

5-1-2015

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### Recommended Citation

Verbickas, Brian (2015) "An Ethical Analysis of the Role of Direct-to-Consumer Prescription Drug Advertising in the Health Care Process," *3690: A Journal of First-Year Student Research Writing*: Vol. 2015 , Article 3.  
Available at: <https://fisherpub.sjfc.edu/journal3690/vol2015/iss1/3>

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# An Ethical Analysis of the Role of Direct-to-Consumer Prescription Drug Advertising in the Health Care Process

## **Abstract**

**Overview:** A prominent debate that is currently sweeping the field of health care is the practice of direct-to-consumer (DTC) prescription drug advertising by pharmaceutical companies. Two primary perspectives on the issue, those in favor of the advertising and those who oppose the advertising, continually clash over the implications that DTC advertising has on the health care process. Taking into consideration the various arguments presented from each of the competing viewpoints, it is evident that direct-to-consumer prescription drug advertising should hold a place in society. DTC pharmaceutical advertising (DTCPA) can be a crucial factor in benefiting the health care process, and can positively influence and alter how health care is perceived. Accordingly, this paper will examine (1) background information and the history of DTC prescription drug advertising, (2) common arguments presented for and against DTC advertising, and how DTCPA is an ethical dilemma, and lastly (3) how an ethical analysis of the practice can demonstrate why DTC pharmaceutical advertising is an important part of the health care process.

**Author's Reflection:** My name is Brian Verbickas and I am currently a sophomore here at St. John Fisher College. I am a chemistry major on a pre-pharmacy track, and have just recently been accepted into the Wegmans School of Pharmacy class of 2020. I will be starting Pharmacy school in fall of 2016.

Overall, I found the writing process to be rather rewarding. Personally, the most rewarding aspect of the writing process was finally being able to see a semester's worth of work come together to develop my final paper. Of course, however, there were several challenges I encountered along the way. For me, a challenging aspect of the writing process was finding a way to accept arguments that opposed my own opinions, so that I could incorporate them into my paper to strengthen my thesis. Until this paper, I had never written a piece that so heavily considered the opposing arguments. Even more challenging than simply including the naysayer arguments was defending my thesis against each specific piece of opposition. By addressing and providing a potential solution to some of the common arguments against my opinions, I was able support my thesis to an even greater extent.

It is safe to say that I am now much more confident in my writing abilities after completing the 199 course. I now have a better understanding of the writing process as a whole, and have learned what it takes to create a solid research paper. The majority of controversial topics are not simply black and white, rather they are multi-dimensional, meaning there are more than two ways to view it. By addressing an ethical issue in my paper, I have also learned to appreciate every side to a disagreement in order to develop my own opinions regarding the topic. The 199 experience will surely have a lasting impact on my writing for years to come.

St. John Fisher College

An Ethical Analysis of the Role of Direct-to-Consumer Prescription  
Drug Advertising in the Health Care Process

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Research-Based Writing HNRS 199

Professor Lowe

April 30, 2015

## **Abstract**

A prominent debate that is currently sweeping the field of health care is the practice of direct-to-consumer (DTC) prescription drug advertising by pharmaceutical companies. Two primary perspectives on the issue, those in favor of the advertising and those who oppose the advertising, continually clash over the implications that DTC advertising has on the health care process. Taking into consideration the various arguments presented from each of the competing viewpoints, it is evident that direct-to-consumer prescription drug advertising should hold a place in society. DTC pharmaceutical advertising (DTCPA) can be a crucial factor in benefitting the health care process, and can positively influence and alter how health care is perceived. Accordingly, this paper will examine (1) background information and the history of DTC prescription drug advertising, (2) common arguments presented for and against DTC advertising, and how DTCPA is an ethical dilemma, and lastly (3) how an ethical analysis of the practice can demonstrate why DTC pharmaceutical advertising is an important part of the health care process.

## **Background**

Direct-to-consumer pharmaceutical advertising is a practice that is regulated by the United States Food and Drug Administration (FDA). DTC prescription drug advertising is simply the advertising, promoting, and marketing of prescription medications directly to the public. Currently, the United States and New Zealand are the only two nations in the world to have legalized the practice of DTC prescription advertising. Since FDA regulations regarding DTCPA were relaxed in 1997, the practice has become very common in the United States. According to the article “Direct-to-Consumer Pharmaceutical Advertising: Therapeutic or Toxic?”, author C. Lee Ventola claims that, “Direct-to-consumer pharmaceutical advertising (DTCPA) has grown rapidly during the past several decades and is now the most prominent type of health communication that the

public encounters” (Ventola). Prescription drugs are advertised by pharmaceutical companies through a variety of means, including, perhaps most prominently, television and social media. With the high popularity of DTCPA, the practice has sparked much debate concerning its belonging as part of the health care process.

