## SECTION 12: MEDICINES, TREATMENTS, DEVICES AND HEALTH

**Question 37: Given CAP's policy consideration, do you agree that rule 12.20 should be included in the Code? If your answer is no, please explain why.**

12.20 Marketers of traditional herbal medicines may advertise for the indications listed in the product's summary of product characteristics. Marketing communications for products that hold a Traditional Herbal Medicines Registration must not imply that registration is based upon clinical trials

| *Responses received in favour of CAP's proposal from:* | *Summaries of significant points:* | *CAP's evaluation of those points and action points:* |
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| Advertising Association; Adsa; Combe International Ltd; Health Food Manufacturers Association: Institute of Practitioners in Advertising; Proprietary Association of Great Britain; Wyeth | **1.1**<br>Respondents agree proposed rule 12.20 should be included in the CAP Code. | **1.1**<br>NA |
| Archbishops Council, Church of England | **1.2**<br>Agrees with this proposal and is minded to suggest that it could go further; i.e. there is an argument for ensuring that all traditional herbal medicines carry a standard statement that registration as a Traditional Herbal Medicine is not based on clinical trials. | **1.2**<br>CAP considers imposing this requirement on all Traditional Herbal Medicinal Products would be incorrect. There are presently three types of traditional herbal medicinal products:<br>• **Unlicensed herbal remedies**<br>• **Registered traditional herbal** |

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| | | **medicines**<br>• **Licensed herbal medicines**<br><br>Registered Traditional Herbal Medicines under the 'Traditional Herbal Medicines Registration Scheme' must meet established standards of safety and quality for medicines but, instead of the recognised efficacy standards required for a marketing authorisation, the product must have been used for at least 30 years (at least 15 of which must normally have been within the EU) to demonstrate long-standing traditional use in the specified conditions of use. Advertisements for such products must include a specified form of wording to inform the consumer that the efficacy of the product for the stated indications is not scientifically supported but is based exclusively on evidence of long-standing use:<br><br>"Traditional herbal medicinal product for use in *[specify one or more indications for the product consistent with the terms of the registration*] exclusively based upon long-standing use as a traditional remedy".<br><br>Licensed herbal medicines hold a product licence or marketing authorisation just like any other medicine. These are required to demonstrate safety, quality and efficacy (or effectiveness) and be accompanied by the necessary information for safe usage. These products can be identified by a distinctive nine number Product Licence (PL) number on the |

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| | | product container or packaging which is pre-fixed by the letters PL.<br><br>BCAP understands by April 2011 all manufactured herbal medicines will be required to have either a traditional herbal registration or a product licence. BCAP/ASA is not the medicines regulator and there is specific legislation surrounding such products and information advertisements for such products must contain. For more information go to: http://www.mhra.gov.uk/Howweregulate/Medicines/Medicinesregulatorynews/CON063044 |
| *Responses received against CAP's proposal:* | *Summaries of significant points:*<br><br>**1.3**<br>NA | *CAP's evaluation of those points and action points:*<br>**1.3**<br>NA |

**Question 38: Given CAP's policy consideration, do you agree that rule 12.1 should be included in the proposed CAP Code? If your answer is no, please explain why.**

12.1 Objective claims made about health-related or beauty products must be backed by evidence, if relevant consisting of trials conducted on people. If relevant, the rules in this Section apply to claims for products for animals. Substantiation will be assessed on the basis of the available scientific knowledge.

Medicinal claims may be made for a medicinal product that is licensed by the MHRA or EMEA, or a medical device that contains medicinal substances that act on the body in a manner ancillary to the device only. A medicinal claim is a claim that a substance or combination of substances can be used with a view to making a medical diagnosis or can treat or prevent disease, including an injury, ailment or adverse condition, whether of body or mind, in humans beings by restoring, correcting or modifying physiological functions by exertion of a pharmacological, immunological or metabolic action.

