EDITORIAL

Sleeping with the Enemy: "More Doctors Smoke Camels" Revisited

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In this issue of *Social Medicine* we offer readers two classic papers on tobacco activism which originally appeared in the *New York State Journal of Medicine* in 1983.[1,2] These papers are introduced by Dr. Alan Blum who was editor of the journal at the time.

In one of classic papers – "When 'More doctors smoked Camels': Cigarette Advertising in the *Journal*" Dr. Blum examines efforts by the tobacco industry to associate itself with doctors and make various "health claims" for their cigarettes. This practice was denounced by the Journal as early as 1927. In a commentary published in the *New York State Journal of Medicine* the Medical Society of New York's legal counsel Lloyd Paul Stryker noted:

> *When […] non-therapeutic agents such as cigarettes are advertised as having the recommendation of the medical profession, the public is thereby led to believe that some real scientific inquiry has been instituted, and that the endorsement is the result of painstaking and accurate inquiry as to the merits of the product.*[3]

Editors at the *Journal* felt strongly enough about this issue to publish guidelines requiring that advertisements "would be edited as if they were scientific articles or news items." Despite these policies, Dr. Blum carefully documents the long, tragicomical string of tobacco ads that graced the pages of the journal from 1933 until 1955. From the vantage of 1983, Dr. Blum comments:

> *Thirty years after cigarette advertisements disappeared from peer-reviewed medical journals, it seems inconceivable that they ever could have been accepted in the first place.*[1]

It is easy to look back and see the folly of our predecessors, but what might they be saying about us thirty years hence? In this editorial I would like to examine the modern equivalents of cigarette advertising and their connections with several of our most important medical associations: the American Academy of Pediatrics (AAP), the American Academy of Family Practice (AAFP), and the American Medical Association (AMA).

The American Academy of Pediatrics and Advertising for Baby Formula

The health benefits of breast-feeding for both mother and child have been amply documented in the medical literature and are generally accepted.[4] The importance of breastfeeding was recognized by its inclusion among the goals of Healthy People 2010, a set of leading public health indicators guiding actions by the US government. Unfortunately, US rates of breast-feeding lag dramatically behind those of the rest of the world. As of 2005, only 21% of US women were still breastfeeding at one year post-partum; the Healthy People 2010 goal is 25%.[5]

Why do less than a quarter of US women continue breastfeeding at a year post-partum? At least part the answer lies in the fact that breast milk substitutes are widely advertised and promoted in the United States. This is not true of other countries. Most countries – but not the US – have adopted the 1981 WHO International Code of Marketing of Breast-Milk Substitutes. The Code is explicit that: "There should be no advertising or other form of promotion to the general public of products within the scope of this Code."

In 2005 the Section on Breastfeeding of the American Academy of Pediatrics issued a strong endorsement of breastfeeding in a widely quoted position paper published in *Pediatrics*.[4] In line with

the Code, the AAP position paper notes that "commercial promotion of infant formula through distribution of hospital discharge packs, coupons for free or discounted formula, and some television and general magazine advertising" are obstacles to breastfeeding. It goes on to call for the elimination of "promotion of infant formula in hospitals including infant formula discharge packs and formula discount coupons." Curiously, among the many recommendations in the position paper there is one striking omission. The AAP does not suggest that the International Code be adopted in the US nor that the advertisement of breast-milk substitutes to the general public be banned.

This omission is particularly troubling because the Academy is not a neutral party in this matter. It has economic ties to the makers of breast-milk substitutes. Perhaps the most visible of these ties is the support of Abbott Nutrition for *Pediatrics in Review*, the Academy's flagship CME (continuing medical education) publication for physicians, as well as for NeoReviews.org, the AAP neonatology review website; Abbott Nutrition is the maker of the Similac line of baby formula. This means that readers of *Pediatrics in Review* will see the Abbott name and logo each month with their CME materials. Visitors to the *Pediatrics in Review* or NeoReviews.org website will also see the Abbott name and logo. These routine reminders of the ties between the Academy and the makers of Similac are in direct contradiction to the AAP position paper which calls for a culture in which breast-feeding is presented as a cultural norm. In fact, the association of the AAP and the Abbott logo provides exactly the opposite message by reinforcing the normalcy of infant formula feeding.

