Sawbones 366: Direct-to-Consumer Advertising

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Clint: *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: [high energy] Hello everybody, and welcome to *Sawbones*! A marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy.

Justin: And we're broke! That's right, folks. The Max Fun Network is broke. We're ruined!

Sydnee: Well, that's not... we're not broke.

Justin: We're broke, and we're ruined, and this is the time of year where you get to say, "Nuh-uh! I'm not gonna let the network cancel Maximum Fun. The— the higher ups, [through laughter] the big cheese."

Sydnee: [laughs quietly] This is the way to fight the man.

Justin: The big cheese, the *man* wants to shut us down! This is a pirate signal you're getting right now, and the man wants to turn into just another... channel full of...

Sydnee: Are you tired of everybody telling you what to say?

Justin: Yeah!

Sydnee: What to think?

Justin: Yeah!

Sydnee: Who to be?

Justin: I'm Question Mark, and I'm about to—

Sydnee: [laughs]

Justin: —I wanna ask you a question?

Sydnee: This is Shady Lane.

Justin: This is Shady Lane.

Sydnee: [imitates guitar]

Justin: Everybody loves *Radio Free Roscoe* right? Hey, listen. It's the Maximum Fun Drive. This is the time of year where we come to you for under two weeks, once a year, and say, "Hey. Can you help us pay for our show?"

So we're gonna talk more about what that means in the middle of the show, but here's the very, very short version. Maximumfun.org/join. If you pledge 5 bucks a month, you get access to over 200 hours of bonus content. We've got an incredible variety of audio waiting there for you. There's better— more gifts, better gifts. Plus that gift. All gifts. Maximumfun—

Sydnee: All the gifts, we can tell you about.

Justin: —as you increase your donation level. Thank you in advance. We'll talk more about it later. Maximumfun.org/join. But Sydnee, we are not just here— this show— I know that this episode seems a little commercial, but we're gonna balance it out with this episode. Syd, what are we talking about?

Sydnee: Commercials. [laughs]

Justin: [sighs]

Sydnee: I— I, um—

Justin: Tell the truth.

Sydnee: [laughs] I didn't plan that this episode would, uh— would come out this week. It sort of... oops.

Justin: Oops!

Sydnee: But I think that it's good! I think it's good. So, traditionally for Max Fun Drive we try to do something that might be, like— I don't know. I usually lean in to, like, the gross out parts of our show, I think.

Justin: Sure.

Sydnee: Don't you think that's usually where I—

Justin: Something— one for them. [laughs]

Sydnee: Right?

Justin: One for the people.

Sydnee: And I think this is— this is something a little different. I guess it's gross in a different way, maybe? Some of the things we'll talk about.

Justin: Yeah.

Sydnee: With the American medical system. I think it can be gross in a different way. Not so much, like, "Ew!" As, like, "[groans]." That kind of thing.

Justin: Gotcha.

Sydnee: Um, but we get a lot of questions about prescription drug advertisements. Uh, specifically I get a lot of questions about that from listeners outside of the US, since it is, globally speaking...

Justin: Wild.

Sydnee: ... a— a— a very rare thing that we have those. And so, I thought it would be an interesting— maybe a little controversial, little spicy topic to talk about. Um, I don't know... if Big Pharma listens. [laughs quietly]

Justin: Hey, Big Pharma, if you're out there— I'm sure they're paying people to listen to this pirate signal.

Sydnee: I bet that's what they do. I bet they are. Um, because it's a— it's a sticky issue. It's not as straightforward, if you go into the history of, like, why do we do this?

So, in the United States— if you live outside the United States and New Zealand, which are the two countries on Earth that do this— so if you're in New Zealand, you know exactly what I'm talking about. If you're in the US, you know. Outside, you're going, "Now, what— what is this?"

Justin: "Hmm?"

Sydnee: We, uh, run advertisements on whatever— whatever form of media you would like to advertise on for prescription drugs. So, medications that you could only get with a prescription from a doctor. Which seems odd, right? Like, if you just take two extra seconds to break that down... why would I advertise something to you, Justin, that you can't go get on your own? If you have— there's an intermediary you would have to get... permission—

Justin: [simultaneously] Permission, right.

Sydnee: —approval, some— you know, buy-in from, in order to—

Justin: And an intermediary who ostensibly would know, like, better than the company who is talking to you about whether or not you need this product.

Sydnee: Exactly. So it is a good— it's a good question. I know we've gotten this a lot over the years. Johnathan most recently wrote an email and kind of bumped it to the top of my list— which is a good reminder. If you've emailed me before— I say "me," *us*, and we haven't done your topic, it never hurts to email again, 'cause sometimes it bumps it to the top.

Justin: Oh my God. Rest— rest in peace our inbox!

Sydnee: Well, no, I— I... I check. But I miss things sometimes, and this bumped it to the top of my—

Justin: Oh boy. Okay.

Sydnee: —my mind. I read a great article to help me sort of structure this, and I read a lot of different sources, but I did wanna cite *A History of Drug Advertising: The Evolving Roles of Consumers and Consumer Protection* by Julie Donohue, which was not a, uh... it was more about population health and health policy as opposed to a medical-specific journal. Um, but it was an interesting perspective to look at the history of this.

So, I can tell you that on the physician end, we complain about these a lot. I would say that generally speaking most physicians are not a huge fan.

Justin: Mm-hmm.

Sydnee: Because once there is a drug advertised on TV, it is very common that someone will come and ask me about it. And what's hard is that our visits— and especially if you live outside the US, this might not be as intuitive. If you live here, you know. You're only allotted so much time per visit.

Justin: Right.

Sydnee: Which I have railed against, and I am totally not for, but there it is. And if I have to use a chunk of the visit—

Justin: I'm for it!

Sydnee: —trying to discuss—

Justin: I'm for it, I want you to come home!

Sydnee: [laughs quietly] Well...

Justin: Wrap it up!

Sydnee: ... trying to discuss why maybe— I know immediately, like, "Oh, actually this wouldn't be a good fit because that's not exactly what your diagnosis is, or you have a contraindication, or you're already on something that works fine, and switching to this new product has no advantage."

