



# Case Report

<b>1</b>	<b>Case Number</b>	<b>0203/16</b>
<b>2</b>	<b>Advertiser</b>	<b>Galderma</b>
<b>3</b>	<b>Product</b>	<b>Health Products</b>
<b>4</b>	<b>Type of Advertisement / media</b>	<b>Print</b>
<b>5</b>	<b>Date of Determination</b>	<b>11/05/2016</b>
<b>6</b>	<b>DETERMINATION</b>	<b>Dismissed</b>

## ISSUES RAISED

- 2.1 - Discrimination or Vilification Physical Characteristics
- 2.1 - Discrimination or Vilification Race

## DESCRIPTION OF THE ADVERTISEMENT

This print advertisement features an image of half of a man's face with the text, "My job prospects shouldn't be decided by the colour of my skin. Help end discrimination. Rosacea treatment from Galderma".

## THE COMPLAINT

A sample of comments which the complainant/s made regarding this advertisement included the following:

*I think this advertisement is insensitive and insulting to those who suffer discrimination directly as a cause of their race/ skin colour as it indirectly suggests their issues are equal to a treatable skin condition. It seems to state that when the "patient" has been successfully treated he will no longer face discrimination (as he will be "nice and white" again.). It does not deal with the real issue of discrimination, and I feel it makes a mockery of those who are discrimination due to race on a daily basis. I do understand the sentiment that if two people have identical qualifications etc the better-looking applicant will often get the job, but I think this is disrespectful none the less.*

## THE ADVERTISER'S RESPONSE

Comments which the advertiser made in response to the complainant/s regarding this advertisement include the following:

*Skin conditions account for 15% of general practice consultations in Australia, making them one of the most frequently encountered issues for General Practitioners (GPs)<sup>1</sup>. However, a recent study has found that dermatology is not included in the core curriculum in medical schools across Australia, thus potentially creating a knowledge gap in General Practitioner population<sup>1</sup>.*

*Both the Royal Australian College of General Practitioners (RACGP) and the UK Royal College of General Practitioners (RCGP) recognise the need for ongoing education in this critical area and have responded by developing clinical education modules. A key component in these modules focuses on the professional and ethical role a GP must play when treating these conditions. Both the Australian and UK Colleges are aligned in stressing the importance of “using an empathetic and non-judgemental approach that recognises the potential for psychological distress from skin conditions for the patient and others, including the potential lifelong misery and stigma of some skin conditions”<sup>2</sup> and “recognising how disfigurement... and cosmetic skin changes fundamentally affect patients’ confidence, mood, interpersonal relationships and even employment opportunities”<sup>3</sup>.*

*Despite these efforts, a study published in the Medical Journal of Australia (MJA) found evidence that patients with skin disease feel that their doctors trivialise their condition, underestimate its impact, and fail to adequately appreciate its psychological aspects. In addition to this and congruent with previous quantitative research, patients were dissatisfied with their doctors’ empathy and appreciation of the extent of their suffering<sup>4</sup>.*

*Rosacea is an under-recognised, underdiagnosed and undertreated skin condition that may affect up to as many as 1.8 million Australians<sup>5</sup>. Correct diagnosis and early treatment of rosacea are important because, if left untreated, rosacea can progress to irreversible disfigurement and vision loss<sup>6</sup>. Erythema (persistent facial redness) is one of the earliest and primary symptoms of rosacea and the most difficult to manage<sup>6,7,8</sup>. It is also the symptom that causes patients with rosacea the most distress<sup>6,7,8</sup>.*

*Rosacea has a significant negative impact on the quality of life of sufferers, including a decrease in self-confidence, inhibiting healthy social interactions and even a higher correlation with depression and anxiety disorders<sup>8,9,10</sup>. The impact is not just limited to a patient’s self-perception and in fact, a survey by the National Rosacea Society reported that people with rosacea may be perceived by others as less intelligent, less confident, less trustworthy and less successful<sup>8,10</sup>. Some patients are even viewed as abusers of alcohol or as having poor hygiene<sup>8</sup>.*

*In direct response to the complaint regarding the impact of this disease on the appearance of skin and in turn, its likelihood to affect work opportunities, this same survey, which was completed by nearly 7,000 adults in addition to another survey of 1,100 participants, found that 60% of respondents said their rosacea negatively affected their interaction with others in the workplace. Many of the respondents also reported that the disease had inflicted direct damage to their careers. Furthermore, 19% felt they did not receive a job offer because of their condition and another 19% believed they were denied a promotion or new responsibilities because of the way they looked. Both of these figures increased with the*

severity of the condition to 39% and 41%, respectively<sup>11</sup>.

