

## EXAMINING CLAIMSMAKERS' FRAMES IN NEWS COVERAGE OF DIRECT- TO-CONSUMER ADVERTISING

By Cynthia-Lou Coleman, Heather Hartley, and J. David Kennamer

*This study examines mainstream news coverage of the direct-to-consumer advertising phenomenon since FDA deregulation of such ads in 1997, and helps illuminate framing of stakeholder claims. The authors found that prominent frames describe drawbacks and benefits of DTC ads in addition to power relationships between the Food and Drug Administration and drug companies. Sources most likely to be quoted were representatives of the pharmaceutical industry. The authors argue that issues such as consumer interests and ethics are overshadowed by special interests, and that balanced coverage is narrow in scope. The authors use both qualitative and quantitative methods to examine frames in-depth and to explore relationships among frames.*



When the Food and Drug Administration (FDA) relaxed regulations about prescription drug advertising in 1997, promotion increased exponentially, resulting in an explosion of television ads tempting consumers to try new medicines. Advertising of prescription drugs sounded alarms in some circles when drug sales began to rise 13% to 20% each year, and with spending for ads in mass media growing from \$1.1 billion in 1997 to more than \$4 billion in 2005.<sup>1</sup> Drug ads on television have become ubiquitous, sandwiched between situation comedies and the nightly news.

Our research examines news coverage of this unprecedented advertising phenomenon by exploring the nature of the claims made by sources and how claims unfolded in the mainstream press. We argue that examining coverage is useful because it provides insight into the nature of the debate surrounding the direct-to-consumer (DTC) ad controversy, it illuminates the power of key stakeholders to frame issues, it reveals the ideological underpinnings of claimsmakers, and it adds to the body of knowledge on health and science news coverage.

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**Background  
to the  
Direct-to-  
Consumer  
Advertising  
Phenomenon**

Although the FDA permitted televised advertisements for prescription drugs as early as 1985, regulations were considered burdensome: all TV ads were required to disclose the drug's major risks. However, a sea change occurred in August 1997 when the FDA relaxed guidelines for television commercials. Rather than listing the full litany of risks, advertisers could refer consumers to another source, such as a Web site. As a result of this regulatory shift, television ads expanded dramatically.

The DTC advertising boom is rife with controversy. One cause for concern is that lay publics appear to have a false sense of security about the content of ads, and many believe the ads are approved by the FDA.<sup>2</sup> Proponents of DTC advertising argue that ads create more informed consumers, demand accountability from physicians, help with the discovery of undiagnosed problems, destigmatize conditions such as erectile dysfunction, and create a more competitive pharmaceutical industry. Critics challenge the claims, countering that ads promote demand for unnecessary or inappropriate medication while contributing to rising health care costs.

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**Literature  
Review**

*Media Coverage and Framing.* Much scholarly attention has been devoted to how news is created and constructed. For decades, researchers wrestled with the origins of bias in news, arguing that structural and organizational constraints have much greater impact on news decisions than do personal (i.e., reporters') biases.<sup>3</sup> Scholars focused on the concept of media framing to explain the construction of bias, with research on topics ranging from the premise that framing encompasses decisions about which stories get covered to how stories highlight some issues while ignoring others. Observers have also noted that the framing construct is conceptually broad and operationally diffuse. In separate critiques, Entman and Carragee and Roefs argued that media framing has been defined too casually with scant attention paid to power, vis à vis the influence of special interests who actively construct meaning in discourse in order to reflect their proclivities.<sup>4</sup> In responding to Entman's critique of framing's "fractured paradigm," D'Angelo called for a reconsideration of framing literature as stemming from constructionist, cognitive, and critical paradigms.<sup>5</sup> D'Angelo asserted the term "frame" arises from different ideological and methodological traditions. While Carragee and Roefs argued for the inclusion of more hegemonic linkages within framing research, D'Angelo suggested that a more pluralistic approach, working across paradigms, would enrich framing research.

