

Pharmaceutical advertising and doctors' autonomy.

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(SA Fam Pract 2003;45(9):55-56)

Does the use of implied or explicit sexual symbols manipulate us by appealing to the unconscious part of our personalities? In this article we overview some aspects of advertising and use an example to point out the use of sexual symbols in pharmaceutical advertising. We raise some questions for the reader to consider if in some cases, such advertising may represent a subtle manipulation of consumer autonomy.

Advertising is an important part of our lives. It is part of our common experience and tells stories about our culture. In the spirit of capitalism, advertising claims to provide information to consumers about the availability of products and services. In this way, it is claimed that advertising performs the function of helping consumers decide about how best to meet their needs by providing information. On the other hand, advertising is often criticised that it exceeds the mandate of providing information by purposely manipulating the public in its desire to produce and sell products.¹

Advertisers are bound by certain ethical guidelines such as truth telling. Some advertisements contain sentences and express propositions that are evaluated by the public as "true" or "false". However, it is possible to deceive and mislead without making statements that are either true or false. If an advertisement makes a false claim, which the advertiser knows is false and does it for the purpose of misleading, misinforming or deceiving potential consumers, the advertisement is unethical. A misleading advertisement is one that misrepresents or makes false claims. In addition, misrepresentation in advertising is unethical if it makes claims in such a way that an ordinary consumer will make a false inference or draw a false conclusion.² Consider the ad saying, which claims that an energy drink "*gives you wings*". Certainly, this is not a true statement and it is not *literally* true. But is it lying? Not when held to the reasonable person standard that says that the advertisement is not making a false claim when an average person reading or seeing it recognises it as not being literally true.

We are all familiar with what is called "puffery". This is the practice by a seller of "making highly fanciful exaggerated or suggestive claims about a product or service".³ Within rather ill defined limits, puffery is legal. It is considered by the advertising industry as a legitimate tool in business because in a competitive world we expect companies to brag about

their particular product to produce in the consumer a particular effect. Puffery of course is quite evident in advertising and often used to amuse as well as to persuade. Persuasion is not unethical. We all use persuasion to convince others to do one thing or another. But there are forms of advertising that are clearly unethical, such as those that use *manipulation* and *coercion*. This is because in Kantian terms, both manipulation and coercion treat persons as means to an end so they deny respect for his or her freedom — his or her person. One of the major ethical issues in the general debate hinges on the question of **autonomy** - precisely the manipulation and control of consumer behaviour. Autonomy, the ethical principle derived from respect for persons is most clearly denied in subliminal advertising.

Subliminal advertising is clearly unethical and assaults autonomy because it is coercive. For example, an advertiser can insert a message in a music tract, TV commercial or film in ways that the viewer is not consciously aware although he or she is subconsciously registering the message. It is manipulative because it acts upon us without our consent. Because we have no control over the content of such messages, the practice is manipulative and thus is ethically unjustifiable. In advertising, the use of sexual symbols (implied or explicit) is nothing new. Beautiful women and handsome men with healthy bodies and vibrant smiles usually placed in a variety of romantic situations adorn many advertisements. Often the products they represent have nothing to do with sex e.g. radiators, dishwashing detergents and dog food. So why are such images portrayed?

We recently came across an advertisement in a medical journal that illustrates the subtle use of sexual symbols to market a pharmaceutical product. Artistically created, in a bedroom setting, a sheer red nightgown was draped across a pale satin-looking bedspread, lighting was dimmed — a scene of anticipation — romance and a sexual encounter? "Her choice", we are informed is elegantly "lite", her timing perfect ...". This is an ad for *birth control pills*. While the product information was detailed at the bottom of the ad, it almost appeared incidental to a suggested sexual or romantic encounter. This, we thought, raises some interesting questions: What is the message in this ad? Is it the implication that if one takes this particular product then one may expect a

'climatic' evening? Was this ad marketed for a male doctor audience? If so, what unconscious psychological response might it elicit? Since he is not the person who would take birth control pills, then why develop such an ad, if not to appeal to a part of his unconscious psychology? Would a response be different from that of a female doctor? In either case, is this appropriate use of human sexuality? Does the implied sexuality in the ad have anything to do with prescribing the product? In other words, is there any relationship to placing the context of if not a sexual event then at least an implication of a bedroom-space romantic encounter that will play on the unconscious psychology of the prescribing doctor? If it was only presented as a pretty scene designed to attract attention, then why use a boudoir?

There is probably something more there in the advertiser's plan and the question remains: Is the ad coercive or manipulative because it appeals to the part of our minds over which we do not have total control? Food for thought! □

References

1. White, TI. Business Ethics. New Jersey: Prentice Hall. 1996: 573.
2. Arrington, RL. Advertising and Behaviour Control. *Journal of Business Ethics* 1982; 1: 3-12.
3. De George, R. Moral Issues in Business. in, Business Ethics. R. De George (Ed.) New Jersey: Prentice Hall. 1994: 259.

* SARETI is the South African Research Ethics Initiative a Fogarty/NIH academic degree programme in research ethics at the University of Pretoria and the University of Natal.

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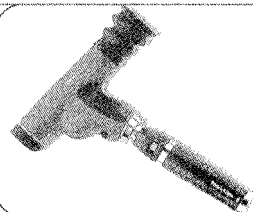
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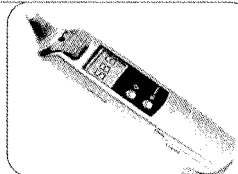
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