

Impact of Direct-to-Consumer Advertising on Healthcare Providers and Consumers

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Direct-to-consumer advertising (DTCA) has been available in the United States since 1997, when the U.S. Food and Drug Administration (FDA) lifted restrictions on the promotion of prescription drugs to the public. Now the practice is common in print and electronic forms of media. Those who access those forms of media cannot avoid being exposed to such marketing.

Healthcare professionals, whether as providers or consumers of health care, are affected by DTCA. This article will provide an overview of DTCA, a review of related literature, and a discussion of the strengths and limitations of the process. Ultimately, healthcare professionals can use the information when educating patients and be aware of the impact of marketing strategies in their personal lives.

The Scope and Impact of Direct-to-Consumer Advertising

Currently, the United States is the only country that allows DTCA. Although previously allowed to some degree in European, Canadian, and Australian markets, DTCA has been banned in those places primarily because of concerns that such marketing might endanger rather than promote health or contribute to increased or inappropriate pharmaceutical use (Mansfield, Mintzes, Richards, & Toop, 2005). Current guidelines allow pharmaceutical companies to advertise directly to consumers if such advertising provides balanced discussions of risks and benefits (Vastag, 2005).

The practice of DTCA has provided a constant and lucrative source of revenue for print and electronic forms of media. In 2004, pharmaceutical companies invested \$4 billion in DTCA (Lenzer, 2005). For every \$1 spent on direct advertising, companies reap an additional \$4.20 in sales (Hollon, 2005). Approximately 20 prescription drugs account for about 60% of all spending on DTCA (Hollon).

The impact of DTCA is not limited to financial gain. In 2004, DTCA prompted an estimated 28 million American patients to speak with their healthcare providers for the first time about health conditions they were concerned about or might be experiencing (Lenzer, 2005).

In August 2005, the Pharmaceutical Researchers and Manufacturers of America (PhRMA) released voluntary advertising guidelines. Many speculate that the action was intended to placate and appease the FDA, which is considering tightening DTCA regulations (Vastag, 2005). The PhRMA guidelines encouraged DTCA that increases awareness of various dis-

eases and educates patients regarding treatment options.

The practice of DTCA is different from other forms of advertising (Cline & Young, 2005). First, in most cases, patients must be attracted to a product (which is not unlike other advertising). The process requires a second step, which includes patients engaging the cooperation of healthcare providers to prescribe recommended treatments (which is different from other advertising, which encourages consumers to purchase products).

Research Relating to Direct-to-Consumer Advertising

Little research has been reported on the impact of DTCA. Most research centers on the impact of DTCA on increased use of services. Little or no patient education or nursing research has been reported. Overall, most DTCA, even when associated with serious illness, projects an image

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