

## Academic medicine meets Madison Avenue

**T**op academic medical centers appear to be guilty of some of the same advertising practices—such as using emotional appeals and failing to present balanced information—that have earned pharmaceutical ads a bad rap. In a study published in the *Archives of Internal Medicine*, four Dartmouth physician-researchers reviewed 122 newspaper advertisements from the 17 academic medical centers that were named to the *U.S. News & World Report* “Honor Roll” of best hospitals in 2002.

**Concern:** “Many would think that advertising by academic medical centers is just kind of mismatch, so it was interesting to find that almost all of them are doing it,” says the paper’s lead author Robin Larson M.D., M.P.H., an instructor in medicine who just completed a fellowship in outcomes research. And “what’s more interesting, or concerning, is the way that they are doing it.”

Of the 122 ads that the team analyzed, 75 of them used what Larson and her colleagues categorized as emotional appeals. For example, an ad promoting a women’s heart center included the text “Researchers find the leading killer of women to be indifference.” Another read “The [medical center name] restored my eyesight. And my ability to dream.”

Further, 58 of the ads promoted free or inexpensive services that the authors believed were “likely to lead to further business,” such as a free symposium on fertility or complementary health screenings.

Although 36 of the ads simply promoted the hospital and 65 of them promoted groups of related services, such as cancer centers, many pushed cosmetic services and procedures whose benefits remain unproven, such as total-body CT scans.

“When the public sees ads from academic medical centers, I think they really assume that it’s something that’s a good idea and it’s safe or proven,” says Larson. But that may be a false assumption, according to the study. “Of the 21 ads for single services, two pro-

moted a widely accepted procedure (dialysis),” the authors wrote. The remaining 19 single-service advertisements were for “procedures considered cosmetic,” such as Botox injections and LASIK eye surgery; procedures having “limited (or no) efficacy data,” such as deep-brain stimulation and total-body CT scans; or procedures “lacking consensus,” such as prostate-specific antigen (PSA) and digital rectal examination cancer screening tests. (For more on the debate surrounding cancer screening, see page 40.) And only one such ad mentioned potential harms associated with a service.

Although any advertisements that are aimed at recruiting research subjects for clinical trials must first be approved by a medical center’s institutional review board, in order to ensure that their messages are accurate and objective, none of the centers in the study had “a comparable process for advertising to attract patients,” the authors noted in the paper. “Why should patients get less protection than research subjects?” asked Larson and her collaborators—Lisa Schwartz, M.D.; Steven Woloshin M.D.; and H. Gilbert Welch, M.D., M.P.H.

**Assumption:** All four authors are members of the DMS faculty, internists at the VA Medical Center in White River Junction, Vt., and members of the VA Outcomes Group, a collaboration of physician-researchers and fellows who are concerned with how medical information is communicated to the public and who question the assumption that patients always benefit from more care. The same authors also recently published a paper about the effect celebrity endorsements have on the public’s willingness to be screened for cancer (see the facing page).

Although the authors were critical of academic medical center advertising, they did acknowledge the “growing financial challenges” facing such centers, “as providers of a disproportionate amount of care to the poor and uninsured as well as many unprofitable

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**Larson shows samples—on her computer screen and on a tear sheet—of the ads that a recent study analyzed.**

but necessary services.” The reality is that attracting new patients helps academic medical centers stay afloat and fulfills a tremendous public service—providing care regardless of an individual’s ability to pay. DHMC, for example, provided \$87.7 million in uncompensated care in 2004. (Dartmouth-Hitchcock was not included in the study, however; although it’s ranked by *U.S. News & World Report* in several categories, it’s not listed in enough specialties to make the magazine’s “Honor Roll.”)

**Sensitive:** Yet in order to also serve their mission to “improve the health of their communities and the larger society in which they reside,” academic medical centers should focus their advertising on “evidence-based services, or at least those likely to improve overall public health,” the authors of this study contend. Overall, academic medical centers need to be “more sensitive to the conflict of interest between public health and making money,” they assert.

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