LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Drug information for family doctors — is an informal style acceptable?

Sir,

Clear, readable, independent and clinically relevant drug information is mailed free and frequently to all UK family doctors, providing them with the essential information for safe prescribing. Over 70% of doctors in a Northern Ireland sample were found not to have read important bulletins and complained that existing sources were 'too academic'. We prepared a very informal educational leaflet summarizing current advice from the UK *Adverse drug reaction bulletin* no. 118 (1986) on benzodiazepine problems. The printing was large and clear and cartoons were added to increase the readers' curiosity and relieve the unattractiveness of lists and jargon. The acceptability of this format was tested by confidentially polling 60 senior family doctors and 38 trainee family doctors at two seminars in October 1987. The two groups were allowed eight minutes to read the leaflet and five minutes to complete a questionnaire about it.

The results showed no resistance or objection to the new format. Eighty seven per cent of participants thought the leaflet contained about the right amount of detail and 91% found it easy to understand. Sixty four per cent of established doctors and 80% of trainees thought the new format better than existing sources. However, only 75% of all doctors managed to read most or all of the new leaflet in eight minutes and only 65% thought they could immediately recall most of what they had read.

Therefore, we now have evidence that reading time may be the most important factor in providing useful information. This is dependent first on the quantity of information presented and second on the readers' pre-existing knowledge of the subject. Ultimately, adequate drug knowledge cannot be maintained unless doctors devote a specified time each week to further reading. Our results suggest that the presentation of information can facilitate the reading process and we must now try to identify the optimal amount of information for complete assimilation within a 10 minute period.

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The advertising debate

Sir,

In his interesting article (December *Journal*, p.559) Dr Tudor Hart argues the case against advertising by family doctors by preferring to see health care as a form of production of values rather than as a commodity. While this enables him to put a strong case against advertising it fails to cover the alternative view that health care may be treated as a commodity. Even from this point of view there are many problems with regard to advertising.

Health economists, such as Mooney,[1] have discussed the problems of health as a commodity. It is a commodity that no one wishes to consume *per se*, rather they want the improvement in health that they perceive they will gain from health care. The consumption of health care is likely to be irregular and unpredictable and, since it is heterogeneous, consumers may have different attitudes to different elements of it. Finally, and most importantly, there is the 'information asymmetry' (knowledge gap) between the consumer and the supplier (the patient and the doctor).

On one side doctors have greater medical knowledge about the treatment of disease but patients have greater personal knowledge about what might make them feel better. A man with influenza wants to recover. He goes to his general practitioner seeking relief for his symptoms, thus expressing a demand for health care. The doctor takes a history, performs an examination and advises that paracetamol would help. The doctor has converted the patient's need for health and demand for health care into needs for health care before attempting to meet the patient's requirements. Compare this with purchasing apples in a shop. The consumer needs food and feels that apples are the appropriate food to satisfy his hunger. He is the only judge of whether his demand for food is best satisfied with apples or oranges. Furthermore the apple buyer knows what good apples look like and what price he is prepared to pay. However, the patient does not know whether paracetamol is a good treatment for influenza or not, nor what price (in terms of time off work and so on) is appropriate. For conventional commodities the consumer is sovereign in expressing choice and applying value and is thus the sole source of demand. For the commodity health care this sovereignty is reduced because of information asymmetry.

Advertising and the maximization of competition imply free markets which seem particularly attractive to the present government. Even if health care can be seen as a commodity, it differs in several ways from other commodities and the limitation of consumer sovereignty makes advertising and free markets highly problematic. However, it is the medical profession's failure (as also the legal profession's) to inform the public which has fed the consumers' demands to know more about the services we offer, thus changing the climate of public opinion and making the possibility of doctors advertising attractive to some.

Since asserting an alternative view of our society may be over-ambitious it might be more practical to ensure that the commodity health care is properly