Justin: Doctor stuff. [laughs]

Sydnee: All the other things. Or a lot of the time, frankly, you're on something that works fine. This might work the same, but it will cost so much more, and there's almost no way that your insurance covers it at this point. So I'd be switching you to something you probably can't afford, which means you wouldn't take anything, and then we'd all be worse off. Um, because that's the other thing. If they're advertising it on TV, it's usually something new.

Justin: And maybe colorful. A lot of times they have big, bold colors. Like Viagra. Remember that?

Sydnee: Yeah.

Justin: Or the— or the little purple—

Sydnee: Blue.

Justin: —little purple pill. Everybody was thrilled about that.

Sydnee: Nexium, yep. Yep. There are some very pretty pills out there. [laughs quietly] Uh, so what is the advantage, then, of advertising directly to the consumer? You can't go order it. You don't pull up to a doctor drive through window and just order what pills you want.

Well... actually, that does happen, unfortunately.

Justin: [laughs] Yeah.

Sydnee: But that's a whole other episode and problem, and if you wanna know more about it, please come to Huntington, West Virginia. [laughs quietly] Anywhere in West Virginia, really, we can fill you in on that any time.

Uh, but I think there are probably two answers to this question. The first, and it's really obvious and I don't wanna spend a lot of time on it, but why would pharmaceutical companies spend tons of money to advertise directly to patients?

Justin: Because then the patients will ask for the money— pills, and then maybe they'll get 'em, and they'll sell more pills.

Sydnee: It must work, right?

Justin: Yeah, it works.

Sydnee: Like, they wouldn't be doing this— they wouldn't continue to do this if it didn't work. Um, that's the reason you choose any specific marketing strategy, right? Because it works, and so you do it more, and it works more, and so you keep doing it. If it doesn't work, you wouldn't keep doing it.

The second answer is more interesting. Why is this allowed, and how did we get here? Um, it's good for the pharmaceutical companies, obviously. It must be, because they keep doing it.

But who decided that it was good for patients, that it was good for the population? Like, the individual and society as a whole? Who thought it was good for the medical community? Who decided this was the right way to go? Because obviously most places on Earth decided it wasn't. So why did we choose a different way?

Justin: I guess money. If I had to guess. I don't mean to get ahead of you.

Sydnee: Ehh, it's a little more... I mean, I'm not saying that money isn't a part of this. We've already— we've already covered the fact that this makes money.

Justin: Right.

Sydnee: But let's get into the other side of it.

Justin: Okay.

Sydnee: So, we gotta go way back to the beginning of the 1900's.

Justin: [time machine beep-boop noises]

Sydnee: [laughs quietly] So, the idea of a medicine being a prescription drug or an over-the-counter drug was not a thing at the beginning of the 1900's. All medicine you could either access— a few different ways. Either you would just go buy it on your own, right? Just go to the pharmacy, go to the store, go wherever, buy it. Maybe buy it from a traveling salesman, from a medicine show, from somebody in the community you trusted. Maybe there was a pharmacist or a doctor or a midwife or a nurse, or someone locally that you trusted you bought it from. Maybe you made it.

Justin: Mm-hmm.

Sydnee: Um, you might get a prescription from a doctor. That did happen, where you went to a doctor, complained about something, and the doctor wrote something out and said, "Take this to the pharmacist and they'll—" usually it was something to compound, something to make. So, they'll take this over there and they'll make it for you.

Um, but it wasn't necessary. That same thing that you had on that paper, the next time you were sick you could just go directly to the pharmacist and ask for it. You didn't need that prescription, it was just sort of an, um... a shorthand communication, right?

Justin: Got it.

Sydnee: Um, but anything you wanted you could get. And doctors were in the business of dispensing drugs back then, too. So you may just go to your doctor, say you were sick, and your doctor would give you a shot of something or pills or whatever.

Um... so it's important to understand that at this time, this really corresponded with the way people thought about medical treatment.

Justin: Mm-hmm.

Sydnee: There was very much this sort of general attitude in the US that self-treatment was an American value.

Justin: Which is, from what I know about that time period, was probably a question of necessity as much as anything else.

Sydnee: Yes.

Justin: Because we had not *nearly* enough doctors, uh, to go around, so a lot of people were sort of practicing on their own, and figuring it out on their own.

Sydnee: That's exactly where this idea, you know, would probably have generated from. We went from no doctors except for whoever was willing to come here, come over here, to a wide variety of various types of practitioners,

practicing all sorts of forms of medicine— we've talked about many of them on our show— some which made more sense than others, none of them which made complete sense yet, right?

Justin: Mm-hmm.

Sydnee: Um, to the idea that we do need to train doctors in a certain way, but at the same time, we're still practicing outdated forms of medicine, because the scientific method is just being perfected, and evidence-based medicine is just coming into being. So even once you have, like, "Okay, we're at a point where that's a doctor. I know they must've— to be a doctor, you must've gone to school and learned these certain things, and we've formalized that training." That doesn't necessarily mean that what they have to offer you is very helpful, right?

Justin: Yeah.

Sydnee: That's part of where all these other, sort of, alternative forms of medicine came from was this understanding that if you went to the doctor, you were just as likely to be... killed as healed. [laughs]

Justin: Yeah, alright.

Sydnee: So, um, all of this gave rise to a lot of people who just wanted to stay out of the whole mess. And were like, "You know what? I'll just take care of myself."

Justin: "Yeah, I'll figure it out."

Sydnee: Yeah. And they had a lot of folk knowledge. Again, there may have been some local people who had some sort of formalized training that they trusted. Um, but they basically cared for themselves.

Now, there are already existed the idea that there were medicines that were different from others, that there were two groups of medicines.

Justin: Meaning?

Sydnee: Um, back in 1820 there were 11 doctors who sat down in Washington, DC and created the US Pharmacopoeia, and in it were— like, that's where they

put the drugs that they said, "We think we have some evidence that these actually do something."

