

Is Cancer Hospital Advertising Misleading Patients?

Neil Chesanow | December 04, 2014

Are Cancer Center Ads Problematic Ethically?

Direct-to-consumer advertising by cancer centers in the United States has raised ethical concerns among some physicians. These ads often imply that a given hospital offers superior treatment in an effort to win cancer patients' business, yet no data and scant facts are given to support such implied claims.

In May, a study in the *Annals of Internal Medicine* raised difficult questions about the medical content—or lack of it—in print and TV ads run by both profit and nonprofit cancer centers, including many of the most prestigious hospitals in the United States.^[1]

According to an analysis of over 400 ads from over 100 cancer hospitals, most (88%) promoted cancer treatments, but only 18% promoted cancer screening and even fewer (13%) promoted support services.^[1] Of those ads that promoted cancer treatments, 57% mentioned treatment for a specific type of cancer. Only 9% mentioned cancer stage. One quarter promoted the potential benefits of offered treatments or mentioned the potential risks. Only 2% quantified the benefits. Only 5% mentioned cost.

Most ads used emotional appeals to kindle hope of survival.^[1] Ambiguously worded copy often implied that a given center offered better odds of survival than competitors, but did not include actual survival data for the ad sponsor's own patients, the investigators found. Nearly one half of the ads used patient testimonials. In TV spots and print ads, former patients spoke of being "cured" of cancer and of a hospital or treatment as being "miraculous," "remarkable," or "extraordinary."

A Disconnect Between Emotional Appeals and Facts

Internist and bioethicist Yael Schenker, MD, at the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania, was the study's principal investigator. She told Medscape that although 59% of the ads were from for-profit cancer centers, 16% were from National Cancer Institute-designated centers and 59% were accredited by the Commission on Cancer.^[2]

"I don't think we were surprised by the use of emotional appeals," Dr Schenker reflected on the study results. "They're memorable, and certainly that was something we had noticed anecdotally about cancer center advertising. We were more surprised by the extent to which those appeals were uncoupled from actual information about quality and costs in the ads, even in some of our most prestigious nonprofit cancer centers."

For some physicians, such tactics are problematic. Internist John Santa, MD, MPH, director of the Consumer Reports Health Ratings Center, is one of them.

"Proponents claim that such advertising, whether for drugs or treatment centers, increases awareness of a disease, prompts people to see their doctor, and helps foster doctor/patient partnerships. And they might be right if marketers focused on those objectives—but they don't. Their goal is to sell their product regardless of risk or cost," Dr Santa wrote on the *Consumer Reports* website.^[3]

He added, "Modern cancer treatment has plenty to offer without resorting to exaggeration and emotional manipulation."^[3]

"Advertising is really just about rearranging market share," notes oncologist Ezekiel J. Emanuel, MD, PhD, director of the Clinical Bioethics Department at the National Institutes of Health and chair of the Department of Medical Ethics & Health Policy at the University of Pennsylvania in Philadelphia.^[4] "I understand it's a business practice. But it's not a professional practice. It's not really about ensuring the health of the community. And I think that's what is essentially frustrating to people."

Dr Emanuel finds that emotional manipulation in ads is unsurprising. "What would you expect them to put up except an anecdote that's favorable to them? Ads are meant to sway people; they aren't meant to give people data," he says.^[4]

Would Publishing Survival Data Be Better?

Critics charge that cancer center advertising would be more ethical if such hospitals published survival data to back up their emotional appeals. Most don't. A 2012 Attadale Partners survey of 94 cancer centers found that only 12% reported survival data for a single type of cancer, 18% reported data for more than one type of cancer, and 69% didn't report any survival data.^[5]

But even if cancer centers could somehow squeeze survival data—with all their qualifications and caveats—into a print ad or TV spot, there isn't a standard benchmark to compare apples with apples. The Attadale survey found that 62% of cancer centers used the National Cancer Database as a benchmark; 14% used the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program data set; 14% used other data sets; and 10% didn't compare their data against any benchmark.^[5]

Given this, how would publishing survival data help a patient seeking to improve her odds? Dana-Farber/Brigham and Women's Cancer Center in Boston, Massachusetts, for one, has concluded that it wouldn't—and furthermore, that publishing survival data, however good, could be used against them by competitors, who may cherry-pick patients to include to improve their numbers.^[5]



"On a risk-adjusted basis, we have some of the best, or the best, survival data in the country," surgical oncologist Michael Zinner, MD, Dana-Farber's clinical director, reflected in a 2014 Harvard Business School case study on cancer center advertising.^[5] "So I asked my colleagues, 'Why don't we tell people this?' They said it will be misinterpreted. Even the best survival data, comprehensively and transparently presented, can be made to look inferior in comparison to data based on selecting only the patients more likely to survive longer."

Should These Ads Be Better Regulated?

Should cancer centers be held to a higher standard than other types of advertisers because the products and services advertised are inherently different from those of other industries?

"Most of us know that even the best of ads contain a kernel of truth surrounded by deceit and exaggeration," Dr Santa of *Consumer Reports* writes.^[3] "It's one thing when you're talking about which car to buy or laundry detergent to use. It's another when it comes to the best way to treat a health condition or where you'll get that medical treatment."

