“The Genesis of Robitussin’s “Ask Your Doctor” campaign – The prevalent theme of pharmaceutical advertising for four decades”

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ARTICLE INFO	Sidney Kessler, Joanna Hernik and Dana-Nicoleta Lascu (2013). The Genesis of Robitussin’s “Ask Your Doctor” campaign – The prevalent theme of pharmaceutical advertising for four decades. *Innovative Marketing* , *9*(2)
RELEASED ON	Monday, 29 July 2013
JOURNAL	"Innovative Marketing "
FOUNDER	LLC “Consulting Publishing Company “Business Perspectives”

NUMBER OF REFERENCES	NUMBER OF FIGURES	NUMBER OF TABLES
0	0	0

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The genesis of Robitussin's "Ask Your Doctor" campaign – the prevalent theme of pharmaceutical advertising for four decades

Abstract

The "Ask Your Doctor" advertising campaigns of pharmaceutical companies resonate in television advertising and populate the pages of popular magazines. The present article examines the history of the "Ask Your Doctor" theme by exploring the genesis of the seminal A.H. Robins 1976 campaign using multiple primary sources of evidence, including the oral history method in the form of interviews with former managers instrumental in the development of the campaign, as well as firm documents, employee notes, brochures, advertising, and visuals provided to Robins marketing managers during the course of the campaign. The article reveals the intricacies of the marketplace, but also the brilliance of pharmaceutical company leadership and the foresight and talent of an advertiser to create a memorable advertising theme that has resonated with consumers for decades.

Keywords: "Ask Your Doctor" campaign, pharmaceutical advertising, direct-to-consumer marketing.

Introduction

Before the "Ask Your Doctor" themed advertising on television, consumers knew their place, and, even if they knew the name of a drug, they would never ask their doctor for it because that would be self-diagnosing and cheeky for a patient; but just a few decades later, direct-to-consumer (DTC) drug advertising, drug websites, and all other online drug sales venues are supporting patients as they self-diagnose, urging them to demand pills – patient involvement has become medicine-as-usual for both doctors and patients (Rosenberg, 2011). Where did the "Ask Your Doctor" advertising theme originate and how long has it been around? Web, pharmaceutical, and advertising databases reveal little information. However, interviews with managers at the A.H. Robins Pharmaceuticals (Robins) clearly pinpoint this seminal moment to the year 1976, when this manufacturer of Robitussin cough syrup decided to connect patients with their doctors, launching the first "Ask Your Doctor" campaign.

Ever since, the "Ask Your Doctor" campaign has become a resonant theme in marketing drugs to consumers – and marketing drugs directly to consumers has become a huge business. And, since 1997, when the US Food and Drug Administration relaxed the rules on pharmaceutical television marketing, drug advertising surged to $5.3 billion in 2006, up 14% from 2005, and ad spending in the pharmaceuticals sector grew faster than that of any other industry (Weintraub, 2007).

The present study provides an understanding of the history behind Robitussin's 1976 "Ask Your Doctor" campaign, using multiple primary sources of evidence, such as oral history methods in the form of interviews with former A.H. Robins managers who were instrumental in the development of the "Ask Your Doctor" campaign, as well as firm documents, employee notes, brochures, advertising, and visuals provided to Robins marketing managers during the course of the advertising campaign. This research approach is consistent with marketing scholars' approach to historical research in marketing, drawing on data in the form of words, images, artifacts, and memories elicited through oral history methods (Witkowski and Jones, 2006).

The study first attempts to provide a background of the "Ask Your Doctor" and related DTC drug advertising in the United States. So far, this has been an almost uniquely American phenomenon, with only one other country, New Zealand, allowing drug companies to market their products directly to consumers (Weintraub, 2007). However, that is changing and the European Union is relaxing its directives to permit "Ask Your Doctor" advertising in the media. Finally, the study uses oral history methods (Witkowski and Jones 2006), consisting of a review of brand advertisements and other marketing communications, brochures, interviews with former company executives, and artifacts associated with the marketing of the Robitussin brand to explore the genesis of the Robitussin campaign.

1. Literature review

1.1. Marketing pharmaceuticals to consumers worldwide: a retrospective overview. Worldwide, pharmaceutical sales are rapidly increasing. In the United States, Japan, and Europe, the annual rate of growth of pharmaceuticals is from two to four percent, while in China, Russia, Mexico and Brazil, it is about twelve to thirteen percent a year (Nazdrowie, 2013). Typically, the decision to sell a product over the counter rests with a government authority. In the United States, this authority is the Food and Drug Administration, whereas in most other countries, it is the Ministry of Health that makes this determination.

