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Drug marketing: Unsafe at any dose?

A great problem of contemporary life is how to control the power of economic interests which ignore the harmful effects of their applied science and technology. — Ralph Nader, *Unsafe at Any Speed,* 1965

Although Ralph Nader's target was the automobile industry, this comment could apply to the pharmaceutical industry today. Drug companies are under intense pressure to balance profit against consumer welfare. Given that it takes roughly US$600 million to bring a new drug successfully to market, manufacturers need to get the most out of their investment.

Directly or indirectly, pharmaceutical companies finance most of the continuing education of physicians with respect to the use of new drugs. They hire opinion leaders as consultants, underwrite publications such as consensus guidelines and send "detailers" into physicians' offices. And yes, they advertise in medical journals. Aside from print advertising (which is subject to approval by an advertising board), these activities are governed by a voluntary code of practice, a coarsely wired sieve that can strain out incentives the size of a golf club but not always the finer forms of influence.

The problem is that wherever a drug company exerts its business right to represent its own products, self-interest has an opportunity to do its subtle work. This can occur not only in ad copy but also in regulated areas such as product monographs and Dear Healthcare Professional letters. In this issue Catherine Lemière and colleagues[1] (see page 1008) report on the confusion resulting after a recent Health Canada approval of a new indication for Advair, a combination aerosol for the management of asthma. The company, GlaxoSmithKline, began to use the (self-contradicting) phrase "initial maintenance therapy" in its marketing materials. Physician members of the Asthma Committee of the Canadian Thoracic Society believed that this could be misinterpreted and used to promote Advair as an appropriate therapy for patients with new-onset mild asthma, a use not supported by their current guidelines,[2] and objected.

A subtle and, we are told, accidental flaw in wording, with important implications for patient care. It raises the question, How can we scrutinize the self-representations of drug companies closely enough? Although print advertising to physicians is regulated in Canada, what is to stop the promotion of off-label indications in company-sponsored CME and by sales reps in physicians' offices?

Over a year ago a coroner's jury recommended that Health Canada mandate pharmaceutical companies to improve their product information on adverse effects and contraindications. Health Canada's plan, a year later, to "communicate with stakeholders" and assess the feasibility "of electronic posting and maintenance of product monographs"[3] seems a hesitant way to grasp the nettle.

Patients need a clear and unbiased description of the use and effects of their medications. Physicians need the same in the materials produced for them, not the current laundry list of small-print disclaimers in product monographs. — *CMAJ*

References

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2. Canadian Asthma Consensus Group. Canadian asthma consensus report, 1999. *CMAJ* 1999;161(11 Suppl):1-62.
3. Response to the recommendations to Health Canada of the Coroner's Jury Investigation into the death of Vanessa Young. Available: www.hc-sc.gc.ca/english/protection/vanessa_young/key_initiatives.html (accessed 2002 Sept 23).