Pharmaceutical Advertising in Romania and the Discourse of Health and Pain[1]

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Résumé : Dans la société roumaine actuelle, la consommation est présente et se manifeste fortement voire dans le domaine de la santé, de la médecine et des produits pharmaceutiques, ce qui fait que la promotion publicitaire des produits spécifiques pour ces domaines connexes soit construite des perspectives qui résonnent non seulement avec la tendance générale à avoir ou à maintenir la santé du fer, mais surtout à assurer un fonctionnement social au maximum d'efficacité. Ainsi, dans les publicités pharmaceutiques pour les analgésiques, la douleur n'a plus d'importance en tant qu'expérience individuelle et personnelle, comme manifestation clinique non contagieuse, mais elle est négociée sur le plan social, elle est déclarée comme indésirable, elle est démonisée sur le plan conceptuel et vaincue sans pitié dans les attaques chimiques lancées par le biais des produits de pointe. Les neuf publicités sélectionnées pour l'illustration mettent en évidence l'arsenal métaphorique conceptuel et expressif des énoncés, de même que la préférence des spécialistes de marketing pour des macrostructures discursives faciles (Problème-Solution-Avantage) dans lesquelles les postures de l'homme souffrant déclenchent la panique et l'inquiétude, non parce que la douleur aurait une certaine intensité, qu'elle serait fastidieuse ou ennuyeuse, mais surtout parce que la douleur rend l'individu inefficace sur le plan socio-économique.

Mots-clés : *marchandise, santé, douleur, métaphore, analgésique, publicité pharmaceutique.*

1. Advertising and medicines

Consumer-directed advertising is a particular form of advertising favoured by many pharmaceutical companies that show a deep interest in continuously redefining and restructuring the market of medicines. At present, it seems that the potential market for drugs in no longer restricted to sick people because most pharmaceutical companies employ marketing strategies that are increasingly aimed at *healthy* people. The

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commodification of medicines has lead to a discursive process whereby patients are framed as *healthcare consumers*. Consequently, the concept of 'patient' encompasses a more proactive dimension because individuals are no longer at the mercy of physicians and the pharmaceutical advertisements that enter their homes via mass media constantly empower them to self-medicate.

There are three major forms of pharmaceutical advertising: *direct-to-consumer prescription medicines advertising* (DTCA), *over-the-counter medicines advertising* (OTCA) and *dietary supplement advertising* (DSA). *Direct-to-consumer advertising* (DTCA) is defined as "any promotional effort by a pharmaceutical company to present prescription drug information to the general public in the lay media" (Wilkes, Bell and Kravitz, 2000: 112). This form of advertising *restructures* the relationship between buyers and sellers. Before DTCA, pharmaceutical manufacturers used to rely on other promotional tools such as direct-to-physician advertising and detailing in order to stimulate drug brand demand only among physicians. The application of DTCA implies the activation of patients' own views and opinions, which are likely to diminish the physician's market control and endow pharmaceutical manufacturers with more power in the healthcare arena. Although physicians still hold the decision of prescribing or not prescribing the advertised medicines, they can hardly avoid being engaged in argumentative discussions about the (in)appropriateness and (in)efficiency of certain drug brands. In other words, DTCA "gave the drug manufacturer the opportunity to stimulate patient demand and thereby […] pull the promoted brand through the distribution channel" (Wilkes, Bell and Kravitz, 2000: 112).

Also known as non-prescription drugs, *over-the-counter medicines* can be purchased without a prescription and they allow people to self-treat mild transitory symptoms, conditions and illnesses such as common colds, mild pains or allergies. Targeting users and non-users, *consumer-directed non-prescription medicines advertising* or *OTC advertising* has three major goals: *to inform*, *to persuade* and *to remind* consumers about the attributes, functions and benefits of non-prescription drugs. Specifically, this type of advertising is expected to serve several purposes: 1) to increase the awareness of healthcare consumers about their health condition and symptoms, as well as about the availability of suitable medicines for self-treatment; 2) to alert consumers to new products and communicate product advantages; 3) to facilitate product search and assist consumers in making informed decisions; 4) to influence purchase by positioning brands in which consumers have developed confidence; 5) to stimulate competition in the areas of product quality, product improvement and product development; 6) to help bring market forces into play, creating competitive product prices; 7) to reinforce good medicines use ("always read the label;" "if symptoms persist, consult a healthcare professional") (WSMI, 2008: 5-6).