### **The Debate**

Having examined evidence presented from each side of the controversy surrounding DTCPA, it has become clear that the practice is rather beneficial. When it comes down to it, direct-to-consumer prescription drug advertising can be an essential part of the health care process as it strengthens the overall quality of public health care.

Direct-to-consumer pharmaceutical advertising has been known for informing, educating, and empowering patients by allowing them to become more involved in the health care process. The fact that DTCPA has facilitated patients playing a larger role in their own health is extremely significant. In her article, C. Lee Ventola offers an analysis of the practice of DTCPA from two viewpoints; those opposing DTCPA and those in favor of it. According to Ventola, “Proponents claim that DTCPA educates patients and allows them to take charge of their health” (Ventola). By allowing patients to play an increasingly involved part in their own health, DTCPA is resulting in more effective health care. In an article entitled “Understanding the Impact of Direct-to-Consumer (DTC) Pharmaceutical Advertising on Patient-Physician Interactions”, authors Sejung Marina Choi and Wei-Na Lee discuss how web-based DTC prescription drug advertising affects the relationships between health care professionals and patients. When referring to the effects of DTC pharmaceutical advertising, the article suggests that, “Direct-to-consumer (DTC) advertising of prescription drugs in traditional media has been shown to help educate consumers and enable them

to take a more active role in interacting with health professionals” (137). As does Ventola, Choi and Lee also raise the claim that DTCPA has increased the interactions between patients and health care providers. In her article, Ventola elaborates on the history of prescription drug advertising and how the practice of DTCPA came to be. The article states that, referring to the 1980s when DTCPA was legalized, “. . . a cultural shift occurred that caused patients to start actively participating in medical decision-making with their health care providers” (Ventola). Since the beginning of the practice of DTCPA in the United States, there has been a noticeable change in the significance of the patient’s role in the health care process. In 2004, the United States Food and Drug Administration, the organization responsible for monitoring and regulating DTCPA, claimed that, “Many physicians thought that DTC ads made their patients more involved in their health care” (FDA). It has been revealed through a number of sources that DTCPA has had an enormous impact on furthering the involvement of patients in the health care process, thus resulting in more effective and successful health care.

Having just argued that DTCPA informs and educates patients and increases their involvement in health care, I want now to complicate the point by considering an opposing argument commonly made skeptics. Critics of direct-to-consumer pharmaceutical advertising often point to the argument that DTCPA harms the health care process because it misinforms or misleads patients. In the article “Direct-to-Consumer Pharmaceutical Advertising: Therapeutic or Toxic?”, C. Lee Ventola also delves into common arguments against DTCPA. According to Ventola, one study revealed that, “82% of DTCPA ads made some factual claims and rational arguments for use of the advertised drug; however, only 26% of the ads described risk factors or causes of the condition” (Ventola). Similarly, the 2004 FDA study found that:

Physicians thought that the ads did not convey information about risks and benefits equally well. Seventy-eight percent of physicians believe their patients understood the possible benefits of the drug very well or somewhat, compared to 40 percent who believe their patients understood possible risks, and 65 percent believe DTC ads confuse patients about the relative risks and benefits of prescription drugs. (FDA)

Further, the FDA research revealed that, “In addition, about 75 percent of physicians surveyed believed that DTC ads cause patients to think that the drug works better than it does” (FDA). All this considered, the question becomes whether or not direct-to-consumer prescription drug ads are credible enough to offer reliable and accurate information to patients. Some who oppose DTCPA argue that the practice would be acceptable if the advertisements would present more truthful and less misleading information to the public. In some respects, I find myself agreeing with this proposal. To me, it makes sense that there should be strict regulation regarding the truthfulness of ads released by pharmaceutical companies that promote prescription drugs. Despite the potential risks of DTC ads presenting misinformation to the public, I believe that the ability for these ads to increase patient involvement in health care is more significant than the possible downsides of the practice. It may also be argued that due to the increased involvement of patients in health care as a result of DTCPA, patients would be more likely to seek accurate information from physicians and other health professionals regarding advertised drugs. This ultimately eliminates the concerns associated with DTC ads presenting misleading or false information to the public. To address the criticisms of those who argue that DTC ads present misinformation to the public, perhaps more strict regulations by the FDA should be implemented to ensure that any potential for misleading

information is eliminated. This is, perhaps, one way to mitigate the concerns regarding DTC prescription drug ads presenting false or deceiving information to the public.

