

## Chapter 13

# Impact of Manipulative Character of Direct-to-Consumer Promotion

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### ABSTRACT

*Marketing of pharmaceutical products has remained under firm hold of ethical and legal norms. Direct advertising or any other form of direct promotion has been illegal in any or every country. Arrival of information technology, however, has ensured patients now have direct access to every possible detail of their ailments and their treatment through direct-to-consumer promotion (DTCP). Certain studies have shown that physicians consider DTCP to have manipulative character and are designed by pharmaceutical companies with ulterior motives. The aim is to explore relationship between manipulative character on self-medication propensity, negative perception, and poor patient-physician relationship as per the perception of physicians. With data from 218 physicians, insights into perceived manipulative character, self-medication propensity, negative perception, and poor patient-physician relationship have been achieved. The finding has important implications for regulatory bodies, pharmaceutical companies, and healthcare sector stakeholders.*

### INTRODUCTION

Marketing of pharmaceutical products has remained under firm hold of ethical and legal norms. Direct advertising or any other form of direct promotion has been illegal in any or every country. India is not an exception to this. In fact, in all over Asia there is no country which has given Direct to Consumer

DOI: 10.4018/978-1-5225-7095-0.ch013

Promotion DTCP a legal status in the pharmaceutical industry. In India the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 prohibits promotion of diagnosis, cure, mitigation, treatment or prevention of any disease, disorder or condition specified in the Schedule, or any other disease, disorder or condition (by whatsoever name called) which may be specified in the rules made under this Act to the general public. Violation of such an act is considered a cognizable crime and in case of a first conviction invites imprisonment which may extend to six months, or with fine, or with both. In case of subsequent conviction, the imprisonment may extend to one year. According to the act, advertisements can only be sent to a registered medical practitioner by name or to a wholesale or retail chemist, the address of such registered medical practitioner or wholesale or retail chemist being given and such document should bear at the top, printed in indelible ink in a conspicuous manner, the words. "For the use only of registered medical practitioners or a hospital or a laboratory". Further in India medicines need to be sold strictly against prescriptions. No other health care practitioners such as nurses, pharmacists, clinical psychologists can prescribe drugs.

Direct promotional efforts to patients till some time back have been limited to over-the-counter drugs which treat common symptoms such as fever, aches, cough and cold. Any promotional effort of prescription drugs, invites severe punishment by the judiciary and regulatory bodies. Thus, till the recent past, patients had very little information about the disease, its manifestation and its cure/prevention. In other words, patients were ignorant about their ailments and the society believed it was best for them to remain ignorant.

Arrival of Information Technology, particularly the internet, has, however, changed the scenario. Patients now have direct access to every possible detail of their ailments and their treatment. The Government finds it impossible to keep away the patients from the enormous information that is now available to the patients. Thus, DTCP is not just inevitable but is already happening.

Consequently, patients today are a knowledgeable lot. They not only seek information for the sake of curiosity, but actually debate with physicians about their treatment options. Many studies have confirmed this trend. Web-sites of major pharmaceutical companies have special sites for patient information. Many companies have successfully created channels of communication with patients through their corporate websites, disease websites and product (brand) websites (Jha, 2005).

How beneficial it will be, depends upon how it evolves in the future. Responsible behavior vis-à-vis DTC can usher in new possibilities in healthcare whereas irresponsibility in this respect will extract terrible consequences from humanity. (Kerber & Ross 2005)

## **Negative Aspects of DTCP**

The opponents of DTCP, firmly put forward its negative consequences. They argue that it is a tool to provide inaccurate/insufficient/manipulative information to patients to generate unnecessary (and potentially harmful) demand for medicines. This results in increased healthcare costs, misuse/overuse of drugs and poor patient-physician relationship (Auton, 2006; DeLorme, Huh, Reid, and An 2011; Huh 2014). Indeed, studies indicate that a significant relationship exists between DTCP expenditure and overall sale of medicine (Dave and Saffer 2012; Law, Soumerai, Adams, and Majumdar 2009; Rosenthal et al. 2003). Economic aspects of DTCP, however, are not considered for this study and which mainly focuses upon the perceptual aspects of the phenomenon.

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