Besides traditional medicines, dietary supplements also arouse the interest of people preoccupied with their health. DSA is highly informative and preventive, telling people how to maintain their health, how to avoid disease or how to reduce the risk of certain diseases. It relies on *label claims* that are expected to be true and non-misleading. In order to be competitive, many companies have sought to establish unique claims for their products within the area of health and healthy lifestyle, eventually creating perceptions that their products are healthy and enticing purchase. In this respect, the staple discursive strategy comprises consumer testimonials, celebrity endorsement, expert endorsements, as well as animated visualizations, infographics and diagrams.

The advertising of *non-prescription* medicines is permitted in many European and non-European countries. Although the authors of the 2002 report of the European G10 Medicines Group admitted that "[t]he provision of information on, and the advertising of,

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medicines to the public is a highly sensitive issue", they explicitly expressed their supportive view on pharmaceutical advertising in the following terms: "Industry has a legitimate right to advertise their products that are available overt-he-counter to the public just as the public has a legitimate expectation to know about nonprescription medicines that are available to treat illnesses. The current regulatory structure permits the advertising of non-prescription medicines to the public, and this should remain. Equally, the existing prohibition on advertising medicines available only on prescription to the public should also remain" (2002: 20).

2. Drug promotion and regulatory efforts

The rationale for regulating the promotion of medicines is health protection, the encouragement of appropriate medicine use and the prevention of deceptive advertising. The 12th edition of the *International Comparative Legal Guide to Pharmaceutical Advertising* provides current and practical comparative legal information on this practice area in 35 countries. A quick glance at the legal frameworks governing both EU and non-EU countries in this guide reveals an increased human interest in heavily regulating one of the most dynamic industries in the world, a general tendency to embrace broader views on advertising as a *marketing practice* in the pharmaceutical field, as well as a preoccupation for establishing categories and subcategories of advertisement for medicines. Thus, the concept of 'advertising' is very broad in Sweden, embracing not only traditional adverts and promotional brochures, but also almost any type of information that emanates from a pharmaceutical company on its own products, such as the unsolicited distribution by a pharmaceutical company of a scientific article covering the company's own products addressed to healthcare professionals or to the general public. In Germany, almost all information that is published by a pharmaceutical company to the general public or to third parties is likely to be classified as 'advertising'. However, German law differentiates between *product advertising* (i.e. the promotion of specific products) and *image advertising* (i.e. advertising with the name of the pharmaceutical company or the entire range of products without reference to a specific product; this type of advertising is not subject to the rules of *Heilmittelwerbegesetz* - the Law of Advertising in the Field of Healthcare. The latest preoccupation in South Africa is to amend the definition of *advertisement* in such a way as to cover not only medicines and scheduled substances, but also devices and *in vitro* diagnostic medical devices.

Dedicated to Romania, the 28th jurisdiction chapter reveals that the advertising of medicines in our country is governed by a combination of *legislation*, *guides* and *codes of practice*. The two Romanian professionals authoring the chapter have come up with a 7-item list of regulatory and normative documents. Unlike Albania that has no specific regulation on pharmaceutical advertising and whose "current legal framework governing this field is fragmented and still under development" (Leka and Xhepa, 2015: 6), Romania has taken rapid steps towards regulating medicines advertising and aligning its legislation with that of the EU in the field of healthcare. In this respect, the way in which drug advertising is understood and legally defined[2] is very much in keeping with the definition contained in

