tions cause negative outcomes, DTCA has a net positive effect, and the true value is probably less than this. A US Food and Drug Administration (FDA) survey of 500 American physicians reported that in 82% of cases, the fact that a patient had seen a DTC ad did not create any problems in the physician's interaction with the patient.[3]

In an open society, those who advocate restricting freedom of speech must make an ironclad case for public harm when they argue that drug-makers should not enjoy the same rights as the rest of us. Mintzes and colleagues are far from doing so.

John R. Graham
The Fraser Institute
Vancouver, BC

References

1. Mintzes B, Barer ML, Kravitz RL, Bassett K, Lexchin J, Kazanjian A, et al. How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care environments with and without legal DTCA. *CMAJ* 2003;169 (5):405-12.
2. Graham JR. CANSTATS Bulletin: *Who's afraid of prescription drug advertising?* Toronto: Canadian Statistical Assessment Service; 2003 Sep 8. Available: www.canstats.org/readdetail.asp?id=574 (accessed 2003 Oct 3).
3. Aikin KJ. *Direct-to-consumer advertising of prescription drugs: physician survey preliminary results* [MS PowerPoint presentation]. Rockville (MD): US Food and Drug Administration, Center for Drug Evaluation and Research: 2003 Jan 13. Available: www.fda.gov/cder/ddmac/globalsummit2003 /index.htm (accessed 2003 Nov 6).

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Barbara Mintzes and colleagues[1] conclude that if a patient brings up a DTCA drug with a physician, a prescription is likely to result. This conclusion might lead us to think that doctors feel pressured into prescribing medication. However, other studies have demonstrated that this is not the case. Spurgeon[2] reported that doctors said they felt "little" or "very little" pressure from their patients related to DTCA. In fact, only 6% of the 200 general practitioners surveyed felt strongly pressured to prescribe medication that the patients had learned about through advertising. All of the doctors who opted for the medications that patients had requested (instead of their usual choices) agreed that the prescriptions were acceptable for the diagnosed conditions.

In a recent personal communication with Mintzes (Barbara Mintzes, Centre for Health Services and Policy Research, University of British Columbia, Vancouver, BC: personal communication, 2003) I learned that physicians in the published study[1] judged a total of 92% of new prescriptions for requested DTCA drugs to be "very likely" (50%) or "possible" (42%) choices for similar patients with the same condition. It would seem that both these options indicate some degree of confidence in the medications, since the word "possible" means that a thing may occur under appropriate conditions (such as a similar patient with the same condition). This perspective on the data is quite different from that presented by Mintzes and colleagues,[1] who judged physician confidence in treatment choice in much more limited terms (they defined physician confidence on the basis of drugs that would be a "very likely" choice, i.e., 50%).

Moreover, DTCA was shown to be informative. Close examination of the results[1] reveals that the patients who were most exposed to the advertising of prescription medicines were the ones that physicians considered the best informed. For 71.4% of prescriptions requested by patients in Sacramento, where advertising is more common, the physician considered the patient to be knowledgeable about the medicine; in Vancouver, the proportion was 53.3% (these data are for any drug, not just DTCA drugs).

These findings are congruent with those of a previous study[3] involving 454 family doctors, who agreed that DTCA encouraged patients to take an active role in managing their health and led them to seek advice about problems that would otherwise have gone untreated.

Opponents of DTCA have never succeeded in demonstrating that the costs generated by an increase in the number of patients obtaining prescriptions for a drug that has been promoted by advertising are greater than the savings achieved by associated reductions in health services fees (e.g., hospital costs).

Marc Lacroix
President and CEO
LXB Communication-Marketing
Montréal, Que.

References

1. Mintzes B, Barer ML, Kravitz RL, Bassett K, Lexchin J, Kazanjian A, et al. How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care environments with and without legal DTCA. *CMAJ* 2003;169 (5):405-12.
2. Spurgeon D. Doctors feel pressurised by direct to consumer advertising [editorial]. *BMJ* 1991; 319:1321.
3. Lipsky MS, Taylor CA. The opinions and experiences of family physicians regarding direct-to-consumer advertising. *J Fam Pract* 1997;45:495-9.

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[Three of the authors respond:]

DTCA is illegal in Canada, which serves as a measure to protect those who are ill from undue marketing influences and from the harm that might result from medically unjustified use of medications. We trust that John Graham is not suggesting that the burden of proof be on health authorities to provide ironclad evidence of harm in order to maintain such safeguards.

Graham's claim that DTCA has net benefits if it elicits no greater ambivalence than requests for nonadvertised drugs assumes that the latter are beneficial. Antibiotics, anxiolytics–hypnotics, stimulants and narcotic analgesics were among the nonadvertised drugs requested in our study.[1] Advertising is not the only factor associated with pressure to prescribe, but if it adds to existing pressures, the net effect would be greater harm.

Graham quotes an FDA survey of US physicians, only 18% of whom felt that DTCA had created problems with a patient encounter.[2] However, 47% reported some pressure to prescribe, and 17% reported that the pressure was moderate to strong. In our study,