As a major part of the growing involvement of patients in the health care process, direct-to-consumer prescription drug advertising encourages patients to seek medical advice from health professionals. According to Ventola, recently, “The Internet, including online DTC ads, has become an increasingly popular source of medical information for consumers” (Ventola). With the growing popularity of the internet, peoples’ exposure to direct-to-consumer advertisements has increased exponentially. This exposure has influenced many people to take action more frequently when it comes to their personal health. In their article, Choi and Lee claim that, when discussing how DTC ads on the Internet impact patient-physician interactions, “When consumers perceived the Web as more credible, they were more likely to talk to their doctors about the drugs they saw advertised on the Web and request prescriptions” (146). This being said, patients will consult physicians more often if they view advertisements from reliable sources. Because pharmaceutical companies are generally perceived as valid and reliable, and because the FDA, a well-respected Government agency, regulates DTCPA, it makes sense that patients who view DTC prescription drug ads are more likely to speak with their health care providers regarding what they saw. Thus, the objection expressed previously, that DTC ads often mislead or misinform patients, does not necessarily hold true. In fact, although some information presented in these ads may seem manipulative in an attempt to overemphasize the benefits of advertised drugs, patients who are influenced by the ads to seek medical advice will eventually be exposed to correct information from health professionals during the prompted visits.

This is supported again by data offered by Ventola. In her article, she states that, “A 2004 FDA consumer survey found that exposure to DTCPA prompted 27% of Americans to make an

appointment with their doctor to talk about a condition they had not previously discussed” (Ventola). It is important to note that many of these visits that were prompted as a result of DTCPA would have likely never occurred had the patient not been influenced by the advertising. This also results in more patients receiving the help they need, that otherwise may not have been received had it not been for the persuasion of the ads. At the same time, health professionals also noticed an increase in visits resulting from the viewing of DTC prescription drug ads. According to Procon.org, a survey conducted in April 2013 found that, “64% of physicians agreed that DTC ads encourage patients to contact a health professional” (World of DTC Marketing). Not only does it encourage patients to seek advice from health professionals, DTCPA also presents patients with possible treatments for certain conditions.

According to the United States Food and Drug Administration, “. . . physicians thought the ad made their patients more aware of possible treatments” (FDA). And, a result of becoming aware of potential treatments, many patients chose to visit their physicians to discuss the treatments. My point is not that DTCPA is the sole factor in prompting patients to visit physicians, but rather it is a key influential factor, among various others, involved in encouraging people to make physician visits. The ability for DTC pharmaceutical advertisements to influence people to seek medical advice from health professionals is significant in creating better health care. It is important to note that here, it is assumed that more doctor visits ultimately results in better health.

All the while, DTCPA helps to promote dialogue between patients and health care providers. Similar to encouraging patients to seek medical advice, DTC prescription drug advertisements are also improving the quality of visits by sparking dialogue between patients and providers. Findings of a study from a 2005 *Journal of Family Practice* article revealed that, “83% of prescription drug print ads focused on patient-physician communication and 76% promoted

dialogue with health care professionals” (Mintzes). Many people do not actually realize how influential these advertisements can be. However, the numbers are very convincing. It is important to recognize that, according to the study mentioned, pharmaceutical companies seem to be taking into consideration how their ads can be used to benefit the health care process. By presenting ads that prompt more significant conversations between patients and physicians, DTC prescription ads are directly benefiting the quality of public health care.

Physicians also seemed to recognize the value of DTC prescription drug advertisements with regards to patient-physician dialogue. According to the United States Food and Drug Administration, concerning the results of a study conducted in 2004, “Most physicians agreed that because their patient saw a DTC ad, he or she asked thoughtful questions during the visit” (FDA). The same study revealed that, “53% of physicians said DTCPA led to better discussion with patients and 73% believed that consumer drug advertising helped patients ask more thoughtful questions” (FDA). The ability for DTC prescription drug ads to promote conversations between patients and health care providers that are more meaningful and of higher quality and content is evidence that DTCPA is a driving force behind improving the quality of public health care.