We offer a modest contribution by employing the constructionist paradigm of meaning-creation in mass-mediated accounts of this health phenomenon against the landscape of the claims made by special interest groups, and illustrate some of the power dynamics revealed in the struggle to define and articulate the nature of the DTC debate.

From the constructionist perspective, when journalists choose "a central organizing idea, or frame, for making sense of relevant events,"<sup>6</sup> they engage in framing. In turn, the journalist largely acts upon informa-

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tion gleaned from key sources. The ability to spin a tale such that the strategist's key messages remain undiluted is the goal in marketing drugs via the news, and in effect requires enlisting reporters to promote a problem "your product can solve."<sup>7</sup> Scholars concur that sources equipped with the resources to manage information are those most successful in getting their voices heard and who thus "set the frame" in discourse. Source use is therefore a key feature in framing and is intimately tied to issue definition. Nelkin observed that elite sources are given the opportunity to speak as experts without much scrutiny.<sup>8</sup> Miller and Riechert, who called the claimmaker's positioning of information a "spiral of opportunity," noted that stakeholders select language that "provide[s] the context in which issues are interpreted and discussed"<sup>9</sup> while Druckman opined that "what a speaker says" constitutes the frames embedded in discourse.<sup>10</sup>

We therefore argue that source claims are paramount in shaping meaning in news stories, and that such claims help frame public discourse.<sup>11</sup>

**Linking Constructionist and Critical Paradigms.** In the critical paradigmatic view, claimmakers blaze pathways that lead to issue definition, and thus frame discourse. Invoking Gramsci, Carragee and Roefs considered hegemony "the process by which ruling elites secure consent to the established political order through the production and diffusion of meanings and values."<sup>12</sup>

We argue for a pluralistic approach that encompasses both constructionist and critical traditions. That is, myriad stakeholders vie to articulate core and ancillary issues surrounding the DTC advertising trend. The pluralist view asserts that rather than one single frame dominating, multiple frames struggle in the "battlefield" to mobilize bias surrounding an issue.<sup>13</sup> The pluralist perspective reflects two important and relevant theoretical traditions. First, democratic pluralism contends that power is competitive, entailing an "endless process of bargaining."<sup>14</sup> According to Held, "There is no ultimately powerful decision-making centre in the classic pluralist model ... power is essentially dispersed throughout society."<sup>15</sup> Second, the pluralist tradition underpins the countervailing powers model we use to foreground our understanding of power relationships in the medical landscape.<sup>16</sup>

**Theory of Countervailing Powers.** We borrow a page from medical sociology to help examine the role of key players in the DTC drama. Briefly, the countervailing powers perspective is derived from John Kenneth Galbraith's 1952 treatise in which he reasoned that forces that exert economic power (large corporations, the government, unions, etc.) are self-regulating because they hold one another in check.<sup>17</sup> In a parallel vein, the medical profession is described as a collection of five countervailing forces: (1) government powers (local, state, and federal); (2) corporate purchasers of health care for their employees and their agents, such as insurance and managed care companies; (3) corporate sellers, such as providers of services and manufacturers of medical products, equipment, and pharmaceuticals; (4) consumers; and (5) health care providers, such as doctors, nurses, and specialists.<sup>18</sup>

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The perspective holds that one party (such as the state) may gain dominance by subordinating other parties who, in time, countermobilize to redress imbalances produced by the dominant party.<sup>19</sup> Competition between providers, rivalry among health care organizations, shifts in consumer patterns, and evolution of state policies shape power relationships.

Absent in the current model of countervailing powers, however, are mass media organizations. Because the countervailing powers medical model positions stakeholders as the anchors we feel compelled to add mass media organizations as another anchor. In our view, mass media organizations play multiple roles in the intersection of health care stakeholders. That is, mass media convey health care information to publics via news, advertising, and entertainment, and therefore shape the discourse surrounding the prescription drug advertising phenomenon. In DTC discourse, media organizations broker paid communication from the pharmaceutical industry to publics. Yet the role of the press also includes the watchdog function of safeguarding public welfare by exposing corruption and abuse of authority.

