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ESSAY

Pharmaceutical Marketing and the Invention of the Consumer

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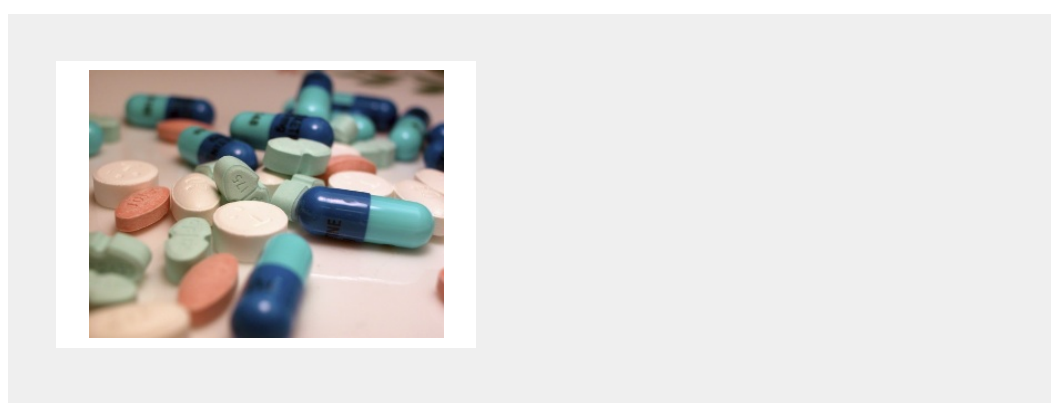


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□

It is often said that leading drug companies now spend more on marketing than on research and development [1]. While such contemporary pharmaceutical marketing practices are sometimes believed to be a modern phenomenon, they are in fact a continuation of 19th-century patent medicine advertising. “Nostrum sellers,” as the novelist Henry James dubbed them, are noted in the history of advertising to be the leading spenders on, and foremost originators of, advertising for their products. Nostrum sellers pioneered print advertising, use of trademarks and slogans, “pull” or demand-stimulation strategies, and even the design and content of medical almanacs that functioned as vehicles for promotion of disease. As James's psychologist brother, William James, was so exasperated by the “advertisement abomination” that in 1894 he declared that “the authors of such advertisements should be treated as public enemies and have no right to exist” (page 235 in [4]).

There is no doubt that drug company discoveries have profoundly increased our capacity to treat illness. But pharmaceutical marketing is more closely related to consumer marketing in other industries than with medicine, for which the stakes are not trivial. Once we view pharmaceutical industry activities in their proper context, we can disentangle industry's influence on contemporary medicine. Because we owe corporations our wealth and well-being, we tend not to question their fundamental practices, and they become invisible to us. What follows is an attempt to demystify some of the assumptions at work in the “culture of marketing” and to explain contemporary disease mongering.

Beliefs about the Free Market

There are three beliefs commonly associated with the “free market”

human beings are creatures of limitless but insatiable needs, wants; second is that the free market is a place where these needs might find the exercise of free choice. The last of these beliefs is that the surest way to innovation in all industries is unfettered competition in the market.

Insatiable needs

The anthropologist Marshall Sahlins theorizes that the belief in unlimited needs in the West, and stems from the Christian notion of “fallen man” as he says Sahlins, in a peculiar idea of the person “as an imperfect creature with a desire, whose whole earthly existence can be reduced to the pursuit of pleasure and the avoidance of pain” [5]. A historical and philosophical examination of marketing shows that an assumption of boundless needs and wants is central to marketing theory. In this sense, marketing can be regarded as the institutionalization of this view of human nature. The marketer's challenge is to translate this into profits.

Sahlins also points out that “in the world's richest societies, the subjective sense of lack increases in proportion to the objective output of wealth” [6]. In other words, the richer we get, the more we want. One explanation of this paradox lies in marketing activities are instrumental in getting us to think more about what we want. Marketers and advertisers project and reflect back to us our discontents. Americans are said to spend, on average, three years of their lives watching television advertisements, and the effect is that they are conditioned to want more. According to the advertisements, the viewer's personal anxieties and dissatisfactions are best addressed by consumption. This same mechanism is used in much pharmaceutical advertising.



Pills are often marketed as a solution to human anxieties and dissatisfaction
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Lifestyle choices

In a consumer society, when individuals make choices toward the satisfaction of their needs and wants, they experience this as constructing their own identity. This special consumer identity is what people refer to when they use the term “lifestyle.” Although they may not realize the consumerist implications of the word, lifestyle choices provide a solution to the problem of unlimited needs and wants, which

enhancing free choice and the construction of lifestyle.