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In Poland, for example, every year, the Official Journal of the Ministry of Health publishes the "Journal of the list of medicinal products authorized in the Polish Republic" containing a list of all the medicines that can be sold in Polish pharmacies without a prescription or with a prescription – and pharmacies and drug stores are required to comply with these provisions (Apteki Zdrowie, 2013).

In the United States, pharmaceutical companies marketed their over-the-counter products directly to consumers, and, until the 1980s, when prescription drugs were first marketed to consumers, pharmaceuticals marketed prescription products directly to physicians. Companies have marketed pharmaceutical products directly to consumers since the sixteenth century (Dukes et al., 2001; Singh & Smith, 2005). These products were primarily over-the-counter offerings that did not involve much physician oversight. On the other hand, branded prescription drugs, until the 1980s, were marketed primarily to physicians to avoid disrupting the complex relationships between them and their patients (Dukes et al., 2001; Ausness, 2002; Singh and Smith, 2005).

The marketing communications of Robitussin changed these well-established dynamics in the 1970s for over-the-counter products by suggesting to consumers to involve their physicians in their over-the-counter product decisions. At the time, the pharmaceutical industry was shielded from consumers in a shroud of mystery (Singh and Smith 2005) and authority and doctors were on the pharmaceuticals' side of the shroud. Robitussin's communications, urging consumers to engage their doctor's in their decision regarding Robitussin, reinforced what is referred to as a paternalistic patient-physician relationship (Shankland, 2003; Singh and Smith, 2005) beyond the domain of prescription drugs, into the over-the-counter market.

At the time of the Robitussin campaign, in the 1970s, a number of consumer organizations emerged, such as the Health Research Group, under the auspices of Ralph Nader's Public Citizen; these groups petitioned the Food and Drug Administration to offer patients more extensive information about their prescription and non-prescription drugs, as it was determined that physicians were not providing patients sufficient information regarding the risks that drugs posed (IOM, 1979; Donahue, 2006). The purpose of this additional information was to help patients play a greater role in their own medical decisions (IOM 1979; Donahue 2006). Also at this time, consumer groups took action challenging states' attempt to limit pharmacists' rights to provide information about prescription-drug prices to consumers. In a seminal case, *Virginia State Pharmacy Board v. Virginia Citizens Consumer Council* (1976), the United States Supreme Court determined that the First Amendment of the United States Constitution, which protects individuals' freedom of speech, also applied to commercial speech. Specifically, consumer groups brought suit against the Virginia State Board of Pharmacy, challenging the First and Fourteenth Amendments of a Virginia statute which declared it as unprofessional and illegal for a licensed pharmacist to advertise the prices of prescription drugs. The Federal District Court declared the Virginia law as void, allowing pharmacists to advertise products of prescription drugs and, effectively, to compete for consumers on price.

Essential in the present case is that, while consumer groups were making every attempt to chisel away from the power of physicians when it came to prescription drugs, A.H. Robins, through its strategy, empowered consumers while also keeping the physician involved, even in the consumer's decision to take an over-the-counter medicine, thus enforcing the doctor-patient relationship in the realm of over-the-counter drugs.

1.2. Consumer attitudes and intentions. Consumers appear to have a paradoxical relationship with direct-to-consumer marketing of drugs, as the factors that influence consumer attitudes toward direct-to-consumer communications are likely to differ from their behavioral intention to ask the physician about the drug or their actual behavior of asking the physician about the advertised drug (Singh and Smith 2005). Consumers' likelihood to consult their physician about an advertised drug brand is a function of the perceived information value in the ad, the ad's quality, and the consumer's perceived competence in evaluating the claims (Singh and Smith 2005). Whereas, consumers' trust of the physician's judgment is a function of whether they perceive him or her as the primary source of medical information of their perceived personal competence to evaluate claims, and of the value of information in the direct-to-consumer marketing communication (Singh and Smith 2005).

1.3. DTC for prescription drugs. Among advantages of direct-to-consumer marketing are the ability of pharmaceuticals to educate consumers to manage their health, and the ability of patients to identify information relevant to their care when the timing of such information is critical (Calfee 2002; Singh and Smith 2005). While DTC communication may create discomfort for the primary care physician, it also offers an opportunity to challenge the previously paternalistic patient-physician relationship (Shankland 2003; Singh and Smith 2005) into one of cooperation between the doctor and patient in an effort to create the most positive outcome.

