

Self-medication industry is determined to expand

Expanding the self-medication industry will empower individuals and free health-care resources, argued participants at the 13th general assembly of the World Self-Medication Industry (Berlin, Germany; June 9–12). Views from doctors, pharmacists, consumers, and regulators were presented.

WHO Director General Gro Harlem Brundtland set out how self care should be discussed in the context of WHO policy. A third of the world's population lacks access to essential drugs, and poverty and illiteracy are still major obstacles to self care, she said.

Self medication can help the management of symptoms that do not require medical consultation. For example, said Brundtland, the industry has an important part to play in helping people to give up smoking.

However, many products are sold without clear health benefit. For example, in Japan bottled nutritive drinks are the top-selling product, accounting for 24% of the ¥960 billion (US\$8130 million) over-the-counter market.

The switching of products from

prescription to non-prescription status has accelerated recently and raises difficult issues that were discussed at a round-table meeting of regulatory officials from all over the world. Two other issues mentioned were the need to educate consumers and that important medicines need to be affordable.

The conclusion drawn from the discussion was that the industry is in a bind over education: companies want to promote their brand-name products, but do little to help consumers make critical comparisons with competing products. Comparative data are generally only available for products that were previously prescription-only. "Hype is sometimes too abundant with non-prescription medicines", said Anders Milton, Chairman of the Council of the World Medical Association (Geneva, Switzerland).

As consumers gain access to a vast range of information about treatments, doctors and pharmacists will no longer be learned intermediaries, but guides to information.

Andrew Herxheimer

MCA reconsiders drug advertising on the web

The Medicines Control Agency (MCA) is reconsidering the whole question of advertising medicines via the internet version of the *British Medical Journal* following concerns about their new initiative to include prescription-only advertising, said a UK Department of Health spokesman on June 15.

Currently, advertising prescription drugs directly to the public is not permitted in the UK, but is allowed in the USA where such methods (see *Lancet* 1999; 353: 921) are seen as contributing to the rise in US expenditure on pharmaceuticals. However, last year the MCA allowed the *BMJ* to advertise prescription-only drugs on their website, despite the site being accessible to the general public. The decision was attacked by the Consumer's Association, which lobbied health ministers: "to ensure that we do not slide into a situation where the pharmaceutical industry has direct and unmanaged links with consumers."

The editor of the *BMJ*, Richard Smith, told *The Lancet* that the *BMJ*'s website, like the print version, is intended for doctors but that it is "inconceivable that you could stop members of public from seeing it".

"A little flickering ad for a drug you don't even know the name of is a world away from a 30 second slot on television, as is seen on television in America", continued Smith, who is hoping to discuss the internet advertising policy with the MCA.

"We think this is different from direct consumer advertising... we think it [the *BMJ* website] is a very rich source of information and we would very much like patients to see it as well as anybody else because we believe very much in patient empowerment. One of the ways we can keep it free, and I don't know if we can in the long run, is by having advertising", said Smith.

Haroon Ashraf

Gulf War syndrome admission in Australia

The Australian government admitted on June 7 that 213 of the country's Gulf War veterans have sought compensation for symptoms which they claim constitute "Gulf War syndrome".

In the Federal Parliament last week, Bruce Scott, Minister for Veteran's Affairs, revealed that of the 1650 Australian military personnel who served in the Gulf, 213 have complained of 490 separate diseases. 140 claims have led to veterans receiving pensions and medical assistance under existing Department of Veteran's Affairs (DVA) schemes, said Scott, in response to written questions from Graham Edwards, a Western Australian Labor party backbencher.

Scott acknowledged that veterans had joint pain and post-traumatic stress disorder. But he denied that they could be described as Gulf War illness. "There is no statement of principles for Gulf War illness. My department has found that all the diseases that have been claimed by these veterans have been covered by diagnoses that do not include Gulf War illness. The department continues to actively monitor the medical literature [see *Lancet* 1999; 353: 169 & 179] and to be involved in scientific discussions on the nature of illnesses in Gulf War veterans."

Edwards says the veterans's symptoms include many of those acknowledged by the US and UK governments to be Gulf War syndrome. "Both the UK and US governments have sought to understand why their veterans are now ill and it is incumbent on this government to show the same quality of care to Australian veterans", he explained.

But David Watts, President of the Australian Gulf War Veteran's Association, says that "the government has not come clean about what they gave us. We had six needles there and more before we left, but we don't know what they were". Watts, who is aged 29 years, is receiving a full DVA pension and has more than 20 symptoms including haemoptysis and burning diarrhoea. He adds that three veterans have already died of cancer and another of motor-neurone disease.

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