

Preliminary draft  
References not included

#### ADVERTISEMENTS

At three previous meetings of the International Committee of Medical Journal Editors questions have been raised about the role of advertisements in peer-reviewed medical journals. Such concerns have arisen among several editors because of the dependence on advertising as a source of revenue, disincentives of readers to appreciate costs of journals and to purchase them, a waning interest in the regulation of advertising on the part of FDA, and the proliferation of international journals that may juxtapose local products to peer-reviewed articles from another country. The use of the term "data on file" was especially concerning to the group. Concerns about the misuse of reprints and the unclear provenance of many articles have also been expressed.

Within the past decade, nearly all the participating journals of the Committee of Medical Journal Editors have editorially addressed the subject of pharmaceutical advertising, most notably The New England Journal of Medicine. Each of the three editors of The New England Journal during the past thirty years has written at length on this issue and has encouraged reader participation. Numerous other journals have published articles on the topic. A MEDLINE search of medical journal advertising since 1974 found 210 references, and perhaps half that many have been located for the years prior to 1974.

In 1957 at the Third Congress of the Union Internationale de la Presse Médicale in London, Dr. Joseph Garland addressed the subject of editorial responsibility for "the character and quality of the medical advertisements that our journals accept and that are so vital to their prosperity." Garland felt that the problem had become a growing concern because commercial pressures

engendered by the rapid growth and prosperity of the pharmaceutical industry were leading to "an increasingly uncomfortable awareness of our own editorial obligations in the matter." Garland warned that if unrestrained this influence might have a very undesirable effect on medical progress and practice. He pointed specifically to the advertising that recommended pharmaceutical products in cases where they are not indicated; the encouragement of unnecessary combinations of agents; and "the proffering to and acceptance by the profession of gratuitous patronage outside the scope of reasonably friendly professional relations." To Garland the prospect of medicine becoming a junior partner to the big business of pharmaceutical manufacturing was not unrealistic.

Garland felt that it was the business of the editor to be as concerned with the character of the advertisements as with the scientific and editorial text of the journal itself.

The issue of a journal's self-interest raised the most difficult question: to what extent must the editor be concerned with the fact that the financial solvency of his journal depends on the good will of the advertiser, and to what degree is he protected by the valuation that the manufacturer places on the good will of his particular journal?

Between 1921, when it became the property of the Massachusetts Medical Society, and 1954 the New England Journal of Medicine adhered to the principles established by the Council on Pharmacy and Chemistry of the American Medical Association. At that point the Journal drew up its own

set of similar (albeit more liberal) principles, began publishing them in each issue, and established a committee of the editorial board to effect the requirements. The committee consisted of an officer of the medical society, a clinical teacher and investigator, and a clinician with a special interest in pharmacology. All new advertisements were rated on an A, B, C, D scale in reference to both the product and the copy. Advertisements were accepted with a "high C" rating ("products of questionable therapeutic value, or ones that may contain an unnecessary multiplicity of agents"; in copy rating, "C represents poor taste, with exaggerated claims"), although this hardly seemed to uphold rigid standards.

Through its editorial text Garland believed the Journal would promulgate and uphold ethical pharmaceutical standards aimed at making "the taking of medicine a somewhat more conservative and effective exercise than at present. Ingelfinger in 1969 estimated that the subscription price of the Journal was 70% less than cost because of income derived from pharmaceutical advertising. He believed this did not affect the Journal's contents but acknowledged that there had been criticism that the support influenced medical practice to the advantage of the industry and to the disadvantage of the patient. He rejected suggestions that advertising be totally eliminated, subject to the vigorous review applied to scientific manuscripts, or meticulously consored. Ingelfinger dismissed outright the notion that editorial decisions will accommodate the desires of the advertiser but did not address the issue of appearances. He condemned the unconscionable competitiveness of advertising agencies but defended the commercial venture of distribution of Journal's abstracts by Eli Lilly. As to eliminating advertising Ingelfinger believed the subscription prices would increase to a level not affordable by most doctors and medical students. Ingelfinger

dismissed as fatuous disarming and irrelevant arguments that medical professionals are not misled by promotional activity. "That we know all about drugs in an ever changing scene of complicated and innovative pharmacology is an arrogation of knowledge that thwarts competent medical practice, and that we are not misled by advertising is true to the extent that other information is available... The physician reader may be titillated by the swinging copy, but he will be guided, I think, by the sober science." Like Garland, he called on the medical profession to renounce once and for all the acceptance of social and totally impersonal favors from the pharmaceutical industry.

