The Promotion of Pharmaceutical Products

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REVIEW

SUMMARY
Marketing is a social process manifested on the market. Promotion almost competes with the idea of marketing itself, as the environment tends to neglect and/or ignore the contribution of marketing to all other segments of business, and put an equation mark between promotional activities and marketing. Needless to say, the role of promotion acquires its full sense and effect only in combination with other marketing mix instruments.

A simple communication model includes a sender who codes certain information (the content of the message) and sends it to the recipient via an appropriate channel. A substantial part of sources dealing with the basics or principles of marketing is devoted to the analytic definition of environmental forces making a direct or indirect impact on business operations.

Key words: Pharmaceutical market, Marketing of pharmaceutical industry, Marketing Environment, Promotion Pharmaceutical Products.

1. OBJEKTVIES
‘Marketing… is communication and communication is marketing.’ (Czinkota et al., 2000, p. 418). This brief statement unequivocally reflects the nature of promotion as an explicit means of communication between a company and its environment. Promotion almost competes with the idea of marketing itself, as the environment tends to neglect and/or ignore the contribution of marketing to all other segments of business, and put an equation mark between promotional activities and marketing. Needless to say, the role of promotion acquires its full sense and effect only in combination with other marketing mix instruments. A simple communication model includes a sender who codes certain information (the content of the message) and sends it to the recipient via an appropriate channel. The recipient decodes the message so as to understand its content, and sends the sender appropriate feedback. The entire communication process flows in a space filled with messages from other sources, plus the controlled or uncontrolled information interfering with (or complicating) the reception of the message and its unambiguous interpretation – an umbrella term for these factors in communication is noise (1).

2. INTRODUCTION
Positions of numerous authors on factors considered when designing marketing communication can be summarized in Brassington and Pettitt’s (2003) argument that marketing communication planning process depends on the situation analysis of (2):

1. The target market. The key issue of the target market is the question who the company wants to appeal to, i.e. who the recipient of the marketing message is. There is a primary distinction between the corporate market and the consumer market – in terms of purchasing motives, value, frequency and other criteria, with the emphasis on the fact that the corporate market is dominated by rational behavior when selecting and purchasing products. Although pharmaceutical products are intended for final consumers, the fact that, in ethical products, the consumer does not choose the type and brand of the product (s)he is about to use. This is done by the prescribing physician, who is primarily led by rational motives so that some of the features of the pharmaceutical markets bring it closer to the corporate than the consumer market.

2. The product. The product’s nature determines the possibilities and content of marketing communication, while the stage of the product’s lifecycle significantly influences the priorities and aims of communicating with the target market. Brassington and Pettitt’s statement can be translated into the needed to analyze the complete supply of values rather than the product as its element, as other marketing mix instruments can impact the choice of the promotional mix.

3. The environments. A large number of environments determine the possibilities of conducting marketing communication. First of all, promotional activities must be socially acceptable and close to the culture in which the communication flows, in terms of values, attitudes and circumstances. Economic circumstances define the available media infrastructure and frequencies of employed marketing communications. Legislation is the legal framework of permitted means in terms of marketing communication, where pharmaceutical industry is an excellent example of strictly regulated advertising rules (3).

3. THE PROMOTIONAL MIX
Marketers have a combination of promotional mix instruments at their disposal – advertising, personal selling, sales promotion, direct marketing and public relations. These activities are aimed at accomplishing communica-
Advertising is a paid for and impersonal communication form, where the advertising sponsor addresses the auditorium through a mass communication media. Advertising can be focused either on a specific product or a company, and then we speak of institutional advertising (Boone and Kurtz 2004; Baines et al., 2008). In the former case the accent is on demand of the product, while institutional advertising is aimed at raising awareness of the company and creating a positive image. Most authors agree on the advertising’s ability to inform, persuade or remind the message recipients – the consumers – of the product, service, idea, organization or anything that may figure as the object of exchange, with the ability to deliver values to consumers and meet a need. The basis of every promotional message is the appeal – call for action, ‘delivered’ in the form of a message coded in symbols that the medium affords – words, image, sound etc. TV promotional spot is by all means the most familiar advertising form. Contemporary media space (or media market) is characterized by a proliferation of various forms of media, as well as their fragmentation, as the media themselves specialize in meeting the needs of more narrowly defined target audience profiles. In relation to desired advertising effects, marketers must be familiar with the benefits of individual media, but also aware of their limitations (for more detail, see Kotler, Armstrong, 2001, pp. 543-559; Bone, Kurtz, 2004, pp. 530-554).

Sales promotion is defined as “…a range of marketing techniques designed within a strategic marketing framework to add extra value to a product or service over and above the “normal” offering in order to achieve specific sales and marketing objectives. This extra value may be of a short-term tactical nature or it may be part of a longer-term franchise-building programmed. Sales promotion activities may be targeted at intermediaries in the marketing channel (wholesalers and retailers), or address the consumers of products. The common denominator of all sales promotion activities is that they are based on direct incentives to consumers and/or intermediaries to buy or acquire the product. Sales promotion is seldom used as an isolated method, and is mostly combined with advertising into one whole (for more detail on sales promotion, see Brassington, Pettit, 2003, pp. 652-689; Bearden et al., 2007, pp. 422-438).

Personal selling is the activity undertaken by individuals – sales representatives – on behalf of the company, with the aim to achieve one of the communication objectives. Personal selling is direct, face-to-face communication between sales representatives and consumers. Two-way communication enables adapting the message to circumstances and consumers’ needs, as well as real-time feedback. Bearing this in mind, the possibility to control the message conveyed by sales representatives to consumers is relatively limited. To offset this ‘loss’, companies invest in professionalism and sales force training. Personal selling is extremely labor intensive, and as such, is a costly method of communicating with the target market. Personal selling is predominantly present in complex products, of high unit value and high risk (financial, functional, but also social), which are purchased less often, which makes its role in the promotional mix predominant in durable consumer goods. In the purchasing process, the consumers rely on sales representatives, so that the decision they make can be based on as complete a set of information as possible. The sales representatives’ credibility results from their product knowledge (expertise) and the trust they create among consumers. According to Brassington and Pettitt (2003), sales representatives have the following tasks: prospecting, conveying information, persuading, installing and/or demonstrating, coordinating activities with their own companies, keeping in touch with clients, gathering information and monitoring competitors’ activities. Personal selling evolves in accordance with available technologies. Portable electronic devices have made field work more efficient and effective, and the development of communication technologies has moved the sphere of direct contact with consumers into the ‘virtual world’, so that personal selling is no longer a concept functioning in face-to-face contact, but also through various means of telecommunication (for more detail, see Czinkota et al., pp. 460 – 487; Brassington, Pettitt, 2003, pp. 694-733).

