

Advertising in medical journals

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The issue of advertising in medical journals by the pharmaceutical industry has been thoroughly debated on both sides of the Atlantic, but not, as far as I can discover, in South African literature.^{1,2,3} Recently, there have been extensive investigations, with conclusions of consequence, into the quality and transparency of the pharmaceutical industry's research. The quality of the industry's marketing and advertising clearly depends upon this.^{4,5}

Benefits and harms

We might consider a clinical analysis and look at the benefits and harms of the practice of advertising in medical journals. For medical journals, the main benefit of carrying advertising is financial. It impacts upon their business models. According to Gaddis et al, readers benefit from the significant shortening of "the second translational gap, or T-2: the gap between the availability of new therapies and their broad implementation in medical practice".⁶

The advertisements' claims, if unreliable, can be harmful. These may be biased in favour of a particular drug, or fail to mention the potential side-effects.² It could be argued that, in justification of the claims, advertisements have the potential to generate peer-group discussions and online searching.³ But Spielmans et al found that less than half of all claims made in advertisements were backed by verifiable traceable sources. When the sources could be located, they supported the cited claims only 65% of the time.⁷

Richard Smith, former editor of the *British Medical Journal* and renowned advocate of evidence-based medicine, writes that: "We have good evidence to show that much drug advertising is misleading. A US congressional enquiry reported that from August 1997 to August 2002, the US Food and Drug Administration (FDA) issued 88 letters

accusing drug companies of advertising violations. In many cases, companies overstated the effectiveness of the drug or minimised its risks. These violations pursued by the FDA are almost certainly... the tip of the iceberg."²

Another harm is that such advertising becomes a practitioner's soft option for innovation, or keeping up to date. There is a correlation between the intensity of a drug's advertising campaign and the degree to which the drug is prescribed.⁸ The industry targets practitioners because whereas direct-to-consumer advertising, another subject of current debate, is one-to-one, advertising to practitioners via journals is one-to-many, and although it may happen indirectly, may result in more sales of the drug.

Why advertise pharmaceuticals only?

But if revenue is the main business-model motivation for selling advertising space, why is it unusual to find advertisements for commodities other than drugs or devices? It is also remarkable that, for industry, the cost of advertising in a medical journal is considerably lower than that of advertising in other journals and magazines. Fugh-Berman et al, in a comprehensive analysis of advertising practices, report that, "for example, although *Vogue's* circulation of 1 150 000 is almost four times larger than the *Journal of the American Medical Association's (JAMA)* circulation of 300 000, a *Vogue* advertisement costs almost seven times as much as a *JAMA* advertisement".¹ Why don't medical editors offer advertising space to other industries, such as the travel industry? In this way, they could avoid the abovementioned drawbacks and get paid extra revenue from those industries at high rates – the same rates that they are used to paying to other journals.

Double standards?

We have to sympathise with editors, whose responsibility for the reliability of research articles is becoming increasingly demanding. *The Lancet* retracted the now notorious Andrew Wakefield article linking MMR vaccination to autism on grounds of flawed procedure. That was before its fraudulent nature was exposed.⁹ But that is an extreme example of breach of trust upon which science depends.¹⁰ The criteria that determine the extraction of reliable research conclusions, and accordingly their assessment, are ever more stringent.¹¹ Yet, while journals apply increasingly high standards of reliability to the research articles selected for publication, they expect so much less of advertisements! If it is overzealous to turn this into a moral issue, how are we to understand the separation practised by the *Annals of Internal Medicine*, as quoted by Fugh-Berman et al? – “No journal requires the demonstration of product superiority as a condition for advertising. Competing drugs regularly cohabit in the same journal and when they do cohabit, they may be kept apart. The *Annals of Internal Medicine*’s advertising rate card states that: ‘Competitive products are separated by no fewer than four pages for primary indication only, as reflected in the ad content’.”

Close encounters

There are surprising revelations of the approaches to medical advertising, not by industry to the journals, but by the journals to industry. One *JAMA* advertisement in *Medical Marketing and Media (MMM)* states: “A priceless audience. At a price you can afford”.¹ An *Annals of Internal Medicine* advertisement asserts: “With an audience of more than 90 000 internists (93% of whom are actively practicing physicians), *Annals* has always been a smart buy”.³ “Wisdom is for sharing” is the headline of an advertisement in *MMM* from the *New England Journal of Medicine*.¹

Richards Smith said his confrontations with Eli Lilly during the rise and fall of the drug, benoxaprofen, in the 1980s had a formative influence on him. “It taught me something about conflict of interest: your opinion may not be bought, but it seems rude to say critical things about people who have hosted you so well...There’s a tendency to see the industry as villains and doctors as innocent victims, but that’s oversimplified. In doing their best for patients, doctors will

need to use the products that the pharmaceutical industry makes, and it’s reasonable that the industry should be able to promote its products...But health care, doctors, journals, and, I believe, the pharmaceutical industry would all benefit from relationships being ... kept more at arm’s length and businesslike.”²

It’s about placement

That “arm’s length” relationship can be reflected in medical journals through placement of advertisements. Advertisements should be clearly identifiable as such. They should not be interleaved with research articles. That *SA Family Practice* has given front cover treatment to advertisements in every issue since June 2010 is a step too far. You can have a decent relationship with your neighbour without inviting him to dinner. Perhaps the business model for a completely online journal may obviate these issues. It may be the way to go: to save paper, to reduce its waste, to reduce distribution costs, and even subscriptions. But, until then, let us allow our hard copy to die with dignity.

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