Mass media organizations therefore link the anchors in the countervailing powers model in a macro-social sense, while simultaneously connecting publics with communication channels. The pluralist perspective acknowledges that countervailing powers thus compete for resources and public favor. One hallmark of this competition is the success of special interests in mobilizing bias to align with their platforms.<sup>20</sup>

In summary, mass media systems play a critical role in shaping how publics think about and act on social issues. News media shape discourse by selecting some topics over others, choosing some sources while neglecting others, and defining the nature of the arguments that evolve in social discourse. We argue this process occurs more pluralistically than hegemonically, with multiple claimsmakers vying for power. The case of DTC advertising allows us a vantage point to examine the health phenomenon from a mid-level macrosocial perspective of news framing.

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## **Research Questions**

We argue that news stories will reveal the struggle to frame the DTC advertising issue according to the interests of key stakeholders and the systems they represent. We ask:

**RQ1:** Which sources appear to dominate the discourse on DTC advertising in print media?

**RQ2:** Which claimsmakers' frames appear to dominate the discourse on DTC advertising in print media?

**RQ3:** How are frames qualitatively described in news coverage of the DTC issue?

In addition, we will explore the linkages between frames and sources, and among frames:

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**RQ4:** What are the relationships between frames and sources?

**RQ5:** What is the relationship among the dominant frames?

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Our study is descriptive and exploratory in scope, and employs these key operationalizations.

## Method

**Sources and Organizations.** Recall that key organizations with a stake in direct-to-consumer advertising, according to the countervailing powers model, include federal and state government agencies; corporate purchasers or providers; corporate sellers; consumers; and health care professional providers. We added to the model mass media organizations. We therefore noted when sources from the organizational areas above were quoted or referenced in news articles. We also created an open-ended category for sources who did not meet the criteria above.

**Claims and Frames.** To understand the claims made by the countervailing powers, we searched academic and popular literature, Web sites, legislative documents, reports of FDA hearings, etc., for statements, arguments, and opinions about the DTC issue. Several themes emerged which clustered around the following key dimensions that we labeled: *benefits and costs*, both social and economic, to individuals and organizations affected by DTC marketing; *power relationships* among key publics; *medical and scientific advancements* arising from the pharmaceutical industry's research and development efforts; *legal and ethical* issues surrounding DTC advertising; *laws and policy* about DTC ads; and *ethics* of marketing to consumers.

Informed by such themes, we created coding categories that would reflect the above claims made by key stakeholders, thus engaging a deductive approach to frame coding.<sup>21</sup> The eight a priori categories, called claimsmakers' frames, were identified as follows: Benefits, Doctor-Patient Relationships, Power Relationships (other than doctor-patient), Health-Medicine-Science-Technology, Law-Policy, and Ethics. We created one frame for financial costs (Costs) and another for non-financial costs labeled Drawbacks. An open-ended frame category was also noted if the source's argument did not fit the established categories. To ensure validity the two lead authors met with coders to discuss the parameters for each frame, which were then added to the coding manual. For example, for a frame to be considered a "benefit," it needed to arise from the source, rather than from conjecture by the journalist. A Benefits frame would be reflected by claims of "benefit," "reward," "success," etc. An example of a Benefits frame is seen in a statement by a former FDA executive who said about DTC advertising: "On the whole, I think there is a lot of educational benefit."<sup>22</sup> Frames were coded as independent, meaning, a Cost frame could not also be considered simultaneously a Drawback. If a coder was uncertain of the category of a frame, she or he discussed it with another coder to resolve the issue.<sup>23</sup>

