
PANEL DISCUSSION

Information age healthcare and the informed consumer

Chair: Dr Alessandro Banchi, President, Assosalute, and Country manager, Boehringer-Ingelheim, Italy

BANCHI:

Ladies and gentlemen, good morning. Basically, we are going to discuss healthcare in the information age and the informed consumer, with particular attention on the informed consumer and the consequences for all the stakeholders in the sector.

First, I would like to introduce the panellists.

- Mrs **Janne GRAHAM**, Visiting Fellow, Australian National University, National Centre for Epidemiology and Population Health, and former Chairperson, Consumers' Health Forum of Australia
- Mr **Patrick DEBOYSER**, Head of Unit, Pharmaceuticals and Cosmetics, European Commission and Members of the ICH Steering Committee
- Mr **Peter KIELGAST**, President, International Pharmaceutical Federation (FIP), The Hague.
- Dr **Delon HUMAN**, Secretary General, World Medical Association (WMA); Geneva
- Mr **Edgardo GEZZI**, Vice-Chairman for Latin America, WSMI, Secretary General, Latin-American OTC Association (ALPO) and Managing Partner, Laboratories E J Gezzi, Argentina
- Mr **Jean-François BÉNARD**, Past President, Comité Economique du Médicament, France
- Mr **Fumio KITA**, Director, SS Pharmaceutical Co and Chairperson, Drug Information Committee, Proprietary Association of Japan (PAJ)

- Mr **Luk HERTEN**, President, OTC Section, Association Générale du Médicament (AGIM), Belgium.

All in all, there are three industry representatives from Europe, Japan and Latin America, representatives from the medical doctors and pharmacists as well as regulators and consumers.

You as audience in the hall are all equipped with tele-voting machines on your desk so you can participate in the discussion by expressing your opinion in a vote.

First, we would like to find out to which category you belong, so please press the button corresponding to your category.

Selection	Count	Percent
Government / regulatory authority	25	9.5
Health profession	23	8.7
Industry	168	63.9
Other	47	17.9
Total	263	100.0

Now that we know our constituency, I would like to make some opening remarks. The new healthcare scenario has, according to many experts and commentators, the following features:

- cost containment pressures will continue to intensify,
- the politics of health policy in each country will continue to shape healthcare services,
- new players are entering the healthcare sector (both payers and providers),

- the power base is moving from the professions to the consumer, e.g. the rise of the healthcare consumer and person-centred decision-making,
- the type of service is changing from the traditional medical service to a more holistic healthcare service,
- technology innovation is leading to a much better informed consumer, leading to a redefinition of the responsibility of individuals in the management of their own health,
- the launch of "lifestyle medicines" has irrevocably changed consumer expectations.

However, these trends are not directly reflected in the sales figures for the European non-prescription and self-medication markets:

- Between 1996 to 1997, the total non-prescription market in Europe (i.e. sales of all medicines legally available without a prescription) decreased by slightly less than 2% to ECU 22.7 billion at consumer price level. This shortfall was only partly made up by a slight increase in 1998. Expressed as a percentage of the total pharmaceutical market at consumer price level (excluding hospital sales) the value of the non-prescription market decreased from 25.2% in 1996 to 23.5% in 1997 and 22.3% in 1998.
- On the other hand, the self-medication market (i.e. that part of the non-prescription market represented by consumer purchases without a medical prescription) increased by 4% between 1996 and 1997. In 1998, the increase was more modest at around 1%. Expressed as a percentage of the total pharmaceutical market, the value of the self-medication market represented 13.9% in 1996, 13.7% in 1997 and 13.1% in 1999.
- These value decreases should however be seen against the backdrop of the strong price level for innovative medicines and do not necessarily represent a fall in sales volumes.

It seems therefore that in spite of whatever we might hope things are not moving in the direction many stakeholders, including manufacturers, would like to see. In a sense, the situation is paradoxical.

We like to believe and say that we have a healthcare scenario where:

- Self-medication has a growing social and economic value and can indeed release the cost pressure for Governments in general and the different payers in particular.
- Society gets a benefit out of self-medication because the costs associated with a doctor's visit and a prescription are avoided and, moreover, the actual cost of a self-medication product is lower than that of a prescription product.
- Self-medication's cost-saving potential has been documented in a range of studies.
- The new healthcare environment should favour the rise of the healthy consumer and person-centred decision making.

At this point in time the logical questions we should ask ourselves are:

1. How do we explain this dichotomy between our beliefs and expectations and the facts which are illustrated by the market data I just mentioned?
2. Are we all sincerely convinced that the development of "responsible" self-medication is in the interest of society, and are we therefore all keen to act accordingly in order to favour the development of responsible self-medication?
3. What can we do in order to really foster responsible and growing self-medication?

The panel will be asked for its views and comments, not on all the possible points of debate but on two areas which touch almost all potential points either directly or indirectly.

Area number 1

The role of information sources and legal/cultural constraints in the Information Age with particular emphasis on:

- Access to OTC medicines,
- The changing roles of medical doctors and pharmacists,
- Advertising of OTC medicines,
- Educational campaigns and the role of the mass-media
- Information technology,
- Electronic commerce.