Justin: [laughs quietly]

Sydnee: To try to distinguish them from all the patent medicines out there that made outrageous claims, but didn't necessarily do anything. Um, they called the drugs that were in this pharmacopoeia the "ethical drugs."

Justin: How so?

Sydnee: That was the name they gave them. They're ethical to prescribe. They're ethical to advise a patient to use.

Justin: It's ethical to take money for these, because they might actually do something and not harm the patient.

Sydnee: Yes. Uh, as opposed to patent medicine, which is— and so, if you want to think about it, ethical drugs would become prescription drugs, patent medicines would become over-the-counter drugs.

Justin: Okay.

Sydnee: It's not a one-to-one, but that's— it's close. Um, 'cause some things would cross over. But there were—

Justin: Not to imply that most over-the-counter drugs are as fake as patent medicines. [laughs quietly]

Sydnee: No, no, I'm not implying that at all. But generally speaking, the idea that you needed to—

Justin: [high pitched] Some of them, though! [wheezes] More than you'd like!

Sydnee: There were certainly, you know, medicines that would've been considered ethical, because they were proven to work, that eventually would not require a prescription because they were not deemed so dangerous or harmful or complicated.

Justin: Right.

Sydnee: You know what I mean? That you would need a doctor to prescribe them. We've seen that in modern day times, a medicine that was one prescription only that becomes over-the-counter.

Justin: Uh, Loratadine, right? I remember that.

Sydnee: Mm-hmm. Claritin.

Justin: Claritin, Claritin becoming something you could buy at the store.

Sydnee: Yeah. Nexium, we talked about that already. A lot of medicines that were prescription only, and then eventually enough testing indicated that this is probably not necessary. The consumer can use these safely, as opposed to the patient in your office.

Um, but again, no scrip was required at this time. So the medicines were marketed, if they were marketed, direct to consumers by default.

Justin: Right.

Sydnee: Because that's, you know, that's who bought it. [laughs]

Justin: Yeah, that makes sense.

Sydnee: Uh, and so again, you have the fliers, and the ads in the newspaper, and the— we've talked about the calendars and the ladies' journals that would go out, and all the different forms of medical advertising, the medicine shows. The patent medicines were much more heavily marketed than the "ethical," quote, unquote, ones. The medicines that doctors were supposed to use. And the American Medical Association was not a fan of this system.

Justin: Hmm.

Sydnee: They didn't like any of this. Because they're watching all these drugs be advertised. They're not the ones that they want doctors to prescribe. They're all the other ones, basically. And they made false claims. I mean, that's the other part of it. They would encourage patients to go buy stuff that probably just didn't work, but also might harm them, *and* was against what the doctor advised.

Justin: Right. I know what we're headed towards, though. I know my timeline. I at least know this. That we're hurtling towards the FDA, right?

Sydnee: We are hurtling— actually, that is just— that is where we are about to arrive.

Justin: 1906. I know that off the top of my head. [laughs quietly]

Sydnee: We're in 1905.

Justin: Okay. Oh, yeah!

Sydnee: We're in 1905.

Justin: You could smell it just around the corner, folks! Don't worry, the FDA is comin'.

Sydnee: The AMA, the American Medical Association, started promoting the ethical meds, the ethical medications, that had been tested to some extent, and basically said, "We are not going to let ads for these patent medicines run in our medical journals anymore."

So, like, maybe you have access to the public, but you don't get the docs. The docs— the journals that the doctors read are only gonna have ads for ethical medicines, if any at all.

Justin: Right.

Sydnee: Um, but none of this patent medicine stuff. And also, doctors were encouraging you not to recommend any patent meds any more. Which, you know, doctors would've been doing.

Justin: Sure.

Sydnee: Uh, and so at this point, you have this sort of split. The doctors are kind of separating away from the rest of the public and saying, like, "All those meds you're using, and that you are selling, they're bad and wrong. And these are the real ones."

So what would come from that whole era—

Justin: God, that must've been a hard— that must've been a hard sell.

Sydnee: Oh, yeah!

Justin: It was like— you're thinking about, like, one, the cultural thing, two, some of the— a lot of those patent medicines were making you high. [laughs quietly] They were getting you— so, like, you are beyond just, like, mentally invested in them. You are maybe addicted to them!

And also, PS, the patent medicine salesmen from— again, this is just based on stuff that we've read and covered and researched. But, like, the patent medicine salesmen were, you know, shifty or not, were the ones who were, like, in your community, bringing the meds to you, widely available, and also maybe they had, like... a singer, and a stage show. So, like, how do— how do—

Sydnee: And they would put you on stage and pull your teeth out for you.

Justin: Yeah. How does medicine compete with that?

Sydnee: Uh, and that was— you know, as we get into 1906 when the Pure Food and Drug Act is passed, the creation of the FDA and the idea that we should regulate drugs, curb false claims, and initially just, like, put the ingredients on your label, right? Like, that was the big thing.

Justin: Yeah.

Sydnee: You just have to say what's in there. If it's opium, you gotta say it's opium now. Um, that was the initial thing that happened. And this does not do a lot of what our laws to today, right? Like, they weren't saying you had to prove it was safe. They weren't saying you had to prove it was effective. They were just saying you gotta put what's in there on the label, and we're gonna start to try to regulate drugs, and do this in a systematic way. And we also are gonna have some teeth to go after people who are breaking the laws.

Justin: Mm-hmm.

Sydnee: But it wouldn't be until the 30's that we would— and into the 50's that we would actually see the beginnings of what would lead us to direct-to-consumer advertising.

Justin: Hmm.

Sydnee: And I'm gonna tell you all about that...

Justin: But first... we're gonna—

Sydnee: Let's go to...

Justin: [holding back laughter] The begging department. [laughs]

Sydnee: [through laughter] Oh, that's not good. I guess let's go.

Justin: It's the Maximum Fun Drive, uh, where we come to you once a year and say, "Hey, do you like this? And, if so, can we have a few dollars for it?"