A negative outcome of DTC marketing is the erosion of the physician-patient relationship and the creation of a false sense of consumer empowerment for the average consumer who may not be capable to competently assess the marketing claims (Wilkes et al., 2000; Reast et al., 2004; Singh and Smith 2005). Yet another negative outcome may be an erroneous self-diagnosis that could lead to the unnecessary use of the drug (Singh and Smith, 2005) or the decision to not see a physician for an underlying condition that could potentially be dangerous.

2. Method

The marketing history research presented herein relies on qualitative research methods, which are deemed as appropriate for this type of research (Witkowski and Jones, 2006). In this methods section an attempt will be made to develop a working hypothesis – defined as such because, as the historian develops a topic and begins the data collection process, the questions that are asked will change as new data are discovered (Witkowski and Jones 2006). This process is known as question framing (Witkowski and Jones 2006). Thus, the research questions herein – in other words, the working hypotheses, - are identified and refined further as the data are collected.

Primary data sources used in historical marketing research can be divided into four groups: words, images, artifacts and memories elicited through oral history methods (Witkowski and Jones, 2006). The primary data source materials used in the study were produced during the historical period under investigation, i.e., the 1970's. Among the materials consulted were brand advertisements and other marketing communications, brochures, interviews with former company executives conducted as part of the Robins Oral History project of the Virginia Historical Society, and even artifacts associated with the marketing of the Robitussin brand. The data also consisted of oral history interviews with former company executives conducted specifically for the purpose of this study with former company executives. Oral history interviews are a type of primary data that is collected in the form of interviews taking place many years after events have occurred, but based on memories created during the times in question (Witkowski and Jones, 2006; Jones and Monieson, 1990).

Oral histories use spoken memories and personal commentaries of historical significance (Witkowski and Jones, 2006) to describe an event or a phenomenon. The Robitussin oral history was captured through interviews using audio-visual equipment and through note taking, through semi-structured interviews transcribed to facilitate interpretation (Witkowski and Jones, 2006).

Among some of the limitations presented by this type of data collection are that they are incomplete and represent selective perception and retention on the part of its creators; moreover, their survival also presents problems because preservation choices are often made deliberately and subjectively, and thus present possible biases (Witkowski and Jones, 2006). Oral historians, for instance, frequently encounter informant nostalgia, the remembering of the past as better than it was experienced (Witkowski and Jones, 2006).

However, it is possible to validate such data with other narratives on the topic attributed to the period of investigation or with secondary data, such as newspaper accounts (Witkowski and Jones, 2006) or other journal publications from the respective period. Moreover, oral history interviews are probably no more subjective or less representative than most other forms of data collection and respondents can be selected to represent the different points of view (Witkowski and Jones, 2006).

3. Qualitative analysis and narratives

The analysis of qualitative historical data involves interpretation and synthesis whereby the data is transformed into ideas as researchers search for truth: telling the story of the past is the most common structure for presenting historical findings (Witkowski and Jones, 2006). The story of Robitussin is presented by former executives of A.H. Robins Pharmaceuticals: Sidney Kessler, Advertising Manager, John Burke, Vice President and Sales Manager, and Frank Mann, Director of Advertising.

3.1. The Robitussin marketing strategy: from prescription to OTC. Robitussin was initially a prescription drug, but Robins management was convinced that the brand should radically change its strategy to sell over the counter (OTC). John Burke, VP of Sales, had exposure to many new ideas from salespeople:

"Being a field man myself, I listened to [salespeople]. It made me think maybe I am too far ahead of the game, I am dreaming things. A rep called me to come out to sell with him… in mid 1970s… at Myers Thrifty Acres in Michigan, and I almost dropped my teeth... They must have had 25 checkout counters; they had a bank, hair salon, a dental clinic, and everything that you want, and that was the first time I heard the word one-stop shopping... I said yeah, that is the future. Then I was invited out to some place on the West Coast and we have to remember that at that time Mom and Pop drug stores existed. The chains were just beginning to get their feet wet. And I looked at our operation and there were few of us who thought that

we were on to something and the pharmaceutical market was going to become the mass market like it is today" (Burke).