Relman has also expressed concerns about problems in taste and scientific accuracy of medical advertisements. However, he points out that the issues involved in refusing such advertising are complex. He has encouraged readers to bring to the attention of the Food and Drug Administration any questionable advertisement.

Several complaints about advertising are repeatedly discussed in the correspondence columns of medical journals: the lack of precise information on the cost of a drug; the hypocrisy of seemingly minimal editorial review of advertisements in contrast to stringently peer-reviewed editorial content; the interspersal of advertisements in editorial content; the frequency of a given advertisement; the paucity of review articles on drugs, including examinations of both medical and social implications; the publication of advertisements for products editorially discussed in the same issue; color advertising (in contrast to black and white text); misstatements and exaggerations of scientific worth of a product; appeals for needless uses (of both drugs and testing devices); the irony of worldwide preoccupation with drug abuse while encouraging excessive

use of drugs, and sexist, racist, and ageist advertising. (Most calls for censorship arise here. Many of the authors making the last accusation appear to be requesting not an end to the use of graphic appeals but rather more socially accepted appeals.) In only a few instances was it pointed out that drugs were being promoted for conditions that might equally benefit from non-pharmaco therapeutic measures. Very few complaints have been published in peer-review journals about the role of the pharmaceutical industry in subsidizing medical education, medical supplements paid for by industry, cocktail parties, questionable practices by the pharmaceutical industry, third world marketing practices, and, in fact, the very origins of prescribing. The most frequently criticized categories of drug advertising include those for antibiotics psychotropic agents, and anti-arthritic agents. In psychotropic drug advertisements it has been especially noted that placement of people and their problems in clearly identifiable categories encourage "at-a-glance" diagnosis and expose the physician to emotional appeals. In one study, non-rational appeals were found in 58% of illustrations accompanying 329 advertisements. Antibiotic advertising plays down similarities and compares drugs only to unrelated groups and not with derivatives from the same group. Notwithstanding serious concerns about the outgrowth of resistant strains, there is great therapeutic enthusiasm for newly introduced antibiotics. Anti-arthritic advertisements and analgesic advertisements have been criticized for reliance on the use of mass media by public relations firms. The increase in the number of mass media advertisements for OTC products and prescription products alike has been a source of concern.

Should the subject of medical journal advertising be considered in isolation or can it only be addressed in a continuum of the overall promotional intensity of the industry? Other forms of advertising include special supplements to peer-review journals, controlled circulation publications ("throw-aways"), single sponsor publications ("house organs"), direct mailings, continuing medical education meetings, the training of medical students and hospital and retail pharmacists. The increased marketing of drugs to patients and questionable practices in developing nations are topics that may well be considered in any discussion of the role of the medical journal.

Several findings are of interest in a consideration of the role of advertising in peer reviewed journals. Advertising is unquestionably an effective means of building sales of pharmaceutical products. Between 12% and 40% of company sales goes into such advertising, 10%-20% of which is placed in medical journals. Although medical journal articles have been found to represent the most unbiased source of assessment of newly introduced drugs, the advertisements in the journals are poor on science. Between 26% and 37% of the references are unavailable (including 9%-16% unpublished), and the companies have not been found able to supply all references. In one study only 6% of references supplied were considered adequate and independent studies. Journals play a dual role as an important source of first notice and, more importantly, as a legitimizing source. Overall medical journals are an indispensable component of any marketing strategy.

The objectives of the editorial and advertising departments of peer-reviewed medical journals are separate and distinct. Accordingly, the following guidelines are proposed:

No advertiser should be given advance notice of editorial content either of an individual article or the table of contents.

The advertising policy of the journal should be published in each issue.

A committee should review all advertisements for taste and accuracy.

The editor should be the final arbiter on matters of advertising acceptability.

Readers should be encouraged to scrutinize and comment on advertisements as well as editorial content.

Alan Blum, MD

Editor

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