Here's the way it works. You go to Maximumfun.org/join. You say the shows that you listen to and enjoy there. And the majority of your donation is split up between the shows that you say you listen to.

Sydnee: So if you're listening to this show, you can just click this show.

Justin: *Sawbones*.

Sydnee: *Sawbones*.

Justin: *Sawbones*. And, uh, we will get the majority of that— of that money. A minority of that money goes to Maximum Fun, our podcast network that helps to keep the proverbial podcast trains running.

Sydnee: [laughs]

Justin: Um, and... it is the way that we have, like, fed our families, and clothed them, and put roofs over their heads for a decade now. Um, and we're only able to do that through your continued generosity. And if you're someone who's been listening, and you think, "Hey, I really like this. I'd like this to keep happening." Um, and it is the only reason these shows continue to exist, because otherwise, like, we would have to do other things to make money. So if you like them and you want them to keep happening, don't rely on somebody else to do it. You

know, kick in that 5, 10, 20 bucks a month, whatever you're comfortable with. Um, we appreciate all of it.

Sydnee: Yes. And there are great gifts at the different levels.

Justin: Tell 'em, Syd! I gotta refill my water bottle. Tell 'em all about the gifts. You're great at this.

Sydnee: [laughs quietly] Uh—

Justin: She loves— she loves this. She may pretend like she doesn't. She loves this.

Sydnee: So, at 5 dollars a month— so if you're just starting out, it's a great place to start, 5 dollars a month— as we already mentioned, you get all the bonus content. That is over 200 hours of bonus content from all our shows, not just *Sawbones*. So— and also podcasts that we're not even on. Um, we have recorded so many cool things over the years. This year there's a new episode of *Sawbones* that includes more, uh, kids' *Sawbones* questions, so you listeners sent in your kids in your life, their questions, and we attempted to answer them [laughs quietly] as best we could.

Um, there's so much stuff there. It's really— it's worth it just for the bonus content. But if you don't want to stop there, at 10 dollars a month you get one of our 38 enamel pins. They are all designed by Megan Lynn Kott. They're beautiful. Um, you can choose. Each one of the 38 pins is unique, and specific to one of the shows. You choose which one you want. Um, they're all amazing. They're so beautiful. Uh, it'll— that'll be the toughest part, is choosing which one you want. And at 20 dollars a month, you get the Take a Minute Tea Kit. So, uh, if you wanna relax and have a hot drink, Atomic Pixies designed a lovely tea tin.

Justin: But are you in it for— are you in it for the gifts, Syd? Is that why I'm making this donation?

Sydnee: No, no. The gifts are great.

Justin: Gifts are great.

Sydnee: The gifts are great. They're icing on the cake. But the cake itself is us— we are the cake.

Justin: I'm the cake! And Sydnee's the cake. We're the cake.

Sydnee: We are the—[laughs quietly] we are the cake, and we can make better content, more content, um, we can make the shows you love... better. Uh, with your support, with your help.

Justin: You wanna talk about the real, tangible impact of this? Sydnee, because the support we've received for *Sawbones* over the years, Sydnee was able to cut down on the amount of work she does at the hospital, and donate her time to a local shelter for people experiencing homelessness, um, and do a lot of work in the community helping people who need help a lot.

Sydnee: Yes.

Justin: And she's able to do it without pay, because you kind people have been so supportive of our work, and that's really amazing, and we so appreciate it.

Sydnee: It's really true. The support you give us has enabled people in our community who had no access to medical otherwise to receive regular care.

Justin: It's allowed us to pay The Taxpayers that created our theme song. It's allowed us to—

Sydnee: The band, not the tax— not— not—[laughs]

Justin: Not the taxpayers. You know, The Taxpayers. Um, and, like, so much more. It really does mean the world to us, and we couldn't be doing this without you. And it may seem like this is something that other people do, but I really— I hope that you will take it personally. Like, this is a pers— podcasting is a very personal medium, like we are talking directly into your ear holes, and we obviously always appreciate that privilege whenever it is afforded to us by you. But, um, if you could take the next step and say, "I want more of this. I love this. I want this to keep existing." Um, it has a massive impact, no matter how much you're able to donate.

Sydnee: And before the next episode, I'll train Justin to say auditory canals and not ear holes.

Justin: Auditory canals? Does that, uh, come with a free wedgie? [exaggerated laughter]

Sydnee: Alright, that's enough of that.

Justin: Maximumfun.org/join. Please, please, please, please, please. Thank you. In advance.

Okay! So, where were— where were we, Syd?

Sydnee: It was 1906. We passed the Pure Food and Drug Act—

Justin: [holding back laughter] [time machine noises]

Sydnee: That was great.

Justin: I didn't un-doodily-doo us, so that ad was actually from 1905.

Sydnee: But that wasn't enough. Um, in the 30's, a hundred people tragically died from taking a formulation of sulfanilamide, which was an early antibiotic. Um, and that really inspired a lot more action on the part of regulatory commissions, on the part of the government, um, along with multiple issues like that throughout the 30— they were still battling all the patent medicine advertisements, that would make claims that weren't true or could harm people.

Um, and so throughout the— from the 30's, 40's, 50's, we see this sort of progressive regulation of this industry and creation of, um, trying to catch up, basically, with what they were already doing.

Um, they also began to regulate the two groups of drugs differently. So, drugs that were meant to be sold directly to the public, they started putting restrictions on exactly like, what do you— if you're gonna sell this direct to the consumer and you don't have to have a physician go between, um, you have to include the ingredients, but also the side effects, the dosing instructions, the contraindications, all of this stuff has to be clearly outlined and available, and written in a way that a non-medical person would understand it.

Justin: Okay.

Sydnee: Right? Drugs that were meant to be prescribed by a doctor didn't have to be so tightly, you know, regimented. Because the idea was, "Well, the doctor has medical training, so they don't need all of that on the package. They can recommend it to you based on their medical knowledge, and you'll take it because they told you to, but you don't have to have all that."

You know, now all the stuff you get with your prescription medicine, you wouldn't need that back then. Because the idea was, "Well, the doctor told you to take it, so it's fine. You don't need to know all of that. Just trust the doctor."