**Newspaper Selection, Time Frame, and Units of Analysis.** Using a time frame beginning with the revision of the FDA guidelines, we set the period of August 8, 1997, through July 30, 2003, for story selection.<sup>24</sup> We used a purposive sample of newspapers in the United States, arguing from the constructionist perspective that such coverage reflects the "issue culture" of the topic.<sup>25</sup> While some researchers have limited their examination of coverage to single elite press such as the *New York Times*, we expanded the population of interest to regional elite press with the hope of capturing a fuller range of discourse. Seven daily newspapers were selected: the *New York Times* and *Boston Globe* (representing the U.S. North-Eastern region); the *Washington Post* and the *Atlanta Journal and Constitution* (Eastern and Southern); the *Chicago Sun-Times* (Midwestern); and the *San Francisco Chronicle* and the *San Diego Union-Tribune* (Western).<sup>26</sup> In addition, the national daily *USA Today* was selected, for a total of eight newspapers.

We collected articles through the Lexis-Nexis database, using the database's "controlled subject terms." In this case, "direct-to-consumer drug marketing" was identified by Lexis-Nexis as the appropriate search phrase. Our initial search identified 216 articles. We reviewed each story for overall content, and 71 articles were excluded for the following reasons: the story was not about DTC advertising; the story made only a passing reference to DTC advertising; the story was about advertising but did not address prescription drugs; the story was only about on-line drug promotion, print advertising, or billboard advertising; or the story was a duplicate of another. A total of 145 were used for the study.

**Coding and Content Analysis.** The two lead authors created a coding manual that was refined after initial sessions with four graduate students who coded stories during an eight-week period in 2004. The manual was designed to capture manifest and latent content, and coders noted which sources were referenced in the discussion of DTC advertising, recording their name, title, and organization. Coders then determined whether the statements quoted or attributed to the sources could be captured by the eight a priori frames. A source might have more than one claim, and each claim was recorded as independent. For example, one source argued that the FDA was threatened with deregulation, which he called "a frontal attack on the fundamental responsibilities of the agency."<sup>27</sup> The same source added that FDA regulations are based on scientific data. In this instance, the first claim was coded as a Power Relationship frame, and the second as a Law-Policy frame.

To check intercoder reliability, 10% of the stories were selected at random by a non-coder. Two coders received one batch of the subsample of stories and two different coders received another batch so that each test of reliability included two different coders. We then compared the pairs of coding responses to check agreement. Following Krippendorff's<sup>28</sup> lead, we assessed agreement on the manifest content separately from the latent content. The manifest content responses (newspaper name, date, etc.) were calculated using Scott's *pi*, resulting in agreement of .99. Agreement of latent content (claims, etc.) achieved a Scott's *pi* of .84, which was judged as acceptable.



**TABLE 1**  
*Sources and Frames in Coverage of Direct-to-Consumer Advertising*

Sources	Count <sup>1</sup>	Percentage of all stories <sup>2</sup>
Pharmaceutical	57	39%
Research, Education	51	35%
Health Care Providers	35	24%
FDA	34	23%
Consultants	34	23%
Consumer, Advocates	31	21%
Mass Media	21	14%
Other Federal	13	9%
Hospitals, Clinics	13	9%
Insurers, HMOs	9	6%
State	4	3%

  

Frame	Count <sup>3</sup>	Percentage of all Stories
Drawbacks	76	52%
Benefits	71	49%
Power	55	38%
Health-medicine-science-Technology	34	23%
Doctor-patient	29	20%
Law-policy	25	18%
Cost	26	18%
Ethics	12	8%

<sup>1</sup> Number of times at least one such source is used in the story.

<sup>2</sup> N=145 stories. Total may exceed 100% because more than one source or frame might appear in one story.

<sup>3</sup> Number of times at least one such frame is used in the story.

**Overall Story Findings.** The greatest number of stories appeared in the *New York Times* with 57 of the 145 (39%). The *Washington Post* had 25 stories (17%), and the *Boston Globe* had 23 (16%). *USA Today* had 11 (8%), the *Chicago Sun-Times* 9 (6%), and the *Atlanta Journal and Constitution* 9 (6%). The *San Francisco Chronicle* had 6 stories (4%), and the *San Diego Union-Tribune* 5 (3%).

