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Ensuring ethical drug promotion—whose responsibility?

Sir—Cardiovascular diseases are a major cause of death in many parts of the world.¹ Smoking, a sedentary lifestyle, an unbalanced diet, hypertension, obesity, diabetes, and high blood cholesterol concentrations are some of the most commonly cited risk factors.¹

In France, from February to April, 2003, an extensive media campaign purportedly sought to increase public awareness of cardiovascular disease risks. In newspapers and magazines, an advertisement displayed a corpse in a morgue, along with the caption: “A simple test of blood cholesterol could have avoided this”. A 30 s television commercial was equally shocking; it depicted a couple celebrating a birthday, followed by the husband’s collapse. His wife then watches while he is taken away in an ambulance. Finally, a voice declares, “You may think you’re healthy, but too much cholesterol in your blood can cause a heart attack.”

The campaign was sponsored by the French Committee for the Coordination of Research on Atherosclerosis and Cholesterol (ARCOL) and Pfizer. There is no mention of the campaign on ARCOL’s website, but Pfizer’s French website promotes it, and offers briefing documents and the television sequence for free download. We believe the key message of the campaign is that high cholesterol concentrations cause cardiovascular mortality. Other cardiovascular risk factors are mentioned, but are seemingly used primarily to strengthen this message—ie, the more cardiovascular risk factors you have, the lower your cholesterol

concentrations need to be.² To us, the implication is that smokers, obese individuals, or those who live a sedentary lifestyle can safely continue to smoke, remain overweight, or take little exercise, provided they take medication to reduce their cholesterol values.

Of all the major factors accepted as cardiovascular disease risks, only cholesterol is addressed—the campaign’s stated aim is not pursued. No mention is made of an actual medical product, but the campaign coincided with publication, in *The Lancet*, of the Anglo-Scandinavian Cardiac Outcomes Trial-Lipid Lowering Arm study,³ showing reductions in major cardiovascular events after use of atorvastatin.

We believe the campaign could have worried patients, encouraging them to request a prescription for statins. If so, we suggest that the campaign meets the definition of promotion noted in the WHO *Ethical Criteria for Medicinal Drug Promotion*:⁴ “. . . all informational and persuasive activities by manufacturers and distributors, the effect of which is to induce the prescription, supply, purchase and/or use of medicinal drugs”. Moreover, we believe the campaign did not respect several of WHO’s ethical criteria, in that it is neither accurate, informative, or balanced. Finally, we think the information used contained misleading statements and omissions likely to induce medically unjustifiable drug use or to give rise to undue risks.

We conclude that this experience underscores the need for health authorities and those charged with reimbursing or for paying for medicines to urgently increase their vigilance with respect to drug promotion. In our opinion, they must also decide how they can play an active and effective part in regulation of promotional activities, and ensure that balanced health information is readily available to the public, so that prescribing is not unduly affected by drug promotion activities.

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