And it was all in technical jargon, too. They didn't have to put it in laypeople speak, because it was for the doctor, not for you.

Also, the FTC was given the authority throughout the mid-1900's to crack down harder on the false claims, so the advertising piece started to be addressed. Um, to ensure that consumers were given all the info they needed, um, what the drug actually did, and finally, in the early 50's, it was decided that the FDA would regulate the one group of drugs that were now called prescription drugs as opposed to ethical drugs, right?

Um, and you could only get those from a doctor. And then as is true today, over-the-counter meds kind of fall outside that purview. Um, but they are still, you know— they still have to watch what claims they make in advertising, right? You know, the FTC has very strict rules where you can't— you can't make claims that you don't have backed up by evidence, and all that kind of thing. And so, they're still regulated in that way.

Um, but all of this shifted the focus of drug companies' marketing efforts. So up until then, really the only medicines that were advertised were patent medicines.

Justin: Mm-hmm.

Sydnee: Well, by the 1960's, 90% of drug company ads targeted physicians.

Justin: Hm.

Sydnee: It's wild if you think about it today. [laughs quietly]

Justin: Yeah.

Sydnee: I mean, they were the agents of the products, right? They were the gatekeepers.

Justin: Yeah, they're the ones you want to reach.

Sydnee: If you're making and selling drugs, the only way you can get it to a patient if it's one of these prescription drugs is to get it through the physician. Um, and the public didn't mind that so much at this point.

If you're looking into, like, the post-World War II era, physicians were really at the peak of their popularity in this country. [laughs quietly]

Justin: [laughs quietly] It's all downhill from there!

Sydnee: [laughs] I mean, this is going to be the case. So, in the post-World War II era, a lot of people sort of said, you know, self-treatment was the way of the past. The future is to trust in experts, and scientific opinion, and go to your doctor, ask 'em a question, whatever they say must be right, because they're learned.

Justin: It's also part of a groundswell of celebration of, like, science.

Sydnee: Yes.

Justin: And a passion for science that was, like, I mean, tied to— a lot of it, atomic development. You know, science helped us win WWII, so we should be trusting in science to, like, make our dinners and, you know, the home of the future was always very science-based.

Sydnee: All that stuff.

Justin: Yeah.

Sydnee: So you went to your doctor, and your doctor was an expert, and they told you what to take, and you thanked them, and left.

Um, and the pharmaceutical companies started sending out what they called then detail men. Which, again, were, like, the precursors to pharmaceutical rep— you know, representatives. Who would inform and charm the doctors. I mean, doctors interviewed in the time period said that these people were their friends, their trusted confidants.

Justin: [laughs]

Sydnee: I mean, they were really on close terms with these... these pharmaceutical reps whose job was to get them to prescribe the medication. But they also trusted them for information about the drug. They were the experts on the drug, so that's where they were getting the information about it, and had the incentive to prescribe it because of that close relationship.

Justin: I mean, they're kind of like lobbyists, right? I mean, basically? Like, metaphorically— like, they're basically lobbying, right?

Sydnee: In a sense.

Justin: It's the same idea. The relation— fostering relationships to attempt to persuade, I mean...

Sydnee: Well, its t— I mean, that's always the tough part. And, I mean, this is, like... [sighs] gosh, this is the recurring thing when you talk about the system of medicine in this country, is that the idea of, "I made this drug and I know it works, and I have all this research to back it up, but I wanna— I wanna employ someone who is really good at communication, who has great communication skills, to go tell the doctors about it so that they understand. Because my expertise is the lab. Your expertise is people. Go talk to people and tell them why this works."

That makes total sense. I don't— I mean, I think anyone would agree. Like, "Okay. Yeah, I see why you would do that."

But once there's all the financial incentive that there is in pharmaceuticals, and in the medical industry in general, the trust starts to break down, right?

Justin: Yeah.

Sydnee: And what you believe and what you feel like is legitimate really changes. And— and, I mean, we're seeing the beginnings of this problem. The backlash that would happen to this era, I mean, it was inevitable, right?

So the burden of explaining all those risks and benefits and side effects and contraindications, all those things— contraindication is a reason you couldn't take a drug, by the way.

Justin: Right.

Sydnee: If it's contraindicated in you, it's because of, you know, something intrinsic to you, or a disease you might have, or whatever. It's not approved for you. It could harm you.

So, basically this was all left to the doctors. Because, like I said, you didn't have to put that package insert in there anymore.

Justin: Yeah.

Sydnee: So if communication broke down, if the doctors didn't do a good job of explaining it to you, if they just said, as was the fashion among not all, but certainly many, "Do this because I say so, 'cause I'm the doctor and I know... "

Justin: Right.

Sydnee: ... if you got sick or you had a bad side effect, who did you blame?

Justin: The doc— the doctor!

Sydnee: Who did— yeah, who did you feel misled by?

Justin: Yeah, the doctor.

Sydnee: Exactly. Um, and if you look at a case like thalidomide in the 1960's, which a lot of people prescribed and did cause, you know, birth defects, the FDA and now consumer groups were being formed that were looking at this system a lot more critically.

Justin: Mm-hmm.

Sydnee: And saying, "Okay. Something is going wrong. Either the doctors don't know enough about these drugs, or the doctors aren't telling patients enough about these drugs, but we are still not getting, you know, the clear system we want. The very open, transparent, honest thing that we thought we were going to achieve."

So, first came package inserts. When you get a prescription medicine, it comes with that big... thing.

Justin: Yeah, that big thing.

Sydnee: Do you ever read that big thing?

Justin: Sometimes it says— no, I don't read that big thing!

Sydnee: [laughs quietly]

Justin: I'm married to a doctor! It's one of the perks. Syd, what do I do with this?

Sydnee: I— I don't—

Justin: Which—which hole, Syd? How many times?