**Time Frame.** Although the current study is concerned primarily with examining the social construction of the DTC story in news coverage, we thought it wise to assess the cycle of the issue during the six-year period. We found no discernable patterns after examining frame occurrences year by year with the exception of the Drawbacks frame. There were proportionally more Drawbacks frames in 1999 than in the other years, but this was not statistically significant when compared with Drawbacks in other years and with other frames over time.

## Findings

**Sources.** To address RQ1 (Which sources appear to dominate?), we counted source frequency and found the most-common sources quoted were representatives from the pharmaceutical industry, with 57 of the 145 stories (39%) containing one such source. (See Table 1.) The second-most-cited sources were from research and education centers, with 51 (35%) stories containing at least one such source. Health care providers (physicians, nurses, etc.) were the third most-common source, followed by sources from the FDA and consultants to pharmaceutical interests, such as marketing and public relations practitioners. Sources representing consumers and other advocacy groups were quoted in about one-fifth of the stories. The remaining sources appeared in fewer than 15% of the stories.

**Claimsmakers' Frames.** To address the question of which claimsmakers' frames appear to dominate the discourse (RQ2), we counted the presence of frames across stories. As shown in Table 1, the most commonly occurring frame was Drawbacks with at least one mention in 76 of the 145 stories (52%), followed by the Benefits frame with at least one mention in 71 (49%). Power Relationships appeared in 38% of the stories. The remaining frames appeared in fewer than 25% of the stories. Seven stories were found to contain none of the *a priori* frames.

Our next task was to describe how claimsmakers' frames unfolded descriptively in news coverage of the DTC issue (RQ3). The most commonly occurring were Drawbacks and Benefits.

**Drawbacks.** Many claims of drawbacks centered on problems associated with the quality of the information in DTC ads. Sources claimed that ads promote biased or misleading information and obscure drug side effects. Other drawbacks raised the spectre of consumer demand for prescription drugs (especially brand-name products). Another recurring but less prominent drawback was a "weak" FDA. A salient example of the Drawbacks frame occurred in a *New York Times* story about managed care, drugs, and advertising, describing "the avalanche of information" that may leave consumers "vulnerable to the smoothest ad campaign or the Web site with the loudest whistles and bells."<sup>29</sup>

**Benefits.** As the second most-common frame, Benefits often referred to the educational attributes of ads. Sources asserted that ads empower consumers, expand consumer choice, make it easier to recognize undiagnosed conditions, and ultimately lead to better health care. A concrete example is illustrated in a *Washington Post* article, where the editor of the *Patient Channel* (which features televised programs and ads broadcast in hospitals) said: "The one place in the world you couldn't get good health information [was hospitals] ... Now there are smarter patients and better patients."<sup>30</sup> Another prominent benefit touted the advantages of drug therapy over surgery.

**Power Relationships.** Many of the power relationships that arose in coverage (not including doctor-patient relationships) centered on the relationship between the FDA and drug companies. Many claimsmakers focused on the power the FDA holds over the industry. For example, a *New York Times* story described how the FDA "forced" Glaxo Wellcome to pull an advertisement for the flu medicine Relenza.<sup>31</sup> The FDA



responded to misleading advertising in 2001 by requiring makers of anti-AIDS drugs like Viracept to change their ads.<sup>32</sup>

On the other hand, the power of the drug companies was also reported. A *Washington Post* article critically described pharmaceutical companies: "Critics accuse the companies of recruiting patients by teaming up with doctor and patient advocates—with all the attendant conflicts of agenda and conflicts of interest" while questioning whether health care professionals "were manipulated by the pharmaceutical industry."<sup>33</sup>