Area number 2

The rules and national regulatory environment in the new healthcare scenario:

- Global consumers facing local barriers,
- The healthcare consumer: a challenge for national authorities.

We now start the debate based on the first statement, not in the form of speeches but as free comments. At the end of the debate, the audience will be asked to vote.

Issue number one: The informed consumer will threaten the traditional counselling roles of doctors and pharmacists

GRAHAM:

Certainly my experience is in Australia that professional groups are very threatened by the rising articulate interest of consumers. Professions are by definition conservative and any change brings threat. Whether they should be threatened or see this is an opportunity to change practices is of course another question.

KIELGAST:

I think the role of the pharmacist has already changed, not just because of the challenge of the informed consumer. The pharmacists no longer hold the monopoly in

the manufacture of medicines. They have long since lost the monopoly on information if they ever had one. They have moved from being a product-oriented profession to being a service and a patient-oriented profession. I think that virtually all organisations today face the following question: "What additional value do I give my customer?" This also goes for the pharmacist. I think the best players, i.e. the winners of tomorrow, will be those who focus on what additional value they can give the customer.

For the pharmacist, the most significant concept will emerge from a strategic vision where we see ourselves as health stores, where we consciously make our customers healthier, where we assist those customers that are sick in making better use of the medicines, and where we help them build a healthier lifestyle. There will no doubt also be room for the traditional drugstore but I do not think it will be a winning concept for the future. Therefore I also ask you, the suppliers, do you see yourselves as just suppliers of chemicals or are you in the healthcare business? And likewise I will urge my fellow pharmacists to question whether they are in the healthcare business or just movers of products from point A to point B. Anybody can do that today in a cost-efficient way. However, what we can do is build added value to the products.

HUMAN:

I would see the question and particularly the word threaten as perhaps the wrong word. I see it in a very positive sense for the physician community. It is not that our role as counsellors is being threatened but that it is being challenged in a very positive way. The traditional model many centuries ago was that the physician was the sole source of medical information and was almost seen as a demi-god conveying medical information to a patient on a one-on-one basis. However, in the information age that has changed completely. We feel that this is very positive. Firstly you have a more informed patient, which is what we stand for as an association as well. We want to empower our patients.

When looking at the process leading up to the point of self-medication, there is a diagnostic phase, a treatment phase and a follow-up, in the diagnostic phase we feel that physicians are still in the position where they, with their background and experience, would have the clinical insight to provide a patient with the correct type of information to make an informed choice. A patient can be better informed but more confused. We are all patients ourselves and there we feel that the physician can play a very important counselling role to the patient to try and prioritise in this vast area of information. In the treatment phase, we are talking about a very important diagnosis and treatment of yourself. For any patients who eventually self-medicate – and especially those of the vulnerable groups (pregnant or breastfeeding women, children, the elderly) who might not have the ability to make a good informed choice – the physician's traditional within the doctor-patient relationship will be strengthened by the vast array of information available out there. Any of us surfing the Internet become confused at times at the overload of information.

In the healthcare delivery sector – of which we see the physicians as an extremely important component – the principle of accountability should really be shared by all. We feel that at this stage in the healthcare delivery chain, the physician has been held almost accountable to a higher level than other components within that chain. We feel that this should apply to those that self-medicate as well. That means that the industry should be accountable for the products it puts on the market, how it advertises them, how it brands them, and how patients are helped and promoted into a position where they take self-medication medicines.

On the level of diagnosis, on the level of treatment and on the level of long-term evaluation and control, we feel that the physician's role where integration of knowledge is made will be strengthened by the information age.

DEBOYSER:

I rather agree with my learned colleague. I think pharmacists have already been challenged for some time and have been reacting to that challenge. But I have not seen doctors reacting so far. I have never looked at them as semi-gods but rather as semi-devils, and I really hope that the informed consumer will challenge the role especially of the doctors. I believe and hope doctors are threatened and that they will take this challenge seriously.

GEZZI:

The pharmacist is very important for self-medication. The first person a consumer consults when wanting to buy an OTC product is the pharmacist. As for the doctor, of course his role is also important, especially in light of the number of switches. A lot of products that used to be prescription-only are now being sold freely. There the doctor has an important role to play in passing on information to the patient. Of course everything relating to drug interactions should be pointed out by the doctor. He has a list of all the medicines a patient is taking and understands how they will interact.

HERTEN:

I completely agree on the role of pharmacists and doctors in informing the patient but I also think that we as pharmaceutical industry have an important role to play. We have to admit that we discovered this role relatively late. Only since about ten years do we see the users of our products (both prescription and OTC) as persons with whom we have to communicate. We still have some way to go but I hope we will soon catch up.

Vote on Issue number one: The informed consumer will threaten the traditional counselling roles of doctors and pharmacists

Selection	Count	Percent
Strongly disagree	28	10.9
Disagree	85	33.2
Don't know	7	2.7
Agree	97	37.9
Strongly agree	39	15.2
Total	256	100.0

BANCHI:

The results are more or less equally divided.