Based on the premise that there were going to be radical changes in the pharmaceutical market and pharmaceuticals will ultimately be sold using mass marketing, the Robins leadership decided that Robitussin should be sold over the counter:

"There was a regional sales manager, Jimmy Brown, and he said that we were very successful with Robitussin in the New England market and the salespeople there said there is something we're missing. Why don't we put it over the counter so consumers can buy it? We talked to Mr. Robins about possibly altering the formula but still maintaining the effectiveness and getting the FDA to accept it so we can take Robitussin over the counter…. we agreed that this was a way to go" (Burke).

In the end, changes to the product were made such that "Robitussin…. didn't have ingredients that required a prescription" (Mann). Nevertheless, even after the change in ingredients, Robitussin continued to be marketed as a prescription product, and Robins made sure the doctor and pharmacist knew that. Even after the company acquired a consumer products company, it maintained Robitussin in its pharmaceuticals division:

"…the company purchased Chapstik, Lip Quencher and Sargent's Pet Products which was a separate unit called Miller-Morton Division of AH Robins. Robitussin was kept with the pharmaceuticals. This is in the late 60s, early 70s…. [At that time,] there was one company that made the move from prescription market into the OTC market, and if I'm not mistaken the product was Metamucil, formerly a prescription product, that was moved into the OTC market. They put it on the market and said it was available OTC. They did not go to the public with advertising, definitely not on TV" (Burke).

However, a brilliant ad man, Dave Popofsky, changed that in 1976.

3.2. Dave Popofsky – the genius behind the "Ask Your Doctor" strategy. All informants credit the "Ask-Your-Doctor" campaign to Dave Popofsky, a brilliant ad man. Popofsky was the "idea man" at Sudler & Hennessey, a pharmaceutical advertising agency in New York, where Sidney Kessler was Media Director. Sidney subsequently moved to Robins, in their advertising division – hence the Popofsky-Robins connection.

"In 1963, I was the Media Director of Sudler & Hennessey, a pharmaceutical advertising agency in New York. I was recovering from an acute low back pain problem and my orthopedist cleverly demonstrated how he wanted me to lie in bed and sleep. One of our accounts, A. H. Robins, solicited our presentation for…. a muscle relaxant. I spoke to our "New Business" idea man, Dave Popofsky, about my orthopedist's approach to patient care. He agreed [and this was] the germ of a comprehensive advertising and marketing plan for the Robins product. We worked on it together, and won [the account]. Dave and I became close friends. We were the same age, had similar backgrounds, married with young children. We were together the day of Kennedy's funeral. I eventually left the agency for a better position [at Robins, as an Assistant Advertising Manager, in 1966] and Dave left to form his own ad agency…. Popofsky Advertising. [The agency had much] success. Popofsky handled diverse accounts including Charms Candy, Genovese Drug Stores, Pathmark Supermarkets, Bausch & Lomb, and Becton Dickinson. He did the advertising for Desitin, and developed the strategy for introducing Cruex. [Popofsky] was the founder of the retail drug institute at the Brooklyn College of Pharmacy" (Kessler).

A close relationship developed between Popofsky and the marketing team at Robins, and Dave Popofsky attempted to persuade Robins to sell Robitussin directly to final consumers:

"Dave traveled through Richmond visiting other clients and prospects. He was a welcome visitor [at Robins and visited] Frank Mann, my supervisor, and me… Frank was Director of Advertising and I was Advertising Manager at that time. Dave talked about how we could take some of our products, especially Robitussin, and market them directly to the consumer. 'There are ways to do this.' His ideas were interesting and worthy of consideration. This went on for a number of years. We would talk about this to our boss, Dale Taylor, Director of Marketing, [whose] experience was in field sales management" (Kessler).

In the end, the marketing team was persuaded to approach E. Claiborne Robins, the CEO of A.H. Robins, with the idea of marketing directly to consumers:

"Claiborne Robins was a lovely combination of courtliness and down to earth geniality. One of our operating principles was 'Claiborne says....' Mr. Robins was intuitively a great marketer, and no one seemed willing to question his judgment. Dale Taylor [Director of Marketing] did not want to introduce the idea of marketing any of our products directly to the consumer. 'Claiborne says' our franchise is with the doctor and pharmacist, and we don't want to do anything to jeopardize that. After a number of discussions, and a meeting with Dave

Popofsky, Frank Mann and I convinced Dale Taylor to let us present the idea of Robitussin advertising to the consumer at a yearly management planning meeting. Mr. Robins would be there. At that meeting, Mr. Robins, in his most affable way, said something like, 'I don't know. Maybe we ought to think about that. Sounds like it might be a good idea.' When we came out of that meeting, Dale Taylor said: 'Let's get these guys down here. We've got to get going on this. Mr. Robins likes this idea!'" (Kessler)

3.3. The winning pitch. Typically, A.H. Robins would listen to different pitches for an idea. Consequently, they invited additional advertising firms to pitch their ideas.

