

Truth in Advertising...Or Not

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Football season and its endless ads got me thinking about all the advertising messages that come our way. Even though I do not admit to watching “too much” television, my heart sinks every time I hear about a certain erectile dysfunction drug or how effective a certain “Low T” drug is. These ads are all over TV, magazines, and billboards, so I’m sure that these drugs are front and center in a lot of my patients’ minds, especially with the added nudge of “ask your doctor about _____”.

At least a few of my patients want to know their testosterone levels, as they think that their fatigue may be related to “Low T.” We then end up having a conversation about the possible causes of fatigue, often focusing on sleep quality and quantity; nuances of checking testosterone levels; and the risks and benefits of treatment, if it is indicated. Needless to say, this can take time away from other important medical issues. Again, advertising has made a disease popular while overlooking the nuances that medical decision making requires. There is no relationship between public health needs and the direct-to-consumer (DTC) advertising that we see around us (<http://archinte.jamanetwork.com/article.aspx?articleid=1726956>).

A recent article in *JGIM* talks about the lack of truth in advertising medications to patients and found that DTC advertising leads to misconceptions in patients (<http://online.library.wiley.com/doi/10.1046/j.1525-1497.1999.01049.x/full>). All this misinformation likely leads to higher costs in health care, too. Anecdotally, I can tell you that if I got a dime for every time a patient asked for a drug by name, I would not need to go to work. Luckily, I work for the Veteran’s Hospital, so we have a strict formulary that usually offers the best value

for the patient. Most often, when a patient requests a certain medication by name, I have to unpack the request and figure out what exactly he/she is thinking. Needless to say, this requires time that most primary care physicians (PCPs) do not have. I have noticed that even the World Health Organization sees this as a problem and that perhaps the tide is slowly turning (<http://www.who.int/bulletin/volumes/87/8/09040809/en/>).

As we begin thinking seriously about costs of care and ways to make health care both rational and cost-effective, as a society we will have to re-think the way we view DTC advertising. We are doing our patients no favors by allowing byte-sized, misleading advertising. I am looking forward to the day when broccoli is advertised during the Super Bowl, but I know I’m dreaming.

This also leads me to think about all the information that our patients get from various sources—especially the Internet. Our patients have many options for gathering information, and as PCPs we have a duty to help them find their way around this brave new world.

Here is a short list of things that we can encourage our patients to do when they seek health information. Of course, the list is subjective, and I encourage *Forum* readers to add their recommendations:

1. Be skeptical. Our patients vary in their level of health literacy, but during ill health and times of stress they may be less able to figure out hype from reality. We need to get back to the root of our profession. “Doctor” originates from the Latin root *docere*, meaning to teach. We need to be able to teach our patients how to take care of themselves.
2. Show patients reliable websites for health information—sites like Medline Plus and the National Library of Medicine. These sites are typically run by respected government, academic, medical, and non-profit organizations.
3. Understand the health education connected to electronic health records. The health care team should be aware of these resources and use them appropriately.
4. Tailor health messages to your patients, even though this will take time and energy. I remember a patient discussing the use of bitter gourd extract instead of usual care for type 2 diabetes; when I asked the patient where he found this information, he said that it was from the site where he bought the extract. Our patients will have varying levels of skepticism, sophistication, and education (just like us). In my experience, tailored education leads to important downstream gains, as patients who are involved in their health care make more informed decisions.
5. Involve the health care team. PCPs have many helpful resources that can be used for patient education, including peer educators.
6. It is so important that it bears repeating—be skeptical. If something sounds too good to be true, it probably is. All the pretty pictures on television make each disease look entirely curable with the right pill. As clinicians, our job is to help our patients understand their illnesses, deal with the uncertainty that goes along with ill health, and support their unique journey.