Issue number two: To hold their position in the face of consumers' ability to shop online for OTC medicines, pharmacists will have to improve access to OTC medicines

In many countries medicines are not in front of but behind the counter, meaning that consumers cannot see or touch them. The question is whether electronic commerce might push pharmacists to improve accessibility to OTC medicines.

I would now like to ask Mr Kita for some comments in light of the recent changes in the distribution system. We heard yesterday from Mr. Sato in his presentation about the new regulation allowing certain OTC medicines, such as some vitamin and mineral products, to be sold in any outlet. How has this been accepted by consumers in Japan and what are the consequences on the presentation of OTC medicines in pharmacies?

KITA:

Consumer research has shown that Japanese consumers perceive the change in a very positive way. Eighty-six per cent of the population has recognised that a change took place, and indeed almost three-quarters of the population think that this move was good. We hope that the pharmacists are taking this move as a new challenge in order to intensify their profile in the area of self-medication, and to look carefully at appropriate counselling as well as presentation of OTC medicines.

KIELGAST:

I do not know whether accessibility is the right word but at least I can state that I believe that the pharmacist is the most accessible of all healthcare professionals. You can walk in from the street without a prior appointment and see a health professional, normally without much waiting time. Maybe what you mean is that you want to see the products more visible in the pharmacy and if that is the case I do not see any major obstacles.

I do not think that pharmacists themselves have created the environment. In many countries, there is a legal barrier and the only approach is to lobby to have these barriers broken down. I have no objections to that and do not think that it will safeguard the pharmacists' monopoly just to put products behind a counter. What I do not want, however, is to see our professional integrity threatened and challenged. We want to protect our professional integrity and do not want to promote excessive use of medicines. Therefore I am very pleased that the WSMI and FIP yesterday signed a joint statement where we agree on this issue.

Concerning visibility, why do medicine displays necessarily have to be so boring? It is as though your marketing department personnel had more intensely been visiting Soviet department stores in the 1950s to get inspiration when wanting to display medicines. This can be done in a more sophisticated and innovative way today and I would welcome a dialogue on this issue. I think the pharmacy is well suited to display medicines in a professional way.

DEBOYSER:

I do not think consumers shop online because there is poor access to the pharmacy. I believe they shop online for product they cannot find in the pharmacy because they are not legally available in the pharmacy. They shopped for Viagra® when this was not yet authorised, they shop for melatonin because it is not available, for high-dose vitamins because they are not allowed in Europe, etc. I do not think the pharmacists can do very much about that. It is very much about consumers trying to get access to products not legally offered to them in the country where they live.

BANCHI:

That is maybe true today, but if you look at the projections, I think that online shopping will occur not only for products that are not available but also for those that are available if the pharmacy is not able to provide the famous added value.

When discussing accessibility with pharmacists, there is always this idea that if the consumer has direct access to the medicine, the pharmacist may lose some of his professional role. For me this is not the case. If I could touch the product in the pharmacy and read the label to get some information, I would then turn to the pharmacist if I needed more information.

Concerning lobbying to get legal barriers lifted, if we lobby but the pharmacists do not lobby with us, the lobbying is not going to be successful. So we have to lobby together, and in order to do this we have to be convinced together that this is what we all want.

GEZZI:

It seems to me that the lobbying of pharmacists in many countries is still rather discreet. On the part of the pharmacists there is a certain hesitation about this evolu-

tion. Within the global framework of information and communication policies, we may see openings to promote self-medication through this type of programmes. However, I have a very modest confidence in the lobbying potential of the pharmacy community.

HERTEN:

Just a few comments on what Mr Kielgast just said. I am sure that in most countries pharmacists are very accessible but I know at least one country where you definitely have to make an appointment in order to see a pharmacist and that is Holland. With regard to overconsumption, I am sure that industry is also in agreement that this should be avoided. However, I must admit I would like to see the sales graph going up a little faster.

Regarding displays, I tend to agree with Mr Kielgast that they are dull but we are often limited by regulations from making them a bit sexier.

GRAHAM:

In my country, pharmacists do not lobby discreetly. They are probably the most protected industry in Australia and have the highest subsidy from government. One of the reasons consumers go through other means to get medicines is sheer cost. Although they pay directly themselves, at least they are not subsidising an intermediary who is not adding value. Another problem we have is that while the pharmacist may be accessible, he may not be visible because you have to get through the teddy bears, the teas and the cosmetics to find that he actually has a core business called medicines and medicine information. Consumers, at least in my country, are not getting the added value so we may as well go elsewhere and save our money.

HUMAN:

Just a word of caution on behalf of the patient community. The implication of this question is that the pharmacist should use better promotional and marketing methods for OTC medicines so as not to lose market share because of the online shopping of non-prescription medicines. The concern I would have on behalf of the physicians is that it is almost dehumanising. The consumer is the patient and I would like to say in solidarity with the pharmacists that the healthcare professionals are there to help the patients make informed choices in terms of the appropriate use of medication. It is less about market share. I know your bottom lines are judged by that, but we are still dealing with patients. If this whole process does not answer the key question "Is this in the best interest of the patient?" then we are on the wrong track.

