EUROPEAN MEDICAL ORGANISATIONS SAY NO TO THE DRAFT PROPOSAL ON DIRECT TO PATIENT INFORMATION CONCERNING DRUGS SUBJECT TO A MEDICAL PRESCRIPTION

Directive 2001/83/EC deals with the authorisation of drugs for human use and forbids the advertising of drugs subject to a prescription; but does not deal with ‘information’ about these drugs; an issue which the proposed modification to the directive currently examined by the European Parliament claims to address.

Drug agencies are the most appropriate bodies to evaluate, authorize and inform about the beneficial effects and the risks of products benefiting from drug approval.

What do health authorities and healthcare professionals claim for:

- The guaranty that they are the principal source of valid information about drugs for the patient.
- The guaranty that those information are supported by scientific evidence.
- The respect of principals of medical deontology in order to guarantee that patients have access to appropriate information that is transparent, independent, critically reviewed, non-biased and allows comparison. On this point, a conflict of interests occurs if the pharmaceutical industry itself takes charge of the information: the industry cannot be objective in the information it provides about its own drugs in an area where it is difficult to establish the boundary between information and advertising, and when commercial interests interfere.

What emerges from direct to patient information by the pharmaceutical industry international experiences?

- no higher quality in the rational usage of drugs has been demonstrated.
- no objective information for the patient.
- no improvement of the safety in the usage of drugs.

Moreover, any information about authorized drugs could thus mean:

- increased risk concerning public health and higher costs for healthcare systems;
- possibly increasing pharmaceutical expenses, without any medical, social or market gain.

Only the pharmaceutical industry would thus benefit from these proposals and besides, most of the industry is against this initiative, joining patients and physicians associations which oppose it.
Therefore, the absence of any medical reason justifying the direct delivery of information to patients by the pharmaceutical industry explains why the European Council of Medical Orders (CEOM) [the EMOs] consider it essential to continue to ban direct information of patients about drugs subject to medical prescription by the pharmaceutical industry which produces and distributes them. Such an initiative open the way for yet more direct communication with the patient using methods scarcely distinguishable from advertising which are neither independent nor objective, which carry risks without proving any medical or social advantage.