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| *Responses received in favour of CAP's proposal from:* | *Summaries of significant points:* | *CAP's evaluation of those points and action points:* |

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| Advertising Association; Archbishops Council, Church of England; Asda; Health Food Manufacturers Association; Institute of Practitioners in Advertising; MHRA; Proprietary Association of Great Britain; | **2.1**<br>Respondents agree that CAP's proposed rule 12.1, should included in the proposed Medicines, Treatments, Devices and Health Section. | **2.1**<br>NA |
| Alliance Boots; British Retail Consortium Consumer Policy Group; | **2.2**<br>Given the section deals with medicines, treatments, devices and health it seems odd that the word beauty is included in the proposed amendment to Rule 12.1. It is not clear why that should be included within this proposed rule. | **2.2**<br>CAP considers the section clearly applies to a wide variety of products and services. The title of Section 12 is: MEDICINES, MEDICAL DEVICES, HEALTH-RELATED PRODUCTS AND BEAUTY PRODUCTS<br><br>CAP considers removing reference to 'health-related or beauty product' addresses the respondents' concern. As this section deals a wide range of products and services, an overarching rule regarding evidence is more suitable. Additionally there is a specific rule on secondary medicinal claims for cosmetics (see CAP's response to **2.3**).<br><br>12.1<br>Objective claims must be backed by evidence, if relevant consisting of trials conducted on people. If |

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| | | relevant, the rules in this Section apply to claims for products for animals. Substantiation will be assessed on the basis of the available scientific knowledge. |
| *Responses received against CAP's proposal:*<br><br>Cosmetic, Toiletry and Perfumery Association Ltd; Kao Brands; | *Summaries of significant points:*<br><br>**2.3**<br>Respondents do not agree with the proposed text of these two rules and would like to see them both amended to allow cosmetic products to continue to be able to make secondary medicinal claims (e.g. oral care products which are primarily for cleaning but which made secondary claims referring to gum health or tooth decay). Such claims would need to be backed by evidence. To be denied this opportunity to inform the consumer of product benefits would put advertisers at a considerable disadvantage in the UK. Such a restriction implied by the proposed wording of CAP rule 12.1 / BCAP rule 11.4 is not in accord with the legislation governing cosmetic products (The Cosmetics Directive 76/768/EEC) and the accumulated wisdom pertaining to the borderline situation between cosmetic products and medicinal products. The Cosmetics Directive, implemented in the UK by the Cosmetic Products (Safety) Regulations, defines cosmetic products as "… any substance or preparation intended to be placed in contact with the various external parts of the human body… with a view exclusively or mainly to cleaning them… etc." This has become accepted | *CAP's evaluation of those points and action points:*<br><br>**2.3**<br>CAP sought advice on rule 11.4, in particular its accuracy and applicability to medical devices and cosmetics. CAP proposes:<br><br>12.1<br>Objective claims must be backed by evidence, if relevant consisting of trials conducted on people. If relevant, the rules in this Section apply to claims for products for animals. Substantiation will be assessed on the basis of the available scientific knowledge.<br><br>Medicinal or medical claims and indications may be made for a medicinal product that is licensed by the MHRA or EMEA, or for a CE-marked medical device. A medicinal claim is a claim that a product or its constituent(s) can be used with a view to making a medical diagnosis or can treat or prevent disease, including an injury, ailment or adverse condition, whether of body or mind, in human beings.<br><br>Secondary medicinal claims made for cosmetic products as defined in the appropriate European legislation should be backed by evidence. These are limited to any preventative action of the |