BANCHI:

I believe we can all agree on that statement. In my opinion it is not so much a question of market share but

more of the complementary information which surrounds the promotion of a medicine. When a good is advertised and the consumer can then see it at the point of purchase, this is of tremendous help for the choice of the consumer. This also applies to OTC medicines. The only difference is that you buy them at the pharmacy and that the pharmacist is there to be asked further questions. Or you ask your doctor. For the rest, the mechanism is the same. If we cut the accessibility of the medicines because it is not visible and accessible, we cut out a big part of the information. This is the concept we are trying to promote, which has nothing to do with market share itself.

GRAHAM:

If the patient is such an issue, why is it that we experience competition between doctors and pharmacists? We feel like the bone the dogs are chewing over. Who should give the information? Where should we go for it? At least in Australia, there are really strong demarcation disputes going on. We have been promoting, as consumers, the issue of reviewing medications. The great risk is with people who are taking five or more medications: the elderly people who have been discharged from hospital on a generic brand, who have got the other one at home and are mixing the two and so on. We have amazing disputes between the medical and the pharmacy professions as to who has the right to review our medicines. So the professions actually have got to get their act together to focus on patient care and only then can we ask the industry to be concerned about that as well.

GEZZI:

As for medicine display, of course an important component of this is the labels and leaflets. The leaflets have to be easily comprehensible for the consumer. That is something industry is working on in different countries, including the Labelling Dialogue Group. Easily understandable labels and leaflets must accompany access to the medicine.

KIELGAST:

In times of change, battles of turf are almost unavoidable. However, we cannot make the patient a battlefield. It takes time to have roles clearly defined. Doctors and pharmacists of course need to work together and this dialogue is ongoing. I do not think this would be a major obstacle to providing a better service to patients in the future. No one profession has a monopoly on informing the patient.

I would also like to take up the challenge of lobbying together with industry. If you see the pharmacist as the front line of your marketing department, then it will be a long-term commitment. There are of course some concerns among pharmacists. They have too often seen that when they do a good job in endorsing a high-quality product, this product is then pulled out of the pharmacy and mass merchandised. Mass merchandising does not go

with medicines, so we have to find a common ground for working together in making the medicines more visible. It is not the same thing to distribute medicines or diapers.

Vote on Issue number two: To hold their position in the face of consumers' ability to shop online for OTC medicines, pharmacists will have to improve access to OTC medicines

Selection	Count	Percent
Strongly disagree	11	4.2
Disagree	47	18.0
Don't know	15	5.7
Agree	101	38.7
Strongly agree	87	33.3
Total	261	100.0

Issue number three: Labels, package inserts / leaflets, educational campaigns etc. are better than brand advertising as a means of conveying information on the correct use of medicines

BANCHI:

I would first like to ask Mr Herten to explain what industry is doing in Belgium.

HERTEN:

What is the AGIM?

General Association of the Pharmaceutical Industry in Belgium

151 members

Research, production, import and marketing of medicinal products for human and veterinary use and in-vitro diagnostics

I am going to explain an educational programme. In Belgium, advertising for OTC medicines has been allowed for some time but under very strict conditions. One of these conditions is that each television advertisement should run with four written statements.

- This is a medicine
- Contact your pharmacist for information
- Do not use the medicine for a long time without medical advice
- Read the label or the package insert carefully.

OTC Division

Non-prescription medicines

39 member companies

OTC products

Medicines

Registered

Available only at pharmacies

Without doctor's prescription

Information and advertising to the public

Paid by the patient

For the treatment or prevention of mild, temporary ailments or symptoms

The television advertising aspect

1995 Royal Decree

Television advertising is authorised

Subject to very strict conditions

Prior approval

Medicinal Product Advertising Control Committee

Compulsory mention of four messages

Background

March 1996

Idea of creating a logo

Four messages

This is a medicinal product

No prolonged use without medical advice

It is important to read the leaflet

Ask your pharmacist for advice

Background

Competition in schools for graphic art

100 projects

Panel of judges

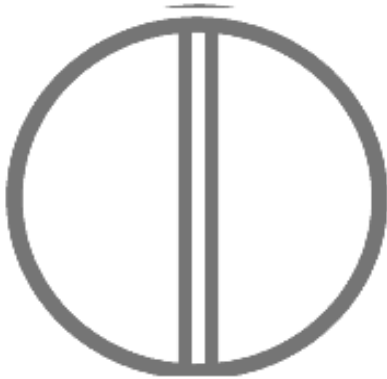
Choice of a logo



Eye = leaflet



Mouth = the doctor



Form = the medicinal product



Green cross = the pharmacist

Background

Minister of Health - March 1997

“There is a problem on television, as the advertisements are very short. These messages are often almost illegible or flash past very quickly.

We are trying to devise a logo for use in communicating with the general public which can replace the information required under Article 8.”

Information campaign

Minister for Health

General Inspection for Pharmaceutical Products

Medicinal Product Advertising Control Committee

Doctors' Associations

Pharmacists' Associations

Medical and pharmaceutical press

General public

Aims of the information campaign

Inform the general public of what the logo means

Make it known that it will replace the current basic formulation in TV spots

To start with, present the information required by law and the logo together



Le médicament et son bon usage

manuel de l'enseignant



Apprenez par le jeu.
Introduction. Justification de l'auto-médication.
A savoir: comprendre les médicaments et à bien les utiliser.

