

# Advertising in medical journals: are we missing the point?



In this issue of *SAFP*, there is an interesting opinion piece by Ronald Ingle.<sup>1</sup> He writes about the benefits and harms of pharmaceutical advertising in medical journals and is concerned about the advertising practices applied to this journal, in particular the placement of advertising on the front cover. He has commented on this issue before.<sup>2</sup> *SAFP* formulated an advertising policy, which has been

applied ever since. His article and this editorial are published in the interest of transparency and debate, because, as he rightly points out, this matter has not been discussed adequately in South Africa.

Let us state the fact upfront: advertising income is essential to sustain the privilege of receiving a free print issue of *SAFP*, as the current business model stands. The SA Academy of Family Physicians (Academy) contributes substantially to production costs, but the largest portion comes from advertising income. Other journals experience much the same, as in the case of the *Canadian Family Physician*, where advertising covers 60% of the production costs.<sup>3</sup> Without such advertising income, *SAFP* would have to revert to a different business model, relying more heavily on subsidy from the Academy and, if there is a shortfall, on contributions by authors in the form of publication fees. In all likelihood, the print version would have to be discontinued, or, at best, it would only be available on order. This is a deliberate choice that would have to be made by the Academy, if that is what the members of the Academy want.

The whole argument against advertising, and, in particular, pharmaceutical advertising, hinges around the purported inaccuracy of such advertising, and the undue influence such advertising has on the prescribing habits of doctors. The argument goes that doctors and their patients need to be protected against the false or, at best, inaccurate claims of the advertisers.

I am strongly in favour of the open access publishing model, because I believe that scientific knowledge belongs in the public domain if it was funded by the taxpayers of this world, and that the open access model is the most efficient way of disseminating such new knowledge. *SAFP* is an open access journal, but also has a print version, which is distributed free of charge to more than 5 000 doctors every second month. I also believe that the best way to sustain open access journals is publication fees, which are usually paid by the funders of research (and not the author, from his or her own pocket). Publication fees usually form a very small component of any research budget. Advertising income for open access journals reduces the reliance on publication fees and owner subsidy and, as such, should be welcomed.

I do, however, think we should question some of the criticism levelled at pharmaceutical advertising in medical journals. It is quite obvious that Ingle is not against the advertising of non-

pharmaceuticals, and he asks the question why medical journals don't carry (more) such advertising. The answer is actually obvious, because journals do not attract a great deal of this advertising. Advertisers of non-pharmaceuticals have access to vast media choices for their products, and only advertise in medical journals if they wish to specifically target medical professionals. We all know about the declining real income of doctors, so it is no wonder that they perhaps prefer to reach other high-income groups! On the other hand, pharmaceutical companies may only advertise scheduled medicines to doctors and may not advertise directly to the public, hence their reliance on medical journals.

Why do opponents of pharmaceutical advertising in medical journals not trust doctors to exercise their professional judgement? Doctors are trained for at least seven years, and specialists at least 11 years. After all that training, they must surely be capable of making independent decisions about the benefits and harms of medicines. Medicines are also strictly controlled by governments, and there is legislation against false or misleading advertising. Most medical journals also have strict advertising policies. Perhaps we should allow all this regulation and the professional judgement of doctors to fulfil their functions.

When I asked a senior colleague and experienced editor of a leading medical journal his policy on advertisement placement, he answered that he would never place advertising inside an article or between articles. He reasoned that it has always been done that way, and that it would detract from the value of the article. No other reason than tradition. Why don't we have a problem with sponsors changing the names of rugby stadiums, for instance "So-and-So Newlands", but we have a problem with medical journals placing advertisements on their front covers? Would "So-and-So SA Family Practice" also go too far against tradition?

Our constitution protects the right to free speech and advertising, after all. Advertising contributes to the dissemination of new knowledge and reduces reliance on Academy and author funding and, I believe, we should allow government regulation, the law and the sound judgement of journal editors and doctors to protect our patients.

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**Conflict of interest:** Pierre JT de Villiers is also the managing director of AOSIS (Pty) Ltd, a commercial open access publisher of scholarly journals.

## References

1. Ingle RF. Advertising in medical journals. *S Afr Fam Pract.* 2010;53(4):392-393.
2. Ingle RF. Advertising in SA Family Practice. *S Afr Fam Pract.* 2007;49(1):4.
3. Hoey J. Should medical journals carry pharmaceutical advertising? *NO.* *Can Fam Phys.* 2010;56:979-981.