Position Statement

Pharmaceutical and Device Company Direct to Consumer Advertising

This Position Statement was developed as an educational tool based on the opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.

Since the late 1990’s, Direct to Consumer (DTC) advertising has become a multi-billion dollar enterprise. Understandably, drug and device companies want to be sure that patients recognize the availability of their products.

Although more high quality research is needed to determine its benefits and problems, DTC advertising may well:

- Create more informed patients,
- Foster shared decision making between patients and physicians,
- Increase physician-patient communication,
- Improve patient compliance, and
- De-stigmatize diseases.

However, DTC advertising also has the potential for negative consequences. For example, advertising may confuse patients by implying that minor differences among competing products represent major therapeutic advances.

The American Academy of Orthopaedic Surgeons (AAOS) believes Direct to Consumer advertising that is presented in a responsible and ethical manner may be of some value to patients. Such information should be scientifically substantiated, accurately presented, and free of false or misleading claims. Direct to Consumer advertising and marketing of pharmaceuticals, devices, or surgical procedures may create patient safety concerns if it leads patients to seek health care solutions without consulting with a physician.

Problems with DTC advertising of pharmaceuticals include patients that seek medications from pharmacies on the Internet and outside the United States without a physician’s prescription or without physician monitoring of medications. Patients may not be aware of the entire spectrum of other more appropriate and less expensive therapeutic options than the advertised drug. Side effects are often not communicated in a comprehensive manner in advertising or marketing communications. Furthermore, patients are often unaware of drug-drug, drug-herb, drug-supplement, or drug-food interactions. Physician monitoring ensures pharmaceuticals are appropriate for a patient’s particular health condition.
DTC advertising of orthopaedic devices may not inform patients about differences in product design, composition of materials, and strength of the devices. Patients may not have access to data on post-marketing surveillance issues relating to device performance and patient safety. When surgeons choose devices tailored to an individual patient’s needs, wear of orthopaedic implants is a significant consideration, but consumers may not be aware of such issues.

Companies recently began marketing surgical procedures directly to potential patients. Consumers may be confused about all of the treatment options for their particular medical condition, and it may prove challenging for them to compare one surgical procedure to another.

*Because of the highly individual nature of surgery and other musculoskeletal treatments, the AAOS believes that great care should be taken in advertising orthopaedic devices, drugs, and procedures directly to consumers. Advertising should be truthful, useful to patients, and not misleading or ambiguous. Advertising that an individual surgeon has received training to perform a procedure does not imply the same standards as certification by the American Board of Orthopaedic Surgery (ABOS). The AAOS supports continued research efforts on the effects of Direct to Consumer advertising on public health.*


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For additional information, contact Public Relations Department at 847-384-4036.