

## **Medication advertising within the context of the Brazilian Health System (SUS) and medical education: why discuss it?**

### **Propaganda de medicamentos no contexto do SUS e no ensino médico: por que discutir?**

### **Propaganda de fármacos en el contexto de lo Sistema Unico de Salud brasileño (SUS) y en la enseñanza de medicina**

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Access to medications is an integral part of the right to health, consecrated in the constitution (CF, 1988) and in several other legal instruments, as well as being a fundamental component of health care, currently representing one of the greatest challenges to the concretization of this right, considered the integrality of health.

Besides contributing to taxes that finance the public health system, families spend a considerable portion of their income on medications and other health supplies and services, often sacrificing the attendance of other elementary needs. Medications are not common market goods and being essential to health and people's lives, they should be more accessible to the whole population, in fulfillment of the universal right of the Brazilian Public Health System (SUS). The production, distribution, advertizing, sale and dispensing of medications depend on specific instruments and legal conditions.

In the present debate, in which the central question is the advertizing of medications in teaching environments and as proposed in the article by Palácios, Rego and Lino (2008), other themes relevant to the health system and quality of life of the population are implicit. These themes concern both

the process of the construction of the SUS and medical education, or education in health, and the ethical dimension, the regulation of health and, more specifically, the regulation of medication advertizing.

The great contribution of this article, competently argued by the authors, refers to the fundamental, opportune and current elements related to the debate on medication advertizing in the teaching environment, contemplating the ethical aspects, among others.

This discussion has assumed growing relevance and should be the focus of an increasingly intense debate, in the context of globalization and the process of the development of this country. When analyzing the health system, its construction process and the enormous challenges that the SUS has faced in different aspects, without doubt, the question of (under)financing of the sector appears as a determining factor in other difficulties, especially in relation to medications. However, what is of greater interest is the advertizing of medications in the teaching environment, particularly in medicine. This advertizing, in the sense of publicity and sales promotion, is also an issue that is currently at the center of the discussion of two institutional subjects and important regulatory agencies, the Federal Council of Medicine (*Conselho Federal de Medicina*, CFM) and the National Health Surveillance Agency (*Agência Nacional de Vigilância Sanitária*, ANVISA). For the CFM, the question fundamentally involves medical conduct and it is toward the doctor that they direct their decisions and ethical recommendations, sustained by the recent “precept” that *the doctor is not a poster boy(girl) and does not require nor should he(she) receive gifts from the industry or pharmaceutical laboratories*. At the ANVISA, the intense efforts to improve the standardization of medication advertizing involve several actors, but they are prioritarily addressed at companies associated with medication production and commercialization, as well as the media in all its different manifestations and, by extension, the general population. Thus, more than valuable and very opportune, the article by Palácios, Rego and Lino (2008), rich in data, analyses and information, brings new propositions to the debate and important concrete data for the regulation and control of medication advertizing.

It is important to highlight that in speaking of “prohibiting medication advertizing in the teaching environment”, Palácios, Rego and Lino do not deny the legitimacy of advertizing and I believe that this should not be the object of a specific law: rather the issue is about openly and courageously confronting the debate within the academic environment itself and in each teaching institution, democratically, adopting ethical rules and clear limits and restrictions regarding sponsorship and advertizing by pharmaceutical laboratories, who, in my mind, complicate and even impede the formation of the medical student sustained by scientific and ethical knowledge. Such measures have been adopted with success for some time by several medical entities and representatives of the health sector in their scientific events, when, in order to maintain scientific rigor and free and ample technical discussion, they reject advertizing or sponsorship from the pharmaceutical industry.

When talking about regulation, it is edifying to defend self-regulation, but this is still very timid and ineffective and therefore demands monitoring and daily surveillance by the public organs responsible for this task, principally against abusive and false advertising.

Another aspect that caught my attention in the text by Palácios, Rego and Lino (2008) was the emphasis on the comparison between, on the one hand, biochemistry and pharmacology classes that try and promote the education of students and, on the other, that which the “advertiser”, using *objective and synthesized* information, promises in terms of disease cure or control. In this context, lately I have frequently debated the influence of the industry and medication advertising on medical education and invariably hear the reports of pharmacology professors concerning the representatives of numerous pharmaceutical laboratories, who rarely accept invitations to participate in events programmed by this discipline, a distinct difference from their behavior when they are called to diverse events by other medical specializations.

I am convinced that this is not about these laboratory representatives being overloaded with commitments, nor is it random, rather it is to avoid possible confrontation between the critical posture, based on reasoning and scientific knowledge of the pharmacology discipline, and the posture of these advertisers, anchored only in promises “(not always reliable) associating a product with a disease”. This question deserves to be considered as a priority theme for debate and thus, investigated and clarified. While we weave these reflections here, under discussion by the ANVISA Collegiate Board, is the fruit of a public consultation, the review of Collegiate Board Resolution (*Resolução da Diretoria Colegiada, RDC*) 102/2000, with the objective of updating and improving the standardization of medication advertising. First, they have modified and amplified certain concepts that, consonant with the new Regulation, ANVISA will apply to “advertising, publicity, information and other practices whose objective is the publicizing or promotion for the commercialization of medications of national or foreign production” (minutes of the 2008 review of RDC 102/2000, under discussion). Thus, “promotion” and “advertising/publicity” will become just “advertising/publicity”, which is characterized as “the set of techniques and information and persuasion activities with the objective of publicizing knowledge, broadening the recognition and/or prestige of a specific mark or product available on the market, aimed at exerting influence over the public by means of actions that aim to promote and/or induce the prescription, dispensation, acquisition or use of medication” (minutes of the 2008 review of RDC 102/2000, under discussion).

Given the approach that Palácios, Rego and Lino correctly adopted when exploring the diverse types and different spaces of regulation and standardization of medication advertising, in which, among others, legal, ethical, didactic-pedagogical and social participation aspects are highlighted, it is implied that disposition and commitment on the part of different institutions and other collective subjects must increase regarding the detailed analysis of this theme so that, eventually, each one in their specificity and some in collective actions, assume that that which they are

competent in as participating subjects in a process of democratic and civilized development, with the emphasis on health and the quality of life of the population.

Particularly in the field of medical education, this debate needs to involve the health services sector and the SUS, together with other social sectors, and mobilize popular-community movements, an important condition for advancement in the process of change in Brazilian medical education.

Finally, I feel that the utilitarian vision that the pharmaceutical industry has of teaching environments for advertizing medications and influencing the prescription of current and future doctors contributes to complicating the necessary cooperation between industry and academia for the development of research and new knowledge. This possible relation of collaboration is, I believe, still enclosed by prejudice on both sides and, thus, the uniting of forces of these two important subjects, articulated, involved and in social participation, in a frank and ethical relation of mutual collaboration, would represent a concrete possibility of initiating and accelerating the search for new knowledge and benefits for the health of the population, for the development process of the country and for society as a whole.

## References

Palácios, M.; Rego, S.; Lino, M.H. Promoção e propaganda de medicamentos em ambientes de ensino: elementos para o debate. **Interface - Comunic., Saúde, Educ.**, v.12, n.27, p.895-908, 2008.

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