

Trend 9 – CONSUMERISM IN HEALTH CARE

INTRODUCTION

Consumerism in health care is the process of enabling and engaging consumers more directly in the selection and purchase decisions regarding health care services.¹ While increased consumer choice allows individuals to make better-informed choices about when, where, and from whom to seek health care,² consumerism in health care may lead to inequity, needless consumption of resources, and compromised quality of care.³ As well, perhaps the most serious consequence of implementing consumer choice in a publicly funded health care system is that it could lead to a change in motivation among health care professionals (i.e., health care professionals will be more motivated to satisfy the consumer's requirements at the lowest possible cost to the provider, rather than be motivated to improve the overall welfare of the consumer).⁴

SUMMARY OF KEY FINDINGS

Growing Challenges:

- Direct-to-consumer advertising (DTCA) is used by pharmaceutical companies to stimulate demand and increase sales for high revenue products.
- The popular media continues to play a crucial role in communicating information about health treatments. There are concerns though about the quality, clinical relevance, and accuracy of health care issues that are reported in the media.
- Rates of alternative and complementary medicine (CAM) usage have increased slightly in both Canada and the US despite the media not reporting on the overall trend toward evidence-based CAM.

Emerging Responses:

- A recent, Canadian DTCA court challenge was dismissed due to lack of evidence and failure to prove how current DTCA laws

contravene the Canadian Charter of Rights and Freedoms.

- Media Doctor websites continue to be set up around the world, most recently in Hong Kong, to provide objective analyses of health news reported in the media.
- The Complementary and Alternative Medicine in Undergraduate Medical Education project aims to help medical school instructors impart to students the knowledge, skills, and attitudes to discuss complementary medicine with patients in an informed and non-judgmental manner.

GROWING CHALLENGES

Direct-to-Consumer Advertising

There may be a misalignment between the interests of the pharmaceutical industry and those of public health.⁵

- The growth of DTCA has been attributed to structural changes in the health care market, especially the health maintenance organizations, which usually prefer cheaper generic drugs to more expensive name-brand ones. This change limited pharmaceutical companies' ability to influence physicians through direct-to-physician marketing tools, and prompted a shift to DTCA.⁶
- Direct-to-consumer advertising (DTCA) of full product ads has been permitted on television since 1997 in the United States. Prior to 1997, this type of advertising was allowed only in print. The only other country to permit this type of DTCA is New Zealand.⁷
- In Canada two types of DTCA are permitted.
 - In 1996, a Health Canada advertising policy statement redefined the boundary between 'information dissemination' and 'advertising,' allowing for help-seeking ads.

- In 2000, Health Canada published an administrative policy paper that allowed branded 'reminder advertisements' targeting the general public.⁸ In the European Union and Australia reminder advertisements are permitted (no drug names are mentioned but patients are advised to "see your doctor").⁹
- Europe spent more than US \$85 million on unbranded DTCA in 2004, with spending expected to reach US \$348 million by 2008.¹⁰
- Australia's free trade agreement with the US allows unbranded advertising in Australian media to be linked to branded information on websites.¹¹
- The Canadian pharmaceutical industry spent over CAD \$90 million on branded advertising from 1995 to 2006. Despite this rise in spending in Canada, the volume of advertising is less in comparison with the US. US advertisers spent CAD \$36.2 billion from 1995 to 2006.¹²
- The most heavily advertised product in Canada during 2006 was Celebrex (a drug for arthritis) even though in 2005, Health Canada warned physicians not to prescribe this drug to patients with heart disease and recommended restricting prescriptions to the lowest possible dose and for the shortest period of time.¹³
- In 2006, US spending on DTCA reached almost \$5 billion. However, expenditures have lagged for the past two years in part as a result of the economic downturn.¹⁴ The reduction in spending to \$4.4 billion in 2008 was the first reduction in DTCA spending since the late 1990s.¹⁵
 - A limited number of drugs accounted for a large proportion of this spending; the top 25 DTCA brands accounted for 62% of total DTCA spending in 2008;¹⁶ these products tend to treat only a few disease types (e.g., depression, insomnia, erectile dysfunction).¹⁷
- According to a report by the American Medical Association, DTCA resulted in a positive return on investment for more than 90% of brand-name drugs, 70% of which had returns in excess of 1.5 times the investment and 35% of which had a return of more than 2.5 times the amount invested.¹⁸
- On November 22, 2007, viewers of a nationally televised football game witnessed the launch of the first DTCA campaign for percutaneous transluminal coronary angioplasty (PTCA) with a drug-eluting coronary stent. This marked a transformation in DTCA, which has for the past decade focused on brand-name pharmaceuticals.¹⁹
- The results of a longitudinal study on DTCA indicate that DTCA has the potential to modify drug use. However, the results are mixed as to the long term effectiveness of DTCA. One drug in the study received an initial (short lived) rise in prescription rates, but DTCA had no impact on the other two other drugs examined in the study.²⁰
- There are arguments both for and against DTCA:
 - Proponents argue that it increases appropriate consultation for undiagnosed or untreated health conditions. A 2002 Ipsos Reid survey found that 68% of Canadians support direct-to-consumer prescription drug information.²¹
 - Opponents claim that DTCA can cause damage by instigating rapid, widespread use of new drugs before harmful effects are fully known,²² confuse and mislead consumers, and interfere with the physician-patient relationship.²³ It may also contribute to higher costs through promoting new expensive drugs that may not have treatment advantages.²⁴
- Commercialization of genetic technologies is also expanding the horizons for the marketing and sales of genetic tests direct-to-consumers (DTCs). One study found that genetic tests advertised DTC over the internet with low clinical utility are provided with minimal professional oversight and counselling services. This may lead consumers to overestimate or underestimate their risks of developing health conditions with complex etiologies.²⁵