Another common criticism of DTCPA is that it strains relationships between patients and health-care providers. Those who oppose DTCPA often claim that it makes patients believe they know what is best for them, despite conflicting advice from health professionals. Referring to the major 2004 study conducted by the United States FDA regarding attitudes towards DTCPA, the findings claimed that, “. . . many physicians felt some pressure to prescribe something when patients mentioned DTC ads” (FDA). It is typically not beneficial to ever place a health professional in a position where they feel pressured to act in a certain way. Critics claim that, they are called “professionals” for a reason; they are trained to know more about health care than the

average citizen. Therefore, opponents of DTCPA argue that it is harmful to force health professionals into feeling pressured to prescribe. Based on a survey conducted in April of 2013, 80% of doctors surveyed “thought DTC prescription drug ads weakened doctor-patient relationships”. Furthermore, “Patients who were convinced that an advertised drug will solve their problems often mistrust a doctor’s advice if the doctor suggests an alternative solution”. The same study revealed that, “after being denied the requested drug, almost 50% of patients surveyed were disappointed with their doctors, 25% responded that they would try to convince the doctor to prescribe the desired medication or obtain the drug somewhere else, and 15% said they would change doctors” (World of DTC Marketing). Considering the results of the study, it is evident that both physicians and patients observed significant downsides with regards to direct-to-consumer prescription drug advertising. The quality of health care is based upon a strong patient-physician relationship. Putting that relationship in jeopardy is also harming the health care process. Considering this argument presented in opposition to DTCPA, I would object that the potential for patient-physician relationships to be harmed is simply a product of the health care process as a whole, rather than a direct result from DTCPA. Put simply, one cannot claim that DTCPA is entirely responsible for putting potential strain on patient-physician relationships, instead it is a result of various factors involved in public health care. When it comes down to it, physician-patient relationships may still be harmed even without influence from DTCPA. Regardless if a patient saw an ad or not, they may still request a certain drug and refuse to accept any other medication despite advice from health professionals, thus damaging their relationship with their physician. Although it is possible that these ads may add another element for potentially harming patient-health care provider relationships, some damaged relationships are inevitable given the dynamics of the health care process. I do admit, however, that for me, this was the most compelling argument presented

to challenge DTCPA. Given that effective health care is founded around strong relationships between patients and providers, it is crucial to minimize the potential for damaging said relationships as much as possible. This being said, I can see how this argument may reasonably be presented to justify the opposition of the practice of DTCPA.

The pharmaceutical industry is a highly profitable industry, and the majority of pharmaceutical company profits are reinvested to improve health care. The world pharmaceutical industry is a \$300 billion a year market, a worth that is expected to rise to \$400 billion within the next three years. According to the World Health Organization, “In 2012, the United States pharmaceutical industry spent \$3.1 billion on advertising prescription drugs directly to consumers” (WHO). Direct-to-consumer prescription drug advertising is beneficial to the health care process as the practice generates necessary revenue to fund the research and development (R&D) process of creating new drugs. The drug development process is extremely costly, so pharmaceutical companies need a way to recoup money spent on R&D. In an article published by Forbes entitled “The Truly Staggering Cost of Inventing New Drugs”, author Mathew Herper states that, “The average drug developed by a major pharmaceutical company costs at least \$4 billion, and it can be as much as \$11 billion”. In his article, Herper mentions, “During the Super Bowl, a representative of the pharmaceutical company Eli Lilly posted on the company’s corporate blog that the average cost of bringing a new drug to market is \$1.3 billion.” Further, Herper explains that the representative attempted to put this staggering figure into perspective. Herper continues, “. . . a price that would buy 371 Super Bowl ads, 16 million official NFL footballs, two pro football stadiums, pay of almost all NFL football players, and every seat in every NFL stadium for six weeks in a row” (Herper). As the comparison illustrates, the cost of creating new drugs is incomprehensibly large. However, the process is necessary to ensure that effective drugs are

developed and released to the market for public use. For this reason, pharmaceutical companies are able to utilize direct-to-consumer advertising to generate revenue to recoup some of the expenditures of drug R&D. Without the funds generated through direct-to-consumer advertising of prescription drugs, the R&D of new, potentially life-changing drugs, might never be able to proceed. Because DTCPA brings in money needed to develop new breakthrough drugs, the practice is justified and surely can be seen as beneficial to the health care process.