Sydnee: One of my— I, personally— this is— I know this is— there are gonna be a lot of people in medicine who are like, "What?!" I loved— you always have some patients who will come to you after you've prescribed them something. And then you think you've done a really good job of talking to them about it, and then they'll come to you to their next appointment, and they'll have the medicine still in the packaging, in the pharmacy bag, with all the stuff with it. And they'll have highlighted certain things and want to talk to you about it before they take it.

[laughs] I used to love those inter— 'cause then you have to discuss, like, why it's less than 1% that they've listed this one thing, and why you still think it's an okay— and let's talk about— I used to actually love those.

But anyway, um— but that's when that started to become a thing. Um, but that didn't suffice, because at this point, the role of the doctor in society had really changed. Uh, a lot of these advocacy groups had begun to spring up, demanding more autonomy in decision-making. The idea of paternalism— and if you think about what time period we're in, we're moving into the late 60's into 70's. So the idea of trusting the system, of trusting the man, all of that had broken down. And what broke down with it was your trust in your physician.

Justin: Yeah.

Sydnee: Um, really through the 70's the patient-physician relationship continued to degrade, to an extent. Um, and, I mean, I'm not saying that it wasn't part of doctors' fault, you know?

Justin: Sure, yeah. It's tough when you're talking about a system like this. Like, everybody is... even if you have individual people trying to do the right thing, like, we have a system built to do this, and it's tough to push against it.

Sydnee: And every time there was a highly publicized case of a doctor who prescribed something, or wouldn't do something, or did something that was seen as wrong, you know, then that trust just went down further. And eventually, you see the creation of ethics boards whose job it is to oversee doctors, because we can't trust doctors to act ethically, which is fascinating when you consider that the root of all this was, "We want to prescribe ethical medicines."

Justin: Mm, mm-hmm.

Sydnee: And now we need an ethics board to watch us because we can't be trusted to behave ethically.

Justin: Yeah.

Sydnee: Which is already a far cry from, I would say, our Hippocratic Oath. But by—

Justin: Hypocritical Oath, more like it. [laughs]

Sydnee: Oh, that's a zinger.

Justin: Are you guys hearing these today? Hachi-machi!

Sydnee: So because of all this, as you can imagine, by the 80's, the pharmaceutical companies had noticed. They had noticed that doctors... just ain't who they used to be. [laughs] In the public eye.

Justin: Doctors aren't hot anymore!

Sydnee: Uh, and so they tried some things. Like, a couple unusual things at first, like having some people talk about a new product on a talk show, and they

noticed that there was an uptick in sales. Like, "Hmm. That wasn't the doctors, probably. I wonder what that was all about."

And then there was, um— Pfizer ran some ads for, like, disease awareness without mentioning what drugs treated them, but would just have, like, the Pfizer logo on there so that, like, you could put two and two together.

Justin: Yeah.

Sydnee: Like, "Well, they're running an ad for diabetes. I have diabetes. It says Pfizer. Maybe there's something—" you know, to get people to go in and ask their doctor about it. Um, and then finally a couple of companies went for it. There was a pain reliever called Rufen, a pneumonia vaccine was advertised direct-to-consumer, um, Oraflex was another arthritis medicine that was advertised by Eli Lilly straight to consumer. Oraflex was actually probably a good test case, 'cause it got so popular so fast that so many people were prescribed this medicine that they realized within five months that it had terrible side effects. [laughs]

Justin: Sheesh.

Sydnee: And they had to pull it from the market. Um, which of course is bad. But the signal it sent to the ad— you know, to the marketing arms of these pharmaceutical companies was—

Justin: The buffet is open. [laughs]

Sydnee: "This works."

Justin: Yeah, time to come... get you a scoop!

Sydnee: So in 1983, very quickly the FDA said, "Wait, wait, wait. Let's stop this. Don't— don't do this anymore."

They put a moratorium on direct-to-consumer ads and said "We've gotta re— uh, well, we don't know if we like this."

Justin: And that wraps it up, folks. That— thank you, FDA, for doing the right thing. Maximumfun.org/join is the URL. Thank you so much for listening. Thank you—

Sydnee: Justin, that is—

Justin: —FDA, for—

Sydnee: —that is obviously not the end.

Justin: [quietly] Oh. I— a guy can dream.

Sydnee: You have seen pharmaceutical ads on television.

Justin: [laughs] I figured I—

Sydnee: This week.

Justin: I figured I misremembered! I was alive in '83. Maybe I'm just remembering ads from when I was a toddler.

Sydnee: I think the problem is that when this— there is a period here from '83 to '85 when this moratorium was in place where you had, like… everybody was kind of in agreement that this isn't a good idea.

They have pharmaceutical company CEOs on the record in this time period saying, "Direct-to-consumer advertising is probably not a great play, because consumers don't know enough to make this decision. They just don't—they don't understand these drugs. They don't understand medicine. They can't safely evaluate whether that medicine is good for them or not, and they gotta get it from a doctor anyway."

Justin: And you can't! That's the thing. You can't, because if you could, it would be— they wouldn't be... prescription. [laughs] 8

Sydnee: The AMA didn't want it.

Justin: Yeah.

Sydnee: Because—and again, like, the AMA is always seen as acting for control, which, whether or not that's true, it's hard to evaluate when you're just an organization. And at that point, again, doctors were still not popular. So it's like, "Well, of course doctors don't want it. They want control."

Justin: Right.

Sydnee: And it didn't help that we had this, like, relationship where we're all cozy... with the drug— like, none of this helped our image at this point.

And so by 1985, basically the FDA said, like, "Well, okay. I guess you can do it, because honestly, we really don't think it'll go anywhere. We don't think anybody'll do it. It's not gonna be effective. Most people aren't gonna pay attention, 'cause they're not gonna understand, so they won't listen to them, and it'll probably die off pretty quickly."

This was ge— this was genuinely what they thought in 1985. "We'll let you do it, because nobody's gonna do this!"

Justin: Just so I'm clear, though, we're not talking about— in this time period, we're not talking about all pharmaceuticals. We're talking about prescription...

Sydnee: Prescription drugs.

