



# Only Your Doctor Can Diagnose Your Problems – Not Any More!

There are 175,000 physician assistants and nurse practitioners who have prescribing rights that are not being considered by most pharmaceutical companies. Indeed, many messages sent in DTC advertising about who can prescribe medication are inaccurate.

By David Mittman, PA, and M. Elayne DeSimone, PhD, ANP, PA

DTC advertising works, but it also hurts.

A good DTC campaign does a number of things; it educates patients on when to seek help regarding a specific medical condition. It also drives consumers into clinician's offices in search of specific products and medications. But, hundreds of thousands of prescribers are being turned off by these very commercials every day. There are two groups of healthcare professionals that DTC ads hurt: physician assistants (PAs) and nurse practitioners (NPs).

Why does it hurt these professions? The problem usually lies with the use of two specific phrases; "You MUST see a doctor because ONLY a doctor can diagnose disease xyz.", and "You must see a doctor, because only a doctor can prescribe product X". Almost all DTC ads contain one of these phrases and every time an NP or PA hears them it turns them off to the product or company giving that message.

While 35 years ago the above physician-centered statements were true, today they are not. PAs and NPs (who are collectively known as advanced practice clinicians or APCs) prescribe, on average, 16 to 20 prescriptions or more each day. Both professions universally prescribe in all 50 states, the VA system, the military, and even in some foreign countries. Since both professions began in 1965, NPs and PAs have grown to more than 175,000 practitioners across America. While the majority of APCs provide primary care services, they can also be found practicing in nearly every specialty of medicine

## A short-sighted response

All states have recognized NPs and PAs as full prescribers, but the pharmaceutical industry has lagged far behind. APCs are usually not "tracked" and therefore, have stayed under the radar screen of the pharmaceutical industry.

Companies do not devote their resources in educating and marketing to them.

The problem, we are told, is in figuring out which PAs and NPs are the high prescribers. In our opinion this is a short-sighted response that hurts both the prescriber and consumer alike.

The message heard in DTC advertising also hurts both consumers and providers. Many consumers believe that only doctors can diagnose medical conditions and prescribe medications. All NPs and PAs try hard with every patient encounter to educate their patients and the wider public that we can legally diagnose, treat and prescribe. With 175,000 clinicians in practice, this educational task is slowly being accomplished. But, imagine you are a PA who has practiced in New York State for 32 years. You have prescribed for 31 years without a problem. You fought long and hard for this privilege and are proud of the fact that this is now an accepted part of your professional practice.

Every night your patients return home and turn on the national news. These same patients who just filled your prescription now hear that they must see a doctor for their enlarged prostate, their depression, their sleep disorder or osteoporosis, because “only a doctor can diagnose” these



*A PA and an NP working together (top photo) in the aftermath of Hurricane Frances (photo courtesy of FEMA) and a PA working in Afghanistan.*



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medical problems. At a minimum, all of the work you have done in patient education has been undone. Your patient is unnecessarily confused. At the maximum, the message they just heard sets up the physician as the only person who can “really” prescribe, the only professional who can diagnose an enlarged prostate, depression or osteoporosis.

Moreover, the “only your physician statement” is a lie. No two ways about it. PAs and NPs have diagnosed hundreds of thousands of medical problems this year alone, and have written hundreds of thousands of prescriptions to treat these diseases.

### DTC ads can be confusing

If a pharmaceutical company stated on any news program that “Our product is the ONLY product that you can use to successfully treat high blood pressure,” all other companies that have hypertension medications would complain loud and clear that this statement was false. We all know the FDA would have never let the ad run, and if it did, it would pull it off the air as soon as the agency realized the ad was “misleading” to patients. How is this different from claiming that only one group of providers is able to prescribe?

DTC ads are effective, but can be very confusing to patients. We know of many instances where patients did not see an NP (or PA) simply because they believed that only a doctor could provide a particular medication. The ads hurt APCs who feel they are not being recognized for the work they are legally allowed to do.

According to a survey published in *Clinician News* in 2003, 87 percent of NPs and 80 percent of PAs said they found the phrase, “Only your doctor can prescribe” offensive when used in DTC advertising. In 2006, the American College of Clinicians polled its membership. When asked if DTC ads are confusing to the public and hurt both the

NP and PA professions, 96 percent of the respondents agreed. That is a considerable amount of negative publicity.

When the American College of Clinicians contacted the FDA a number of years ago, we were informally told two things. First, that the FDA believes the phrase “doctor” includes the NP and PA professionals. We were amazed at this line of thinking and could not disagree more with this evaluation.

Our professions have established themselves as prescribers, not physicians. We do not want to be categorized as doctors or subsumed in the definition of physician. We do not want the pharmaceutical industry to promote the idea that we are physicians. APCs have been taught to extensively educate patients that we are not physicians. If we even suggested that we were a physician, we would be quickly brought up on professional charges.

Thankfully, the second thing the FDA did tell us is that the agency does not require the “only your doctor can” language in any DTC advertising. We learned that the FDA has the jurisdiction to regulate DTC advertising, but only regarding information given about the products, not the professional terminology used.

Therefore, the question now becomes, who then is making this marketing decision? In talking to those who work at ad agencies, some have said they feel the guidance from FDA forces them to say, “Only your doctor can prescribe,” even though legally it does not. “We’ve never been asked to change ‘physician’ to ‘healthcare professional’ or ‘prescriber,’” said one industry veteran when asked about why they continue to use the words “physician only.”

### A challenge to DTC marketers

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Numerous NP and PA organizations are urging drug manufacturers to adopt inclusive terminology in DTC advertising. The American College of Clinicians (ACC), for example, would prefer that agencies use “healthcare professional” or “prescriber,” rather than “doctor.” Recently, The ACC launched a letter-writing campaign directed at the Secretary of Health and Human Services, who oversees the FDA, to advance this cause. To date, these letters have not had the effect we anticipated. “Prescriber” should be the preferred term,” says Bob Blumm, president of the ACC. “If a patient can understand what the drug is used for by watching these ads on television, they can understand the word prescriber.”

Nurse midwives and other advanced practice nurses also prescribe and prescriptive practice is slowly opening up to psychologists. How will they react when a major antidepressant company tells America that only a physician can diagnose depression?

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To their credit, a number of product ads (Ambien CR comes to mind) contain the correct terminology, not only in ads but also in the patient education materials that have been developed.

“You can be sure that these are the products we will encourage APCs to use. As long as patient care is not compromised, why would we prescribe a medication that falsely states, ‘Your doctor just prescribed a pill,’ when a doctor did no such thing?” asks Michael Marks, an FNP who provides primary care in rural North Carolina. This is a good question.

In summary, there are 175,000 prescribers whose legal rights are not being considered by most pharmaceutical companies. In addition, many of the messages sent by the DTC community about who can diagnose and prescribe are clearly inaccurate. NPs and PAs across America are looking for a company to publicly state that their company will only use “provider neutral” language in its DTC and patient education efforts. You also can be sure that the first company that announces this initiative will be recognized extremely positively by heretofore invisible prescribers. Are you ready to make that announcement? ■

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