Critics of DTCPA typically claim that the practice is nothing but a result of greedy pharmaceutical companies in search of more money. Skeptics of direct-to-consumer prescription drug advertising often raise the claim that DTCPA results in increased health care costs. Though I still strongly support the continued practice of DTCPA, the data suggesting the rise of health care costs as a result of DTCPA is rather convincing. In the article “Direct-to-Consumer (DTC) Pharmaceutical Marketing: Impacts and Policy Implications”, author Dayna M. Porter discusses the implications DTCPA has had on health care since the FDA relaxed its guidelines regarding the practice in 1997. Overall, research, although rather limited, strongly suggests that direct-to-consumer prescription drug advertising raises the prices of prescriptions, and thus increased the cost of health care. When discussing the topic, Porter states, “Researchers agree that for every \$1 spent on DTC advertising campaigns, sales within the pharmaceutical industry increased by \$4.20” (56). Similarly, the article mentions that, “Joseph et al. (2007) report that healthcare costs rose in the United States 9.6% annually from 2000 to 2004, with the largest portion of the increase attributable to rising pharmaceutical costs” (57). Without question, this data is evidence of the seemingly negative impact of DTCPA on health care costs. According to the data, direct-to-consumer prescription drug advertising has had a substantial impact on influencing the rise of health care costs. Because of this, some people are rendered unable to afford medications at such

high prices. This information is significant in advancing the argument against the practice of DTCPA. To skeptics of direct-to-consumer pharmaceutical advertising, this is irrefutable proof that DTCPA is harmful to the health care process, and therefore should not hold a place in the health care. Although it is important to take into consideration this information and argument, I believe it is still more important that the revenues that are generated from DTCPA can be used to fund the R&D process for creating new drugs.

At the same time, more expensive medications are being prescribed by physicians due to pressure from patients requesting advertised drugs. In this case, DTCPA, although not directly, increases the costs of health care. In a study entitled “Many U.S. Physicians Often Fulfill Patient Requests for Brand-Name Drugs Instead of Equivalent Generics” conducted by the Massachusetts General Hospital, roughly 37% of doctors surveyed said they often or sometimes prescribe a brand-name drug rather than prescribe the equivalent and cheaper generic drug. According to the research, brand-name drugs are typically 30 to 80% more expensive than generic drug equivalents (Science Daily). Critics argue that because DTCPA is influencing patients to request advertised drugs, which in turn forces pressure upon physicians to fulfill the requests, direct-to-consumer pharmaceutical advertising is indirectly increasing the costs of health care as the brand-name drugs being prescribed cost significantly more than the generics. In my opinion, this argument is essentially invalid on the basis that patients still have the ability to request cheaper generic medications. Because patients can still choose to request prescriptions for cheaper generic drugs and physicians can refuse to prescribe requested expensive brand-name drugs, it is rather unreasonable to claim that, because of its influence on patients, DTCPA increases health care costs.

### **Ethical Analysis**

Opponents of direct-to-consumer prescription drug advertising often point to the practice as being unethical, on the basis of common arguments such as those discussed previously. However, when analyzing the practice of direct-to-consumer pharmaceutical advertising through an ethical lens, it becomes apparent that, based on accepted ethical principles, the practice is justified.

In the essay, “What Libertarianism Is”, author John Hospers defines the basis of, and offers an elaboration of the concept of libertarianism. When defining the foundation of libertarianism, Hospers explains that the political philosophy of libertarianism is “the doctrine that every person is the owner of his own life, and that no one is the owner of anyone else’s life” He continues, “Every human being has the right to act in accordance with his own choices, unless those actions infringe on the equal liberty of other human beings to act in accordance with *their* choices” (581). With this, Hospers claims that all people have the right to live how they wish, so long as that person’s actions do not prevent others from being able to live how they desire. Applying this philosophy to direct-to-consumer pharmaceutical advertising, DTCPA appears justified on the basis of this theory. Speculating as to what Hospers would comment considering his definition of libertarianism, pharmaceutical companies have the right, and perhaps the responsibility, to put out prescription drug advertisements directly to the public. When these companies distribute advertisements to the public, they are in no way infringing upon a consumer’s right to live how he/she chooses. Rather, pharmaceutical companies, when they release prescription drug advertisements, simply give people the opportunity to decide for themselves if they want to give any consideration to the content of the advertisement. The essential thing to understand is that the consumers are still in complete control of their own lives, and their rights to live as desired have

gone untouched by pharmaceutical companies promoting various prescription drugs. When examined through the principles established by Hospers, direct-to-consumer advertising appears justified and ethical.