[2] Included in Section 4, Article 11 of Order no. 194 of 23 February 2015, the Romanian definition reads: "Se consideră publicitate pentru medicamente (reclamă) orice formă de activitate organizată care are drept scop informarea prin metode directe sau indirecte, precum şi orice formă de promovare destinată să încurajeze prescrierea, distribuirea, vânzarea, administrarea, recomandarea sau utilizarea unuia sau mai multor medicamente de uz uman. Publicitatea medicamentelor poate fi destinată profesioniştilor din domeniul sănătăţii sau publicului larg." [our translation: The advertisement for medicines is any form of organized activity that provides direct or indirect information, as well as any form of promotion aimed at encouraging the

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Article 86 of *Directive 2001/83/EC* of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use.

It is also worth mentioning that other Romanian institutions and bodies have shown a great interest in regulating advertising practice and content. The best example in this case is provided by the *National Audiovisual Council* of Romania with its *Decision no. 220* of February 24th 2011 regarding the regulatory code of the audiovisual content. Grouped in Section 7, articles 121 through 134 regulate the overall structure, content, and communicative strategies employed in advertising for medicinal products, nutriments and foods with special nutrition purposes. The categories of medicinal products and medical treatments that cannot be promoted through audiovisual media services are those available only on prescription, as well as those containing narcotic or psychotropic substances (Art. 122 and Art. 123). At the same time, except for hygiene products, general use products that imply approval or medical recommendation are also forbidden to broadcast advertising and teleshopping (Art. 125). The informative content of advertisements is also carefully monitored. Thus, it is compulsory for advertisements to comprise the trade (name) or common name of the products, to specify their therapeutic purposes and to be accompanied by sonorous and written warnings (Art. 124). Article 126 regulates the presence of various categories of actors involved in the promotion of medicines, and Article 127 provides guidance on how advertisements should mingle with other broadcast programs in terms of audience categories and scheduled time. Article 129 comprises the enumeration of 10 unacceptable implicatures[3] that advertisers must carefully consider in the construction of their messages.

Although it is convenient to assume that most pharmaceutical companies are ready to comply with such norms and conditions especially because they want to reach their consumers *directly*, questions still remain over the benefits and dangers of pharmaceutical advertising, which have been extensively debated in the last years (Wilkes et al. 2000, Shin and Moon 2005, Almasi et al. 2006, Ventola 2011) and inevitably correlated with the confluence of interests of some physicians, drug companies, patient advocacy groups and media in exaggerating the severity of certain conditions and the ability of medicines to cure them. This confluence of interests is a contemporary reality, often referred to as *medicalization*, *pathologization* or *drug mongering* (Moynihan and Cassels 2005, Wolinsky 2005, Mintzes 2006, Sarvdeep Kohli 2012). Even if the medicalization of our lives already casts a long shadow on

prescription, supply, sale, administration, recommendation or consumption of one or more medicines for human use. The advertising of medicines may be aimed at healthcare professionals or the general public."

[3] The term implicature is employed here to refer to what is suggested in a message. Art. 129 reads as follows: "Advertising for medicinal products shall not make any reference which: a) gives the impression that medical advice or surgery are not necessary, especially by suggesting remote diagnosis or treatment. b) suggests the fact that healing by means of the respective medicinal product is guaranteed or that the effect is better or equivalent to that of another treatment or medicinal product or treatment; c) suggests the fact that the health condition may be improved by administration of the respective medicinal product; d) suggests that health condition may be altered without certain medicinal product administration; this doest not apply to vaccination campaigns which comply with the provisions in art.799, par.4 of Law no. 95/2006 with its further modifications and completions; e) addresses exclusively or especially to minors; f) suggests that the medicinal product is a nutriment, a cosmetic product or any other general use product; g) suggests that the medicinal product safety and efficiency is due to the fact that it is a natural one; h) leads to wrong self assessed diagnosis based on a detailed description or presentation of a certain case; i) provides under inappropriate, alarming and misleading terms guarantees regarding curing effects; j) uses inappropriate, alarming and misleading terms, visual representations of human body changes caused by diseases or injuries or actions of other medicinal products against the human body or parts of it." [This fragment was taken from the English version of Decision no. 220 available at http://www.cna.ro/Decision-no-220-dated-February.html]

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advertising, the advertising of medicines will prevail as a *mix bag* in need of periodical inspection to avoid unpleasant entanglements and irremediable malfunctions.