*Health, Medicine, Science, and Technology.* Claims extolled breakthroughs associated with new drugs. One source invoked the comparison of science to art in describing treatment: "Allergy treatment is both science and art."<sup>34</sup> In another example, an academic noted that "modern medical science has made a huge amount of progress since 1985."<sup>35</sup>

*Doctor-Patient Relationships.* A frequent claim is that ads damage relations between doctor and patient, shifting the balance of power. A *Washington Post* story reported that ads "send patients to the doctor demanding a brand-name drug."<sup>36</sup> In another story, a physician said, "We do have some big concerns about advertising getting in the middle of the patient-physician relationship ... It's sometimes even creating an adversarial relationship."<sup>37</sup>

*Cost.* Typical claims about cost centered on the notion that DTC ads raise prices of prescription drugs. For example, one story reported that each dollar spent in advertisements resulted in an additional \$4.20 in sales.<sup>38</sup> Another article discussed the payoff for promoting the drug Paxil: "The expensive ad and education campaign paid off in the crowded antidepressant market" with Paxil becoming number one.<sup>39</sup> Costs were also associated with the need to curry good will. A story about drug maker Schering-Plough reported that "millions of dollars [are] spent in Washington lobbying ... to get lawmakers to pass legislation that would extend the expiration dates" of patents.<sup>40</sup>

*Law-Policy.* Frames concerning law and/or policy tended to focus on regulations. Most centered on the role of the FDA, beginning with stories in 1997 about the change in regulations. Other stories attended to deceptive ads. For example, a 2002 report from the General Accounting Office noted that some pharmaceutical companies had made "misleading claims," and that the FDA's ability to curb deceptive ads had been "adversely affected" by changes in the Bush administration.<sup>41</sup> Some stories discussed how laws had hampered business.

*Ethics.* Frames incorporating ethics were rare, with most focused on deception or misleading advertising. One source said that "companies make extravagant claims."<sup>42</sup> Ethics were noted in a *Washington Post* story which centered on programs and ads on the *Patient Channel*, with one source recommending hospitals "review their ethics policies" concerning the channel.<sup>43</sup>

*Relationships between Claimsmakers' Frames and Sources.* Recall we wanted to examine the relationships between frames and sources (RQ4). We used a more conservative correlation approach (Spearman rank order) because multiple frames occurred within stories.

**TABLE 2**  
*Spearman Correlations between Frames and Sources*

Frames	Sources							
	Pharmaceutical	Consultants	Research, Education	Health Care Providers	FDA	Consumer, Advocacy	Hospital, Clinic	Insurer, HMO
Power Relationships	.40***	.19*	.25*	.12	.13	.15	.04	.09
Benefits	.38***	.52***	.17*	.15	.33***	.18*	.10	.16
Law & Policy	.31***	.09	-.11	-.04	.42**	.20*	.31**	.04
Health, Science, Medicine & Technology	.28***	-.01	.12	.09	.14	.14	.21*	-.02
Drawbacks	.26**	.23**	.26*	.16*	.35***	.40***	.21**	.21**
Doctor-Patient	.15	.08	.31***	.29***	.23**	.18*	.22**	.09
Cost	.04	.09	.02	.12	-.02	.08	-.09	.17*

\*  $p \leq .05$

\*\*  $p \leq .01$

\*\*\*  $p \leq .001$

The most commonly quoted sources were from the pharmaceutical industry and were associated significantly with five of the eight frames: Power Relationships, Benefits, Law-Policy, Health-Medicine-Science-Technology, and Drawbacks. Consultants (who represented pharmaceutical interests) were associated with the Benefits, Drawbacks, and Power frames. The next tier of sources quoted most frequently were from research and educational centers, who were associated with four of the frames: Benefits, Drawbacks, Power, and Doctor-Patient Relationships. Health care providers were significantly associated with two frames: Drawbacks and Doctor-Patient. Sources representing the FDA were most likely to correlate with the following frames: Benefits, Drawbacks, Doctor-Patient, and Law-Policy. Sources representing consumer and other advocacy groups were associated with Benefits, Drawbacks, Doctor-Patient, and Law-Policy. Sources from hospitals and clinics co-occurred with Drawbacks, Doctor-Patient, Law-Policy, and Health-Medicine-Science-Technology frames, while insurers and HMO sources were associated with Drawbacks and Costs. Sources from mass media organizations were not associated significantly with any of the frames, and none of the sources was associated with the Ethics frame.