Parce que votre mission dépasse l'écriture et le calcul

une initiative de Recherche LEU

Aims of the information campaign

At a later stage, use the logo in all information and advertising materials

Promote the proper use of the medicinal product

Information campaign: communication plan

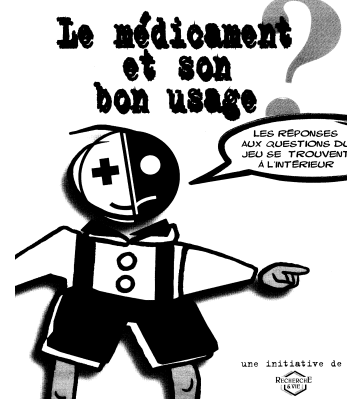
The public

Press conference

Radio and television
Daily newspapers
Magazines

Information campaign on television (spot)

Explain the logo
Stress the emphasis on proper use of medicinal products



Information campaign: communication plan

Information leaflets and posters

In the pharmacy

In the doctor's waiting room

Via the associations representing the health care partners

Via the patients' associations

This campaign should result in having these warnings replaced by the logo, hopefully by the end of 1999.

BANCHI:

Now we move from Europe to the Americas. Mr Gezzi will show us what he is doing in Argentina, which may have several outcomes. We are most interested in information to the consumer, and this is quite an interesting approach.

GEZZI:

[Commenting on the videos shown]

You have seen shots from four different TV programmes where experts talk to a broad public about the effects of OTC products. Basically they involve pharma-

ceutical questions, self-medication, free sale, etc. They cover everything that goes on in that market and there is another programme called "Health in the new millennium", which covers what is happening in the Americas including North America and relates to quality of life. We have about two million people watching each week. These programmes enable people to follow the opinion of world leaders.

This is a video of an interview with an international context where we see Dr Brundtland discussing what is happening in Asia, Europe, Latin America, the United States, Africa, and Australia. The idea is to address information to different target groups and to different players concerned with the healthcare process. We hear from doctors and pharmacists, leaders of professional associations, national and international government officials.

The idea is that the Latin American consumer should be able to get information from these different decision-makers, including the companies selling medicines in Latin America. We think that consumers have to cope with so much information and that it is important to address our information to an informed consumer. This enables him to orientate the information he receives.

People call in very frequently to express their interest in the programmes and to ask for more information, for instance about new products. Usually we are addressing the consumers of OTC products, but sometimes we also address a wider public.

BANCHI:

From America we move to Japan, and I would like to ask Mr Kita whether the recent Japanese developments with regard to distribution provide additional challenges to the industry to supply appropriate information to consumers on OTC medicines, or whether it is felt by consumers and pharmacists that the label / leaflet information is sufficient? Do consumers continue to consult the pharmacists for additional information?

KITA:

According to the consumer survey carried out by PAJ, drug information contained in the current labelling and package inserts does not sufficiently inform consumers. Most consumers complained that the current labelling and package insert were difficult to read and difficult to understand. In order to improve this situation and to respond to the needs of consumers, a working group (composed of PAJ members and some specialists in various fields) was set up some time ago by the Ministry of Health and Welfare. The working group examined the ideal way of informing the consumer for two years now.

As a result of this group's study, a new guideline will propose that package inserts become more practical and simple. Items of great priority are proposed to be moved higher up and ambiguous expressions will be deleted. As for the package labelling, contraindications should be indicated. This is considered to be very useful to help consumers choose at the time of purchase.

The new guideline for package insert and labelling will be notified at the end of this month by the Ministry of Health and Welfare.

KIELGAST:

I most certain agree with Mr Kita but there is no simple solution to it. There were those who saw as potential outcome that pharmacists would become redundant when package inserts, leaflets and brochures were introduced. On the contrary, although these items are today mostly written in consumer-understandable language and at least in developed countries the population is literate, people are not able to interpret and even lay language can be difficult to interpret.

I am daily confronted with situations where patients are being alarmed rather than helped by the package insert. This does not mean that these inserts are not good – they are definitely a step forward – but they often need interpretation by a healthcare professional. Particularly the side effects, which are often emphasised by industry for legal reasons, result in alarm for the patient. It sometimes takes us pharmacists quite some time to convince the patient that it is safe to use a particular medication.

DEBOYSER:

I think the campaigns shown this morning look very well prepared and I would certainly not underestimate the importance of advertising in consumer information. However, when it comes to the correct use of medicines, it is in my view the package insert and the educational campaigns which do the job, not the advertising.

HUMAN:

We would also strongly agree that the first method of intelligently done and easily understandable labels and package inserts is much better than brand advertising in informing consumers. There is a difference between an informed choice and an emotional choice.

GRAHAM:

It seems to me that brand advertising will always be about promoting a product. Whilst the initiatives to wrap it around with sufficient warnings and information are to be applauded, once you have opened the floodgates to this sort of promotion the advertisers can always get around the details. Often all the information that needs to be shown is technically there but is difficult for the consumer to take in or actually use it.

