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## Letters to the editor

### *To the editor:*

We would like to respond to Dr Kathleen I. MacPherson's comments linking NAACOG, the organization for obstetric, gynecologic, and neonatal nurses, with the creation of health care policies that are for large pharmaceutical companies and against the best interest of consumers in her article "Health Care Policy, Values, and Nursing," *ANS* Spring 1987.

Numerous statements are erroneous and unjust in Dr MacPherson's portrayal of NAACOG's role in the development and use of an osteoporosis education program, most important of which is her implication that NAACOG favors a major drug company. NAACOG does not favor or endorse any company or product, a policy in existence since the organization was founded. One need only look at the current emphasis on the treatment and prevention of osteoporosis to validate development of the program. The National Institutes of Health in 1984 held a Consensus Development Conference on Osteoporosis to study the drastic effects of this disease on individuals and the economy.<sup>1</sup> From an economic standpoint, osteoporosis is a progressive disease from which at least 50% of all post-menopausal women develop spontaneous fractures in later years of life.<sup>2</sup> This disease is currently responsible for 1.5 million fractures per year at a cost of more than six billion dollars in health care and lost income.<sup>3</sup> Additionally, these figures are expected to double by the end of the century when twice as many women beyond the age of 65 will be alive.<sup>3</sup> And this does not include the quality of life which Hillner and associates found increased when estrogen was used as a prevention for osteoporosis.<sup>4</sup> Based on this information, a factual program informing women of the dangers and prevention of osteoporosis was deemed to be of considerable value. The overt and covert value premises were to

simply provide a quality educational resource for use by the nursing population NAACOG serves. Contrary to Dr MacPherson's assertions the association did not receive financial remuneration for participating in the development of this program.

The educational program consists of a slide presentation supplemented by numerous handouts and brochures emphasizing diet, exercise, and activity, and the importance of essential minerals. These pamphlets are supplied by a number of companies and organizations including the Dietary Bureau of Canada and Nutrition Communications. No pamphlets about estrogen supplementation are included. Contrary to Dr MacPherson's assertions the slide presentation *is* an even-handed presentation of the issues related to osteoporosis including the importance of prevention and treatment. Numerous research-based therapies are suggested, including life style changes such as increasing dietary calcium, vitamin D and exercise. Estrogen supplementation is presented in a factual manner as one of the therapies. Its use is not encouraged.

Finally a total of six original members comprised the Osteoporosis Education Advisory Board. Omitted from Dr MacPherson's article are William Peck, MD, professor and cochairman of the Department of Medicine at Washington University School of Medicine in St Louis, Missouri and chairman of the NIH Consensus Development Conference on Osteoporosis; Marjorie M. Luckey, MD, co-director of the Osteoporosis Center at Mt Sinai Hospital in New York City; and Jean P. Colls, RN, a nurse practitioner and private consultant in Rolling Hills, California, a NAACOG member.

Many comments and suggestions in Dr MacPherson's article as regards health care policy, values, and nursing are noteworthy. Unfortunately those related to NAACOG seem to be based on limited information.

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## REFERENCES

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4. Hillner BE, Hollenberg JP, Pauker SB: Post menopausal estrogens in prevention of osteoporosis. *Am J Med* 1986; 80(6):1115-1127.  
—NAACOG Committee on Education  
Lois Salmeron, RN, MSN, Chairman  
Donna Miller-Slade, RN, MSN  
Marie Hogarty, RNC, MSN  
Barbara Sinclair, RNC, MN  
Maureen Heaman, RN, MN  
Patricia Higgins, RN, PhD

### Author's reply:

I want to thank the six members of NAACOG's Committee on Education for responding to my article. It is a sign of a maturing profession when disagreements are made public and debated.

I mentioned a policy shift within NAACOG to illustrate the apparent lack of a critical analysis of external economic and political forces that shaped the new policy as well as the shift in underlying values. NAACOG leaders decided to take an active role in a large pharmaceutical company's (Ayerst) public relations campaign linking menopause with osteoporosis. The role consisted of accepting Ayerst money channelled through the public relations firm of Burson-Marsteller to help develop seminars for NAACOG nurses to present to the public.<sup>1</sup> In the past NAACOG had accepted grants from other drug companies but had never been funded for a consumer program. This to me is a serious and troubling policy shift.

It is hard for me to believe that leaders of NAACOG and members of this committee are unaware of the economic and political power brought to bear by gynecologists<sup>2</sup> and pharmaceutical companies<sup>3</sup> to rehabilitate estrogen therapy after it was linked to endometrial cancer in the 1970s.<sup>4</sup> It is true that progestogens are now combined with estrogen but research on the long-term effects is not yet available. Progestogens in the birth-control pill increase risk of high blood pressure, strokes, and breast cancer.

What underlying values, then, are operating when NAACOG nurses "present estrogen supplementation in a factual manner as one of the therapies"? Consumers need and want to know the debates within medicine and the social sciences over the use of hormones to prevent and treat osteoporosis.<sup>5</sup> The crisis in confidence consumers face toward medicine's overinvolvement with pharmaceutical companies can be extended to include nursing. My comments concerning NAACOG were intended as an alarm to help prevent this from happening.

## REFERENCES

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—Kathleen I. MacPherson, RN, PhD