*The published medical literature describing the psychosocial impact of skin conditions and more specifically rosacea is extensive and confirmed through many clinical studies and real-life surveys (some of which are attached as references to this response). However, this impact is not only demonstrated within the academic world, but is also confirmed in patient blogs posted on one of the world's largest online rosacea support group forums. A selection of these blogs are attached for your perusal, and as you will see patients describe experiences such as being teased and bullied at the mall, opting for home online tuition instead of attending school and suicidal ideations, all directly attributed to their rosacea<sup>12</sup>.*

*Adding to the complexity of this multifactorial condition is that it is a chronic condition with no proven cure. The medical options available only help to manage and control the signs and symptoms for a defined period of time which means a rosacea patient is at risk of a relapse or "flare-up" at any given time for the remainder of their lives<sup>8</sup>.*

*GPs not only lack education on rosacea but also lack awareness of the availability of products that can help manage some of the signs and symptoms of this undertreated disease. It is known that only 14% of GPs are aware of Mirvaso®, the only product TGA approved to help manage the persistent redness of rosacea<sup>13</sup>.*

*Taking all aspects of the above into consideration we felt it our duty and obligation as part of our commitment to Dermatology and a leading company in the area of Rosacea, to develop and disseminate a piece designed to highlight the significant impact of rosacea on patients and in so doing, stress the important role that GPs have to play and reinforce the importance of appropriate treatment in the hope to improve patient outcomes.*

*This ad depicts a real Australian patient who suffers from rosacea, he is not a model and the images have not been "touched up" or altered to exacerbate his skin condition. The 'slight reddening of the skin' the complainant referred to is the patient's true skin tone and complexion as a result of his rosacea.*

*Prior to publication, the advertisement was shown to the Galderma Advisory Board, consisting of 10 Dermatologists all recognised as Key Opinion Leaders in their field. They were asked to review the advertisement and they all unanimously felt that it accurately and effectively depicted the true impact that this condition has on patients and the need to treat it appropriately.*

*We hope we have demonstrated adequately that the changes in appearance (i.e. colour change of the skin) associated with rosacea have a significant impact on patients' lives and can often lead to being discriminated against in various social and work situations.*

*We acknowledge and understand that discrimination can come as a result of a myriad of factors including, but not limited to sex, age, race, and appearance and have no intention to vilify any of these aspects in any of our communications.*

*As a reputable dermatology company, Galderma takes seriously its obligations to comply with regulatory and ethical requirements when advertising our products, with the goal of delivering innovative medical solutions to improve skin health and quality of life for patients. We trust that you will accept our response as Galderma continue to work for greater*

awareness of this chronic, underdiagnosed skin condition affecting a vast number of Australians.

*References:*

1. Gupta A. *et al. Australasian Journal of Dermatology* 2016; doi: 10.1111/ajd.12486
2. RACGP, *RACGP Curriculum for Australian General Practice* 2011; 251 – 263
3. RCGP, *The RCGP Curriculum: Clinical Modules: Care of People with Skin Problems* 2016
4. Magin P. *et al. Medical Journal of Australia* 2009; 190: 62 – 64
5. Australian Bureau of Statistics. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3101.0>. (Last accessed May 2016)
6. Cohen AF. *et al. The Journal of the American Board of Family Medicine* 2002; 15 (3): 214 – 217
7. Baldwin HE. *Skin Therapy Letter* 2007; 12 (2): 1- 9
8. Huynh T. *Am Health Drug Benefits* 2013; 6(6): 348–354.
9. Aksoy B. *et al. British Journal of Dermatology* 2010; 163: 719 – 725
10. Moore S. *Face Values: Global Perceptions Survey report* 2013
11. National Rosacea Society: *Rosacea Takes Toll on Sufferers in the Workplace, Survey Shows*. Available at: <http://rosacea.org/press/archive/20110601.php> (Last accessed April 2016)
12. Rosacea Support Community. <https://rosacea-support.org/community> (Last accessed May 2016)
13. *Data on file. Galderma* 2016

## **THE DETERMINATION**

The Advertising Standards Board (“Board”) considered whether this advertisement breaches Section 2 of the Advertiser Code of Ethics (the “Code”).

The Board noted the complainant’s concern that the advertisement is insensitive with its portrayal of skin discolouration (due to a treatable condition) being likened to the discrimination suffered by people due to their race or skin colour.

The Board viewed the advertisement and noted the advertiser’s response.

The Board considered whether the advertisement complied with Section 2.1 of the Code which requires that 'advertisements shall not portray or depict material in a way which discriminates against or vilifies a person or section of the community on account of race, ethnicity, nationality, gender, age, sexual preference, religion, disability, mental illness or political belief.'

The Board noted that this print advertisement features an image of a man's face with a red rash-like condition.

The Board considered that the advertisement was highlighting the issue of discrimination as very real, although it did appreciate the complainant's view the advertisement could be seen as trivialising skin colour by linking it with a rash that can be treated. The Board's view was that although it may be unfair to align the significant issue of racial discrimination due to skin colour with a treatable skin condition. However, in the Board's view, the message was not intended to trivialise discrimination and in itself was not discriminatory on the grounds of race or skin colour.

The Board noted that the advertisement appeared in a specialist GP magazine and considered that this meant the material would not be widely disseminated and viewed and in the context of such a magazine, would be targeting specialists treating skin conditions.

The Board determined that the advertisement did not breach Section 2.1 of the Code.

Finding that the advertisement did not breach the Code on other grounds, the Board dismissed the complaint.