**Claimsmakers' Frame Relationships.** We were interested in how the frames were associated with one another (RQ5). We examined Spearman

rank order correlations among the frames. The Drawbacks frame, which occurred with the greatest frequency, was associated with Benefits ( $r_s=.38, p<.001$ ), Power ( $r_s=.29, p<.001$ ), and Doctor-Patient relationships ( $r_s=.26, p<.01$ ). The Benefits frame was associated with Doctor-Patient relationships ( $r_s=.26, p<.001$ ), Power ( $r_s=.23, p<.01$ ), and Drawbacks, as noted. Ethics frames were associated with Law-Policy ( $r_s=.20, p<.05$ ). The Cost and the Health-Medicine-Science-Technology frames had no relationships of significance. Note that the Drawbacks and Benefits frames were likely to be associated with one another, but not with Cost.

## Discussion

Our aim was to explore the frequency and nature of claimsmakers' frames in news coverage of the direct-to-consumer advertising phenomenon in the mainstream press. We sought to add to the body of knowledge on framing and countervailing powers theories by examining their linkages and illuminating which stakeholders' claims appeared more prominently and how they influenced the DTC discourse.

Dominant frames invoked by stakeholders encompassed drawbacks, benefits, and power relationships, with 80% of the news stories containing at least one of the three frames. Nearly one-third (30%) of the stories contained both a Drawback and Benefits frame, indicating that reporters often attempt to balance the benefits touted by some sources against drawbacks. Balance is expected in news stories, but may result in limited coverage in two important ways. First, dualistic coverage that pits one view against another limits a plurality of views, and in the DTC phenomenon, dozens of claimsmakers have vested interests in health care—economical, political, and cultural investments. However, many claims received scant attention (for example, the ethics of creating unnecessary demands for costly drugs). Second, attending to two sides of a debate may gloss over deeper, underlying issues. Indeed, adhering to the objectivity routine in reporting produces a "false balance."<sup>44</sup>

We argue that coverage of the DTC story is far from penetrating, due in large part to journalists' propensity to balance stories by interviewing sources who represent only two sides of an argument. In adhering to balance norms, reporters are missing the cultural contexts in which the advertisements occur. Advertising ploys are structured to engage the desires and needs of consumers so they will respond by buying drugs.

Mass media's "vested interests" in conveying the DTC story are overlooked, with reporters eschewing self reflection. Few stories contained sources from mass media organizations who spoke to the DTC story. When such sources did appear, they discussed the value of television advertisements or the hampered role of the FDA, but avoided their watchdog responsibilities concerning the ethics and efficacy of such ads. Mentions by sources of ethics occurred in fewer than 1% of all stories ( $n=12$ ). Journalistic ethics demand that reporters attend to the greater societal costs of such marketing, but such coverage was ignored.

Clearly the "authentic" DTC story is much more than a risk-benefit tale, with issues of power, control, financial gain, values, and public

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policy woven into the fabric of what could and should be covered. In the case at hand, reporters reflect conflict, interviewing sources who question specious claims that advertisements improve health care. But such views are balanced by adept pharmaceutical sources poised to counter such claims. Claims that tout benefits occurred with nearly the same frequency as drawbacks. So, while a story might note that ads harm consumers by raising prices, industry apologists argue that consumers benefit because they become "educated." Direct marketing, Halpern observed, "co-opts consumer rights by invoking patient empowerment while serving corporate rather than patient interests."<sup>45</sup>

Our view is that such coverage demonstrates the facility of the pharmaceutical industry in framing the debate. Thus, in the interest of presenting balance, reporters offer a forum to industry to present their views, thus affording pharmaceutical sources added leverage and, hence, privilege. In a similar vein, the countervailing powers model asserts that the forces vying for power in the model seek cultural legitimacy,<sup>46</sup> and we argue that the advent of DTC advertising has, in part, legitimized the authority of the pharmaceutical industry as a countervailing power. For example, claims about the eroding authority of physicians were tempered by sources who point out that such advertisements empower and inform consumers.