Public relations: the Institute for Public Relations (IPR) defines the PR field as ‘…the deliberate, planned and sustained effort to institute and maintain mutual understanding between an organization and its publics.’ (www.institutoforpr.org, accessed December 2008). IPR’s definition explicitly reflects the essence of PR activities, while the American Marketing Association’s definition is more analytic, and helps identify some key features and objectives of public relations. In AMA’s definition, PR is a form of “…communication management that seeks to make use of publicity and other non-paid forms of promotion and information to influence the feelings, opinions, or beliefs about the company, its products or services, or about the value of the product or service or the activities of the organization to buyers, prospects, or other stakeholders.’ (www.marketingpower.com, accessed December 2008). The key feature of PR on which the source authors agree is that it is an activity that mostly employs mass media, addressing the general public, with the aim to build mutual understanding between the company and the environment. The idea of public relations is interpreted as a ‘bridge of trust’, implying that PR activities are built on two-way communication. Most generally speaking, the target audience of PR activities may be buyers, suppliers, competitors, investors, shareholders, the media, government institutions and agencies, employees, trade unions, various non-governmental groups and associations. Most PR activities imply indirect forms of communication, aimed at giving the message/information to influence the feelings, opinions, or beliefs about the company, its products or services, or about the credibility of media that transmit it. AMA’s definition and Boone and Kurtz’s position (2004) emphasize that this transmission of messages if free of charge, but opinion of Bearden et al. (2004) is closer to reality, claiming that this is communication which is ‘…not overtly sponsored in the typical advertising sense…’ Kotler and Armstrong (2001, p. 566) argue that public relations can significantly contribute to the company’s reputation and its acceptance in a given community ‘…at much lower cost than advertising.’ This is a wide range of various activities, so that the financing forms, cost, and degree of control of transmitted informa-
tion can only be considered in relation to specific cases. Some authors distinguish PR aimed at accomplishing marketing objectives – marketing PR – from marketing aimed at accomplishing broader corporate objectives – corporate PR (Boone, Kurtz, 2004; Baines et al., 2008). Public relations gain special significance in view of the fact that markets are oversaturated with advertising, and a large number of developed societies pay increasing amount of attention to philanthropic, ethical and environmental values.

**Direct marketing** is ‘…an interactive system of marketing which uses one or more advertising media to effect a measurable response at any location, forming a basis for creating and further developing an ongoing direct relationship between an organization and its customers.’ The definition implies several basic features of direct marketing:

a. Interactive marketing system implies direct communication which is possible with the existence of adequate consumer base (i.e. database on them). Direct marketing addresses the conditionally ‘familiar’ consumer with a flexible, adaptable message.

b. Direct marketing is communication which is in the direct function of motivating consumers to instant action – primarily ‘…purchase or a request for information.’

c. As there is a specific target group, and the response in the form of desired behavior is directly related to the moment of communication with the target consumer, the outcome of direct marketing is explicitly measurable. This process results in further development of databases, with information on consumer behavior. Baines et al. (2008) emphasize that direct marketing has two goals – first, to stimulate consumers to a certain form of behavior with personalized direct messages, and second, to gather information on consumers. It is of key importance to understand that direct marketing uses mass communication media, but becomes effectively functional at the moment when this is followed by feedback and response from consumers (a call to a call centre, a click on an internet link, a mailed order form etc.) [7] [8] [9].

**Communication objectives** serve the purpose of accomplishing business goals and may be defined in various ways. Relate communication objectives to the company’s need to manage the consumers’ ‘scope of willingness to act’. Each segment and/or combination of marketing communications is aimed to creating the awareness in consumers of the existence of a product capable of meeting a certain need. Updating this information creates a certain amount of product knowledge in consumers, which is supposed to lead to positive attitudes to it. This way, a company successfully develops consumers’ preference of their product, and belief that the product will meet their expectation. All marketing activities, including promotion, culminate at the moment when the consumer decides to purchase the company’s product, use a more detailed approach, and divide the objectives of communication into four areas:

- cognitive goals (such as clarifying the consumers’ needs, creating brand awareness, or increasing the amount of product knowledge);
- affective goals (oriented to creating brand or company image, and developing consumer preferences);
- behavioral goals (stimulating consumers to seek in-

formation, try the product or repeat purchase); and
- corporate goals (corporate image, corporate relations, or the reputation of the company among the target public, etc.).

Boone and Kurtz (2004) argue that the key objectives of marketing communication include informing consumers and other stakeholders, increasing demand, product differentiation, emphasizing the product’s value and stabilizing sales. Bearden et al. (2008) deem that informing, persuading and reminding are the three essential goals of marketing communication. Marketing communication is based on transmitting a certain message/information to the target market or other stakeholders, where, from the aspect of the company that finances it, each such communication must have a clearly defined purpose, in the form of desired response from the auditorium. The consumers and/or the stakeholder public are a complex group determined by various attitudes, opinions, intentions and the very nature of interest in the company and/or its product. For this reason, full inclusion of the target audience and meeting all ‘information interests’ requires careful combination of various instruments of promotional mix. Most authors (Kotler, Armstrong, 2001; Brassington, Pettitt, 2003; Baines et al., 2008) today speak of integrated marketing communication, which can be defined as ‘…strategic integration of multiple means of communicating with target market to form a comprehensive, consistent message.’ Emphasize that the process of integrated marketing communication is focused on message recipients, i.e. consumers/clients, and stems from their need for information. The need for information is shared by all stakeholders on the pharmaceutical market. The specific features of pharmaceutical products are reflected in the possibility of application and relative importance of individual marketing communication methods and techniques [10] [11].