Information leaflets on the other hand still only have to be seen as a tool to providing information to consumers. We in Australia and others all over the world are working on altering the way in which information is written to consumers in order to really address the questions that consumers ask and facilitate them acting on those questions. The written material is tested against

how people would behave, for instance, what would people have to do if they missed a tablet. Writing the information in a way that has been market tested to see that it can affect behaviour is really important. However, it ought never to be seen as an end in itself. I agree that it is then a resource that consumers, with professionals, can use to discuss the issues of concern.

At the moment, the consumer leaflets are being seen as another threat to the professionals. They see them as taking over their information role. They tell us for instance that the information leaflets are too long. We then go back to the community and ask them what information they would like to see dropped. The only response we get is that men would not mind if the information about pregnancy was dropped and women would not mind if the prostate information was left out. Apart from that, consumers want all the other information.

What the professionals are really saying is that this is really a challenge for them to come to grips with the information. The side effect of having well-written patient information is that general practitioners now have access to information they can understand about the product.

Vote on Issue number three: Labels, package inserts / leaflets, educational campaigns etc. are better than brand advertising as a means of conveying information on the correct use of medicines

Selection	Count	Percent
Strongly disagree	21	8.2
Disagree	37	14.4
Don't know	11	4.3
Agree	106	41.2
Strongly agree	82	31.9
Total	257	100.0

BANCHI:

Once again, we have a quite wide consensus, reflecting the consensus in the panel.

Issue number four: Information technology is an opportunity for health professionals to better and more intensively promote self-medication

BANCHI:

In other words, how can the professions take advantage of information technology. We have an example to show you here, the Tesemed kiosk. This is an initiative carried out with the participation of AESGP and PGEU in the United Kingdom and Spain, and testing will soon be

extended to Italy and Finland. Tesemed stands for **Telematics in community pharmacies for responsible self-medication**. It is basically an electronic kiosk with a touch screen that is placed in a pharmacy and contains general information on health. The consumer can consult it and receive information on a range of issues, including symptoms and minor ailments suitable for self-medication, together with the particular products available in his country to treat these ailments.

This is a way of having on-screen accessibility rather than actually touching the packages on the shelf. This is an example of how information technology could help professions to develop themselves further towards providing better support to self-medication. This is an example from the pharmacy, but something similar could be placed in the waiting rooms of doctors and hospitals.

HUMAN:

I would like to re-emphasise the common denominator of all the different sectors and disciplines represented in this room, and that is that we are all working for the best interests of the patient. If that is true, let us take the example of the 8-year old surfing the Internet and being capable of ordering paracetamol tablets over the Internet. If we take the scenario to its full implication, and he uses more than 15 or 20 paracetamol and dies of liver necrosis, this is really what we have to ask ourselves. The key question is will information technology empower the patient in a safe manner yes or no.

This being said, for our professions it would probably be an excellent opportunity to help promote responsible promotion of health amongst our patients. I would be reluctant to say that this is an opportunity to promote self-medication products *per se*, but I think responsible promotion of health would most certainly feature within our mission statements.

KIELGAST:

Information technology will be there anyway, but I agree with Dr Human that a lot of wild cards are being played in this field. As of today I have not yet seen any reliable information. At best it has been fair promotion, but really educational material I have not seen as accessible. I have also had these devices in my pharmacy but they definitely have their limits for the moment and are not yet sufficiently developed.

GRAHAM:

When mankind first started scribbling hieroglyphs on bits of slate, there was an anxiety that information was getting away from people and the wise men would no longer be in control. With each new technology that has been developed, the wise men have captured and controlled it and limited its access in one way or another to the public at large. I suspect that there is a capacity to do that with the current technology if only because at this stage it is accessible to some proportion of the population and not to others, and in some countries and not others.

However, I think there is terrific potential for putting together – cooperatively between professions and the industry and health practitioners and the public health interests and consumer – the sorts of sets of materials that could be a reliable resource for professionals to assist consumers in making choices between prescription and non-prescription medicines and between non-prescription medicines and lifestyle changes. The issues are then about the interests of the people producing the material, because that needs to be transparent. The extent to which that can be done in a shared way would add to the transparency and accountability of the information. Professionals need to have reassurance that the information is reliable. As there is a lot of distrust from professionals about industry-produced information, sharing the responsibility between the different stakeholders for the production of information and having some system for recognising its standing (e.g. using a logo as some sort of stamp of approval because it has gone through an accountable process), will start to help all of us sort out the difference between the mass of information out there and the material we can all find useful in the promotion of health.

BANCHI:

Speaking on behalf of industry, I totally agree with you that we should work together on this. There is tremendous potential, and if we do not do anything, it will come in the wrong way. It is perhaps better if we drive the process rather than being driven.

Vote on Issue number four: Information technology is an opportunity for health professionals to better and more intensively promote self-medication		
Selection	Count	Percent
Strongly disagree	12	4.6
Disagree	30	11.5
Don't know	17	6.5
Agree	131	50.2
Strongly agree	71	27.2
Total	261	100.0

BANCHI:

It seems there is “warm” agreement on this issue. The next issue is:

Issue number five: National regulations and the “nanny state” approach are an anachronism in today’s global environment

BANCHI:

These are two different issues which are not linked together. One thing are the national regulations vis-à-vis the global environment, the other is that certain states have this “nanny approach” more than other ones, i.e. they have problems to give responsibility to the people.

