

Research paper on pharmaceutical advertising and ethics

[Business](#), [Marketing](#)



One aspect of the pharmaceutical business that has ethical ramifications is the use of advertising, particularly those directed to the consumer. Except for New Zealand and the United States, every developed country has banned direct-to-consumer (DTC) advertising (Woodward, 2010). Although there could be many reasons for this legal ban, one possible consideration by these countries is a belief that if made legal, the pharmaceutical industry does not have sufficient ethical standards to keep their advertisements in the best interests of consumers. This concern exists despite the availability of government-run health organizations to oversee the advertisement content and act as a socially responsible oversight group, such as the Food and Drug Administration (FDA) does the United States.

Studies have shown that DTC advertising does increase the chance that a consumer will request a particular medicine from their physicians as well as increase the chance that the medicine will be prescribed (Gilbody, Wilson, & Watt, 2003). It is therefore in the pharmaceutical company's best financial interest to use DTC advertising, if it is legal. But the question remains, is the system as currently present in the United States and other countries that allow DTC advertising ethical?

Critics point to the issue of medicalization or, its more slanted term, "disease mongering," as an example of an unethical use of DTC advertising (Moynihan, Heath, & Henry, 2002). Disease mongering is selling a disease in an advertisement rather than selling the medicine. Critics state that some of the problems with it include turning ordinary issues into medical ones (ex. baldness, thin eyelashes), mischaracterizing mild symptoms into portents of serious disease (ex. irritable bowel syndrome), turning personal or social

problems into medical ones (ex. social phobia), or turning risks into diseases (ex. osteoporosis) (Moynihan, Health & Henry, 2002). They argue that these types of advertisements extend the boundaries of treatable illness merely to expand the markets, rather than to treat those who are actually ill.

In contrast, pharmaceutical companies characterize this type of advertising as medical education. They justify this type of advertising as raising consumer awareness and do not distinguish whether the increased awareness is for the existence of the medicine or the existence of the disease itself. This is an example of the use of outcome-based ethics.

Whether or not this kind of information truly forwards consumers' best interest is actively being debated. For example, if patient has a disease but is are unaware of it and that disease doesn't affect their overall health, is it ethical to bring that disease to the attention of the patient to sell that medicine to treat that previously unnoticed disease? The answer is not clear, but it is certain that, as a DTC advertisement, these kinds of advertisements do increase sales of the advertised medicines.

A further ethical issue with DTC advertisements is the issue of side effects. Almost all medicines are non-specific enough that they cause side effects, that is, unwanted physical results from taking the medicine beyond the alleviating the disease symptoms (WebMD, 2012). Side effects are generally tolerated as a reasonable trade for the disease and the problems it could bring. However, it becomes a closer question with treatments for physical issues that are questionably even diseases at all. For example, is it ethical to sell medicine to treat thinning eyelashes if there is a potential for a serious side effect? Does the fact that the side effect occurs in only a tiny

percentage of those that take the medicine change the ethics of the situation? Again, this is a highly debated topic without any clear answers. Pharmaceutical companies have had to significantly alter the content of their advertisements in response to the side effect issue. This problem is the reason why the announcer in each DTC advertisement recites a long litany of possible side effects. Certainly, it provides a type of notice to the consumer of the possibility of the side effect, but the effectiveness of the notice is questionable. It is highly likely that consumers simply tune out that part of the advertisement. Knowing that, the question becomes whether by merely following the solution that has been dictated by the FDA in their social oversight position enough to make such advertising ethical for the pharmaceutical companies.

Possible disease mongering and the existence of side effects are just two of many ethical issues surrounding DTC advertising in the pharmaceutical industry. Although companies do carefully review their advertising and governmental oversight exists through the FDA, there are still many parts of its use that have questionable benefits for consumers. One thing that is certain, however, is that the advertising is of financial benefit to the companies in the form of more sales of their products. As a result, the use of DTC advertisement is a telling example of an ethical conflict that faces the pharmaceutical industry.

References

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