

The
Debating
Group



A Parliamentary forum for Marketing Debate

Do the barriers to communication of information about prescription medicines damage public health?

According to Trevor Jones, Director General of the Association of the British Pharmaceutical Industry, many patients are simply unaware of the medicines available for their condition and of the limitations and side effects of the medicines they take. He was speaking at the Debating Group's debate at the House of Commons on 21 October 2002 on "The barriers to communication of information about prescription medicines damage public health". The debate was sponsored by The Television Industry and chaired by Austin Mitchell, MP for Great Grimsby.

Trevor Jones pointed out that the motion had the support of the Consumers' Association, The Secretary of State for Health and the Patients Association and is recognised in Department of Health policy.

To support his arguments he quoted extracts from their documents, for example:

Consumers' Association briefing 'Promotion of Prescription Drugs July 2001: "Patients are acutely aware of the need to be informed about the wide range of treatments available to them. They are also less confident that they can rely on health professionals or government agencies to give them that information".

Alan Milburn, Secretary of State for Health 1999: "Patients have the right to know that the treatment they are receiving is the best that can be offered and be answered to if it is not the case".

DoH : The Expert Patient 2001: "Informed patients are more likely to seek medical help for the conditions that might otherwise go untreated...Their discussions with their doctors will be more constructive and may result in better understanding for the doctors of their patient's illness and hence to better choice of treatment".

DoH National Patient Survey April 2000: "The era of the patient as the passive recipient of care is changing and being replaced...(with) one in which health professionals and patients are genuine partners seeking together the best solutions to each patient's problem, one in which patients are empowered with information....".

Trevor Jones stressed that the debate was not about direct-to-consumer advertising of individual medicines, which he thought unlikely for several years. "What we are seeking is agreement that pharmaceutical companies can make informed and objective information about the medicines that they research and manufacture available to the public". He recognised that there are many good sources of information available, particularly from patient/carer associations, the NHS and BMA. But people are, nonetheless, overwhelmed by misleading 'misinformation' and junk information, particularly through the Internet. One in four queries on the Net are health-related and there are now 20,000 sites worldwide for health information. A study from the University of Michigan suggests that much of the health information on the Internet is inaccurate, inappropriate or misleading and often unreviewed.

The nature and extent of patients' information leaflets enclosed with medicines and treatments is hugely restricted and pharmaceutical companies are prohibited from disseminating any information (not advertising) direct to the public about their products. The problem is not about the conditions for which there are excellent patient organisations eg Parkinson's, epilepsy, MS, but the many conditions where people are kept in the dark and often do not know the treatments that are available.

Acknowledging that the GP is the prime source of information, Trevor Jones pointed out that their lack of time when seeing patients often prevents full discussion of possible sources of treatment. And financial pressures on NHS GP budgets are such that many doctors might not want patients to know about *all* the possible treatments, especially those that might drain already limited practice funds. He said: " We are asking for the right to provide the information about medicines that patients and carers need and want in the right format and at the right time with, of course, complementary contributions from doctors, pharmacists, nurses, patient support organisations and the press, as well as the pharmaceutical industry. Good, accurate and reliable information where the source is clear, should not be unacceptable because of pharmaceutical company involvement".

Direct-to-consumer advertising

Opposing the motion Dr Howard Stoate MP, Chairman of the All Party Parliamentary Group on Pharmacy, was concerned that the sub-text of the motion was direct-to-consumer advertising, which he feels is a barrier to communication..

He does not accept that there are great barriers to communication: there has been no shortage of information about Viagra or Prozac, for instance. The problem is not that there are barriers to communicating information, but that there is no way for consumers to filter out the inaccurate, unreliable and downright dangerous information. There is no easy way at present of separating the good from the bad, opinion from fact or claim from proof.

He went on to give examples of direct-to-consumer advertising (DTCA) in the US. There are some examples of DTCA raising public awareness of certain conditions eg cholesterol reducing drugs, obesity, smoking cessation. "But is it right", he asked, " that public awareness and public health improvements are driven by manufacturers' decisions about whether to advertise the product?". DTCA means that there may be an increased awareness of profitable products. He warned of the dangers of patient pester-power and the fact that proprietary drugs could be extremely expensive. Plavix, a drug for prevention of strokes, which is being advertised in the US on TV is 3,500% more expensive than aspirin. He suggested that advertising of drugs does not improve rational prescribing. Prescribing patterns can be skewed. Patients may be informed about the proprietary drug, but not know about the generics. Some companies in the US spend more on advertising than they do on R & D.

The All Party Parliamentary Group on Pharmacy believes that consumers should receive clear information about prescription drugs. Patient Information Leaflets, useful though they are, can be overlooked or even misunderstood by the patient. He suggested: "What is needed is a Kite-marked information system which is impartial, non-partisan and non-proprietary". Kitemarking would provide consumers with confidence and clarity and enable them to filter out unreliable information, so making informed decisions, based on accurate, impartial and complete information.

He concluded "Perhaps the motion should have read: *'The barriers to communication of reliable, accurate, evidence-based comprehensive and independently verified information about prescription medicines damage public health'*. Then I would speak in favour".

The Patients Association

Mike Stone, Director of the Patients Association, in seconding the motion, stressed that the debate was about information, not advertising and there was no call for following the American way. He called for open debate on the merits of direct-to-consumer information and for patients to have a right to information on any condition, not just some. They will get it from somewhere ie websites. Information can often be picked up freely on American sites, which are available on the Net, but not on British ones.

He cited a public information film on incontinence made with an educational grant from Pharmaxis and Upjohn. The Patients Association saw this as public information but was criticised for making this film, because it broke the embargo on information.

