

Image makeover

Europe can benefit from the US experience of the DTC advertising model

The European Health Council has decided to put the European Commission's proposal on information to patients on ice. Christopher Fjellner, the Swedish Conservative MEP in charge of the dossier, is currently struggling to make the Council change its mind and to convince many of his colleagues within the EU Parliament that his idea of information to patients is quite different from the US direct-to-consumer advertising model.

European policy makers are aware that patients should be better informed and have a right to access high quality information on prescribed medicines. However, defining a new, Europe-wide information-to-patient model has proved difficult, partly because most Member States see it as an additional cost, but also because many health stakeholders argue that opening the door to better information to patients will inevitably lead to US-style direct-to-consumer advertising (DTCA).

All health players on the Brussels scene agree that DTCA is not the right model for Europe. Although I do not disagree, it is difficult to say that this assumption stems from constructive discussions and an in-depth understanding of the US model's benefits and downsides.

All bad?

Although the issue of DTC communication in healthcare is emotionally and economically charged, it is worth taking a closer look at the issue and analysing its impact in Europe, now that it has had 13 years of legal existence in the US.

An agency perspective on this issue is necessarily biased as network agencies have offices on both sides of the Atlantic and help their clients develop DTC programmes in the US. At the same time, this situation puts us in a privileged position to understand what is good and bad about DTC advertising.

In 1997, the US Food and Drug Administration (FDA) allowed US pharmaceutical companies to advertise to patients. This was seen as a win-win situation for patients and industry, as it allowed patients to



manage their healthcare proactively and pharma to increase its sales.

DTC advertising is a controversial issue. Industry tends to argue that this form of communication has led to more productive patient-physician consultations and greater patient compliance. In contrast, patient organisations point to the less favourable results of over-prescribing, large investments in advertising rather than in R&D and ethical drifts.

The European view of DTC advertising tends to be negative and one-sided, with a refusal to acknowledge that taking the message directly to the consumer has

ensured that many diseases, conditions and drugs are now well recognised by the American public. This has helped to improve disease awareness and personal responsibility in healthcare choices.

In the first ten years of DTC advertising, budgets more than tripled and many pharmaceutical companies saw sales rise substantially. Since its inception, DTC advertising has allowed pharmaceutical companies to increase brand awareness and loyalty, but it has also posed risks when their drugs, or the adverts themselves, have created negative publicity or lawsuits. Patients who experienced undisclosed

adverse events have successfully sued pharmaceutical companies. In addition, some drugs have come under the scrutiny of congressional lawmakers, creating a storm of controversy in the media and negative consumer sentiment.

The challenges to successful DTC programmes also extend to the bottom line. Effective DTC campaigns can be very expensive, as they must run for a significant duration and often in multiple media outlets. Television spots can quickly consume a budget and the costs of many DTC campaigns rival budgets for consumer advertising. In recent years, many pharma companies have experienced low returns on investment, prompting a reduction in their DTC advertising budgets.

“Increased scrutiny of pharmaceutical advertising by the FDA is to be expected”

Now that it has passed the healthcare reform bill, the US Government will be even more involved in the healthcare arena and this is likely to influence DTC advertising. Increased scrutiny of pharmaceutical advertising by the FDA, with some additional guidance on the use of the digital channel, is to be expected.

Distinction

In the European Association of Communications Agencies Health Communications Council (EACA HCC) there have been many discussions on how we, as agencies, envisage information to patients. What has been agreed among us is that we do not favour push advertising. Prescribed medicines should not be advertised like food products and appear in glossy magazines. However, we believe that when a patient comes back from the doctor with questions on the medicines he has just been prescribed, he has a right to access that extra information.

DTC is not all bad and, importantly, it allows patients to access information that is denied in Europe.

During a recent event organised by European Voice in Brussels, Jan Geissler, director of the European Cancer Patient Coalition (ECPC), a federation of cancer patient and advocacy groups, who was affected by a rare form of leukaemia,

explained how difficult it had been for him to find information about his condition. Having a rare condition, he sought information through a US website and had to pretend he was a US citizen. Had he not understood English, he said, he probably would not have learned about a clinical trial in which he enrolled, which ultimately saved his life.

It is interesting to note that in Germany, for example, if patients lose the patient information leaflet of their prescribed medicine, they cannot access that information elsewhere as pharma companies are forbidden from posting the information contained in those leaflets online.

These examples point to the need for European policy makers to take action and encourage them to recognise the fact that allowing patients to access information on their condition, or the medicine they have been prescribed, does not imply the presence of advertising. As health agencies, we believe that enabling a better flow of health information to all stakeholders would foster an environment of greater partnership and trust.

Social media

What I also find interesting is that European policy makers tend to turn a blind eye to the fact that DTC advertising is currently a reality for patients globally and many US based websites have large audiences outside the US. There are no borders on the internet. EU patients are visiting US websites and, though the US model is being harshly criticised, it does fill some of the gaps in the European model for those who speak English and are internet literate. However, this is not the case for a majority of older patients.

Any action taken concerning the internet should take into account the current situation, namely the growing use of the internet by patients to search for and exchange information. It has been estimated that healthcare and pharmaceutical information is the third highest request in internet searches and that more than 150 million adults in Europe are using digital channels to access such information.

A recent survey conducted by Kantar Research reveals that 32 per cent of all patients surveyed expect their online communication on health-related matters to increase over the next 18 months and that 67 per cent of European consumers trust the information they find in social media sites.

This is something the US is already

looking at and our US counterpart - the American Association of Advertising Agencies (4As) - played an instrumental role during the FDA's hearing on social marketing in helping to open the eyes of key government figures to the problem of misinformation on the internet.

While the internet has been changing the nature of the patient/physician relationship for years, social media is starting to play an increasingly important role in the delivery of emotional support. It enables patients to share experiences and ask questions about their condition. Industry has a role to play in this process and I see it as a powerful tool for helping to make the pharma industry appear more humane to patients.

European health stakeholders need to discuss how to manage social media and allow “e-patients” to access trusted sources. Patients who search for information on the internet often feel overwhelmed and have no way to put the information they find in perspective. The internet is a chaotic world. Wikipedia is one of the two websites most likely to be recommended to others, but verifying the accuracy of the articles posted can be problematic. Many are written and edited by people not trained in medicine and, despite attempts at quality control, errors and fraudulent information may go unnoticed or unchallenged.

“If we can agree on common information standards, this could benefit patients”

We all know that trying to regulate the internet is an unprecedented challenge, but if we can agree on common information standards and trustworthy sources, this could benefit patients hugely. Quality information empowers people to make choices that are right for them.

There is a need for a new European information-to-patient model and I hope I have demonstrated that, even if this is politically incorrect in Europe, positive lessons can be taken from the US experience.

The Author

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