Crossing the Line

Have you noticed the strategy behind targeted marketing on TV? It’s not hard to figure out. For instance, my husband and I like to watch public television in the evening. While our son was visiting, he pointed out that all of the ads were either for Viagra or a cruise to some exotic location. These were obviously targeting a certain demographic—older folks! Wait, we’re older folks? Us? Really?

Anyway, the ads for sugar-filled cereals are shown between cartoons on Saturday morning; the ads for detergents appear during the day; the ads for fast cars appear mid to late evening, and so on. On top of the timing, the images and messages are designed to pull you in. Cigarette ads are not legal anymore, but when they were, they used to make you feel that if you smoked, you would be sexy, sophisticated, or strong; or maybe all those things together!

I recognize that marketers have a job to do. They sell products. I get that. And I’m an adult; I can decide what I want, what the value is, and whether I can afford it. I can be objective. But not everyone can be.

I was really touched by a recent opinion piece in The New York Times written by Matt Jablow, a heartbroken widower who lost his 48-year-old never-smoker wife to lung cancer. He detailed their story, especially the failed attempts at systemic therapy, including a clinical trial. After her death, his grief was compounded by a 90-second TV commercial for one of her therapies that projected a longer life and happier times, as if everyone got better.

Jablow pointed out what clinicians already know: as with most therapies, only a fraction of patients benefit from the drug. But that doesn’t usually come across in direct-to-consumer ads.

I’ve never been comfortable with direct marketing to patients. The United States is one of only 2 countries that allow this. You’ll see the ads on TV, in the newspaper, in magazines, and on billboards. Patients with a terminal disease are sick and desperate. The ads don’t include all the facts, and, even if they did, patients usually aren’t trained to interpret them. Besides that, a good drug doesn’t need an ad to patients. Oncologists adopt active new drugs into their practices pretty quickly. Patients don’t need to see ads to figure out what treatment they need. They just need to talk to the doctor!

I really believe the FDA needs to get on top of this and that we should stop direct-to-consumer advertising of drugs. It takes advantage of a vulnerable group, and that’s wrong.

You can tell I’m kind of steamed about this. These direct-to-consumer ads aren’t cheap. Neither are the drugs. Could there be a link? Wouldn’t it be nice if the direct-to-consumer ads stopped and the savings allowed pharmaceutical companies to lower the cost of drugs? In a perfect world, it could happen.

Reference