"It was necessary to have more than one presentation. We just could not take Dave Popofsky's word on this. We talked to other people in the industry to find major ad agencies that had… experience with these kinds of products. Two were suggested, Grey Advertising and Sullivan, Stauffer, Colwell & Bayles (SSC&B). Grey was very interested, but then backed out when they checked with one of their …medical accounts, who said 'you can't take on Robitussin if you want to keep working with us.' SSC&B was eager to compete. We tried hard not to have a favorite, except for the fact that Dave Popofsky brought the idea to us. SSC&B and Popofsky people came down separately. We answered their questions; opened our files to them; and gave them a stipend to do their own research and come up with a plan. Weeks later nine of us went to New York to hear their presentations. These included, legal, financial, production people, and just about all of our marketing staff." Early in the morning we [went] to SSC&B…. SSC&B is in a beautiful glass building down the block from the UN building [in New York City]. Do a movie about an advertising agency on Madison Avenue in the 1970's, not unlike the current successful TV show, *Mad Men*, and that is what it would look like; secretaries in miniskirts, executives with glass-top desks with nothing on them. We are led into a magnificent conference room, more like a small amphitheater. One by one, the different disciplines within the agency come in to present their research and plan. The copywriter wore a tweed jacket with the leather elbow patches. He smoked a pipe. This was right out of central casting. Market Research presented a marketing model over my head in sophistication. We were awestruck by their brilliance, really very impressed. There is a coffee break. Secretaries in their miniskirts are serving…. The coffee, served in china, not paper cups, and the pastries cut in nice, small, dainty pieces. We hear the rest of the presentation. The finale is the advertising idea, which they present on a story board" (Kessler).

However, Dave Popofsky's pitch won with a simple, brilliant persuasive pitch:

"[Popofsky]… had a presentation which he called the graveyard of OTC products, went through a list of products in the industry of formerly prescription products taken to the consumer and that did not do a good job. …A financial guy at the meeting… was very impressed with this (study) and said 'this guy really knows his business' – and he [Popofsky] was very familiar with pharmaceutical products." (Mann)

"Popofsky… had a very great understanding of the market, of marketing. He was not a Madison Avenue guy who sat up and just wanted to jazz it up." (Burke)

With regard to the advertising strategy, Popofsky argued that the ads should pay respect to the doctors. Popofsky, "a streetwise fellow from New York, said: 'you should always dance and leave with the girl you brought to the party.' [He] saluted the role that doctors had in having Robitussin at the top of the marketplace." (Mann) This expression was used "to articulate the idea that we should not abandon our franchise with the doctor and pharmacist" (Kessler).

3.4. The advertising campaign. First, the company needed to obtain clearance for the advertising campaign with the television networks. "There were objections and lawyers. [The ad stated:] 'Don't think you should let a TV Commercial tell you….' It was denying the role of advertising." (Mann). It then continued by stating "Ask your doctor…" Subsequently, "Mr. Robins wanted us to add 'ask your doctor and pharmacist'" (Mann). The ad essentially challenged the role of advertising, stating that it is not the place of advertising to recommend products, and enlisted the authority of doctors. The goal of the "Ask-Your-Doctor" campaign was to preserve the franchise that Robins had with doctors and not antagonize them or create problems for their other prescription and over-the-counter products.

An examination of a 30-second commercial from the David Popofsky agency (12/2/1977) states the following: "The makers of Robitussin cough medicine don't think you should let just our TV commercial recommend your cough medicine. The fact is that there are different kinds of coughs. That's why there are four different kinds of Robitussin cough medicine. When you have a cough due to colds or flu, there is one way you can be sure you're getting the right kind of medicine for your kind of cough. The makers of Robitussin ask you to ask your doctor."

The advertisements were test marketed on the West Coast:

"… We ran these commercials and did sales research to see what impact it had and found that it was very effective, and we had to do that in preparation for the national rollout of the program. This is the early days of audiovisual using slide projections coordinated with music and of course the commentary. Popofsky put on a show called 'How the West was Won' and in it he went through the analogy of the winning of the West with the success of the ad in the West Coast test market… That was the time when [the movie] Rocky came out that had this very, very moving music and he used that music in the presentation. He gave everybody a Robitussin belt buckle stamped with the product name and How The West Was Won. This was very, very creatively and effectively done" (Mann).

