Correspondence

Therapeutic information in drug advertisements

SIR,

Doctor Gerry V Stimson in his article 'Do drug advertisements provide therapeutic information?' identifies the need of practising doctors for current information on new drug therapy. Few would disagree with his logic on this point but to seek in drug advertisements some sort of 'open university' is to mount a quest which hardly merits the obvious vigour and enthusiasm of his research.

A cursory inspection of advertisements in the major medical journals reveals at once that the pharmaceutical industry is under no misapprehension that it is in the midst of a major educational crusade. Their advertisements are simply there to sell the products they proclaim. Nevertheless many doctors feel that the industry lives up to its responsibilities admirably, and I for one shudder at the thought of a state-run pharmaceutical monopoly which would undoubtedly lead to the death of many medical journals through lack of advertising revenue and the loss of a considerable educational force in the form of published work.

It is pointed out that although something like 200 new drug products appear on the market each year only five significant chemotherapeutic advances are made annually. Thus it is clear that to stay in business each pharmaceutical company must promote its proprietary brands in competition with many others producing chemically similar substances. Here we are dealing with the established operation of our society. The consumer may have at his disposal several similar cars differing only in appearance and minor detail but it is wrong to assume that he should study each vehicle to the extent that his decision is based entirely upon one extra cubic centimetre of cylinder capacity or other trivia. Why should he not choose the one because he prefers the colour or the shape?

Many factors influence the effectiveness of therapy with drugs: the very manner in which the prescription is written; the doctor's instructions to the patient; the patient's confidence in the doctor may all play a part. This is the less scientific side of medicine which annoys us as technicians but we recognize in clinical medicine. Thus the choice and maintenance of a variety of preparations which have to be supported individually by advertisement is important.

A doctor seeking pharmaceutical knowledge cannot complain of lack of information. There are, as Dr Stimson notices, many channels of information available. However, to deny the manufacturer the chance of displaying his wares in the most suitable manner in the belief that he should be educating us is a basic misconception. More to the point, the industry would certainly not waste its money on these advertisements unless they were effective. If we seek to change these methods and make teachers of the companies instead, we must change our reactions to contemporary advertisements. When we fail to be influenced the manufacturers will soon learn to modify their appeals.

The main function of advertisements today in medical journals seems to be the subsidizing of printing costs without which the non-commercial copy would not be published. Thus indirectly the advertisements provide a continuing source of educational material enabling learned papers to be published from which the mature scientist, who passes over the advertisements, draws his knowledge.

JOHN IND

General practitioner, London

Voluntary euthanasia

SIR,

In your issue of December 1976¹, you include a report on the question of a mental patient's ability to refuse treatment, and quote the Butler

report on mentally abnormal offenders. This set out a formula under which treatment could be imposed against a patient's wishes if the patient were likely to be violent himself or others, or if the treatment were necessary to save his life or stop him from deteriorating. Yet elsewhere in that issue (p 183) I discussed the moral dilemma involved in the case of a prisoner who decides to starve himself to death and it is pointed out that the Declaration of Tokyo will probably include the 'right of an individual to starve himself'. This accords with the recent decision in Britain that forcible feeding of prisoners should be discontinued.

The recent consultative document from the Department of Health and Social Security, 'Review of the Mental Health Act 1959', proposes that the Butler formula should also be applied in the treatment of non-offender detained mental patients. Yet earlier in the document, the authors make clear their belief that most mental patients are quite capable of making valid decisions about whether to refuse treatment. Strangely, however, if they decide to refuse treatment in the knowledge that such refusal might hasten their death, we are supposed to imagine that such decisions would be irrational, and should be overridden.

In its evidence on the Review, the Voluntary Euthanasia Society has proposed instead that treatment should only be imposed against the patient's wishes where he is clearly unable to appreciate the significance of his decision, or if he is likely to be violent to others. Unless these criteria apply, there seems no reason why a mental patient should not be able to exercise a right to die through refusal of treatment.

NICHOLAS REED
Committee member

The Voluntary Euthanasia Society

Reference

- 1 Smith, Tony, *Journal of medical ethics* 1976, 2, 209-210