Advertisers' claims that television commercials provide information, education, and knowledge fit snugly within the current marketing model of health care.<sup>47</sup> Similarly, the advent of DTC advertising shifts the intermediary role from the physician to the television. Pharmaceutical advocates attest that consumers become "informed" by viewing drug commercials, but the nature of knowledge acquired from such ads is little understood: what is actually learned from such ads? As Altschull noted in 1984, the American press, unlike its European counterparts, eschews an educational role in favor of "providing the information that enables citizens to make appropriate democratic decisions."<sup>48</sup> An unspoken role of the press is to "advertise what is available in the marketplace"<sup>49</sup> and thus the linkage between transmitter of health information and purveyor of drug pitches is inextricably bound. Altschull explained: "The reality ... is that the content of the press is directly correlated with the interests of those who finance the press."<sup>50</sup>

In summary, news coverage that has emerged since the FDA's deregulation of prescription drug ads fails to explore the deeper, ethical issues of creating unnecessary demand, harming consumers, and raising prices. As a result, reporters are failing in their mission to serve as a watchdog over special interests. As one source noted about the DTC news coverage, "allowing advertisers to pitch products to patients under the guise of education is a case of the fox guarding the henhouse."<sup>51</sup>

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### **Limitations and Future Work**

With any study, and particularly content analyses, there is the temptation to "find what you are looking for." To avoid a tautological approach, we established a priori categories from frames based on the underpinnings of theory and on stakeholders' own claims. This deductive

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approach, however, may overlook emergent themes that could arise from a more inductive analysis. Another limitation results from aggregating coverage, rather than exploring the evolution of the issue over time. Future work that incorporates the issue attention cycle<sup>52</sup> might follow how DTC issues have ebbed and flowed. Recent scandals, such as the recall of Vioxx, would likely add another perspective to news coverage. Finally, we hope the current study might pave the way for future work that examines whether drug advertisements do, in fact, impart educational information to consumers.

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## NOTES

1. Joe Mandese, "TV Execs Welcome Drug Ads with Open Arms; But the Lucrative Commercial Category is Under Attack by Regulators," *Broadcasting and Cable*, May 16, 2005, 24.

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23. A copy of the coding manual may be obtained from the lead author.

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28. Krippendorff, *Content Analysis*.

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30. Vincent Bzdek, "Tube Feeding: Health 'Education' Programs are Beamed to the Hospital Bed by the Patient Channel," the *Washington Post*, July 8, 2003, F1.

31. Sheryl Gay Stolberg, "FDA Forces Drug Maker to Keep the Flu in Ad for a Remedy," the *New York Times*, January 14, 2000, A17.

32. George Raine, "No Wonder Drugs; Advertising for AIDS Treatments Shouldn't Exaggerate Effectiveness, Activists Say," the *San Francisco Chronicle*, May 26, 2001, E1.

33. Shankar Vedantam, "Drug Ads Hying Anxiety Make Some Uneasy," the *Washington Post*, July 16, 2001, A1.

34. Francesca Lunzer Kritz, "Ask Your Doctor About," the *Washington Post*, June 6, 2000, Z9.

35. Susan Okie, "Sharp Rise Reported in Multiple Prescriptions," the *Washington Post*, July 18, 2001, A2.

36. Susan Okie, "With TV Spots, Drug Firms Aim at Patients' Role; Strategy for Prescriptions Shifts away from Doctors," the *Washington Post*, May 22, 2000, A1.

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