**4. THE PROMOTION OF PHARMACEUTICAL PRODUCTS**

‘Advertising frequently generates controversy. Few industries, however, have so much strong feeling aroused by their promotional activities as pharmaceuticals.’ The issue of promotional activities in pharmaceutical industry is not new, and the same controversy and the same emotional charge are still present after more than 35 years of practice. Indirectly, this confirms that the problem is not likely to be overcome in the foreseeable future, or as long as the limited resources cannot cover (unlimited) needs. The controversy and strong emotion have also resulted in strictly regulated promotional activities of pharmaceutical companies. The sources of such legislation should also be sought in historical data, where unregulated promotion in this sphere of trade resulted in the sale of pharmaceutical products by the formula ‘...one for man, two for beast...’. Without strict legislation, ‘…often not labeled with their ingredients, resulting in benign substances as well as dangerous chemicals being touted as cure-alls containing "secret" ingredients.’. Although there is no precise data, it was not uncommon for such preparations not only not to help patients, but also to exacerbate their condition, including
the case of sulfanilamide poisoning in 1937, leading to the loss of 1lives. Another tragedy, 30 years later in Europe, taking the sedative Thalidomide in pregnancy resulted in the births of a large number of children with deformities. These two isolated cases contributed to a strict regulation of pharmaceutical industry, with the requirement to prove the safety and effectiveness of a drug before the sale license is issued. Legislation defining the labeling, packaging and promotion of pharmaceuticals was developed simultaneously. Legislation determines what is permitted in the promotion of pharmaceutical products, but it would be wrong to conclude that this limits the creativity in the promotion of pharmaceutical products. Marketers in pharmaceutical industry have all the instruments of promotional mix and all their combinations at their disposal, so as to convey the intended message to the target audience. The nature of the product, legal regulations and ethical principles create an environment in which the marketers need above-average creativity and care of the target audience, message content and choice of appropriate communication channels for the message to produce the desired effect. In ethical drugs, the primary focus of marketing industry’s promotional activities is on prescribing physicians. As of 1997, the USA has seen a significant growth in expenditure on promotional messages about ethical drugs aimed at final consumers/patients – a concept known as DTC (direct-to-consumer). Apart from this market, the practice of DTC promotion of ethical drugs is permitted only in New Zealand. According to Medawar (2002), there is a pressure from pharmaceutical companies for DTC to be allowed in Europe as well, but apart from discussions, no steps have been made towards the legalization of such practices. OTC drugs can be promoted to final consumers, which is a result of the fact that these are used for conditions where self-treatment is possible, have comparatively clear and brief package inserts, and a significant amount of information and long experience in the use of these drugs guarantee safety and effectiveness. Promoting OTC products is similar to promoting any other consumer goods, and the presence of advertising in print and electronic media proves that the producers of OTC programs are active in the promotion of their products. The key fact is that, on this market, the decision whether to purchase a product or not is ‘returned’ to the direct consumers, while physicians and pharmacists play an advisory role. Analyze factors affecting the growth in the importance of promotional activities in pharmaceutical industry. As the industry and its practices gain complexity, it complicates the monitoring of promotional activates by regulatory bodies:

1. Development of competition – shortens the exclusivity period of products, increases the number of therapeutic alternatives, resulting in increasing efforts of pharmaceutical companies to differentiate their product in relation to competition.
2. New drugs – the number of alternative therapies grows with the development of biotechnology, aiming for personalized medicine as the final outcome, and the existing rules of determining efficiency and effectiveness of drugs will be challenged – how to regulate clinical trials for drugs intended for individual patients, or how to provide rules for labeling and promoting such medicines? Unlike the opinion of Morris and Pines (2001), it must be pointed out that there are contrasting opinions. The falling efficiency of R&D activities in classical pharmaceutical industry, and focus on chronic conditions in developed countries, has lead to a proliferation of drugs with marginal therapeutic advantage (Finalay, 2001; Medawar, 2002). In the absence of therapeutic advantages, companies seek to achieve advantage through marketing activities.

3. New communication channels – the media space is fragmentized and the number of points of contact between the industry and the prescribing physicians and/or consumers is growing, so can the tailoring the message to individual users be used and is their number mowing towards ‘innumerable’? The promotion of pharmaceutical products ‘...operates in the context of a geometrically expanding universe of health information available to individuals via the internet as well as other, increasingly numerous and specialized media channels.’

4. New information requirements – with the growth of the role of other stakeholders in healthcare system, information ‘appetites’ grow, and companies have to meet the differentiated information requirements of patients, payers and prescribers. Specialization in medicine has lead to the fact that a patients consults several specialists for a single disorder), which further widens the target auditorium that pharmaceutical companies must address. The expansion of lifestyle drugs is also accompanied by specific information needs.

5. Off-label use – in addition to approved uses of a drug, i.e. clearly indicated therapies, pharmaceutical companies seek alternative uses from the moment of inventing an active substance. These alternative uses cannot be promoted, but they figure as the subject of clinical trials and peer-to-peer communication. The issue of off-label use of pharmaceutical products is also emphasized by Sterling and Ravich (2002), as a large number of drugs have several therapeutic applications, but in order to prove their safety and effectiveness, the producers must undergo a full cycle of clinical trials and apply for sales licenses as if these were entirely new drugs. The required funds, but more lost time, discourage pharmaceutical companies, which seek to convey information on alternative uses of drugs in other ways. This controversial practice is stretched between the legal ban on the promotion of such use of drugs, and the need to provide physicians with all valid information that may help in making a decision on the best available therapy for patients. The sensitivity of the issue of the use of drugs for unapproved indications is illustrated in the article by Donahue (2008), who discusses the moral/ethical dimension of Fox’s popular TV serial ‘Dr House’, in which the drug „Lupron„, was used in such a way, with a critical question whether this was in fact a promotion of the off-label use of this medicament. Internationalization – the pharmaceutical market is global in the full sense of the word; media such as the Internet know no national boundaries, and there is no unified legislation, neither for R&D, nor for clinical trials, production, or marketing activities. Where is the source of controversy in promoting pharmaceutical products? The source of controversy is in the clash of atti-
tudes to pharmaceutical products and the economic logic of production or sale of pharmaceutical products. What is the basis for the formation of attitudes to pharmaceuticals? The definite starting point is the nature of pharmaceutical products, which are intended for persons who are ill, which incurs a certain physical and biological, but more importantly, social and cultural phenomenon (e.g. the feeling of empathy with the sick person). The next significant element for the formation of the attitude (with a special emphasis on the fact that this attitude has three key components – cognitive, emotional and co native) to pharmaceuticals is that these are complex substances with the potential to help or harm the human organism. The third feature refers to the price of pharmaceutical products, which can limit the availability of a drug to those that need it. The economic logic of the production and sale of pharmaceutical products? A pharmaceutical company’s profits result from the sale of their products. The economically logical assumption is that every commercial organization’s interest is to sell as large a quantity of its products as possible. Every advertiser’s interest is to place the largest possible amount of its product on the market and achieve its business objectives through informing, persuading and reminding. A further complexity results from the fact that that the production/consumption of drugs functions in a combination of various (and often conflicting) interests of numerous stakeholders on this complex market: prescribing physicians, legislators, payers, producers, consumers/patients, various social groups and society as a whole. Peer-to-peer refers to contacts among persons of the same rank or profession, so that in this specific case it would mean discussion on an expert basis between, e.g. two medical specialists (12, 13).

