Europe rejects pitch for direct-to-consumer drug ads

The European Parliament's Committee on Environment, Public Health and Consumer Policy has defeated a proposal to relax the European Union's ban on advertising prescription drugs to the public, and its decision has since been ratified by the parliament itself.

The original proposal took the form of a 5-year "pilot project" that allowed companies to advertise prescription drugs to the public for 3 health conditions: HIV/AIDS, diabetes and asthma. It came from Enterprise Directorate-General, which is charged with fostering competitiveness within the European Union. It had argued that direct-to-consumer advertising (DTCA) creates better-informed consumers, but faced opposition from health groups.

Margaret Ewen, codirector of Health Action International Europe, agreed that Europeans need access to quality drug information but "this proposal was not the way to provide it." She cheered rejection of the proposal: "The committee understood that this proposal is really about allowing companies to advertise their products to a whole new audience."

Charles Medawar, director of the UK consumer group Social Audit, called the decision an "important test case" and said the committee has clearly defined the limits of "market-driven medicine."

DTCA of prescription drugs has proved controversial in both Europe (*CMAJ* 2002;166[7]:946) and North America, where the CMA has announced its opposition (*CMAJ* 2002;167 [10]:1153).

In the US, retail drug spending has nearly doubled since the Food and Drug Administration (FDA) relaxed its rules for broadcast advertising in 1997. A relatively small number of heavily advertised drugs was responsible for most of the increase (**www.nihcm.org/spending2001.pdf**). The FDA has also issued numerous warnings for misleading marketing practices to some of the major drug manufacturers.

Although DTCA remains illegal, Europeans are still exposed to ads Canadians are also seeing more frequently — disease-awareness campaigns that encourage you to "see your doctor" without pinpointing a specific drug.

Federal Health Minister Anne McLellan is on record supporting the current Canadian ban on DTCA. — *Alan Cassels*, Victoria

Prescribing rights extended in UK

Specially trained pharmacists and nurses in the United Kingdom will soon be prescribing certain drugs if a patient's doctor gives permission. The move may help ease pressure on the country's GPs, whom the Royal College of General Practitioners says are in the midst of a "workforce crisis." A recent poll of GPs by the college found that 59% of respondents felt nurses should have more prescribing powers. The new plan means that after a diagnosis involving conditions such as hypertension, asthma and diabetes has been made, prescriptions can be refilled without another visit to the doctor. Pharmacists and nurses will receive special training before becoming "supplementary prescribers." In Canada, Alberta pharmacists recently asked for the right to prescribe, but the CMA remains skeptical about the proposal (*CMAJ* 2003;168[1]:77). — *CMAJ*

CIHR floats "research-into-action" trial balloon

As trial balloons go, this one has the potential to alter radically the way research findings are made known to physicians at the bedside. But whether the concept will float out of the overheated health care atmosphere is going to depend on whether decision-makers are actually interested in finding more cost-effective ways of delivering health services, the president of the Canadian Institutes of Health Research (CIHR) says.

At issue is Alan Bernstein's embryonic proposal to create a number of "National Centres of Health Innovation" to help caregivers, policy-makers, hospital administrators and others become more aware of both new discoveries and new information about the efficacy of alternative forms of therapy.

Bernstein floated his balloon during a 2-day November summit on innovation and learning in Toronto. He argued that innovative means of translating research findings into action are desperately needed in the face of the coming "tsunami of change" that will be triggered by the genomics revolution.

"Think of DNA testing, pre-symptomatic testing for single gene diseases," Bernstein told *CMAJ*. "We can do that now for breast cancer, colon cancer. For the complex disorders like cardiovascular disease … we're soon going to know what the predisposing alleles are to disease and their interplay with lifestyle factors. That has to be incorporated into our health care system."

Health innovation centres could be established around specific diseases such as cancer or specific population groups such as children. For instance, a centre for child health could link Toronto's Hospital for Sick Children, the Children's Hospital of Eastern Ontario and the Montreal Children's Hospital "together with their host universities and other parties into a virtual network for knowledge translation. It would actually effect change in the health care system."

CIHR is investigating similar initiatives in the United Kingdom and US in hope of finding a suitable model for Canada. Regional consultations and a national summit will be held early this year to identify the best way to promote knowledge transfer. CIHR hopes to roll out some form of national initiative for fiscal year 2003/04.

"I want to ask questions," said Bernstein. "How do we turn research into action in the health care system? Does [the idea concerning centres] make sense? How would you see yourself reflected in it? How would you mutate it to make it better?

"These are purposely half-baked ideas. I'm throwing them out to get a reaction." — *Wayne Kondro*, Ottawa