

ADVERTISING IN RELATION TO THE PRACTICE OF MEDICINE

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This article consists mainly of a selection from the ethical decisions of the Council of the British Medical Association and the views of other leading authorities published in *Medical Ethics*,¹ edited by Maurice Davidson, M.D. (Oxon), F.R.C.P. (Lond.).

The following is a widely accepted definition of advertising: 'Any procedure under which publicity may obtain for a particular medical man an unfair advantage over his professional brethren is advertising'.

In the opinion of the Council of the British Medical Association the word 'advertising' must be taken in its broadest sense to include all those ways by which a person is made publicly known, either through his own action or through action taken by others without objection on his part, in a manner which can fairly be regarded as being for the purpose of obtaining patients, or promoting his own professional advantage, or as appearing to be for these purposes.

From the earliest times medical men have been concerned with problems of behaviour among themselves and between themselves and the public. Two thousand years ago Hippocrates, the 'Father of Medicine', advised medical men 'to avoid adopting, in order to gain a patient, luxurious headgear and elaborate perfume', and taught that medical men who advertise their prowess cheapen themselves and their profession by adopting the ways of what he called 'the business of the market-place'.

A professional code of conduct is not immutable. It must be adjusted to the changing concepts of the times. This implies not a lowering of standards, but that, from time to time a profession must review its code to adjust it to the age, leaving intact those fundamental standards of moral integrity which are the basis of all professional practice.

During past centuries the profession of medicine has continued to review its code, but in the light of experience it has hardened rather than relaxed its attitude towards advertising. The introduction of radio and television has emphasized the importance of adhering to its ethical rules in relation to advertising.

In 1934 the General Medical Council of Great Britain, while expressing no views on the desirability of broadcasting on medical or public-health subjects, stated that 'in the public interest registered medical practitioners should broadcast anonymously'. The policy of the British Medical Association is the same. It stated in 1953 that unless a practitioner insists on anonymity he is offending against the ethical principles of his profession and placing himself in danger of being accused of violating the Warning Notice of the General Medical Council and exposing himself to the risk of having his name struck off the Medical Register.

A further example of how the profession continues to review its code is found in the declaration of the Council of the British Medical Association on the subject of broadcasting by full-time officials and others not in private practice. In the past it had been held that a whole-time public health official, or a whole-time clinical professor, could address the public under his own name without detriment to his colleagues or the public. In 1956, after an exhaustive examination of the matter, the Council stated that it was firmly of the opinion that a medical man, whatever the nature of his employment, may, by broadcasting under his own name, gain an unfair professional advantage, and by so doing may act contrary to the public interest. Experience had shown that a whole-time medical officer of health who had broadcast under his own name, would by this publicity gain an unfair professional advantage over his colleagues in competition for public appointments made by lay health authorities; and that the whole-time clinician might gain a similar advantage in the competition for appointments or by resigning from his appointment and entering private practice.

In its report on indirect methods of advertising, recently sent by the Council of the British Medical Association to all members in the UK, it was stated that it was the recognized duty of a medical man as a citizen to take his share in public life, and to hold public office should he so desire, but it was essential that he should not use his public office as a means of advertising himself as a doctor.

In South Africa both the medical and dental professions have questioned the propriety of the use by clinical professors or ex-

professors of universities of the title 'professor' while in active competitive private practice. The Federal Council of the Medical Association of South Africa has resolved that the title 'professor' should only be retained by the retired occupant of a chair at a university if he has retired from the active practice of his profession. The resolution of the Dental Association of South Africa reads as follows: 'As the use of the title "professor" in private practice could react to the advantage of the practitioner concerned, the Association is entirely opposed to a practitioner holding a professorial appointment using such title in his private practice'.