Direct-to-Physician (DTP) Promotional Mix

Pharmaceutical promotion must not be primarily guided by the motive of ‘selling a unit more of its product’. What differentiates pharmaceutical industry from any other practice is that ‘its product, message, promotional channels, even the audience are determined’ by national regulatory bodies. The primary purpose of pharmaceutical promotion is conveying objective and balanced information to the target auditorium. The promotional message meets the needs of prescribers (as well as other stakeholders) for appropriate information, and its content becomes the basic element of:

The content of promotional message in pharmaceutical industry. The objectivity of conveyed message is based on clinical trials. The promotional message in pharmaceutical industry cannot be separated from the scientific context. Only the information proven and confirmed in clinical trials can be used in promotional message. This information is derived from documents submitted when applying for sale licenses. The balance of information requires that a promotional message for a pharmaceutical product must contain an equal proportion of positive (affirmative) and negative information. Pharmaceutical industry is the only industry required by law to state the adverse features of its product. The basic problem is that it is hard to separate education from promotion. Scientific (expert) communication and promotion inevitably mix when pharmaceutical products are concerned (Morris, Pines, 2001; Smith et al., 2002). Promotional activities, based on the results of clinical trials, communicate scientific information, while at the same time, a publication resulting from a clinical trial may have the promotional function or effect. Furthermore, once again we must remind of the conflict between the scientific and economic logic concerning R&D in pharmaceutical industry. In any other industry based on R&D, this data is regarded as confidential. The scientific component of the R&D process requires that this knowledge be shared with the expert public, so that research may yield appropriate contribution to the fund of human knowledge on medicine, pharmacology, epidemiology etc. On the other hand, legislation requires pharmaceutical companies to practice transparency in their R&D processes, ingredients of their products and the results of clinical trials. Drawing an analogy with the opinion of Azoulay (2002) on the adoption of technological innovation, it may be concluded that the dissemination of new knowledge in medicine and pharmacological therapies also results from the availability of relevant information to prescribing physicians. From the moment of finishing their university studies and throughout their professional career, physicians need to innovate and update their knowledge. A significant portion of this body of knowledge relates to available pharmacological therapies, especially in view of the fact that ‘...the body of knowledge regarding pharmaceutical products is dynamic and growing.’ Doctors have various sources of information at their disposal, where the most significant elements are articles in periodicals, seminars, conferences and information sponsored by pharmaceutical companies.lob and Kolassa (2005, p. 4) pose the question whether prescribing physicians are objectively capable of keeping up-to-date with the new information in the area of pharmacy in view of ‘information overload’. The authors have established that, on the average for 25 best-selling drugs, the period from 2000 to 2003 saw the publication of 214 articles in specialist journals and 158 abstracts from conferences per drug. Gaither et al. (1997) examines prescribers’ attitude to various sources of information on pharmaceutical products. The sources of information evaluated by the survey included the Physician’s Desk Reference, medical books and textbooks, articles in print media, publications provided (sponsored) by drug producers, pharmaceutical companies’ associates (sales force), other physicians (peer-to-peer) and pharmacists. The pharmaceutical industry has taken over the role of actively creating and participating in the education of the prescribing physicians in new pharmacological therapies. As professional decision-making in choosing ethical drugs for patients lies within the prescribing physician’s scope, the physician’s aim is clearly to choose the best available therapy for the patient. The interests of both sides in the transmission of required information have resulted in the fact that the dominant form of pharmaceutical promotion is through personal selling. The complex nature of products and specific target audience have also resulted in the ‘selection’ of conferences and conventions, as another significant channel for relating information on pharmacological therapies. The industry also actively uses the dissemination of information through specialist journals. The new role of patients as active participants in the treatment process has also given rise to controversies related to
promoting drugs directly to final consumers/patients, and the discourse on the beneficial and/or adverse effects of this communication channel is far from conclusion [14] [15].

**Personal selling (Detailing).** The pharmaceutical market is dominated by personal selling (detailing) as the most effective element of promotional mix. Detailing on the pharmaceutical market implies sales calls by pharmaceutical sales representatives (PSR) to physicians in their surgeries. During a call, which lasts between 2 and 5 minutes (Mizik, Jacobson, 2004), the PSR talks to the physician about one or several of his company’s products, primarily the composition of the drug, mechanisms of action, the product’s therapeutic value, dosage and potential adverse effect. During the call, the PSR may leave drug samples and some gifts of small value, primarily memorabilia bearing the name of the company or the drug promoted. The choice of physicians to be visited by PSRs is not random; they choose the physicians that are believed to be more likely to prescribe a drug in their practice, or prescribe it in larger quantities. Prescribing physicians are expected to form specific demand for ethical drugs by prescribing certain therapies. The physician’s decision to prescribe a certain therapy is made in complex circumstances which are a combination of available information and the physician’s experience and knowledge:

- The physician’s decision tends to be rational. Thephysician seeks to prescribe the therapy that is most suitable for the patient in the given circumstances.
- The content of the message is of primary importance, where the interest is dominant in terms of indications, contraindications and their drug’s adverse effects.
- The content of the message is complex; the message contains expert knowledge from several fields (medicine, pharmacy, epidemiology etc.), so that the sales representative must have comprehensive knowledge of the product, its mechanism of action, the drug’s positive and negative characteristics, etc.

For this reason, the Serbian legislation provides that a sales representative Stout states that in 2000 Pfizer spent 86 million US dollars on corporate gifts to physicians, mostly pens, mugs and umbrellas. Employed for detailing must have a degree either in medicine or in pharmacy. Mackintosh (2004, p. 15) explicitly quotes survey findings in which require from sales representatives ‘...unbiased, evidence-based, scientific information about products – including head-to-head comparisons as well as risks and side/effects.’ Smith and Youngers (2005) use the example of GlaxoSmithKline’s Oxistat (oxiconazole), antifungal therapy for several epidermic diseases, to illustrate the need for detailing to be based on science. Promotional activities are based on the comparative analysis of all clinical studies of alternative products, to the extent that they are informative and contribute to the total body of the physician’s knowledge, can effectively neutralize the cognitive dissonance and facilitate the process of choosing the therapy. The pharmaceutical companies’ focus on detailing as the basic promotion instrument has led to sales force build-up, i.e. a growth in the number of sales reps. Nickum and Kelly (2005) deem that the ‘the-more-the-better’ approach has jeopardized the industry’s credibility, and ‘a door in the face’ of many sales reps, as the pharmaceutical companies have placed the quantity of PSRs’ sales calls before the quality of these calls. The logic of production of blockbuster drugs simply required a sales force capable of calling on as many physicians as often as possible. In recent years, Pfizer, credited with having the biggest and best ‘army’ of sales reps, has sought to cut costs by reducing their numbers as well. In January 2007, Pfizer announced a reduction in sales force on the EU and US markets by 20% (‘Pfizer’, Company Profile, Datamonitor, August 2008). It must be pointed out that, despite the sales force cuts, Pfizer still regards its sales force as one of the most important competitive advantages. GlaxoSmithKline is also proud of its sales force, second in size in the industry. The company has several ‘promising’ molecules under development, and for the time being is not considering more significant reorganization (‘GlaxoSmithKline’, Company Profile, Datamonitor, September 2008). AstraZeneca has announced reduction in sales force (‘AstraZeneca’, Company Profile, Datamonitor, September 2008), and Datamonitor’s analysts hint in their reports that sales force cuts are inevitable for most Big Pharma companies (16, 17).