In pharmaceuticals specifically, “lifestyle drug” marketing techniques were developed in the 1980s and 1990s for cosmetic and sexual enhancements [7, 8]. These techniques have been broadened to include other areas of medicine. The campaigns for cosmetic and sexual enhancements were focused on expanding production and sales of these products, and in this respect were a simple extension of consumer marketing conduct that had existed for over half a century. The crossover to consumer marketing occurred with psychotropic drugs, which have a very wide range of uses. For example, granting the marketer latitude in reinterpreting their value back to the consumer. For example, one class of antidepressants, the specific serotonin reuptake inhibitors, marketed for eight distinct psychiatric conditions, ranging from social anxiety disorder to obsessive-compulsive disorder to premenstrual dysphoric disorder. “Lifestyle drug marketing” has now extended to the promotion of many of the blockbuster “blockbuster drugs” intended for daily, lifelong consumption, such as drugs for acid reflux.

As a result of this sequence of events, industry opened the treatment market—the final frontier—to the same logic that governs all other markets. In the antidepressant market, the “distribution channel captain,” as the industry’s predominant competitor, ends up sailing the serotonin reuptake channel (the channel for serotonin reuptake inhibitors) or the norepinephrine reuptake channel (the channel for norepinephrine reuptake inhibitors) may yet be determined by market medical jockeying.

Competition among drug companies yields innovation

It is an article of faith among free market devotees that breakthrough innovation comes not from paternalistic expert systems such as medicine but from industrial competition. If pharmaceutical firms are committed to producing medications to treat diseases—a commitment rooted in medical science—this argument has some authority. But once a firm is driven by marketing—the case for most companies in most industries—then innovation comes to mean an elaboration of meaningless differentiation of comparable “me too” products. “If marketing is seminally about a distinction between what you do and how you operate” [9]. More harmfully, expanding and deepening the perception of disease is just as effective, and evidently a lot easier, than finding cures.

■ An assumption of boundless needs and wants is at the heart of

From Patients to Medical Consumers

Since, in a consumer society, we see ourselves as individuals and as consumers, and since we exercise consumer choice, it is not difficult for pharmaceutical and privatized health-care deliverers to convince us that it is empowering

not as patients but as consumers. This conversion from patient to consumer is the way for the erosion of the doctor's role as expert. A startling report described in a recent *New York Times* article: "For a sizable group of patients in their 20's and 30's, deciding on their own what drugs to take—in particular, stimulants, antidepressants and other psychiatric medications—is becoming their own business. In their own abilities and often skeptical of psychiatrist's expertise, they check their own research and each other's experience in treating problems like depression. A medical degree, in their view, is useful but not essential" [10]. This phenomenon, the article suggested, is "driven by familiarity" with the drugs. The emergence of a potentially dangerous situation demonstrates an unchecked expansion of the pharmaceutical industry into an already accepted mode of thought—that "every minor ailment, as the article reported, can and should be remedied.

Promoting consumer familiarity with drugs is one example of the vertical integration of the pharmaceutical industry. This influence extends to clinical trial design, research publication, regulatory lobbying, physician and patient education, direct-to-consumer advertising and point-of-use promotion, pharmacy distribution, drug pricing, and the legal and ethical norms by which company practices themselves are governed. Actors traditionally found outside the "distribution channel" of the pharmaceutical industry are incorporated into it as active proponents of exchange. Physicians, pharmacists, patient leaders, patient advocacy groups and other grass roots movement organizations, public health bodies, and even ethics overseers, through their interactions with one another, have one by one been enlisted as vehicles in the distribution of pharmaceuticals. The role of patients in the distribution chain fundamentally changes their role in medical care to active consumers of the latest pharmaceuticals, a role that is primarily to support industry profits.

Ethical Justification for Marketing

Because illness is one of the most tangible forms of suffering, the pharmaceutical industry, more than other industries, can link its marketing activities to a sense of moral obligation. The result is a marriage of the profit-seeking scheme in which disease is seen as a "market opportunity" to the ethical view that mankind's health hangs in the balance. Physicians and consumers in the West to some extent share a common vision of health and well-being in terms of their satisfaction. This apparent complicity helps even the most aggressive marketers trust that they are performing a public service. Pharmaceutical managers that I speak to signal this when they characterize their relationship with the public as "doing good while doing well."

These managers also see nothing wrong with integrating doctors, pharmacists, and other players into the drug distribution channel. On the contrary, they say that their management, making it professionally principled and tactically astute, is what allows them to regard the incorporation of consumers into the channel as ethical. They believe that consumer needs can best be determined and satisfied, conferring upon them the right of self-determination through choice.

But this choice is an illusion. For in our pursuit of a near-utopian promise of health and well-being we have, without realizing it, given corporate marketers free reign to

true instruments of our freedom: objectivity in science, ethics and faith, and the privilege to endow medicine with the autonomy to fulfill its duty to the benefit of the sick.

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