Justin: 'Cause, like, I know that there are very old ads for... probably about Bayer, and Alka-Seltzer, and—

Sydnee: Oh yeah. No, all the— all the— yes. Plop, plop, fizz, fizz, and all that. [laughs] All the over-the-counter meds were still— I mean, they were, again, subject to the Federal Trade Commission.

Justin: Sure.

Sydnee: Like, they couldn't say whatever they wanted. But, like, no, that was still happening. This was the idea that a prescription drug could be marketed to a consumer. Um, and in the 90's this is when— this is when things took a turn.

First, you get the rise of, like, managed care organizations. The idea that we could maximize profits in medicine by controlling certain aspects of the medical— and this is really where you see this transition from, like, doctor-patient to... seller-buyer.

Justin: Hmm.

Sydnee: Um, and the— I mean, not that doctors felt like they were selling medicine. But, like, the organizations that they were a part of were selling medical care, and you were consuming it.

Justin: Mm-hmm.

Sydnee: And then you see the rise of the consumer over the patient. Um, so at the same that that was happening, and people didn't like that, so it eroded trust in the medical system even further— um, actually by 1990, less than a quarter of patients had faith in medical leaders.

Justin: Phew.

Sydnee: Less than a quarter. Um, and this probably did end that. [laughs] There was probably nobody after this.

Um, and also you get, like, lifestyle drugs showing up. Things like Viagra and Rogaine and stuff. Where, like, as part of a routine checkup, I'm not gonna look at you and say, "Are you worried about erectile dysfunction?" It just isn't on my list. And so unless you tell me, it might never get addressed.

Justin: Which I do, frequently.

Sydnee: [laughs quietly]

Justin: But you blow me off. I don't get it. [laughs quietly]

Sydnee: Uh, so advertising that directly to the consumer made sense, because it encouraged you, like, "Well, maybe I should tell my doctor about this, 'cause there's a medicine for it." Right? It was awareness that there would be a treatment!

Justin: And these are the ones— what I love are the ones— and these are probably a little bit more modern, so I don't wanna get heavy. But, like, the ones who are like, "Don't you think it could be a little bit better? Like, you didn't know that this was a problem before. But, like, maybe it is?" Like the Low T stuff.

Sydnee: Yeah.

Justin: Like, "Hey, is your T low?"

I'm like, "I don't know, man. I never thought about it."

"Well, maybe you should start thinking about it, J-Man. Maybe that— maybe that's the one solution— the thing that you need to fix everything, is your T."

Sydnee: Well, and I think that's the problem, is that as we— as we're gonna move into, a lot of these drugs can be painted as a general solution for your life, as opposed to this is a medicine that addresses a very specific thing. There is such a thing as low testosterone.

Justin: Right.

Sydnee: There are certain symptoms associated with that. Supplementing testosterone can help in those specific symptoms, but it is painted as, like, "Did you just lose your vigor? Take testosterone."

Justin: Right.

Sydnee: And that is not—

Justin: Like, "Are you lacking *vim*?" [laughs]

Sydnee: Or, like, energy. And it's like, "Well, there are a million reasons—"

Justin: [blows raspberry]

Sydnee: I mean, I'm tired all the time.

Justin: I'm 40!

Sydnee: Like, there are a million reasons. And so it— but it does paint this picture that whatever your problem is, this is the solution. But they had to be very careful. See, before they got there— and that's where we are. We're at this point where, like, they're trying to figure out, "How can I... follow the instructions... " 'Cause they still have to include all this in their advertising.

Like, if you're gonna put it on TV instead of in a magazine or in a newspaper, you still have to tell everybody about all those side effects.

Justin: Love that. I love that. When it's, like, 15 seconds of ad and 45 seconds of, "[unintelligible muttering]. Death. [unintelligible muttering]. Fever."

Sydnee: If you want more information... they used to give you a toll-free number. Now they give you a website.

This is really— in the 90's, this is when this became possible. So they're at this point where, in the 90's, the pharmaceutical companies are starting to realize that, "Hey. Maybe direct-to-consumer... is the way to go. Because we can get patients to start asking their doctors for these drugs. What if we try it and see if it works, and see if, you know, we see an uptick in sales from this?"

Um, and it was the right time to ask, because patients were demanding, "We want our rights. We want our autonomy. We want to be part of this. We're not here for your experimentation. We want to be part of the decision-making process. We want, you know, a partnership with our physician. We don't want to just be— we don't want paternalism. That's over. Don't just tell us what to do. I want to partner with you."

And at the same time, you had this sort of rhetoric on the right about, like, "The FDA is a job-killer! They're trying to over-regulate you! They're trying to— it's over-burdensome!"

All this stuff. So out of all this— um, and also doctors opposition was just seen as like, "Well, yeah, you just want to control everything, don't you?"

Justin: Yeah.

Sydnee: So... they started advertising direct-to-consumer. And in 1997, this was challenged. Like, "Well, but we said that you had to, like, provide all this adequate information about the drug."

And the way they got around that was, like you see in pharma commercials, where they say, you know, "Side effects include... " everything on Earth. And linking to something where you can find out more information. As long as you provide that, you've fulfilled the law as it is written so far. That's all you have to do.

So they do that. And direct-to-consumer advertising has grown to around 6 billions dollars they— the pharmaceutical companies spent in 2016. Uh, why are they spending billions of dollars?

Justin: 'Cause it works!

Sydnee: 'Cause it works. Patients are more likely to ask for a drug they've seen on TV. Doctors are more likely to give it if the patient asks for it. If you come and ask— no matter where you saw it, if you come and say, "I want this drug." I am now statistically more likely to give to you.

Um, whether or not— you know, hopefully I think it's the right choice, but whether or not. For every thousand dollars spent on direct-to-consumer advertising, 24 patients get a prescription.

Justin: Phew.

Sydnee: Uh, and a drug with an ad is seven times as likely to be prescribed as one without. Um, there are tons of stats. I mean, like, there are endless statistics on why this works. Of course it works. That's why they're spending billions of dollars on it.