5. **USE OF EMOTIONAL AND RATIONAL APPEALS IN PROMOTION OF PHARMACEUTICAL PRODUCTS**

Regardless of promotional mix instruments, the dominance of rational appeals in the promotion of pharmaceutical products results from physicians’ need to make decisions most beneficial to their patients and best suited to given circumstances. Objectively, every physician, as a...
human being, is not ‘immune’ to emotional appeals. Experience has shown that rational appeals are more efficient in driving the primary demand for certain types of therapies, while emotional appeals can be effectively utilized to drive secondary demand for distinct brands. Taking into consideration the presented arguments that having a therapeutically superior product is crucial on the pharmaceutical market, preference for using rational appeals is a logical solution for products capable of delivering such performances. On markets saturated with a large number of alternative therapies without real and/or substantial therapeutically advantage, emotional appeals and stimulating secondary demand for certain brands and/or producers become principal. Anecdotally, there are more sales representatives than patients in waiting rooms. A few years ago, when making a decision to enter the market of Serbia, one of the pharmaceutical retailers took the fact that doctors in this area were contacted only once or twice a month as a positive signal. Mackintosh (2004) quotes the data that the time available to PSRs in the US and the EU has been reduced to only 30 seconds, whereas Bianciella (2008) gives a somewhat less drastic estimate that they have 90 seconds. According to contacts from the industry, a PSR has about 5 to 10 minutes of a doctor’s time. There are guidelines for preventing the usurpation of physicians’ time allocated for patients, and that calls by sales representatives can be scheduled during the break or at the time when the physician is not receiving patients. Where is the solution to the flawed relations between pharmaceutical industry and the medical practice? Pharmaceutical companies should rely on what used to be the industry’s foothold – ‘...strong relationship with customers’ Parker and Pettijohn (2005, p. 41) conclude that it is necessary to view the promotional practices on the pharmaceutical market rationally, and in compliance with Nickum and Kelly’s opinion that companies should focus on the creation of a ‘...more finely tuned system, which gives the physician the quantity and quality of information that is needed to make a decision on a new product.’ Viewing the available literature, it can be clearly concluded that detailing as a key instrument of promotional mix impacts the behavior of prescribers, i.e. influences the choice of pharmaceutical therapy by physicians. If such influence did not exist, Young and MacLeod (2005) conclude, pharmaceutical companies would not finance this activity. The difference without consensus is in the nature of this influence. One view is that this influence is adverse for patients, as the physicians are stimulated by promotion to prescribe more expensive therapies, which often have no objective therapeutic advantages in relation to alternatives. Another opinion confirms the influence, through emphasizing the educational content of promotion, deeming that physicians will be capable of making better decisions based on the available information, for the benefit of their patients (18, 19).

**Samples.** During their visits to prescribing physicians, PSRs may leave samples of product. ‘In order to inform the expert public on the characteristics of a newly introduced drugs, it is permitted to give one smallest package of the new drug, with a note on the packaging: Free sample, not for sale’ (Law on Drugs and Medical Devices of the Republic of Serbia, 2004, Article 97, paragraph 2). Smith et al. (2002, p. 295) regard handing out samples as the best way of introducing prescribing physicians to the pharmacological features of the drug, as the sample will provide them with the opportunity to evaluate the effects of the drug in a specific ‘personal clinical trial’. In most cases, the sauce authors relate handing out samples to the opportunity to:

- enable the patients to have instant access to therapy when it is not available at the given time;
- enable the patients to try a drug before they acquire a quantity required for complete therapy (of acute diseases) or make a decision to start a certain therapy (of chronic conditions), with possible therapy adjustments;
- provide the patients with short-term ‘financial aid’ by providing a certain quantity of the drug free of charge.

Burns (2005) argues that very often PSRs use the possibility of handing out samples to access the physicians. The same author points out that this is a very limited view of the use of samples on the pharmaceutical market. That is, in order to use samples rationally, companies must monitor and measure the degree to which physicians respond to received samples by changing their habits in prescribing pharmacological therapies [18] [20].

McGuire refers to a study published in American Journal of Medicine, which claims that samples significantly change physicians’ drug prescribing patterns. At the moment when they run out of samples, they continue to prescribe this medicine, rarely going back to the drug they used to prescribe, or an alternative therapy. The study concludes that the logic of samples is dominated by the producers’ intention to introduce new, expensive drugs into practice, and that the short-term positive financial effect for the patients who receive them is negligible. One of the objective problems debated in the discourse is the way the samples are used. Another question posed is that of handling drug samples, in order to maintain their pharmacological efficiency, but also to prevent possible abuse. Based on IMS Health’s data, Mizik and Jacobson (2004) conclude that the detailing of pharmaceutical products in the USA cost about 5.8 billion dollars in 2003, accompanied by 11.5 billion dollars in handed out samples. Buzzo (2005) states that the value of samples handed out on the same market in 2004. amounted to almost 16 billion dollars.

**Scientific conferences and conventions.** Pharmaceutical industry has not limited its activities to sales calls to prescribing physicians; the active participation in the physicians’ education is extended by organizing or sponsoring doctors’ and/or pharmacists’ conventions. Pharmaceutical companies usually cover their travel expenses, accommodation and meals during the conferences. Lieberman (2003) states that, pharmaceutical companies’ expenditure on continuing medical education in the US in amounted to almost a billion dollars. According to Monaghan et al. (2003), research shows that the presence of physicians at conferences sponsored by the pharmaceutical industry results in the growth in the number of prescribed drugs produced by the conference sponsor. Again, it is very difficult to distinguish to which extent this influence results from new knowledge and adoption of a drug as the best
alternative from the aspect of resolving the patients’ health problems, and how much it is the prescriber’s wish to ‘reciprocate’ the hospitality of the pharmaceutical company. In some of the industry’s guidelines (e.g. the rules of PhRMA – the American association of pharmaceutical researchers and producers), there are attempts at defining the gifts that companies may hand out during seminars and other forms of continuing medical education, and identifying precisely all the types of social functions (dinners, parties, concerts, theatrical performances) regarded as unacceptable during educational conferences (10).

Specialist journals. Pharmaceutical industry is also present in specialist journals or through sponsorship of research whose results are announced in such periodicals or through paid advertisements. The issue of research is very similar to that of organizing scientific or trade conferences. The issue of the clash of interests of researchers and research calculating the value of samples according to retail prices of drugs. Sponsors, and the dilemma whether the researchers’ position is such that it primarily serves the interest of the expert public (and the patients) rather than the commercial performance of a pharmaceutical product remain standard problems. Still, sponsored research has the aura of impartiality resting on expertise and trust in the persons who conduct the research. The publishers of these journals strive to maintain the credibility of their periodicals by filtering contents that are to be published, with reviews, high standards and through maintaining the appropriate ratio of paid ads and scientific content (Smith et al., 2002). A paid ad is only a paid ad. If pharmaceutical promotion is predominantly read, and its content makes the key component, a paid advertisement undoubtedly sends a message that it is paid promotion, leading to loss of credibility and perception of the impartiality of information presented. The US market shows evident reduction in pharmaceutical companies’ expenditure on advertising in specialized periodical, resulting from the growing preference of DTC promotion, but also the emergence of other alternative media. In the September 2003 issue of Medical Marketing & Media, Dougherty, Kolber and Mann argue that we are witnessing a change in the structure of expenditure on promotional activities in pharmaceutical industry. In the forum of the January 2008 issue of the same periodical, the experts Levitt, O’Connor, Girondi and Deal analyze the serious reduction in the revenue from the sale of advertising space in general medical journals. This is due to the specialization of media and focus of pharmaceutical marketing on niche markets defined by certain disease profiles (oncology, diabetes, cardiology, psychiatry etc.), but also the result of a fall in the R&D productivity of pharmaceutical companies. This trend has been present in pharmaceutical advertising for several years now, which confirms the opinion of Henderson (in West, 2005) that the industry is turning to specialized media, with the accent on periodicals in the field of psychology, neurology, cardiology etc. (21).

