EDITORIAL

IMPACTING THE PRACTICE OF MEDICINE BY INDUSTRY

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The practice of medicine has dramatically changed over the last several decades. Many important factors have led to this evolution, which include the advent and accessibility of medical-related information from the Internet. This facilitated the evolution of the patient-physician relationship from one of paternalism and unquestionable authority to one of cooperation and compromise. Some believe that this new relationship has been responsible in part for the medicalization of society. Medicalization occurs when previously non-medical problems are treated as medical problems, which tend to be classified as illnesses or disorders. Although it is not the purpose of this editorial to address the controversy of treating disorders such as erectile dysfunction and attention-deficit hyperactivity disorder as medical problems, it will examine the influence of medicalization on the creation of new markets and its impact on the practice of medicine.

There has been a growing public demand for medical solutions. Some have suggested that the public's tolerance for mild symptoms and benign diseases has decreased, which has led to the redefinition of uncomfortable body states and isolated symptoms as medical diseases (1). Furthermore, patients have become more knowledgeable, more demanding, and more critical of the medical profession. The Internet has allowed easy access to health-related information and has acted as a forum for open communication between people with similar views. This has spurred the development of medical markets in which the pharmaceutical industry plays a large and active role.

For decades, drug manufacturers have directed their promotion at the medical profession. This was most reasonable considering the paternalistic patient-physician relationship of the time. However, it was not until 1985, when the industry proposed to and was approved by the Food and Drug Administration (FDA) to advertise, although with some restrictions, to consumers on the basis that it would be of educational benefit and facilitate consumer empowerment over personal health care. In 1997, the FDA issued new guidelines and revisions for broadcast direct-to-consumer (DTC) advertising, which included fewer restrictions on providing drug names and medical conditions, and on disclosing product risks (2). Accordingly, the pharmaceutical industry increased its DTC advertising expenditure from under 800 million to almost 2.5 billion dollars from 1996 to 2000 (3).

The effects of DTC advertising by the pharmaceutical industry can be better appreciated by examining the marketing history of paroxetine, better known as Paxil. In 1996, Paxil was approved for the treatment of depression, a market that was quickly saturated with other selective serotonin reuptake inhibitors (SSRI). It was not long before the manufacturers of Paxil, now called GlaxoSmithKline, sought FDA approval for other uses, particularly for anxiety. Paxil became the first drug approved for the treatment of social anxiety disorder (SAD) and generalized anxiety disorder (GAD) in 1999 and 2001, respectively. The multimillion dollar marketing and advertising campaigns helped redefine people's views on common emotions such as worry and shyness. Numerous broadcast advertisements that included both personal accounts and "expert" advice appeared on television and radio. There were even bus stop posters with slogans such as "Imagine being allergic to people". Soon after, consumers were even offered "self-tests" at www.paxil.com to help assess the likelihood of suffering from SAD and GAD. Dr. Edna Foa, Director of the Center for the Treatment and Study of Anxiety and Professor of psychology at the University of Pennsylvania, commented, "One gets the impression from the ads that if you are shy and you have some difficulties and you want to be outgoing, then take Paxil. You are promoting medication when it is unnecessary" (4). The disease awareness campaigns that focused on individual's fears in specific social situations, especially when public speaking, helped redefine and medicalize emotional states, and by doing so, created an expansive medical market. Barry Brand, Paxil's product director, told the journal Advertising Age, "Every marketer's dream is to find an unidentified or unknown market and develop it. That's what we were able to do with social anxiety disorder" (4).

DTC advertising can affect the patient-physician dynamic positively by increasing the dialogue about diagnoses and treatment options. At best, it has the potential of helping patients become better informed and of accelerating the trend toward patient autonomy. However, pharmaceutical companies are primarily responsible to their shareholders and not to patients. This presents an obvious conflict of interest when “educational” DTC advertisements are used to market brand-name drugs and to increase drug sales. Physicians' attitudes toward DTC advertising are often

negative. In a survey of family physicians, about 80% thought negatively of DTC advertising citing that the advertisements were promoting a misleading and biased view (5). This type of advertising can lead to more frequent discussions that digress from meaningful issues of diagnoses and treatments to more trivial matters such as brand-specific drugs. DTC advertising also has the potential of creating a society of aggressive, distrustful and ill-informed patients.

The influence of industry continues to change the practice of medicine, particularly the patient-physician relationship. As health care professionals, we must remind patients that although DTC advertising can inform them, it should not be confused with medical advice. This is a new role for physicians to act as a learned intermediary between patients and the advertisements from industry.

In the midst of these changing times, this *MJM* issue includes several articles that recognize the impact of industry on other facets of medicine, including my contribution reviewing the recent concerns over the safety of selective cyclooxygenase-2 (COX-2) inhibitors.

It is important to recognize that there are closer ties between industry and medicine than ever before--even in medical education. For example, the American Academy of Dermatology announced the initiative of a pilot program that would fund 10 new dermatology residency positions for the 2006 US match from donations made by the academy, pharmaceutical companies and other interested parties (6). Not surprisingly, the program has met with resistance over concerns about protecting residents from industry influence during their training. It is unclear to what extent will the practice of medicine change from the influence of industry. But it is more than likely that we will continue to see more examples of this growing relationship.

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