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| | by competent authorities for both cosmetic and medicinal products as meaning that a cosmetic product may have a secondary function which is not a cosmetic function and yet does not disqualify that product from being a cosmetic product.<br><br>Given that European legislation includes mutual exclusivity between cosmetic and medicinal products, a product may not be a cosmetic and medicine at the same time: it can only be one or the other. Such decisions are incorporated into the Manual on the Scope of Application of the Cosmetics Directive 76/768/EEC prepared by the European Commission; this guide is based on decisions taken by member states authorities and has established precedents for cosmetic products making secondary medicinal claims yet not being re-classified as medicines on the basis of this secondary function. CTPA sees it as important that this well-established European-level principle is not undermined by the revision of the CAP and BCAP codes.<br><br>An additional sentence should be added to both CAP rule 12.1 and BCAP rule 11.4 saying "Secondary medicinal claims made for cosmetic products as defined in the appropriate European legislation should be backed by evidence." This does not conflict with the requirements elsewhere in the codes that medicinal products should not present themselves as cosmetics. | product and may not include claims to treat disease. |
| An organisation | **2.4** | **2.4** See CAP's response to **2.3** |

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| | The proposed rule does not allow all medical devices to make medicinal claims, only those that contain an ancillary medicinal substance. There are devices available that do not contain an ancillary medicinal substance, but should also be able to make medicinal claims.<br><br>For example, desensitising toothpastes can either be medical devices or medicines depending on whether their mode of action is a physical one (a medical device) or pharmacological one (medicine). The rule as proposed would not allow a toothpaste which is a medical device by virtue of its mode of action, to make a medicinal claim, even though the toothpaste relieves pain of sensitive teeth. | |

**Question 39:**

**i) Taking into account CAP's general policy objectives, do you agree that CAP's rules, included in the proposed Medicines, Treatments, Devices and Health Section are necessary and easily understandable? If your answer is no, please explain why.**

**ii) On consideration of the mapping document in Annex 2, can you identify any changes from the present to the proposed Medicines, Treatments, Devices and Health rules that are likely to amount to a significant change in advertising policy and practice and are not reflected here and that should be retained or otherwise be given dedicated consideration?**

**iii) Do you have other comments on this section?**

| *Responses received from:* | *Summaries of significant points:* | *CAP's evaluation of those points and action points:* |
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| Advertising Association; Asda; Institute of Practitioners in Advertising; MHRA; | **3.1**<br>Respondents agree that CAP's rules, included in the proposed Medicines, Treatments, Devices and Health Section are necessary and easily understandable | **3.1**<br>N/A |
| Alliance Boots; British Retail Consortium Consumer Policy Group; | **3.2**<br>Respondents consider much of what is contained within this section could be regarded as superfluous. Medicines and health products is one of the most highly regulated areas and the law on the subject is quite clear. It therefore seems to us that there is no need to overcomplicate an already tightly controlled area with additional rules which go beyond the legal requirement. | **3.2**<br>As the respondents have failed to highlight which rules they consider go beyond the legal requirements surrounding advertising for products and services covered by this section, CAP cannot comment further.<br><br>CAP considers the Code should reflect the law, particularly advertising specific provisions that directly affect marketing communications. Marketers are reminded the Code is not a replacement for relevant legislation. |
| Combe International Ltd; Bayer; Wyeth | **3.3**<br>Respondents consider medicines should be exempt from rule<br>**12.2**<br>Marketers must not discourage essential treatment for conditions for which medical supervision should be sought. For example, they must not offer specific advice on, diagnosis of or treatment for such conditions unless that advice, diagnosis or treatment is conducted under the supervision of a suitably qualified health professional. Accurate and responsible general information about such conditions may, however, be offered. (See also 12.11) | **3.3**<br>CAP considers the point raised by Combe International Ltd, Bayer and Wyeth is adequately covered by the reference to rule 12.11.<br><br>Rule 12.11 states explicitly states medicinal products conforming to a products indicated use would not breach 12.2.<br><br>**12.11**<br>Medicines must have a licence from the MHRA before they are marketed. Marketing communications for medicines must conform with the licence and the product's summary of product |