The Internet is a relatively new medium in the promotional mix. In view of the fact that, unlike most other media, it enables interaction with the user and flexibility, as well as the fact that the use of the resources/information from web pages is the result of the user’s choice, this is a complex medium capable of delivering an enormous body of information. Objectively, this medium can be equally oriented to the expert public and the general population, including patients in the role of final consumers. According to a publication entitled “Consumer, Patient, and Physician Oriented Web Initiatives” (FGC Consulting, 2001) web-based solutions may be branded or unbranded webpage’s (with or without clear association with a pharmaceutical company), which are strategically oriented on: a specific product, therapeutic area or a certain medical condition. Drummy (2006) points to two key features rendering the Internet as a medium successful in conveying a message to the target audience:

1. Immediate segmentation. – Pharmaceutical company’s web page should meet the information requirements of various target groups. Patients may seek information on how to maximize the effects of a therapy, to learn about the benefits of adherence to therapy or the dangers of discontinuing it; certain persons may be interested in information on disease prevention or diagnosis; prescribing physicians may seek information on the mechanism of action, contraindications or drug tolerance, taking therapy in combination with food and/or other drugs etc. For this reason, a web page must enable intuitive, fast approach to information sought, with the reservation that there is no way of ‘forcing’ the users to follow information paths they do not require or perhaps deem as inappropriate. Time is one of the key elements of keeping the user ‘involved’ in the web page content; the user’s attention is kept on the web page for only a few seconds, and the inability of web page’s infrastructure to lead the user to desired information in this extremely brief period of time results in his abandoning the information search, or turning to other sources.

2. Integration. – Internet communication channel is only one in a complex combination of communication channels at a company’s disposal within its promotional mix. Marketers should find a synergy between ‘offline and online media’, integrating the direction to the internet into the promotional messages of the traditional media (such as TV and print media), and vice versa. A pharmaceutical company’s web page may be an excellent addition to personal selling, so that some companies ‘… including Bristol and Merck, are supplementing often brief physician visits with ‘e-detailing’. They might, for example, point doctors to interactive Web sites that teach them about new drugs and that can be updated instantly with fresh clinical-trial data to support their sales pitches.’

3. Immersion. Pharmaceutical companies should provide for a large enough target group to be informed about the existence if a web page. The amount of information available to various stakeholders on a web page acquires its full sense only when it has produced an effect in the expansion of information and/or knowledge to a large enough population. For this reason, in the virtual space, attracting the target group to use the web page on a disease and/or therapy is achieved either by buying key words with major search engines (Google, Yahoo, MSN etc.) or ‘catching’ the users who actively and intensively use the Internet but do not primarily seek health information, i.e. their access to
web pages sponsored by pharmaceutical companies results from other stimulations (banners, advertisements etc.).

4. Impact.–The future development of Internet infrastructure will provide for more audio and visually intensive, accompanied by animations, video footage etc. Harrell (in Drummy, 2006, p. 94) warns of the danger of marketing using all these new possibilities ‘...just because they can, not because they are serving a particular marketing goal or user need.’

5. Investment measurement-. Measuring the effect of investing in promotional activities is one of the typical marketing issues. Web-based promotion is comparatively easy to follow especially in the category of the number of users who accessed different contents. However, the objective result will only be manifested in the changes of behavior among prescribers or consumers on the market, which requires more complex mechanisms of effect measurement. The existence of additional channels of communicating with stakeholders is also important in strengthening the connections between a company and its environment. McGuire points out that the ‘shift’ of the industry towards the Internet and interactive promotional solutions for prescribers must be set in the context of the fact that the prescriber population has also changed. Old physicians, hostile to information technology, are slowly retiring from practice, and the younger generation of doctors, who grew up with computers, expect e-marketing solutions from the pharmaceutical industry, predicts an expansion in the use of the Internet for decision-making on health issues on the patient side as well, especially among the younger, educated population, facing ‘...a lifetime of healthcare decision-making...’

5.1. Crestor – Web Page Promotion

Crestor (rosuvastatin calcium) is AstraZeneca’s medication for the control of blood cholesterol levels. Crestor works by blocking an enzyme in the liver responsible for cholesterol synthesis, thus reducing levels of bad cholesterol (LDL) and simultaneously raising the proportion of good cholesterol, which, combined with appropriate dietary habits, can slow down arteriosclerosis. Using the drug’s web site, the manufacturer directly addresses the patients, current and potential medication users. Some of the key elements of this web site include:

- Summing up the opinions of numerous authors (Gaither et al., 1997; Mizik, Jacobson, 2004; Tebbey, 2004), as well as the prescribing physicians’ specific information requirements, it can be argued that the interactive communication models well reflect the complexity of communication channels on the pharmaceutical market. Through the concept of personal selling through pharmaceutical sales representatives, and especially through specialist journals and conventions and/or conferences, pharmaceutical marketers actively use the concepts of opinion leaders and opinion formers. Opinion formers are persons believed to possess authority or expertise in certain areas. 'Drug manufacturers such as GlaxoSmithKline and Pfizer often launch new drugs by enlisting the support of eminent professors, consultants, and doctors who are recognized by others in the profession as experts.' Opinion leaders are persons in a social environment with good access to information (or media), resulting in higher levels of knowledge on certain products. These persons, with height confidence levels, are accepted by their social environment as a valuable information source, so that opinion leaders are often ‘targeted’ by companies’ promotional activities. Objectively, word-of-mouth communication is becoming a significant means of disseminating information on available therapies, indications and features of various alternatives. Prescribing physicians are a relatively well-defined (countable) target group, who can be used for creating a tailored promotional mix based on the analysis of the use of various promotional mix instruments, observations by PRSs and the analysis of physicians drug prescribing patterns. It is of key importance to provide for the ability of data that represent correctly the physicians’ behavior (and changes in behavior) when choosing therapy. The availability of this data varies significantly, in view of different markets, both geographically and in terms of differences in the markets of various therapy groups. Monaghan et al. (2006) argue that pharmaceutical industry’s promotional practices make a significant impact on the physician’s practice, and that the education of physicians requires more attention so that they can be come equal counterparts in communication with pharmaceutical sales representatives. Attention is drawn to marketing strategies in pharmaceutical industry, pharmaceutical industry’s costs, ethical conduct principles for PSRs, and special highlight is placed on the issue of the value of information communicated by pharmaceutical companies to prescribing physicians [8][22].