While recognizing that public education on selected health matters is eminently desirable, the British Medical Association advises its members, approached for this purpose, to insist on anonymity. They also suggest that there is a special duty upon practitioners of established position and authority to observe the ethical rules of the profession, for their example must necessarily influence the actions of their less recognized colleagues. After making all allowances for those methods of publicity for which there may be some justification, there remain many instances which may be regarded as objectionable. The British Medical Association is convinced that in taking up an attitude of determined opposition to undesirable methods of publicity it is acting in the best interests of the public as well as of the medical profession.

Advertising by the profession in general would certainly destroy those traditions of dignity and self-respect which have helped to give the medical profession its high status. The British Medical Association therefore draws the attention of the profession to the dangers of these objectionable methods, and stresses the need for every member of the profession to offer a firm resistance to them.

The British lay press described the warning from the British Medical Association, which was sent out to 60,000 doctors, as the 'stiffest ever'. It is interpreted to mean that when new medical advances are made, or new types of surgery performed, those responsible must remain anonymous. It will be taboo in future for surgeons on the Council of a Royal College to appear on television, as they have in the past, to raise funds for their College. Neither will there be any more press conferences about doctors and surgeons going abroad to demonstrate their methods to foreign doctors.

It is generally accepted by the profession that a medical man gains his reputation for excellence in this or that respect before the bar of professional judgment, and by publishing articles in the medical press or books on his work, to be read and criticized by his colleagues and peers. A shopkeeper can advertise; the doctor cannot do so, for no advertisement can be wholly honest, and the implied suggestion that the advertiser is offering something better than his professional colleagues is an offence against the spirit of mutual trust and forbearance that should prevail among the members of a profession.

The lay public is deeply interested in medical matters, and it is recognized that education of the public on selected health subjects is desirable. In order that authoritative addresses may be delivered by suitable medical practitioners the recognized procedure is for application to be made to the local Branch of the Medical Association, which will guarantee the authenticity of the individual approached to give the information required. The danger when an approach is made by the non-medical public direct to an individual doctor is that they are not in a position to assess whether that individual can talk with authority on the subject upon which information is required. Reliable information on public-health matters may also be obtained from those newspapers which employ responsible doctors as their medical correspondents. According to the traditions of these journals, the correspondents remain anonymous. The authority of the paper is the guarantee.

The question of medical advertising was recently dealt with in a leading article in the *British Medical Journal*² entitled 'Behaviour of the market-place', in which reference was made to a lecture entitled 'Profession or business?' delivered by Prof. J. Howard Means³ at Harvard Medical School. Both of these stress the

danger that faces the profession today from undesirable methods of publicity. Professor Means stated: 'Medicine is showing an alarming tendency to slip from the plane of a profession into the behaviour-pattern of the market-place', and 'Organized medicine should abide corporately by its code of ethics as assiduously as it expects its individual members to do. Any double standard in this regard is intolerable'. He sees the great danger of the mass media (radio, etc.) to the doctor who is pushed into public writing or speaking by the institutions with which he is associated—hospitals, medical schools and so forth—which have money-raising campaigns under way and want to glamorize what they are doing for the advancement of medical science. He recognizes that some of the material used by the mass media for public education are excellent, but adds that some 'are dreadful'.

It appears to me that in South Africa we are solemnly pledged by the Declaration of Geneva and the International Code of Medical Ethics of the World Medical Association to maintain

by all the means in our power the honour and noble traditions of the medical profession; and further that a special duty has been imposed upon the leaders of our profession, and especially members of the Medical Council, to take strong and positive action against any undesirable methods which may undermine the traditional ethics of medical practice. In the judgment, given in the Supreme Court of South Africa in the Groenewald case, the following appears: 'They (referring to members of the Medical and Dental Council) are the custodians of the honour and rectitude of the profession. It is left to them to say to what standard of honour the members of the profession should conform, and much depends on their opinion whether the standard of personal and professional honour of its members is a high one or not'.

REFERENCES

1. Davidson, M. (1957): *Medical Ethics*. London: Lloyd-Luke.
2. Editorial (1959): *Brit. Med. J.*, 2, 937.
3. Means, J. H. (1959): *New Engl. J. Med.*, 261, 791.