So what's the answer, then? Because the way that this has grown—

Justin: Yeah, 'cause I'll be honest, Syd, the picture you've painted here is pretty bleak!

Sydnee: Well, the way that this has grown is that— the reason pharmaceutical companies are doing this is because you, the patient, have a right to this information. We have a history of doctors not being very good about telling you everything. We can't trust them to tell you everything. So you need to have this— this information. You need to be empowered, so that you can go ask your doctor for the thing you need.

And the tricky thing is that the truth is somewhere in the middle, right? Like, yeah, I don't agree with paternalism either. I was taught not to practice that. I teach my residents and students not to practice that. Meaning, you don't tell your patient what to do. You sit down, you talk, you help them figure out what's going on, what are the— what are your diagnoses, and then you come up with a plan

together, based on your area of study and their life experience that works for them.

Justin: Mm-hmm.

Sydnee: That is the heart of the interaction. I really don't see where a commercial can improve that. But it's so tricky to sell it now. [laughs quietly]

Justin: Yeah.

Sydnee: Because what I am saying is the voice of, you know, the AMA of old that said, "Oh, you can't understand this. I know your body better than you know your body, so listen to me, not you."

Justin: And it's— and it's not even a clear line in the culture war, because, like, the— I feel like a distrust of the medical system is something that is sort a— agnostic of your political position, even though it's— you probably come to it from a very different thing, but for every person who's like, you know, Republican, who just doesn't believe doctors because they have a lack of faith in science or what-have-you, you have a Democrat who's like, "I believe in, you know, homeopathic treatments, and natural treatments." And, like, that distrust is not something that is, like, gonna be fixed by having a— you know, a certain color in the government, you know, the majority in the government.

Sydnee: And the problem— the root of it— and, I mean, I am sure there are people who are smarter than me who could figure out how, like, using the law we could untangle this and fix it. But the root of it is that there are people in system who are good and honest and trying their best to help other people, right? Whether we're talking about the healthcare providers, or we're talking about people who are working in labs and creating these pharmaceuticals.

I think we've seen this in action in the last year with the vaccines. There is great good that can be done by the people in this system.

Justin: Mm-hmm.

Sydnee: But the system around it, which provides so much money for some people— not all, just some— is crushing that. And it's preventing a lot of people outside the system from seeing how it could ever be any good.

So you distrust the doctor because the whole medical system is corrupt. And I'm not disagreeing that— I mean, the— a capitalist healthcare system by default cannot provide good care to all people. It can *not*. And it has been proven all over the world that there are better options for the healthcare system we have, and we just don't do it.

Justin: Am I correct, Sydnee, in my realization that I have just had in this moment, that you do not think of direct-to-consumer advertising as a problem that needs to be fixed, but rather a symptom of the disease that is capitalist medicine?

Sydnee: I think that's a good way to look at it. I mean, I really do. Because I don't— I believe in a well-informed public, too. And that's what the pharmaceutical companies would tell you. "We want patients to have the information and the right to make their own decisions."

Well, I agree with that statement wholeheartedly. What I'm saying is, is that really why you just spent six billion dollars running ads for these meds to them? No! No!

Justin: No!

Sydnee: It's so that you'll sell 'em! At any cost necessary. And that cost is really high, if we're talking dollars, by the way. But yeah, I agree. I think it's a symptom of how diseased this system is, and how if we had a system where everyone could receive care, equitable care where everyone had access and could afford it, then I don't think you would have this inherent distrust.

And when you and your doctor, you and your primary care provider, you and your specialist, whoever, sit down to make a decision— when you and your oncologist sit down to make difficult decisions about your cancer treatment, you don't need that commercial for chemotherapy that I saw on the other day— a commercial for chemotherapy! To help instruct you.

Because here's the thing. I'm a family doctor. I don't even know which chemotherapy is best for you. I went to medical school for a really long time. I know lots of stuff. I don't know that. There's no way that that being diagnosed with cancer immediately, you know, give you all the knowledge you need to make that decision, and certainly that commercial won't. But your oncologist did go to school. And so if you trusted your oncologist, and you could form that partnership

because the system around us wasn't so broken, then you two could make that decision together. And maybe it's the thing in the commercial, and maybe it's not, but the commercial wouldn't weigh into it.

But unfortunately, we're at a point where those commercials... you know, some people think it's the only way they're ever gonna have any autonomy over their health and wellbeing. And it's sad, you know? That we haven't done better to show people that there is— there is a way that we can do this without money.

Justin: Um, folks, there is *not* a way that we can do *this* without money.

Sydnee: [laughs]

Justin: [laughs] Which is to say, podcasting. Uh, which brings me to one last plea that you'll support the Maximum Fun Network here in our Max Fun Drive. Maximumfun.org/join. And you are supporting the network, but really, you're supporting the shows that you care about, the creators that you care about. Um, Maximum Fun is, unlike a lot of podcast networks— they say, "Artist owned, audience supported."

And that means you allow us— we own these shows. Like, Max Fun isn't, like, an evil conglomerate that is gobbling up our—

Sydnee: [laughs]

Justin: —our program. Right? Like—

Sydnee: With burdensome regulation.

Justin: It's a co-op. It's a collective. It's like the beginning of a cult, the cool part! Before it gets to the— the—

Sydnee: [laughs]

Justin: —[through laughter] all the weird stuff. Um, but we need— we need your support to make that happen, and to keep these shows free and independent. And, uh, we really, really appreciate your doing that.

5 dollars a month gets you hundreds of hours of bonus content. 10 bucks a month, you're gonna get a beautiful pin. For 20 bucks a month, you're gonna be

wearing your pin, you're gonna be listening to your bonus content, you're gonna be sipping some delicious tea. And, uh... what's better than that? I mean, that sounds like an afternoon and a half to me, from where I'm sitting.

Sydnee: I agree.

Justin: So please, if you can, Maximumfun.org/join. Um, thanks to The Taxpayers for the use of their song, "Medicines," as the intro and outro of our program, and thank you to you for listening, and your support.

Uh, until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head!

[theme music plays]

[chord]

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