5.2. Direct-to-Consumer (DTC) Promotion of Ethical Drugs

The problem of direct-to-consumer (DTC) promotion of ethical drugs gained momentum in 1997, with the exponential growth in the costs of communicating with final consumers/patients in the US. This form of promotion had legally existed before as well, but became effectively usable when the FDA, as the regulatory body of the largest pharmaceutical market in the world – the USA – decided to loosen the regulations on advertising on TV, radio and the Internet. Namely, the manufacturers of these product got the permission ‘...to advertise in the broadcast mass media without including detailed or summary information on the use, indications and potential adverse effects of a drug.’ The manufacturers’ obligation was reduced to stating the most important adverse effects, referring to other media with detailed information (web page, patient hotlines or print media) and mandatory statement, i.e. instruction ‘to consult their doctors/pharmacists’ The choice of an ethical drug for treating a patient’s symptom and/or disease is based on the assumption that the physician possesses the required expertise enabling him/her to make a proper diagnosis and choose the best available therapy for the patient based on available information. On the other hand, a patient who has decided that the ‘aberration from normal’ in his/her case is such that it requires seeking expert help in the domain of socially accepted medical practice will delegate
the decision on the choice of therapy best suited to his/her requirements to a physician. The relationship between a physician and a patient is based on mutual recognition of rights and obligations arising from the doctor patient relation ship and is based on trust. It must be pointed out that promotion to patients is in fact indirect (White et al., 2004), as the mechanism of its functioning implies that a patient will influence a physicians who has undoubted ultimate authority to prescribe a drug (or withhold it from the patient if it does not suit the circumstances). Analyzing the opinions of various authors (Finlay, 2001; Smith et al., 2002; Shankland, 2003; Dubois, 2003; White et al., 2004; Buckley, 2004; Richardson, Luchsinger, 2005; Kavadas et al., 2007) we can define conclusions regarding the positive and negative effects of DTC practices. In many authors’ opinion, the central beneficial effect is raising information levels among patients, reflecting in:

- enhancing the role of patients as active participants in their personal medical history (Shankland, 2003; White et al., 2004);
- raising the awareness of diseases, which contributes to the recognition of symptoms, more precise and timely diagnosis and therapy (Dubois, 2003; Kavadas et al., 2007);
- raising the levels of knowledge on available therapeutic alternatives, including prevention and lifestyle adjustment (Buckley, 2004);
- faster dissemination of information on new available therapies, and developing pharmaceutical brands, and special expertise in particular therapeutic areas (Findlay, 2001; Richardson, Luchsinger, 2005);
- improving therapy outcomes, through appropriate use of and adherence to therapy (Smith et al., 2002; White et al., 2004). According to Dick-Rath (2008, p. 74) the best marketing practice in pharmaceutical promotion results from ‘…evolving a dialogue with their patients to improve adoption, compliance and adherence;’
- economizing with physicians’ time, as the patient has numerous sources available where (s)he can gather information on the disease and therapies, and other desired information (Richardson, Luchsinger, 2005).

As for negative outcomes, the task of pharmaceutical marketing to ‘harmonize the needs and wishes in an efficient and effective manner’ is challenged when:

- the doctor-patient relationship is disrupted through undermining physician’s authority, where (s)he turns into a provider servicing patients’ desires, while the diagnosis and choice of therapy are transferred to the patient. Self-diagnosis is a specific problem which, according to, takes a significant amount of the physician’s time, who must dissuade a patient who has come with his/her own, uncorroborated diagnosis. Smith et al. (2002), for instance, list four deferent producers who differentiate four different advantages of their hypertension therapies, so how can a patient make an appropriate decision?
- there is a pressure on physician to prescribe unnecessary or inappropriate therapy, which is based on influence without education;
- costs of therapy grow due to insistence on branded drugs when there is an appropriate generic parallel;
- there is a questionable ratio of positive and negative information in DTC promotion, where the authors agree that advertisers tend to overemphasize positives and play down negative effects);
- the issue of ethicality of influencing ‘vulnerable and suggestible’ audience is raised (Richardson, Luchsinger, 2005) as well as the danger of disease mongering (Buckley, 2004).

A survey conducted in the US on a sample of 21000 respondents resulted in a segmentation suggesting the attitude of consumers to direct promotion of ethical drugs. The same mechanism protecting individuals from exposure to an infinite multitude of promotional messages and information functions in relation to the promotion of ethical drugs – selective perception. Healthy individuals, simply, do not perceive promotional messages for pharmaceutical products, as they are not relevant to their current situation. specifically researched the degree of personal relevance (involvement) affects the perception of promotional messages by consumers. Argues that, entering DTC promotion, pharmaceutical industry has lost credibility in the eyes of the public, and that some companies are likely to turn away from DTC and capitalize on the negative image of DTC promotion among physicians and patients. The fact that they do not advertise to final users/patients may thus become their potential competitive advantage of some companies. DTC promotion is concentrated on a few of key indications, which is supported by the fact that 60% of total expenditure result from promoting the 20 best-selling drugs on the US market (White et al., 2004). Weitraub (2007) identifies drugs against raised cholesterol levels, heartburn and depression as groups with highest promotion expenditure, but also highest revenues for the industry. Bearden et al. (2007, p. 373) introduce the notion of ‘stealth marketing’ as a specific form of ‘publicity generators’. These practices are also present in pharmaceutical industry through investment in programmers aimed at raising the awareness levels of the target public on particular diseases, prevention, symptoms, available therapies etc. Through ‘condition branding’, pharmaceutical companies indirectly influence the rise in the number of patients recognizing symptoms, and encourage patient compliance. Like with other activities, there are two conflicting opinions. On the one hand, there is the beneficial impact, as timely reduction or neutralization of risk factors, diagnosis and treatment also means higher chance for a person to attain a higher quality of life and avoid more complex health problems and costlier intervention to restore health or keep the condition under control. On the other hand, there is a fear that such approach may lead to the medicalization of the problem and seeking healthcare/medical/pharmacological solutions to situations that do not require them unconditionally. Other marketing mix instruments also have their role in the pharmaceutical promotional mix. The nature of products, market situation, environment, consumers, but also the budget and other marketing mix instruments (Smith et al., 2002) have impacted the pharmaceutical companies’ decision to use different paths of influencing
numerous stakeholders of this complex market. As pharmaceutical companies often single out trust as one of the most important factors for market success, institutional promotion, including publicity and PR, is a powerful tool for its development. Kotler and Armstrong (2001) especially highlight the role of PR in saving the Tylenol brand in 1982, when an unknown perpetrator deliberately poisoned a certain amount of this Johnson & Johnson’s analgetic and caused the death of seven consumers. Research in Serbia has shown that national producers with a long tradition such as „Hemofarm,“ and „Galenika,“ enjoy a high degree of trust among respondents. Personal selling (detailing) remains a dominant tool of pharmaceutical promotional mix, even on the market of the USA where the promotion of ethnic drugs to patients is permitted. The industry has invested intensively in DTC in the previous years, in an attempt to comprehend the boundaries of the impact of this drug promotion form. Analyzing the launch of 4000 products in therapeutic areas on eight most significant pharmaceutical markets. Fisher and Tallbut (2008) established that detailing is key to the successful launch of pharmaceutical products. Narayanan et al. (2004) analyze the relationship between detailing and DTC promotion in order to identify the existence (or lack) of positive or negative synergy between these two types of promotion, and the effectiveness from the aspect of return on investment (ROI). The authors have concluded that the rate of ROI is significantly lower in DTC in comparison with detailing, but there is also a synergistically positive effect between DTC and retailing, leading to an inference that these activities are complementary. Another pattern was discovered during the research, namely that DTC significantly contributes to the growth in sales of a therapeutic category, unlike detailing, whose effect in this aspect is the USA, Japan, Italy, Spain, Germany, France and the UK. negligible, while both methods significantly influence the market share of a particular product brand within the therapeutic area. Such research contributes to a better understanding of the action of various promotional mix instruments on the pharmaceutical market, offering guidelines for their optimum combination. Optimizing the promotional mix, i.e. changing the structure of promotion expenditures, is the key to enhancing Trier efficiency. To paraphrase promotional activities in the pharmaceutical industry are in a delicate position balancing between education and promotion, between affirmative and negative attitudes to its role in the sphere of healthcare, and marketers invest constant effort “…to ensure that god intentions don’t bring bad results.” Seeks to establish in which way pharmaceutical industry can impact the prevailing public opinion that it “…puts its own interests above the general good. Emphasizing business over health.” According to the author, the following changes are necessary to establish (or restore) trust:

First of all, pharmaceutical industry must set realistic expectations as regards therapy outcomes among the professional public (and the patient). This is also contributed to by the fact that, according to promotional activities are concentrated in the early stages of a pharmaceutical product’s lifecycle, when the least is known about the therapy in any sense. Chamberlain proposes for the body of information to be built over time.

Pharmaceutical promotion must be strictly it is not intended for the general population. The general population may become interested in the ethnicity of the message, but not its content as well. Each drug/therapy is aimed at a particular group of people, so that the promotion must be targeted at them as well. The better known the pharmaceutical brand among the general population, the more controversy it will generate. High media presence levels generate the issues of ethicality of promotion and profit margins. A company’s promotional activity should reflect its mission and create a desired image among the public, so that it is vital to maintain the real balance between the active protection of intellectual property and competitive advantage on the one hand and healthy openness to the public in terms of protecting all stakeholders’ interests on the other.

The product’s scientific character must remain dominant and the source of all promotional activities.

‘Science always leads in this industry. That’s the way it has to be – because drug marketing, as enlightened and persuasive as it may be, must never exceed the need to deliver true advantages in therapy, attained through science.’ Medawar’s position is that ‘…really effective drugs advertise themselves – albeit not as explosively as the manufacturers would want and need.’ refers to research confirming that ‘…advertising was more effective when interacted with superior bundle of product-quality attributes, such as lower dosage or fewer side effects.’ Analyses expenditure on pharmaceutical promotion, assessing the effectiveness of promotion from the aspect of the value it has for society (3, 8, 14).

6. CONCLUSION

If there is a consensus among the professional public, and evidence of effective application of a therapy, it is irrelevant who sponsors information effort leading to a growth in the use among the patient groups who objectively need the drug, which will subsequently result in optimum pharmacy-economic results. In the lack of consensus, the effect of promotion will result in increasing use among all patient groups, including those among which the benefit of taking the therapy is questionable. A specific problem related to objective evaluation of prescribing and using a pharmaceutical product is the timing of the produced effects. From the economic, i.e. commercial aspect, it is evident that there is an increase in the use and costs of prescribed drugs in some categories; clinical trials demonstrate on a selected sample that the given drugs are effective in indications examined, but what is missing from the complete equation is the epidemiological analysis of the number of patients who are taking drugs although they shouldn’t/needn’t, and also of those who are not taking it although they should, including the consideration of effects in terms of the effect of long-term use of a drug measured in the reduction of the emergence of serious medical complications. At the root of the problem of pharmaceutical product promotion is the issue of the conflict of interests. Without a doubt, it is necessary for prescribing physicians to have access to up-to-date information on new therapies and alternatives in the treatment of their patients. The physician’s freedom
to choose a therapeutically alternative that (s)he regards as the optimum solution in a given situation should not be jeopardized by the ‘promotional pressure’ of the pharmaceutical industry. Alternatively, a physician could decide that the patient does not require drug therapy, but rather an alteration of the lifestyle that will alleviate or neutralize the factor of risk of a person developing a certain disease. One should not neglect the need for all consumers to be informed, within the limits of possibility, about the available alternatives and all aspects of choosing individual therapies. The new–more significant–role of patients in treatment is based on the fact that the contemporary consumer is better educated and informed than it was objectively possible in the past. The abundance of research and existing attitudes for and against the promotional practices in pharmaceutical industry aimed at practitioners and even more at final consumers i.e. patients, once again result from a very reasonable question own what is the interest of the source of information, how complete and accurate it is, and how much freedom of choice it leaves. With the strength of its expertise, pharmaceutical industry is the primary source of information on pharmaceutical therapies for prescribers, and at the same time, pharmaceutical industry itself wants to provide information for the final consumers i.e. patients. The controversy around advertising in pharmaceutical industry will not disappear, which is perhaps well illustrated by Gagnon and Lexchin (2008), stating that, using the same information, the opponents of promotion in pharmaceutical industry argue that this expenditure exceeds expenditure on R&D, while the advocates (notably PhRMA) conclude that in 2004 the industry invested USD 29.6 billion in R&D, and 27.7 billion in promotional activities. Objectively, the absolute amount for promotion is lower, at least according to IMS’s data89, but it can be concluded 89 CAM is a company present on 36 markets, involved in gathering data on the promotional activities of pharmaceutical companies, and its data is significantly different from that provided by IMS on the total promotion expenditure on the US market. CAM claims that it amounts to 49.7 billion US dollars, and the primary source of this discrepancy are the detailing costs, with certainty that the importance of marketing and R&D on the contemporary pharmaceutical market is equal. Could the amount of money ‘injected’ in promotional activities have been used for another, more ‘advantageous’ activity? Richardson and Luchinger (2005) raise the question what is the dominant motive–sale or altruistic satisfaction of the stakeholders’ information requirements? A value free answer to this question, without tendentious placement in a positive or negative framework, is not possible [3] [8].

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