

## Advertising best practices

In the debate about whether or not medical journals should carry advertising, published in the October issue of *Canadian Family Physician*,<sup>1,2</sup> 2 intractable arguments resurface: journals require advertising<sup>1</sup> and advertising in medical journals compromises the “high standards of medical education and care.”<sup>2</sup> In his rebuttal,<sup>3</sup> Dr Hoey introduces a third argument: *Canadian Family Physician* should not carry advertising because it meets a higher, peer-reviewed editorial standard than the so-called throw-away journals. While I agree with his categorization, it begs the question, why don't physicians throw them away?

If physicians have the ability to evaluate which journals they read, why would they not have the ability to evaluate which advertisements they read? Mr Dehaas has confidence in their judgment; Dr Hoey does not. His argument that medical advertising does not support ethical best practices is a non sequitur. Best practices are derived from the objective examination of clinical, pharmacologic, and experiential evidence; advertising presents therapeutic claims based on evidence derived from clinical trials. One does not necessarily exclude the other.

*Open Medicine*, the publication to which Dr Hoey refers, refuses advertising and sponsorships from pharmaceutical and medical-device companies, and reserves the right to refuse other advertising inconsistent with its mission. Accepted sponsorships are listed on a sponsors page.<sup>4</sup>

Advertising works. The Canadian Advertising Rates and Data database lists 94 medical publications, most of which are directed toward physicians.<sup>5</sup> However, although editorial standards vary widely, advertising standards do not. Dr Hoey acknowledges the strict federal regulatory process monitored by the Pharmaceutical Advertising Advisory Board.<sup>6</sup> Compliance with these standards is mandatory,<sup>7</sup> and journals must adhere to the guidelines of the Canadian Association of Medical Publishers.<sup>8</sup> Nonprescription advertising follows guidelines set by Advertising Standards Canada.<sup>9</sup> Pricing of new drugs is also regulated by the Patented Medicine Prices Review Board.<sup>10</sup>

Physicians should have confidence in this regulatory process because it ensures that the advertisements they see comply with government approval for the drugs they use. Under such regulations, companies have the fair right to advertise their individual products.

One of the fundamental tenets of family medicine education is to promote individual physician integrity in resourcing and evaluating the clinical and commercial information they use in treating their patients. Dr Hoey's conclusion that “unbiased guidelines and sound clinical training and judgment are all that physicians need” is both narrow and patronizing. Family physicians evaluate drug advertising every day, and they never stop learning.

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### Competing interests

Mr Taylor is the former publisher of *Canadian Family Physician*.

### References

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## CFP and copyright

As the article “Droit d’auteur et droit de savoir”<sup>1</sup> by our Associate Editor somewhat uncomfortably demonstrates, many people might not understand copyright in general or how to share information in *Canadian Family Physician* (CFP) in particular.

First of all, it is our policy and the mission at CFP to do everything we can to encourage the transfer of knowledge and the sharing of information published in our journal. There are any number of ways in which you can properly share a copyrighted article in our journal with friends, colleagues, students, or others for legitimate, noncommercial, educational purposes.

The quickest and easiest way to share an article is by e-mail, for which purpose a button appears with every

### The top 5 articles read online at cfp.ca

1. **Emergency Files:** Anaphylaxis. *A review and update* (October 2010)
2. **Clinical Review:** Bariatric surgery. *A primer* (September 2010)
3. **RxFiles:** Taking the stress out of treating erectile dysfunction (September 2010)
4. **Child Health Update:** Use of dexamethasone and prednisone in acute asthma exacerbations in pediatric patients (July 2009)
5. **Research:** Interprofessional collaboration in family health teams. *An Ontario-based study* (October 2010)