

# Advertising reform

**T**HE income from advertisements for drugs is extremely important to most scientific medical journals, and for many, including this *Journal*, such revenue in most years represents the biggest single source of income. Without such advertising support, journals of our kind either could not be published at all or would have to appear very much reduced in size or frequency of publication.

These advertisements are therefore a visible symbol of commercial reality which can be seen in nearly every scientific medical journal in the British Isles.

Furthermore, the remarkable record of the pharmaceutical industry in introducing some important new drugs and their valuable achievement in generating profits, including precious overseas earnings, has made this industry one of the commercial success stories in the British Isles since the Second World War.

The pharmaceutical industry should clearly have a means of informing the medical profession about the nature of its new products and reminding them of the existence of established preparations. In our recent supplement, *Prescribing in General Practice*, it was argued that the medical profession must be the final legitimator of its own prescribing decisions, and that medical journals remain one of the most important methods of spreading new knowledge and ideas. It is therefore logical for drug companies to advertise in these same journals. There is evidence that such advertisements are effective as, for example, when our readers write seeking further information about an advertisement.

### Quality of advertisements

However, there have been problems about the advertisements appearing in medical journals. The complaints have centred on the taste and scientific accuracy of the advertisements, and the quality of the supporting information. Stimson (1976) has produced evidence which suggests that the references, for example, are often not satisfactorily available or always appropriately chosen for the benefit of general-practitioner readers. Others have commented on the lack of emphasis on contraindications and adverse effects, and on the occasional difficulty in identifying generic names of drugs. The impression has too often been given of an

advertisement designed more to sell a drug than to inform a profession.

This *Journal* has tried to play its part in upgrading the quality of advertisements. Because we believe it is ultimately in the interests of both our readers and of the manufacturers, we have, for example, in the last 12 months protested at an advertisement which appeared in many medical journals but which did not indicate the generic name at all. This was subsequently corrected. The *Journal* has always retained the right to refuse any advertisement which appeared to be inappropriate, inaccurate, or in bad taste.

Nevertheless, the possibility of effecting change has always been limited because of our relatively small circulation, but most of all because the mass of the profession has for years tolerated and accepted the kind of advertisement that has been offered. Just as a nation gets the government it deserves, so we believe a profession gets the advertisements it deserves. Certainly we can be sure that if manufacturers had had to face regular and sustained criticism by readers, the quality of information would have been improved.

### New agreement

The situation has now, however, radically changed through the intervention of the Secretary of State for Social Services, Mr David Ennals, who announced on 28 April 1977 a "new important agreement with the Association of the British Pharmaceutical Industry". This agreement will now provide the Department of Health and Social Security with greater control over commercial advertisements for pharmaceutical products and will, for example, insist that every full advertisement should include information about the cost and adverse effects.

We particularly welcome the new regulations which will control the prominence given to some of the information, because one of the most irritating features of some advertisements has been the compression of the most important clinical information into tiny print at the bottom of the page.

### Significant reform

All in all, these new controls are to be welcomed, since the medical profession should thereby be helped to obtain the maximum amount of accurate information about some of its most important tools. It is certainly

appropriate that doctors should learn about cost and be constantly reminded about adverse effects. We welcome the new standard for drug advertisements in medical journals generally, as well as in this one.

It is sad, however, that it has taken a government department and a minister of state to introduce an educational reform which a learned profession might have been expected to demand for itself.

### References

- Eaton, G. & Parish, P. (1976). *Prescribing in General Practice*. Supplement No. 1. 26, 58-64. London: *Journal of the Royal College of General Practitioners*.
- Ennals, D. (1977). House of Commons. 28 April.
- Stimson, G. V. (1976). *Prescribing in General Practice*. Supplement No. 1. 26, 76-80. London: *Journal of the Royal College of General Practitioners*.

### District nurse training

"The Department of Health and Social Security is doing everything in its power to undermine the importance of the report of the Working Party on District Nurse Training.

"The report of the working party was attenuated considerably before it was allowed to emerge at all from the Elephant and Castle, and its circulation is so restricted as to make it almost a secret document. It has been sent to area nursing officers and to tutors in charge of district nurse training centres, but there is no mechanism whereby, for example, directors of nurse education could have been contacted. Members of district and area management teams (other than area nursing officers) have no direct access to it, nor have health visitor tutors, who work outside the NHS. Worst of all, there is no way of informing general practitioners, who would no doubt wish to speak out about inadequately prepared district nurses. In fact, most influential people look blank when the contents of the report are mentioned.

"A properly constructed body at national level representing all community nursing interests might be able to put district nurse training in its rightful place. If things are to be allowed to develop in their present fashion we shall have well qualified child health visitors, well qualified general health visitors, and a conglomeration of hospital trained clinical nurse consultants attending to 'interesting' cases in the community, while an untrained, under-privileged district nurse will be dealing—inadequately—with the patients nobody else wants."

### Reference

- Kratz, C. (1977). *Nursing Times*, 73, 186.

## JOURNAL PUBLICATIONS

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