Of greater concern is the Academy's endorsement of what amounts to a Babys "R" Us sales catalog entitled: "Becoming Us: A Comprehensive Resource Guide for Getting Ready for Baby."[6] When we perused this resource guide online in late May 2010, we found pictures of Similac, Enfamil, Good Start, & Earth's Best infant formulas (each hyperlinked to more extensive advertisement) as well as what looks to be a candy for toddlers (Plum Organics Fiddlesticks). On page 3 of the Babys "R" Us guide we read:

> *The editorial content of this resource guide has been reviewed for consistency with the health & safety recommendations of the American Academy of Pediatrics. Special thanks for reviewing the guide go to: Laura A. Jana, MD, FAAP & Jennifer Shu, MD, FAAP, authors of Heading Home with Your Newborn: From Birth to Reality. Copies of this award-winning AAP parenting book are available for purchase at select Babys "R" Us stores, bookstores nationwide and at HealthyChildren.org, the new AAP Website for parents.*

It is troublesome that the Academy puts its endorsement on what is essentially an infomercial for the baby products industry. It is concerning that the "comprehensive resource guide" is all about buying products, presenting this as the essence of preparing for a new baby. But the Academy's endorsement of advertising materials which include breast-milk substitutes seems to violate the essence of their position paper as well as what we know to be best for mothers and children.

The American Academy of Family Medicine and Coca Cola

Not to be outdone by the AAP and its partnership with Babys "R" Us, the American Academy of Family Physicians (AAFP) announced last October that it had formed a corporate partnership with Coca-Cola, Inc. The purpose of the partnership was "to develop consumer education content related to beverages and sweeteners for the AAFP's award-winning consumer health and wellness Web site, FamilyDoctor.org. […] The content will address sugar-free alternatives to help patients make better choices."[7] Although not mentioned in the announcement, anyone visiting FamilyDoctor.org will see at the very top of the webpage the red and white logo of the "Live Positively" Coca Cola campaign. It sits alongside the logo of Nature Made, a manufacturer of "vitamins, supplements, and multi-vitamins."

If you happen to visit the page on sugar substitutes there is a most curious mixture of messages.[8] On the left there are several paragraphs of plain text written by the AAFP on sugar

substitutes. Immediately to the right is a colorful ad from the Live Positively campaign. It has the same red and white logo, now with Coca Cola explicitly named. The ad offers "the truth about low-calorie sweeteners right here." It contains five tabs and a downloadable full color PDF brochure with pictures of happy, thin young people and all Coca Cola products using sugar substitutes. The contrast between the plain-text AAFP materials and the full color Coke brochure could not be greater.

When Coca Cola offers us the "truth about low-calorie sweeteners," we are left with a set of disturbing questions. Does the fact that Coca-Cola is a corporate partner publishing an ad on the AAFP website mean that the truth in the ad is something endorsed by the AAFP? What role has corporate "partner" Coca-Cola played in the text that the AAFP has printed next to the ad? Who is defining the truth and why? Whatever the answer, an important rule in dealing with corporations is *caveat emptor*.

Given the obesity epidemic in the US and the prominent role played by soft drinks in that epidemic, many family physicians were outraged by the AAFP's decision to partner with Coke. The California Academy of Family Physicians pressed the national Academy to rescind this partnership arguing that it went counter to the Academy's efforts to fight obesity and diminished the Academy's credibility.[9] Nonetheless, the national Board refused to change its mind. Without defending the specific decision to partner with Coca Cola, the Board argued that: "The Consumer Alliance program is consistent with the mission, vision and values of the AAFP which have been developed by AAFP members over many years." [10] How can this possibly be true?

However, the real issue is almost certainly not the website. Rather it is the battle over imposing a sweetened beverage tax. This tax has been supported by the California Academy and vehemently opposed by the soft drink beverage industry. Providing funding to the AAFP may be one strategy employed by Coke to neutralize a very potent potential adversary in this battle.

As with the smoking advertisements in the *Journal*, such "corporate partnerships" provide some semblance of health legitimacy for an industry that has done much to harm public health.

The American Medical Association and Big Pharma

Our final contemporary case concerns the AMA and its support for pharmaceutical efforts to promote brand name medicines. It is a complex story and let us begin by considering why generics might be a good choice for patients.

Generics typically offer a number of advantages over brand-name medications. Most importantly, there is no evidence generics are clinically inferior to brand name drugs[*11] and they often cost dramatically less. Many of the new brand-name drugs are simply "me too" reformulations or slight variants of old drugs that offer no real clinical advantage.[12] It is not uncommon for unexpected problems to emerge when a new drug is taken by hundreds of thousands of people; these problems might not be detected in smaller clinical trials.

To overcome these disadvantages the pharmaceutical industry needs to aggressively market new drugs to doctors who are the ones doing the actual prescribing. In order to better target and prepare their sales staff, the pharmaceutical companies rely on a process called "data mining."[13;14] Data mining occurs when information on individual prescriptions is transmitted to the pharmaceutical sales staff in real time. This information transfer involves three commercial transactions all of which happen out of the sight of both patient and doctor. Here is how it works.