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| | They consider this would aid marketing communications for those products that have been reclassified from a POM to an OTC. | characteristics. For the avoidance of doubt, by conforming with the product's indicated use, a marketing communication would not breach 12.2.<br><br>Marketing communications must not suggest that a product is "special" or "different" because it has been granted a licence by the MHRA. |
| General Medical Council | **3.4**<br>Rule 12.2 states that marketers must not offer specific advice on, diagnosis of or treatment for health conditions unless that advice, diagnosis or treatment is *conducted under the supervision of a suitably qualified health professional.* This might be understood as allowing unqualified people to give advice, diagnose or provide treatment for a condition, as long as they are 'supervised' by a health professional. Is this intended? It does not fit with what we regard as safe practice, or our understanding of the requirements for safe prescribing and supply of medicines.<br><br>Certainly if rule 12.2 is meant to allow scope for services that are only 'supervised' by health professionals, it would be helpful to indicate what these services might be and the type of supervision arrangements that would not mislead and would protect the public from harm. | **3.4**<br>This is an existing rule and will now be supported by additional text which provides guidance on suitable credentials and the like. CAP and the ASA expect anyone offering advice, treatment or diagnosis to be suitably qualified. CAP considers the additional text provides adequate guidance on what criteria is required from services offering advice, diagnosis or treatment. This rule is applicable to a wide range of services and products. This rule provides more guidance to stakeholders and the ASA as to the acceptability of a service/ product offering advice/ diagnosis/ treatment.<br><br>**12.2**<br>Marketers must not discourage essential treatment for conditions for which medical supervision should be sought. For example, they must not offer specific advice on, diagnosis of or treatment for such conditions unless that advice, diagnosis or treatment is conducted under the supervision of a suitably qualified health professional. Accurate and responsible general |

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| | | information about such conditions may, however, be offered. (See also **12.11**)<br><br>Health professionals will be deemed suitably qualified only if they can provide suitable credentials, for example, evidence of: relevant professional expertise or qualifications; systems for regular review of members' skills and competencies and suitable professional indemnity insurance covering all services provided; accreditation by a professional or regulatory body that has systems for dealing with complaints and taking disciplinary action and has registration based on minimum standards for training and qualifications. |
| | Rule 12.3 goes on to state that marketers offering individual treatments may be asked to provide details about the people supervising and administering the treatments. It might be helpful to require marketers to make this information accessible to the public, though not necessarily in their advertisements. You might want to bear in mind that we tell doctors who prescribe or treat patients 'remotely' (without access to the medical records or the patient's usual doctor) that they must provide their name and GMC registration number to their patients.<br><br>Rule 12.6 states that marketers 'should' not make false claims, in contrast to other rules that seem equally important but use 'must'. It would seem | CAP cannot regulate the services covered by this section of the Code, only their marketing communications. The ASA and CAP can request evidence of qualifications etc via investigations and copy advice prior to publication. The Department of Health (DH) provides advice on cosmetic procedures including a checklist of questions to ask. The Medicines, Treatments, Devices and Health section contains a link to the DH website<br>• http://www.dh.gov.uk/en/Publichealth/CosmeticSurgery/DH_913<br>• http://www.dh.gov.uk/en/Publichealth/CosmeticSurgery/DH_4124056<br>and CAP's Help Note on cosmetic surgery contains reference to the Independent Advisory |