In March, the *American Journal of Bioethics* published an article, "The Ethics of Advertising for Health Care Services," arguing much the same thing. "Common advertising techniques that may not be problematic to consumer goods or services pose unique ethical risks when used by health care institutions to advertise clinical services," the authors wrote.^[6]

Dr Schenker, the article's lead author, notes that even the tag lines used in the ads may be misleading. For example, an ad for Memorial Sloan Kettering Cancer Center in New York reads, "Where you're treated can make all the difference."^[6]

"The statement may be factually true (where you are treated is likely to make a difference in something) but differs from what is understood: Where you are treated will make a difference in whether or not you survive, and if you are treated here you have a better chance of survival" than elsewhere, the authors assert.^[6]

Similarly, the use of first-person accounts, including those by celebrities, creates empathy, the authors observe, but "what most advertisements do not emphasize is the degree to which featured personal stories exemplify the experiences of most patients or the probability of achieving similar results," Dr Schenker says.

"In spirit, we could hold cancer centers to the same standard as other types of advertisers," says pediatric oncologist and bioethicist Steven Joffe, MD, MPH, vice chair of Medical Ethics and a professor at the University of Pennsylvania. "To my knowledge, there's no regulatory structure in place that ensures they are held to those standards. But we could make it mandatory for advertisers to provide links to the evidence that supports the claims that are made."

"My concern is that the evidence be there somewhere," Dr Joffe adds. "Yes, it will be very difficult for patients to parse detailed factual data if they're presented in the ads," he concedes. "And that may be too high a standard to hold cancer centers to. But I just think their ads need not be misleading."

"Personally, I would like to see us view advertising as part of the ethical responsibility of healthcare institutions," Dr Schenker says. "That responsibility is based on different premises from the responsibilities of other kinds of companies that may be advertising their services. But in terms of data to inform the debate, it's lacking."

The Federal Trade Commission (FTC) does have rules for what healthcare advertisers can and can't say in ads,^[7] but the budget sequestration in 2013 left the agency understaffed, reducing its oversight capabilities.^[8]

In any case, "the issue of when to regulate and what warrants action becomes complex," Dr Schenker says. "To the extent that you don't provide actual information, perhaps you're not misleading patients. We can argue about whether or not that's true, but I wonder whether we're not seeing the effects of that in these ads to some extent."

"We need to remember that advertising is advertising," Dr Schenker says. "If and when we see easily accessible public reporting of quality data, I don't think advertising will be the place where we're likely to see it."

Is Posting Survival Data on Websites an Answer?

What about Dr Joffe's suggestion that ads include the Internet address of a cancer center's website, where there's plenty of room to present survival and other data in greater detail? At least in one case that's been well studied, there were problems with this approach as well.

An in-depth investigation by Reuters of the for-profit Cancer Treatment Centers of America (CTCA) bore out the fears of Dana-Farber physicians that data from competing centers can be easily manipulated to make outcomes seem better than they are in the battle to attract patients.^[9]

CTCA posts a large amount of survival data for many types of cancer in great detail on its website.^[10] However, Reuters claimed that the company distorted its data, often showing its five hospitals outperforming SEER benchmarks for most types of cancers that were compared.^[9]

These were often apples-and-oranges comparisons, Reuters charged.^[9] To come out on top, CTCA excluded certain patients from its centers: It accepted only a minimal number of Medicare patients, even though cancer is a disease of the aged, and almost no Medicaid or uninsured patients.

In most cases, acceptance was conditioned on a privately insured patient's ability to pay for the cost of treatment.^[9] In addition, CTCA used only a subset of these patients to compare, choosing those with better survival odds, Reuters found.

Reuters asked nine independent biostatisticians with expertise in cancer statistics to analyze CTCA's numbers and statistical methodology.^[9] Their unanimous conclusion: CTCA's patients were different from those included in the SEER data set, skewing their survival data.

For patients hoping to improve their survival odds, how useful are such data?

Would Including Disclaimers Help?

Although nearly half of cancer centers use testimonials by patients, some of them celebrities, to attract new patients, Dr Schenker's study found, only 15% included disclaimers to the effect that the person in the ad isn't a typical patient and that viewers or readers may not experience the same results.^[1]

But even if the inclusion of such a disclaimer were mandatory, would it be enough to keep frightened cancer patients from thinking, "They cured her; maybe they can cure me," when reality is nearly always infinitely more complex?

Maybe not. In fact, the inclusion of a disclaimer may perversely have the opposite result. "Evidence indicates that such disclaimers may not have the intended effect of promoting accurate understanding and in some cases may increase acceptance or belief in an advertiser's message, because consumers assume that a disclaimer means that the advertisement has been properly reviewed and vetted," Dr Schenker and colleagues write.^[6]

Studies show that disclaimers increase consumers' vulnerability to the advertising message.^[4] "There's been some interesting work done showing that merely having a disclaimer there can lead to a sense of relief, as in, 'Oh good, I no longer have to worry about the facts being deceptive,'" Dr Schenker told Knowledge@Wharton, the online business journal of Penn's Wharton School.^[4] "So I don't think the issue of disclaimers is clear-cut."

Given such difficult-to-resolve ethical issues—and there are many others, too—should cancer center advertising simply be banned? Dr Joffe doesn't think so.

"Stepping back to think about the function that ads might have in the ecology of cancer medicine, they can serve a really useful purpose if done right," he says.

"That's not to suggest they are done right at the moment," Dr Joffe hastens to add. "I think we want cancer providers—whether they be individual clinicians in their offices or cancer centers—to compete with each other on things that are important to patients. Ads, if they are accurate, can serve that function."

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