The process begins with the sale of prescription information by pharmacies to large companies called Health Information Organizations (HIO's). This information does not – in theory – provide identifying information about the patient but does provide information about the doctor such as license or DEA number. In order to identify the individual doctor, the HIO cross references the information supplied by the pharmacy with the AMA Physician Masterfile, a list of some 820,000 medical school

[*] For some medications consistent blood levels are very important and it may be preferable to take pills coming from only from one manufacturer. Prescribing a brand medication may be appropriate in these cases.

graduates. This is a second commercial transaction since the AMA sells access to the Physician Masterfile. By comparing pharmacy sales information with the Masterfile, the HIO can identify which physician wrote the prescription. In the third commercial transaction the prescription data is sold to the pharmaceutical company. All this occurs in real time so that the pharmaceutical sales person knows right away who on his or her beat is prescribing what. Sales staff boast that they know more about what doctors prescribe than the doctors themselves and this seems credible.[13]

Most physicians are aware that when they write a prescription that information is being sold by large corporations and used for marketing purposes. But most object to this information being shared with pharmaceutical representatives. To deal with these concerns the AMA has created an "opt out" program in which individual physicians can chose to limit what information is sold to the pharmaceutical company. Oddly enough, the (misleadingly named) opt-out program does not prevent the pharmaceutical company from purchasing individual physician data. Pharmaceutical companies are only prevented from sharing the data with local sales staff. Who enforces their compliance with this agreement? No one. The pharmaceutical companies are supposed to police themselves.

Given physician concerns and the strong arguments in favor of generics, why would the AMA collaborate in this way with the HIO's? The answer is almost certainly financial. In 2005 the AMA received $44.5 million for the sale of the Masterfile, amounting about 16% of its revenue.[14]

As is the case of AAFP and Coca Cola, the dispute over the Physician Masterfile has larger political dimensions. A number of states have either passed or are considering laws that would significantly limit data-mining. Neutralizing the AMA in this matter is of obvious importance to the HIO's and Big Pharma.

Making sense

The AAP, AAFP, and AMA are large professional organizations with important financial ties with much larger for-profit corporations. In exchange for financial support they have been willing to allow their name (AAP, AAFP) or databases (AMA) to be used in the promotion and legitimization of products that may not be in the best health interests of the people they are supposed to serve. Similar concerns have been raised about the APHA, the American Public Health Association.[15] We presume that these actions do not reflect the values of their membership. It is legitimate to ask, therefore, if we have really progressed from the time when cigarettes were advertised in medical journals under the slogan "more doctors smoke Camels."

It is possible to see these cases as individual examples of moral lapses on the part of venal and self-serving individuals lured by the easy money of corporate "partnership." But to view these as individual failings obscures the larger pattern and leads us away from a systemic analysis. Pulling our lens back, we see that these associations have become the captives of corporations which serve their profession. Rather than working for their patients or their members, they are promoting the ends of the corporations. Another, less generous, interpretation is that the organizational needs of the associations have become more important than the health needs of the people they nominally serve.

Rather than asking "how is this possible" the real question is "how could it be otherwise" in a society so dominated by large corporations? The contest between association and corporate partner seems entirely unfair given the relatively small size and resource base of the associations and the vast wealth commanded by corporate biomedicine. The $44.5 million given to the AMA for the Masterfile is drop in the bucket for a pharmaceutical industry that spent nearly $16 billion promoting drugs in the US in 2000.[13] Yet that $44.5 million is 16% of the AMA budget. It is not hard to see how the leaders of the professional organizations come to accept the corporate logic and convince themselves that Coca Cola (with its deep, deep pockets) is a legitimate partner in patient education materials about beverages.

Of course, physicians are not simply the hapless dupes of large corporations. The leaders of these organizations really should know better. But by virtue of their social background and professional training physicians are not radicals accustomed to

standing up to big institutions. On the contrary, most have been socialized into a culture where accepting gifts and meals from pharmaceutical companies is seen as the usual way to conduct business.

What can be done?

First, it is important to appreciate that there is a progressive wing within medicine that has opposed the corporate agenda. Dr. Blum's articles remind us of physician activism in the struggle (as yet unfinished) against big tobacco. The actions of the California Academy of Family Physicians should be praised and supported. Among their many excellent initiatives, the National Physicians Alliance (NPA), a relatively new physicians' organization set up by former members of AMSA, has made data-mining one of its key areas of advocacy.

Secondly, we have allies outside of the physician community. There is a strong, international movement and strong institutional support for breast feeding (e.g. by UNICEF). There are many legislators around United States who would like to see a sweetened beverage tax as well as curbs on data-mining. Both measures make clear public health sense and would serve to bring down health costs.

Finally, we should look to the larger anti-corporate movement in the US and abroad. The pharmaceutical industry and agribusiness are under attack by governments, other professional organizations, and by popular movements. In our own backyard here in the Bronx, there are many local initiatives to rethink how we produce and consume food. The challenge for us is to link these various forces into an effective movement.

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