Media and Dissemination of Health Information

- News media coverage of health issues has increased dramatically in recent years:
 - A report by the Kaiser Family Foundation and the Pew Research Center's Project on Excellence in Journalism (PEJ) found that between January to June 2009, health news represented 4.9% of all news coverage. This is a 36% increase over 2007, and also higher than the first half of 2008, when it was 3.6%.²⁶
 - In the United States, the New York Times increased its media articles content by 425% between 1969 and 1988. The appetite for health news and health-related television has also increased in Australia.²⁷
- The internet and social media networks like Twitter are changing the way individuals receive health information.
 - According to a Statistics Canada survey, 21.7 million Canadians aged 16 and older (80%), went online for personal reasons during the 12 months prior to the survey. Of those individuals, 70% used the Internet to search for medical or health-related information, up from 59% in 2007.²⁸
 - A hospital web manager suggests that hospitals use social media sites to blog about experiences, upload videos of surgeries and "tweet" updates from operating rooms.²⁹
 - As of October 2010, 871 US hospitals were listed in the Hospital Social Network list, maintained by a director of web strategy at the University of Maryland Medical System. Combined, these hospitals have 2,259 social networking sites, including 421 YouTube channels, 679 Facebook pages, 648 Twitter accounts, and 94 blogs.³⁰
 - It is also suggested that Twitter may be a useful tool in disseminating information quickly in emergency situations (e.g., infectious outbreaks).³¹
 - The MOHLTC's Mumps Campaign used various social networking sites such as blogs, Wikipedia and forums to relay general health messaging and used Facebook and YouTube to generate public engagement in the mumps vaccination campaign.³²
- Evidence shows that there is a link between health news reports and health behaviour:
 - According to the *Medical Journal of Australia*, news of singer Kylie Minogue's breast cancer generated a sustained 101% increase in never-screened women booking mammograms.³³
 - A study on the relationship between newspaper coverage of tobacco issues and smoking attitudes and behaviours (8390 newspaper articles, 98,747 youth in the US), suggests that the greater volume of news coverage is related to greater perceived smoking harm, lower perceived peer smoking prevalence, and lower likelihood of having smoked in the past 30 days.³⁴
- Concerns exist about the reporting of health care issues, including sensationalism, inaccuracy or failure to consider quality of evidence, clinical relevance, and lack of consideration of adverse effects or cost:
 - According to an Australian study that analyzed the accuracy of 1200 medical stories from different types of media outlets, the overall quality of medial reporting in the general media remains poor, however; modest improvements in some areas of reporting have been made.³⁵
 - A study of press releases from 20 American academic medical centres found that many press releases overstated the importance of study findings (especially preliminary research or inherently limited human studies) while underemphasizing cautions that limited the findings' clinical relevance. Few releases provided access to the full scientific report and only four percent noted conflicts of interest.³⁶

- There has been a large increase in the number of clinical trials for herbal remedies over the last 20 years. However; there has not been a concomitant increase in the number of media articles reporting on clinical trials for herbal remedies. Overall, it seems that the media is not reporting on the trend toward evidence-based herbal medicine.³⁷

Complementary and Alternative Medicine (CAM)