Likewise to the work of John Hospers, the philosophies proposed by John Stuart Mill can be interpreted to justify the practice of direct-to-consumer prescription drug advertising. In the piece “On Liberty”, author John Stuart Mill delves into the significance of individual freedom. In the essay, Mill offers a sufficiently strong defense of the freedom of speech. One of the more substantial arguments in favor of DTCPA is that it is protected under the United States Constitution as a form of free speech. According Mill, limiting one’s freedom of speech is never beneficial to any party involved. As he states, “But the peculiar evil of silencing the expression of an opinion is that it is robbing the human race, prosperity as well as the existing generation—those who dissent from the opinion, still more than those who hold it” (202). When discussing the importance of freedom of expression, Mill proposed that silencing speech is essentially a harmful situation. According to Mill, when limiting one’s speech that is accurate, the party silencing the expression misses out on the “opportunity of exchanging error for truth” (202). In other words, the one who prohibits the speech loses the opportunity to receive the information and knowledge presented from the speech. Considering the debate regarding direct-to-consumer prescription drug advertising, the work of John Stuart Mill, with regards to freedom of speech, can be applied. When analyzing the practice of DTCPA through the philosophies of Mill, the practice becomes warranted. Based on Mill’s defense of freedom of speech, pharmaceutical companies should be able to portray their opinions through advertising and promoting of prescription drugs. Mill would, more likely than not, agree with this defense. When considering the practice of direct-to-consumer prescription drug advertising through the notions presented by Mill, DTCPA is simply a form of

expression by pharmaceutical companies. To prohibit pharmaceutical companies from promoting prescription medications would be to prohibit expression. As a result, the potential benefits of consumers discovering new medications through advertising would be lost. In other words, if DTCPA was banned, patients would not be exposed to the various advertised drugs that could possibly have a significant positive impact on their health. All at the same time, as proponents of DTCPA would agree, banning DTCPA would harm the health care process by decreasing the involvement of patients in the process, decreasing the frequency of dialogue between patients and physicians that results from the ads, as well as decreasing the number of visits to doctors that were encouraged and prompted by DTCPA. Mill would argue that prohibiting pharmaceutical companies from expressing their opinions through advertising would also be to erase all potential benefits, such as those above, that might arise from its practice. Because of this, John Stuart Mill's work can be used to show that DTCPA is ethical as it is essentially a form of expression, and thus should be protected as free speech.

Although I am confident in my interpretation of Mill's theories, it is also important to consider that opponents of direct-to-consumer pharmaceutical advertising might interpret Mill's work in a different way. For example, in his essay, Mill writes, "That the only purpose for which power can be rightfully exercised over any member of a community, against his will, is to prevent harm to others" (138). Mill believes that all people have the right to free speech. With this quotation, Mill argues that the only justification for removing one's rights, in this case free speech, is if it is harmful to others. Skeptics of DTCPA claim that, overall, the practice is harmful to the healthcare process. Because of this, opponents may interpret that Mill would agree that prohibiting DTCPA is justified on the basis that it is harmful. Despite this, in my personal opinion, I advocate that the practice of direct-to-consumer prescription drug advertising benefits the health care

process to a greater extent than it harms it. For this reason, based on the statement presented by Mill, in my eyes, DTCPA cannot be banned rightfully as it does not harm others.

### **Conclusion**

When taking into consideration the practice of direct-to-consumer prescription drug advertising, it is apparent that DTCPA undoubtedly aids the health care process. In fact, in numerous ways, DTCPA has proven more beneficial to health care than it has been shown to harm it. This being said, it is important to realize the significance of direct-to-consumer pharmaceutical advertising as a crucial role in successfully delivering effective public health care. For this reason, DTCPA has earned its right to remain a part of society and the health care process.

Admittedly, the practice of DTCPA is not perfect. It is evident that the practice has various potential downsides to it, causing many people to criticize its existence. However, in my opinion, many of the common criticisms of DTCPA can be solved rather easily, while still permitting the practice to exist. As previously stated, in my eyes, one logical way to alleviate the potential negatives of DTCPA is to incorporate tighter regulations by the FDA. If the FDA were to follow more strict guidelines regarding what is acceptable as far as the content of DTC ads, many of the downfalls of the practice could be eliminated. Likewise, perhaps offering programs to educate the public regarding prescription drugs and those that are advertised, would also serve beneficial in reducing the negative implications of the practice. A more informed and educated public would surely decrease the frequency of strained patient-physician relationships as a result of DTCPA.

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