DEBOYSER:

Commissioner Bangemann made a strong statement yesterday about deregulation, on which I cannot really comment. I believe that not all regulations testify of a “nanny state” approach. I would therefore like to confirm this distinction between the “nanny state” approach and national regulation, which has a special meaning in the European Union suggesting divergent national rules. However, when looking at the United States context, national regulation would indicate FDA regulation, which does not necessarily point to a “nanny state” approach. The latter approach is no doubt an anachronism, especially when it does not take into account global developments.

We still have some of this “nanny state” approach in the EU, including in the regulation of self-medication. Commissioner Bangemann mentioned a couple of issues yesterday, e.g., strict price control for self-medication – you know the view of the European Commission; the fact that products which are switched from prescription-only to OTC status have to use a different brand name – we believe this is an anachronism. However, I would not throw all regulations overboard and I therefore do not feel very comfortable with the issue as it is stated.

BÉNARD:

It seems to me that some national regulations draw on the fact that the social security systems themselves are national and this has applied for a long time. It is most of the weighty functions of the social system. As far as self-medication is concerned, I think we have to distinguish between regulations set up to deal with OTC from everything that applies to compulsory social protection mechanisms. We are going to need some time to realise what we have to separate. I therefore do not think that regulation in this sector is already an anachronism but it is going to become one progressively as we manage to separate out these issues.

GEZZI:

In the case of Latin America, it is true that in some cases we have a rather too voluminous state, but industry can work actively to make sure that advertising is based on ethical codes. For instance, in Argentina we have such a code that is stricter than state regulation. We feel that industry has to take this responsibility. When talking about promoting a product after a switch, obviously there is going to be great consumer interest, and there are ethi-

cal reasons why we have to work with the state and the consumers.

KIELGAST:

I think in most cases regulation is founded on a philosophy of consumer protection. This is not a well-defined thing but the border will move over time. Let me take an example, e.g. the one Dr Bangemann spoke about yesterday. Many countries have not allowed e-commerce and distance selling for medicines. We all know that – whether legal or not – it takes place and will probably spread. We saw that when the regulatory bodies were too slow in approving Viagra® and Viagra became readily available over the net. E-commerce is probably not very suitable in self-medication – you don't want to wait for the postman to arrive when you have a headache or a cough – but in those countries where it exists it has taken a share of the prescription market. This did not happen because the consumer wanted it but rather because the third-party payers and the employers who footed the bill wanted it to happen, not the consumer and not the patient.

I can understand that Dr Bangemann was impressed at the mail order facility he had seen in Switzerland. This is no doubt a professional operation. However, the average customer I see in my pharmacy does not belong to the category of the rich and the beautiful – those with total freedom of action – the intellectually well-endowed who are satisfied with a leaflet and a mail-order system. The average consumer that comes to my pharmacy is one who needs to see a pharmacist. If there is a category that is nowadays obliged to go to a pharmacy because of the “nanny state” approach, then it would be better to abolish this approach. I would rather only have those customers wanting to come to the pharmacy out of their own free will. There should therefore perhaps be an alternative for those who are fit.

The problem is that price very often becomes an issue and those who can the least afford to shop in the pharmacy or some alternative would be those who are not fit to use the alternative system. So there is a need for some consumer protection.

HUMAN:

This is an exceptionally important question, specifically because it highlights the different cultures and systems in the world. When looking at the African continent, one might have literacy rates of less than 50%. It therefore depends on the country whether one would want more or less regulations to protect the patient. Because the World Self-Medication Industry is dedicated to that, it is perhaps an important moment to join hands together and call for global quality standards on information, customised to different cultures and different countries, and also to try to make more consistent the differences between prescription-only and non-prescription medicines in different countries. Your markets might be more in the developed world.

For physicians working all over the world, you see the major differences that when you live and work in one country, a self-medication medicine is a prescription

medicines whereas in country Y it might be completely different. We can therefore together call for global quality standards and then abolish the “nanny state”.

Vote on Issue number five: National regulations and the “nanny state” approach are an anachronism in today’s global environment		
Selection	Count	Percent
Strongly disagree	28	10.8
Disagree	66	25.4
Don’t know	16	6.1
Agree	96	36.9
Strongly agree	54	20.8
Total	260	100.0

BANCHI:

Here the votes were more divided, with a majority tending towards agreement.

Issue number six: Who has the most to gain from electronic commerce?

DEBOYSER:

I believe consumers have the most to gain from electronic commerce. It increases choice. For the moment and for the foreseeable future at least not all consumers have access to e-commerce. However, to the extent that they do have access and once most consumers will have access, I believe they have most to gain.

HERTEN:

I completely agree. Of course, the seller stands to gain as well but there is most to gain for consumers.

GEZZI:

I believe it is the consumers who benefit most, in so far as they have access.

HUMAN:

I would agree that both manufacturers and consumers would gain, but all manufacturers would gain whereas not all consumers would.

