Rebuttal: Should Canada allow direct-to-consumer advertising of prescription drugs?

YES

Durhane Wong-Rieger PhD

Good health care means balancing risks and benefits, and patient choice means providing necessary information. Unfortunately, Dr Mintzes addresses neither the potential benefits of direct-to-consumer advertising (DTCA) nor the risks of poor access to prescription drug information. She decries DTCA as "turn[ing] doctors into gatekeepers," yet this is precisely the role of a learned intermediary. In the US Food and Drug Administration study that I cited,[1] physicians reported that advertisements led to appropriate requests for information, identification of undiagnosed conditions, and higher-quality patient discussions. It is difficult to reconcile these findings with Mintzes et al's study, which reported that physicians were "8 times more likely" to prescribe DTCA-requested medicines that they would otherwise consider "only 'possible' or 'unlikely' choices."[2]

Dr Mintzes tends to use DTCA as the "whipping boy" for all her concerns about drugs, physician practice, government oversight, and manufacturer responsibility. Issues of drug toxicity, cost, efficacy of newer drugs, inappropriate prescribing, and overuse all require addressing but they exist in environments without DTCA and they will not be fixed by banning DTCA. Studies in Europe and Canada (also cited by Dr Mintzes) indicate that the public wants direct access to prescription drug information.[3,4] To reiterate, however, I do not propose US-style advertising, not because I take issue with ads featuring "women baring their bellies" but because we need Canadian-regulated information. Dr Mintzes suggests the Canadian government replace incoming US drug ads with "local ones," which is similar to my proposition. But we need to get beyond the "emotive messages" that denigrate US-style advertising and allow "direct-access" information under conditions such as those proposed by the European Commission.[3] Health Canada has demonstrated that it can effectively regulate nonprescription drug ads; therefore, it can certainly do so for prescription drugs.

Dr Wong-Rieger is President and CEO of the Institute for Optimizing Health Outcomes in Toronto, Ont, President of the Canadian Organization for Rare Disorders, and the founder and head of Consumer Advocare Network.

Competing interests
Unrestricted educational grant support from pharmaceutical companies was

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NO

Barbara Mintzes PhD

Dr Wong-Rieger argues that direct-to-consumer advertising (DTCA) should be allowed because it leads to appropriate new diagnoses and treatment, serves unmet information needs, and "made-in-Canada" DTCA can be prescreened and monitored for balance. These are oft-repeated industry claims. But does the evidence support them?

Dr Wong-Rieger cites an uncontrolled industry-funded survey to claim that DTCA leads to appropriate new diagnoses.[1] In this study, 11% of patients reported medically important diagnoses. Is this more, fewer, or as many as without DTCA? Was diagnosis accurate or treatment needed? With its weak design, this study cannot answer these questions. In contrast, Spence et al's controlled survey, linked to medical records, found that those taking cyclooxygenase-2 inhibitors following DTCA-influenced requests were 3 to 4 times less likely to meet diagnostic criteria for appropriate use compared with other patients.[2]

Dr Wong-Rieger and I cite the same study[3] to support contradictory appropriateness claims. Law and colleagues found that tegaserod use increased by 42% in Canada and 56% in the United States, despite its poor safety profile.[3] Conversely, DTCA's lack of effect on etanercept and mometasone use, also examined, was predictable, owing to restricted use and reimbursement differences.[4]

And what of unmet information needs? Advertising—direct or disguised—by definition aims to sell a product. No one can expect it to provide balanced information on all available treatment options, including competing brands, nondrug treatments, or watchful waiting. This is why consumers and public health groups oppose the European Commission's proposal for expanded advertising (disguised as "information") and call for publicly financed independent information instead.[5]

Finally, could prescreening protect consumers? The experience to date with prescreened DTCA in New Zealand and Canada stands as a stark warning that this is highly unlikely.

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These rebuttals are responses from the authors of the debates in the February issue (*Can Fam Physician* 2009;55:130-3).

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Competing interests

Dr Mintzes was a consultant to the Federal Department of Justice for the legal case in the Ontario Superior Court, in which CanWest MediaWorks challenged the prohibition of direct-to-consumer advertising of prescription drugs in the Food and Drugs Act.

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