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Editor

## Who's taking what and is it the real thing?

**'What is the difference between unethical and ethical advertising? Unethical advertising uses falsehoods to deceive the public, ethical advertising uses truth to deceive the public' – Vilhjalmur Stefansson**

One of the recurring and frustrating features of the diabetes clinic is trying to tease out which medicines patients are taking. Fortunately the names of certain specific diabetes treatments are easily remembered and roll off the end of the tongue – Actrapid (Novo Nordisk, Crawley) for rapid acting insulin scored a marketing bullseye, for example. It is also probably no coincidence that trade names for many medicines contain fewer letters and syllables and are thus more readable (Kerr, 2006) than generic labels. The importance of brand loyalty in medical treatments is just as important to this industry as in other areas of consumerism.

At present the pharmaceutical industry is not allowed to directly market their wares to consumers, that is to say patients, although the rules may be relaxed by European Commissioners. As highlighted in a recent *Lancet* editorial, direct-to-consumer advertising has been allowed in the US for almost 10 years (Anon, 2007). Unfortunately the American experience indicates that regulation of direct advertising has its problems and that relaxation of direct-to-consumer advertising 'risks a tidal wave of marketing that will be difficult to control'.

Flicking through the current issue of *Balance* magazine (Diabetes UK, 2007), there are lots of advertisements for all sorts of things including blood glucose monitoring and injection accessories, furniture, safer ways to bathe, holidays in Spain and even a vacuum cleaner! There is not even indirect advertising by pharmaceutical companies so can we assume that they are playing by the rules? Perhaps, but maybe the gloves are coming off due to commercial pressures are making the industry look towards novel methods of marketing (for example: *The Times*, 2006).

Of more immediate concern, and in defence of the pharmaceutical companies, is the problem of illegal copies of drugs for unscrupulous reasons (see [www.safemedicines.org](http://www.safemedicines.org) [accessed 22.03.07]). Patients invariably exhibit 'brand loyalty' towards their medicines and understandably so. Nevertheless, tough financial decisions are being made throughout the NHS and costs of drugs are near the top of the agenda. Switching to less expensive sources for medicines makes sense but extreme care has to be taken that they are indeed 'the real thing' and are not counterfeit. Changes in colour, shape, size and taste of medicines have always raised concerns that 'these new pills don't work as well, doctor'. Nowadays it is worth thinking that perhaps patients, like consumers, are always right . . .

Kerr D (2006) More emphasis on the first two R's, less on the third please! *Diabetes Digest* **5**: 210

Anon (2007) The direct-to-consumer advertising genie. *Lancet* **369**: 1

Diabetes UK (2007) *Balance* **215**

The Times (2006) Changing Diabetes. An independent supplement. *The Times* November 14th 2006