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| | sensible to be consistent, even if it might then be necessary to allow a defence of not 'knowingly' making a false claim.<br><br>Rule 12.17 states that marketers must not use health professionals to endorse medicines. It would be helpful to say more about what 'endorsement' means, since health professionals do give advice about medicines in the non-broadcast media. Is the rule intended to prevent endorsement of branded medicines and avoid health professionals appearing in 'advertising' content as opposed to factual content?<br>The rule in the BCAP Code (11.5) for broadcast advertisements seems much clearer, in warning against 'implying' professional advice or recommendation. | Services (IHAS) website which offers advice on cosmetic and surgical matters: http://www.independenthealthcare.org.uk/joomla/index.php?option=com_frontpage&Itemid=1<br><br>CAP has not proposed an amendment to this rule. The preset rule (50.17) has been easily interpreted and applied by the ASA for a number of years. If a marketing communication implied a recommendation, included a presentation, statement or reference to approval of a particular medicinal product, it would breach of proposed rule 12.17.<br><br>The ASA has adjudicated on this issue a number of times, for example:<br><br>• http://www.asa.org.uk/asa/adjudications/non_broadcast/Adjudication+Details.htm?Adjudication_id=41288<br>• http://www.asa.org.uk/asa/adjudications/Public/TF_ADJ_42124.htm |
| Department of Health | **3.5**<br>The Medicines and Healthcare Products Regulatory Authority (MHRA) has reviewed the sections on medicines and medicinal products and has no significant policy concerns with the proposals. Minor points of detail relating to interpretation of medicines advertising legislation will be dealt with in a direct response. | **3.5**<br>N/A |
| Health Food Manufacturers | **3.6**<br>Respondents consider under the Medicines | **3.6**<br>CAP understands the ASA considers an |

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| Association & Proprietary Association of Great Britain | (Advertising) Regulations, the essential information is only required where product claims are made, excluding any claims which can be seen on a genuine pack shot. Claims that a product is new and price claims are also permitted without necessitating the inclusion of the essential information.<br><br>For example, under the Medicines (Advertising) Regulations, it would be acceptable to have an advertisement which consists of a pack shot and no other information. | advertisement that contains a pack shot which carries legible product claims, is subject to the Code i.e. those product claims must be substantiated etc. CAP considers that position should be clear in the rule:<br><br>**12.13**<br>Marketing communications which include a product claim for a medicinal product must include the name of the product, an indication of what it is for, text such as "Always read the label" and the common name of the sole active ingredient, if it contains only one.<br><br>Marketing communications for a traditional herbal medicinal product or a homeopathic medicinal product must include mandatory information, which can be found in the MHRA's The Blue Guide: Advertising and Promotion of Medicines in the UK at www.mhra.gov.uk.<br><br>For the purposes of this rule 'product claim' includes legible, on-pack product claims within a pack shot. |
| Independent Healthcare Advisory Services | **3.7**<br>This section needs updating in the following areas.<br><br>Medicines Act 1968 prescription only medicines can now be prescribed by a Doctor, Dentist or Independent Nurse Prescriber. In addition a limited number of drugs can be prescribed by a Nurse | **3.7**<br><br>CAP considers reference to acceptable prescribers is unnecessary in the Code as this section is only applicable to marketing communications aimed at the public. |

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| | Supplementary Prescriber.<br><br>Other regulatory bodies include reference to the Healthcare Commission. The Healthcare Commission ceased on 1st April 2009. The Registration and Regulatory body for Mental Health, NHS and Independent Healthcare is now the Care Quality Commission www.cqc.org.uk . | CAP agrees. Reference to the Health Care Commission should be replaced by the Care Quality Commission. |
| Which? | **3.8**<br>Respondent considers the Code has not kept pace with developments in the field of cosmetic surgery. Respondent considers cosmetic surgery is not like other products or services as it can involve varying risk, pain, discomfort and results have a limited time span.<br><br>Consumers have unrealistic expectations and some customers are particularly vulnerable to ads which take advantage of poor self-image. Such factors need to be reflected in current marketing practices and the Code.<br><br>They consider a number of ads they have seen, breach CAP's social responsibility rule. Respondent recognises the ASA has adjudicated and CAP has issued guidance, however they consider this is not enough and specific provisions need to be added to the Code.<br><br>• Examples of practices that they consider as not showing a sense of responsibility to consumers and society in the advertising of | **3.8**<br>CAP considers its rule on social responsibility and 50.6 (50.6: 'Marketers offering individual treatments, particularly those that are physically invasive, may be asked by the media and the ASA to provide full details together with information about those who will supervise and administer them. Where appropriate, practitioners should have relevant and recognised qualifications. Marketers should encourage consumers to take independent medical advice before committing themselves to significant treatments, including those that are physically invasive') adequately cater for the harm outlined by Which? Rule 2.2 is intentionally broad to enable the ASA to apply it as it sees fit. CAP considers a marketing communication that promoted cosmetic surgery to young people, or one that included an unachievable body image; or linked confidence to an unachievable body image, including a prize/gift of surgery would be caught by rule 2.2. (http://www.asa.org.uk/asa/adjudications/non_broadcast/Adjudication+Details.htm?Adjudication_id=40411)<br>The ASA takes marketing communications that imply invasive procedures are safe, easy or low |