BANCHI:

Without seeing the outcome of the vote, we move to the next question.

Issue number seven: Who has the most to lose from electronic commerce?

GRAHAM:

I think the discussion during the last question assumed that this was a question about access and whether consumers having access to electronic commerce will improve their access to the things that are offered by electronic commerce.

First, there is no suggestion that everyone will have that access, and second, I think in the area of medicines we are not just simply talking about access to the market. I hope we are talking about access versus cost. There is no indication to me at this stage that there are going to be great gains for consumers cost-wise if there is no visible competitive market. And, more importantly, if we are interested in the quality use of medicines, the ultimate question is: "Are consumers going to gain through the economic trade by having sufficient information to make choices and sufficient support to use the medicines they purchase in an appropriate way, with the appropriate time and doses, etc?" In a certain way, electronic commerce or pharmacists or doctors each currently pose risks for the consumers as I do not believe we have achieved a setting in which consumers can be assured of the support we need to use medicines in a quality way.

So I do not think there is a "yes" or "no" answer to either of these questions. However, there is a real challenge about selling medicines as distinct from selling soap powders – whether we are doing it through electronic commerce or over-the-counter – and that is what goes with the medicine, so that there is the sale of a process rather than a product.

BÉNARD:

It seems to me that as far as the authorities are concerned, we are not looking at "losing" because a public authority does not have ... as a task. The distribution channels might evolve around electronic commerce, and in many countries the health authorities play a part in regulating how these distribution channels can be designed. So there will be a shift that will lead to perhaps a slight imbalance for a while and some problems to overcome. There is an information aspect too because through electronic commerce we will also get information across to consumers. These are questions that we addressed earlier at the meeting and of course health authorities like to check up on what is happening in terms of information. How they are going to exercise that monitoring function from the legal point of view, who is going to be responsible for any infringements with regards to information, all

this is going to raise questions which will have to be looked at legally. These are sensitive issues which will have to relate to other fields of law. Certainly, there is plenty of food for thought for the health authorities.

HERTEN:

I am not sure that all manufacturers are going to gain from electronic commerce because some of them will miss the boat and will not be up to date. Even more importantly, with some local regulations not yet being globally accepted, it might be that some local companies are going to be penalised because they cannot do what companies across the border can do.

BANCHI:

I think that in the mind of many of us the answer is already implicit that the pharmacist is going to lose. Is that correct?

KIELGAST:

I do not feel that I am representing a group of losers here! As I stated earlier on, I do not doubt that electronic commerce will be one of the options for the future and that one had better adapt to that situation. I am convinced that the pharmacist is competitive. The potential losers here are the consumers that wrongly use a medicine because it is not seriously regulated, or the manufacturers that will have their image damaged by selling in a less appropriate way. Medicines are not staples. However, I do not object to the evolution in electronic commerce in any way. The consumer has the right to use it.

Vote on Issue number six: Who has the most to gain from electronic commerce?

Selection	Count	Percent
Manufacturers	110	40.1
Pharmacists	10	3.6
Doctors	2	0.7
Health authorities	6	2.2
Consumers	146	53.3
Total	274	100.0

Vote on Issue number seven: Who has the most to lose from electronic commerce?

Selection	Count	Percent
Manufacturers	18	6.8
Pharmacists	146	55.1
Doctors	12	4.5
Health authorities	28	10.6
Consumers	61	23.0
Total	265	100.0

Selection	Count	Percent
Strongly disagree	21	8.3
Disagree	63	24.8
Don't know	15	5.9
Agree	116	45.7
Strongly agree	39	15.4
Total	254	100.0

BANCHI:

On issue number six, the winners are manufacturers and consumers. On issue number seven, pharmacists first and consumers second could be the losers according to the audience. We now go to the final issue.

Issue number eight: Consumers will use information technology to access information and control their own healthcare, consulting professionals much less often

This is a straight quote from an editorial in the British Medical Journal. As this is self-explanatory, I do not think that we should even discuss this and propose to vote directly on this issue and see whether the answers are consistent with what has preceded.

Vote on Issue number eight: Consumers will use information technology to access information and control their own healthcare, consulting professionals much less often

BANCHI:

It seems there is a certain majority in favour of agreement on this issue, which also reflects in a certain way what we have been discussing this morning. This of course does not say anything about quality but only about quantity of information. We should perhaps all try to deliver less quantity but more quality in information.

HERTEN:

I do not agree that this will happen. It may trigger even more questions from consumers to healthcare professionals, be they pharmacists or doctors.

BANCHI:

In conclusion, I would like to say that yesterday in one of the presentations there was a strong emphasis on the word "self". For me this goes together with responsibility and self-confidence. I believe that we all should be self-confident that we can do things in the best interest of the consumer without jeopardising the role of any of us. On the contrary, if we all have this confidence in ourselves we can then work together. This word "together" is really inevitable. We should decide together where we want to go, but to do so we have to overcome some fears or some biases. In this sense, we should all be responsible. The consumer will be responsible only if we ourselves can be responsible for the decisions we are going to take and for the attitude we are going to show vis-à-vis the issue of electronic commerce. Only then can we really gain the consumer's confidence.

