

Contributed by John F. Kamp

NO GOOD DEED GOES UNPUNISHED

The biggest changes in our industry in this decade may well be influenced more by Washington, than the great discoveries from our research labs, the mergers of once much smaller players, and the aging of baby boomers.

Pharmaceutical companies are right when they do all they can in Washington to refocus the debate on government reimbursement of drugs to a full-scale reassessment of the Medicare program. Without wholesale reform of the system, its cost may skyrocket out of control, and we baby boomers may reach our elderly years in a system that looks and works more like the old post office than our current hospitals and clinics.

Unfortunately, the Washington focus these days is more on the increasing costs of drugs than on the need to increase efficiency in the entire system. That's because drug costs right now are rising faster than other costs.

Washington often focuses on what's moving fastest, what's most apparent to voters, what seems easiest to fix. Long-term fixes are harder when most policy makers have two-year terms of office, others four, at the most six.

Indeed, an old Washington maxim seems apt here: No good deed goes unpunished.

One of the best kept secrets in America is that pharmaceuticals have been and continue to be our best bargain. Drug costs are still under 10% of our total spend in healthcare. Meanwhile, new drugs help us live longer, better lives every day.

Think of it. Only five years ago AIDS was a certain fatal disease. Our hospitals and other treatment centers spent billions treating the opportunistic diseases that plagued its victims. Now AIDS is often a chronic disease. People have lives, and are back to work and play with their loved ones. That's largely because drug companies found near "miracles" in their labs. And, through marketing and other means, drug companies have put those drugs into the hands of people in need.

The antivirals are not free, even though companies are seeking ways to deliver them nearly for free in AIDS ravaged countries, and their price drops in our own.

Indeed, none of the great drug discoveries have been free. But, members of our families continue to have better treatments for allergies, diabetes, arthritis, heart disease, and cancer largely because of the continuing new discoveries. More breakthrough medicines are coming seemingly every day.

Drug research and marketing cost money. U.S. customers bear the bulk of these costs. Washington wants to lessen the burden on citizens for those costs. Fair enough. But official Washington recognizes it doesn't know anything about drug research and is correctly loathe to do anything that would be seen to slow drug development. But does Washington recognize that it doesn't know anything about drug marketing? Maybe, maybe not.

My bet is that official Washington does not know that drug marketing is just as vital to drug delivery as research and development. Washington does not know that drug discovery and manufacturing

does nothing to get critical information into the hands of patients, care givers, and medical professionals.

My bet is that official Washington does not accept the reality that aggressive marketing, the "diffusion of innovation" enabled by drug marketing, gets drugs from the laboratory and manufacturing plants into the hands of doctors and patients. My bet is that Washington does not accept the fact that patient care and drug research will suffer if drug marketing is suppressed.

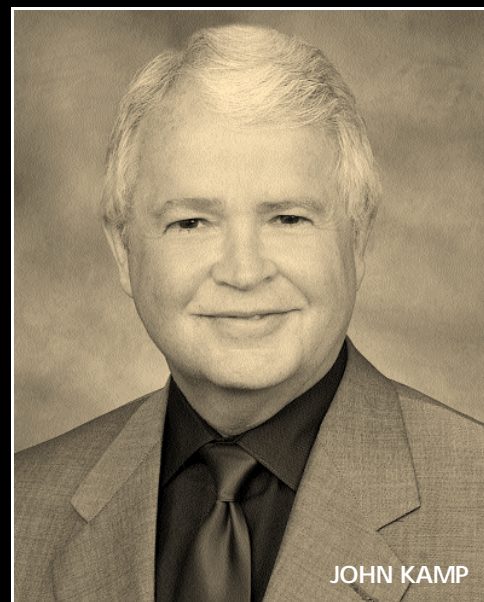
Drug marketing is important. We know that best. And, it's up to us, professional marketers to tell the story to our policy makers in Washington. If you don't believe me, read the trade and general press for the rest of this year and next as the media reports on senate hearings on direct-to-consumer advertising, on Congressional and Inspector General investigations of continuing medical education programs, and on the Food and Drug Administration's continuing oversight of "off-label" promotion.

These proceedings could be ugly. There could be little talk of the value of drug marketing. But, there will be plenty of pointed questions about drug marketing and "over prescribing," there will be plenty of talk about the cost of advertising and other marketing procedures.

If drug marketing debates are mostly about prescription drug costs and how the government should help citizens pay for these products, the interests of our industry will not be fully considered. That would be a pity. Drug costs may be suppressed, but so will drug development and delivery.

Let's not allow the good deeds that drug company researchers have done for our citizens to be punished by government missteps. Let's participate. Let's ensure our citizens and our policy makers know that drugs are the most promising and most efficient way to improve health in America. Let's do our share to explain the value of marketing in the delivery of healthcare. If we don't do it, it may not get done.

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