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| | | cosmetic surgery and which they consider should be prohibited are: Linking cosmetic surgery to happiness, confidence and social success. Encouraging unrealistic expectations as a result of cosmetic surgery procedures, for example by suggesting that cosmetic surgery will provide “a new you”.<br><br>• Qualifications of practitioners. Respondent wants relevant section of CAP’s help note included in the Code. Suggest including providers registration number (with Care Quality Commission) in ads.<br>• Claims regarding surgery. Respondent wants paragraphs 10 & 11 of CAPs Help note to be included in the Code.<br>• Advertising of POMs and Unlicensed medicines and the advertising of services involving the use of POMs and unlicensed medicines is prohibited. This needs to be clarified in rule 50.12<br>• Encouraging consumers to take decisions about treatment based on the availability of special offers, or discounts linked to a deadline for appointments, and other date-linked incentives which may influence their decision and make it less likely that they will obtain independent medical advice (see below).<br>• Implying that gastric balloons and gastric bands provide a lifelong solution to obesity problems. | risk very seriously e.g. http://www.asa.org.uk/asa/adjudications/Public/TF_ADJ_45492.htm<br><br>http://www.asa.org.uk/asa/adjudications/Public/TF_ADJ_43655.htm<br><br>CAP considers its Help Notes are designed to aid marketers interpret the rules in the CAP Code. CAP has produced nearly 40 Help Notes on various subjects http://copyadvice.co.uk/Ad-Advice/Help-Notes.aspx. Additionally the CAP Copy Advice team has populated an Advice Online database which contains over 430 entries giving advice on sector specific areas including, cosmetic surgery, qualifications, and misleading claims etc. http://copyadvice.co.uk/Ad-Advice/Advice-Online-Database/Advice-Online-Index.aspx<br><br>CAP considers its proposed rule 12.3 is adequate:<br>**12.3**<br>Marketers offering individual treatments, especially those that are physically invasive, may be asked by the media and the ASA to provide full details together with information about those who supervise and administer them. Practitioners must have relevant and recognised qualifications. Marketers should encourage consumers to take independent medical advice before committing themselves to significant treatments, including those that are physically invasive. |

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| | • Offering cosmetic surgery as a prize or offering gift vouchers, special discounts for cosmetic surgery<br>• Making clear the benefits and risks. It's unclear whether rule 50.6 constitutes a requirement to include such an encouragement in the advertisement. Respondent suggests the CAP Code should include a requirement to take independent medical advice before committing themselves to treatments. E.g. "Always consult your GP before proceeding with any significant treatment. All surgery involves risks and success is not guaranteed".<br>• Definition of "independent" and "impartial". If marketing communications use these terms they must be factually correct. i.e. not linked to any remuneration, not under a contract arrangements etc. Respondent suggests referencing the IHAS Code in the CAP Code. | CAP cannot regulate the services covered by this section; however it can require marketers to be able to show they are acting responsibly in their marketing communications, particularly regarding physically invasive treatments. The Principle at the start of this section refers to relevant regulators e.g. the Department of Health, the Care Quality Commission and MHRA etc) within this sector. There is no requirement to pre-clear marketing communications prior to their publication. Therefore requiring marketers to include registration numbers/qualifications in the communication won't necessarily address the harm the respondent is seeking to prevent.<br><br>It is impractical to reflect in detail all areas that the CAP Code covers. CAP considers reference to CAP's Help Note on Cosmetic surgery in this section is adequate:<br><br>Background<br><br>For more information, see CAP Help Notes, especially those on: Substantiation for Health, Beauty and Slimming Claims; Health, Beauty and Slimming Advertisements that Refer to Medical Conditions; Cosmetic Surgery Marketing and Use of Experts by the ASA and CAP.<br><br>For the purposes of this Code, "licence" includes certificate, authorisation or registration. |