Mike Stone called for an independent, UK focused body 'The National Patient Information Commission' whose role would be to set, monitor and guide clear quality standards for information that describes health benefits to the public. Its scope would be to look at all the information that is available on both health and medicines.

He concluded: "Patients desire information. Therefore, if good sensible information cannot be given to them about prescription medicines, this is a barrier to their health".

Advertising

Seconding for the opposition, Allan Asher, director of Campaigns, Consumers' Association, queried what was invested in the motion's definition of information. He suggested that the information needs of consumers were based on their capacity to benefit from that information. Advertising does not provide full and factual information. It uses messages that are intended to sell.

The Consumers' Association supports the market mechanism, but he suggested that this fails when people are ill and desperate. He acknowledged that as an advocate of consumer interests it was appropriate for the Association to be cognisant of the public purse.

Allan Asher also cited data from Consumers' Association surveys which showed that consumers do not have much confidence in the government and drug companies were considered the least trustworthy.

He argued that the welfare of consumers is not the main priority of pharmaceutical companies. He believes that it is wrong to unleash more promotional material which can be harmful.

Debate from the floor

For the motion

- The government has a passion for telling us what to do. The consumer should decide how to spend his money, and have more information to help him decide what to do.
- GPs would love to give more information but they are overworked and short of time. There should be a better-funded information service. The barriers to information are manpower and cash.
- The speaker did not trust government to control budgets or make decisions for him. If information was misleading he could take the manufacturer to court. Most companies are very careful if they give information that relates to health. If the consumer wanted to pay more for a non-generic drug, he should have that right. He can benefit from the tests that had been made by the manufacturer.
- The speaker supports good information giving to patients, but the present form of information is not user-friendly. We need to get better approved information to people and encourage them to use it and to ask their doctors and pharmacists for advice. It is difficult to distinguish advertising and information from manufacturers. It is not reasonable to expect the manufacturer to be objective.
- The debate has created artificial goodies and baddies. Everyone agrees that good information should be available. The problem is the lack of credibility that attaches to sources of information. We needed to bridge the gap between information that is opaque or inaccessible and the timely and accessible information which the patient deserves.
- Advertising is not the way to go. In the present environment available treatment is often based on post-codes. Why is information not more available? An electronic version of MIMS, which sets out the benefits of medicines and their side effects, could be freely available on the Internet. GPs and practice managers could print this off and make it accessible to all their patients.
- There is a balance of power, with the power laying with the doctor. The poor and frail do not have information. Advertising would help getting information to the people. Better information would certainly help.
- In a modern society you should not deny people knowledge about the products they consume.
- The British National Formulary, which is objective, is available on the Internet.
- We should be allowed more advertising. Consumers are capable of making judgements.
- If you can save the life of one person by providing more information it should be done.

Against the motion

- Are we going to allow the pharmaceutical industry to extend its information communication? There are dangers in allowing it more commercial influence. The value of information depends on whom you can trust.
- Doctors have only limited information. Who is going to tell the patients who has vested interests in promoting a medicine?
- Are consumers mature enough to deal with information?. Doctors can put information into context. Patients do not always understand fully all the implications of treatment.
- Pharmaceutical companies advertise direct to the medical profession, giving information about trials and studies for particular conditions. Only medical professionals are qualified to understand the results of such studies. It is up to the medical professions and professional bodies to provide information without the bias of pharmaceutical companies.
- We are all entitled to information, but sometimes the doctor has to say what is appropriate.

Comments

- It is government money, not consumer money that is spent on drugs.

- The speaker compared the financial services industry. Why are we assuming that if we open the doors to pharmaceutical companies, the information will be unregulated? The financial services industry is highly regulated. Pharmaceuticals is a complex industry where the information comes from many sources: doctor, government, pharmaceutical companies.
- Whom can we trust? People do not trust doctors, pharmacists, pharmaceutical companies or government.
- All research suggests you can trust the pharmacist.

Summing up

Before the formal summing up Mike Stone was given the opportunity to comment on critical comments from the floor about the Patients Association film on incontinence. He stressed that the film was made for public information, not advertising.

Summing up for the opposition Dr Stoate cited further Consumers' Association data in which trust for GPs and pharmacists achieved very high scores.

He suggested that pharmaceutical companies have no interest in promoting products unless it increases their sales. He said "I want balanced, informed information for patients, but are the drug companies the best people to give it?... Will they give information on competitors and generic medicines?"

He believes that the British National Formulary is a better source of information than MIMS.

"How can you trust companies which advertise tobacco?" he asked. "I want balanced information on non-drug therapies, life style therapies, generic medicine, as well as proprietary drugs. I won't get all that from a pharmaceutical company". The All Party Parliamentary Group on Pharmacy wants a Kite-mark system that is completely without bias.

Summing up for the motion, Trevor Jones called for better dialogue leading to better outcomes. In this country we often under-prescribe. We need information that can be shared. The public needs information about modern advances in medicine.

The debate is not about direct-to-consumer advertising. Existing advertising to medical professionals is well-regulated.

Trevor Jones asked: "Who should be the guardian of who should or should not decide on what information is available? Restricting patients' access to information is perverse and patronising. Patients need knowledge about medicines that have been rigorously tested and good, acceptable and reliable information, from an acknowledged source".

Result

The motion was carried by a show of hands.

Next Debate

The next debate will take place on Monday 25th November, sponsored by The Market Research Society. The motion is “Government expects market research to take its decisions.” Details from Debating Group Secretary, Doreen Blythe - Tel: 020 8994 9177 – dblythe@varinternational.com www.debatinggroup.org.uk