- In 2007, 38% of American adults and 12% of children used CAM. For the same year, Americans who used CAM spent \$33.9 billion out-of-pocket.³⁸ In comparison, the 2003 Canadian Community Health Survey found that 20% of Canadians ages 12 or older reported using some form of alternative or complementary health care.³⁹
- The majority of CAM users also continue to use conventional medicine, which creates potential safety risks due to interaction effects.⁴⁰ For example, in 2002 only one-third of US adults using natural herbs or supplements told their physician about this use.⁴¹
- According to the 2010 Deloitte Global Survey of Health Care Consumers, Canadian consumers are the highest users of alternative health services (e.g., acupuncture, naturopathy) with 25% of those surveyed having treated a health problem with an alternative or natural therapy; 15% preferred doctors with an orientation toward holistic or alternative medicine compared to those with an orientation toward traditional medicine.⁴²
- While a review on the strength of evidence for and against CAM suggests a positive effect of one quarter of the CAM therapies studied, the authors note that further research is required due to the numerous CAMs (56.6%) classified as having insufficient evidence.⁴³
- In a meta-analysis that examined the analgesic effect of acupuncture and placebo acupuncture, it was unclear whether acupuncture reduces pain independent of

the psychological impact of the treatment ritual.⁴⁴

- In a comparison of CAM clinical trials in the media with pharmaceutical trials, it was found that newspaper coverage of herbal remedy trials were more negative than for pharmaceutical clinical trials.⁴⁵

EMERGING RESPONSES

Direct-to-Consumer Advertising

- Regulatory disputes continue worldwide with ongoing debate about the introduction of DTCA in the European Union and Canada. At the same time, the US Senate has recently considered legislation prohibiting such advertising during the first two years after the release of a new drug.⁴⁶
- The American Medical Association (AMA) has called for better government oversight of DTCA to protect patients from misleading information. The AMA discussed the need for FDA regulation over DTCA and shared guidelines for DTCA that address advertising content, disclosures, and target audiences, and stated the need for collaboration with US Congress to achieve this goal.⁴⁷
- In 2010, the US Federal Food and Drug Administration proposed to amend its regulations concerning DTCAs of prescription drugs. Specifically, the proposed rule would implement a new requirement that the major statement in DTCAs relating to the side effects and contraindications of an advertised prescription drug be presented in “a clear, conspicuous, and neutral manner.”⁴⁸
- CanWest Mediaworks Inc. was granted an indefinite adjournment in a landmark Canadian Charter of Rights and Freedoms challenge case about direct-to-consumer prescription drug advertising that was held in June 2009. CanWest argued that the section of the Food and Drug Act that prohibits advertising to the public a drug as a treatment or cure for certain diseases or disorders contravenes “freedom of thought, belief, opinion and expression including freedom of the press and other media of communication.” However, the Attorney General of Canada argued that the ban on

prescription drug advertising is justified by section one of the Charter which guarantees rights and freedoms “subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.”⁴⁹

Media and Dissemination of Health Information

- Until recently, researchers, medical journals and other independent groups have done little to assist journalists with interpreting scientific developments for the public. This situation is starting to change with the creation of science media centres.⁵⁰
 - The Media Doctor website was launched in Australia in 2004 with the aim of providing objective analyses of the strengths and weaknesses of the health stories appearing in the Australian mainstream media. Similar sites have also been launched in Canada, the US, and most recently in Hong Kong.⁵¹
 - Media Doctor Canada (www.mediadoctor.ca) evaluates news articles using a standard criteria based on ten dimensions such as quality of evidence and the quantification of benefits of treatment. Each article is evaluated by two reviewers and is given a satisfactory or not satisfactory rating. The website had 59,000 unique hits between May 2005 and November 2006, and in the future it intends to send scores back to editors and journalists whose stories are assessed, and broaden and refine the scoring instruments.⁵²
- The UK’s NHS Choices is a comprehensive information service that draws together the knowledge and expertise of the NHS Evidence: Health Information Resources, the Information Centre for Health and Social Care, the Care Quality Commission, and many other organizations. NHS Choices provides a single ‘front door’ for the public to all NHS online services and information through the country’s biggest health website.⁵³

Complementary and Alternative Medicine (CAM)

Jurisdictions are responding to the consumer demand for CAM in different ways: The Complementary and Alternative Medicine in Undergraduate Medical Education project or CAM in UME Project is a Canadian medical education initiative established in 2003 by a team of conventional and CAM educators. Based at the University of Calgary, the overarching objective of the project is to help medical school instructors impart to students the knowledge, skills, and attitudes to discuss

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