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| | | The Help Note covers various areas including:<br><br>- The types of qualifications expected from practitioners in this sector.<br>- Being able to prove registration with the CQC<br>- Misleading claims (implying it's an easy procedure, effects will permanent, quick fixes, independent advice, etc)<br>- Reference to the Independent Healthcare Advisory Services site (www.independenthealthcare.org.uk), which offers advice on cosmetic and surgical matters<br>- GMC guidance for doctors and services they provide |

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| Changing Faces | **3.11**<br>Respondent considers the Code does not give adequate attention to the issues around the advertising of cosmetic surgery and other beauty industry products which has become more and more prolific in recent times.<br><br>The Department of Health's Chief Medical Officer is committed to the tighter regulation of the cosmetic surgery as a whole and has drawn attention to the need for scrutiny of the advertising of cosmetic surgery (see http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102047).<br><br>The Department is also exercised about the need for potential consumers/patients of cosmetic surgery not to be influenced by advertising hyperbole and to ask the right questions (http://www.dh.gov.uk/en/Publichealth/CosmeticSurgery/DH_913).<br><br>Given the increasing numbers of people undergoing cosmetic procedures, this is something Changing Faces believes should merit a whole section of the Code.<br><br>In particular, the respondent suggests attention should be given to the following points:<br><br>• Advertisements for cosmetic surgery should not | **3.9**<br>See CAPs response to **3.8** |

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| | exaggeratedly associate 'good looks' with lifelong happiness, getting promotion or other aspirations.<br>• Advertisements should not overestimate the benefits of cosmetic surgery procedures nor underestimate their risks. To do so may lead to the harm of potentially vulnerable people (ie. young people and those with low self-esteem).<br>• All advertisements for cosmetic surgery should provide information about the credentials, competencies and experience of those clinics/individuals providing the service - again to prevent harm. | |
| An organisation | **3.10**<br>Respondent considers it is unclear whether faith groups are allowed to give testimonials of physical healing by prayer. No 'product' is involved, so it is not clear whether or not this would fall under any of these rules. | **3.10**<br>CAP considers its proposed rules are clear. CAP considers claims about the benefits of faith healing, miracle working or faith-based counselling are acceptable if appropriately restrained, ensuring that those forms of counselling are not presented as substitutes for counselling by healthcare professionals. CAP considers marketing communications must not claim that faith healing, miracle working or faith-based counselling can treat, cure or alleviate physical or mental health problems; they may, however, make restrained and proportionate claims that such services can benefit emotional or spiritual well-being. The ASA has adjudicated on a marketing communication for North Shrewsbury Community Church |

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| | | (http://www.asa.org.uk/asa/adjudications/Public/TF_ADJ_44761.htm) that referred to, and implied attendance at their service could help treat or prevent the occurrence of, medical conditions. The marketing communication contained numerous testimonials from people who claimed to have been treated and were subsequently free from medical conditions such as drug addiction, low blood pressure during pregnancy and sciatica. The ASA considered the ad was irresponsible and could discourage readers from seeking qualified medical advice. The ASA investigated under 2.2 social responsibility and 50.3 discouragement of essential treatment. CAP's position on such marketing communications is unchanged. |