems. Although there is very limited evidence relating to the Australian scene, overseas experience indicates that public benefits are unlikely.<sup>6,7,8,9,10,11,12,13,14</sup>

**4. DTCA of Medical and Health-Related Services**

- 4.1 The AMA advocates that medical practitioners and other health care professionals should confine advertising of medical and health-related services directed at patients to the presentation of information reasonably needed by patients to make an informed decision about the availability and appropriateness of those services.
- 4.2 Advertising of services by non-medical practitioners must not claim expertise in medical diagnosis and treatment nor should they attempt to persuade patients inappropriately away from seeking the advice of medical practitioners.

**5. DTCA and the Role of Medical Practitioners**

- 5.1 The AMA advocates that medical practitioners should develop strategies to respond to inappropriate patient requests for treatment arising from DTCA.
- 5.2 DTCA should not undermine the role of the General Practitioner in patient care.
- 5.3 Medical practitioners should not endorse therapeutic goods in public advertising.

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<sup>2</sup> These recommendations are in keeping with current Australian legislative requirements as laid out in the Australian Competition and Consumer Commission's (ACCC) *Fair treatment? Guide to the Trade Practices Act for the advertising and promotion of medical and health services*. Commonwealth of Australia, 2000.

**6. Research into DTCA**

6.1 The AMA supports research into the effects of DTCA on the health sector, including the effects on patient health and well-being, the doctor-patient relationship, and the use of health care resources.

6.2 Research into DTCA should be based on appropriate community consultation.

See also:

*AMA Code of Ethics 2004. Editorially revised 2006*

*AMA Position Statement on Advertising and Public Endorsement 2004. Editorially revised 2006*

*AMA Position Statement on Body Image and Health 2002*

*AMA Position Statement on Complementary Medicine 2002*

**Reference:**

<sup>1</sup> Holmer AF. Direct-to-Consumer Advertising – Strengthening our health care system. *N Eng J Med* 2002;346:526-528.

<sup>2</sup> Bonaccorso SN and Sturchio JL. Direct to consumer advertising is medicalising normal human experience. AGAINST. *BMJ* 2002;324:910-911.

<sup>3</sup> Jones T. Should drug companies be allowed to talk directly to patients? YES. *BMJ* 2003;326:1302.

<sup>4</sup> Murray E, Lo B, Pollack L, Donelan K, Lee K. Direct-to-Consumer Advertising: Public Perceptions of Its Effects on Health Behaviors, Health Care, and the Doctor-Patient Relationship. *J Am Board Fam Pract* 2004;17:6-18.

<sup>5</sup> Murray E, Lo B, Pollack L, Donelan K, Lee K. Direct-to-Consumer Advertising: Physician's Views of Its Effects on Quality of Care and the Doctor-Patient Relationship. *J Am Board Fam Pract* 2003;16:513-524.

<sup>6</sup> Moynihan R. The marketing of a disease: female sexual dysfunction. *BMJ* 2005;330:192-194.

<sup>7</sup> Garlick W. Should drug companies be allowed to talk directly to patients? NO. *BMJ* 2003;326:1302-1303.

<sup>8</sup> Mintzes B. Direct to consumer advertising is medicalising normal human experience. FOR. *BMJ* 2002;324:908-909.

<sup>9</sup> Wolfe SM. Direct-to-Consumer Advertising-Education or Emotion Promotion? *N Eng J Med* 2002;346:524-526

<sup>10</sup> Rosenthal MB, Berndt ER, Dononhue JM, Frank RG, Epstein AM. Promotion of prescription drugs to consumers. *N Engl J Med* 2002;346:498-505.

<sup>11</sup> Mintzes B, Barer ML, Kravitz RL, Kazanjian A, Bassett K, Lexchin J, Evans RG, Pan R, Marion SA. Influence of direct to consumer pharmaceutical advertising and patients' requests on prescribing decisions: two site cross sectional survey. *BMJ* 2002;324:278-279.

<sup>12</sup> Mintzes B, Barer ML, Kravitz RL, Bassett K, Lexchin J, Kazanian A, Evan RG, Pan R, Marion SA. How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care environments with and without legal DTCA. *CMAJ* 2003;169:405-412.

<sup>13</sup> Gardner DM, Mintzes B, Ostry A. Direct-to-consumer prescription drug advertising in Canada: Permission by default? *CMAJ* 2003;169:425-427.

<sup>14</sup> Toop L. The impact of advertising prescription medicines directly to consumers in New Zealand: lessons for Australia. *Aust Prescr* 2006;29:30-32.