"We kind of mixed our symbols, "Winning the West" and to "light a fire" under our salesman, the rousing music from the film, Rocky, as he ran up the steps of the Philadelphia Museum of Art" (Kessler).

"[Popofsky gave me a] Robitussin bottle with spurs on. Popofky was funny, with a dry sense of humor." (Burke).

The results of the test market were impressive:

"The test market was an overwhelming success, we blew it out of the water. We got customers we never had before, we had people going into 7-Eleven. To say that we quadrupled our sales in the test market is an understatement. My secretary asked 'Do you know what that would mean nationally?'" (Burke)

Conclusion

The promotion of pharmaceutical products is always both a responsible and delicate project. For many years, even centuries, pharmaceutical drug manufacturers promoted their products only to physicians, a strategy stemming from the conviction that patients' self-diagnosis is decidedly wrong. This strategy has changed in the 1970s, and one of the catalysts of this change is the Robitussin "Ask Your Doctor" campaign. The study discussed in this article provides an understanding of the history of the "Ask Your Doctor" campaign, the campaign that has changed a position of the consumer vis-à-vis the pharmaceutical company – and ultimately even vis-à-vis the doctor prescribing the medicine. In the process, the strategy also had a significant impact on Robitussin's market position, increasing sales more than four-fold, radically changing, in the process, the sales and distribution strategy for pharmaceuticals.

Attempting to explain the changes in the pharmaceutical industry from a power theory position might offer additional insights into the impact that Robitussin had on the industry and on the power dynamics in the industry. French and Raven (1959) identified five bases of power: expert power, based on the belief by one party that the other party has special knowledge or expertise in a given area; legitimate power, based on the belief that one party has the right to prescribe behavior; reward power, based on the ability to mediate rewards or to remove negative outcomes; coercive power, based on the ability to punish the other member for not complying; and referent power, based on one party's desire to identify with the other (French and Raven, 1959) – with the total power of an entity as a combination of several power bases (Cimhundu et al., 2010).

Until the 1970s, consumers had no input in their physician's decision to prescribe a particular drug: they simply trusted the physician's judgment, as he or she was the only credible source of medical information. From a power perspective, the physician had expert power and legitimate power to influence pharmaceutical drug consumption, possibly also the coercive power relative to pharmacists and consumers who did not follow to the letter their recommendations, by using competing pharmacists, or by refusing service to those consumers, respectively. Before the 1970s, pharmacists' power was reduced to that of retail providers who followed closely the doctors' prescriptions. The pharmaceutical company had expert power, producing the products that would effectively ameliorate symptoms, but who were otherwise subservient to doctors. Consumers had no power – they had no information regarding the brand, no input into the care decisions, no ability to select the pharmacist offering the lowest price.

In the 1970s, consumer groups spearheaded the effort to reduce physicians' power by allowing consumers access to information regarding drugs and their risks, and to allow pharmacists to advertise prices of pharmaceutical drugs to consumers, thus empowering consumers to purchase products for the lowest price. The power spectrum radically changed in favor of the consumer and pharmacist, whereby consumers were allowed some level of expertise and the ability to refuse treatment if they did not accept the risks presented by the pharmaceutical drugs, and pharmacists acquired the right to advertise lower prices for pharmaceutical products – a right protected by the Constitution.

A.H. Robins further changed the power spectrum by reaffirming the expert and legitimate power of doctors and pharmacists, even for over-the-counter products – using its "Ask Your Doctor or Pharmacist" slogan for Robitussin advertisements. Their message, in fact, relinquishes some of the expert authority of the pharmaceutical company for over-the-counter products, in favor of doctors and pharmacists, but also in favor of consumers, who should have a direct input into their health decisions by talking with their physicians and pharmacists about the best medicine for their cough.

Beyond the 1970s, Robitussin created a lasting trend in the pharmaceutical industry, the "Ask Your Doctor" campaign that is widely used for prescription drugs. Unlike the Robitussin campaign for its over-the-counter product aiming to restore authority to doctors and pharmacists, the current strategy is aimed at offering expert and legitimate power to consumers when it comes to prescription drugs, encouraging them to challenge their doctors to prescribe the pharmaceutical company's product. Implicitly, this strategy bequeaths more expert and legitimate power to pharmaceuticals, which now spend billions of dollars creating pull consumer demand for their own benefit.

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