3. Discursive strategies in pharmaceutical advertising

To our present knowledge, there is at least one significant case study of drugs commercials that were presented by Romanian TV stations between May 2011 and January 2012. Published in 2013 by two sociologists affiliated with *Babeş-Bolyai* University of Cluj-Napoca, the study focused on the discursive form and content of 45 TV commercials for 42 distinct non-prescription drugs grouped in four major categories available to "a wide non-segmented public (both women and men, young and old" (2013: 14): *analgesics, anti-allergic drugs, cough, cold and flu medicines* and *gastrointestinal drugs*.

In order to extract the type of factual information comprised in the messages, the authors have applied the 27-item framework of *factual claims* proposed by Frosch et al. (2007) and the most common advertising attributes listed by Anderson et al. (2008), namely *rapidity, strong effect, safe/ trustworthy, lasting effect, recommended by a specialist, popular/ well-known* and *new*, to which they added three more features: *medicine composition*, *precision* and *overall efficiency*. Within this latter paradigm, the authors have noticed an insistence or preference for presenting non-prescription medicines in terms of their instrumental effect and composition.

The creative dimension of the visual and textual ensembles selected for analysis was measured against two types of framework[4], one which combined *thematic* criteria with *pragmatic* criteria, and another one which comprised mainly *rhetorical* criteria. The application of the former framework has revealed a persuasive profile summarized and commented upon by the authors in the following terms: "Almost all analyzed commercials (91.1%) use the *rational appeal* as a dimension of their persuasive strategy. The option is not at all surprising; it is the simplest and most adequate communicational way to fulfil the requirement and clearly transmit the symptoms of the illness and the main characteristics of the product. A second main finding is that most of the commercials use a mix of *emotional appeals,* both negative and positive, complementary to the rational approach. The aggregated effect is illustrative and intense, the negative conditions created by the illness being removed and replaced by positive emotions as a result of a very simple undertaking, practical, instrumental and rational, consisting of the administration of the medicine" (Chiribuca and Hanță, 2013: 22). The application of the latter framework has pointed out the preference of most pharmaceutical companies for drawing comparisons and contrasts between situations involving the pre-administration and the post-administration of drugs, for the inclusion of multiple symptoms in the narrative fabric and for observing visual-textual consistencies.

In spite of the limitations of this study, openly acknowledged by its authors[5], the data investigated points to several significant tendencies present in today's pharmaceutical

[4] The first framework invoked by the autors includes the following categories: a. recommended by a specialist, b. recommended by another character, c. recommended by the narrator, d. consumed directly by th person with problems, e. reason, f. positive emotions, g. negative emotions, h. humour, i. fantasy, j. nostalgia, k. the appeal to authority, l. the appeal to the brand's tradition/ reputation and m. the appeal to product innvocation. The second interpretation framework follows Pricken's (2008) strategy-related categories, namely without words, comparison and contrast, exaggeration, accumulation, the uses of sayings and idioms, metaphors and analogies, the schock technique and literal meaning.

[5] The authors acknowledged the following three limits: the relative small number of discourses selected, transcribed and analysed, which cannot entirely validate all implied causal relationships, inferences and generalizations; the absence of a certified discursive database that might have prevented authors from leaving out potential relevant examples; the exclusive use of content analysis as an analysis method, which can only describe what pharmaceutical advertising products 'look like', but not what they might mean to either consumers of pharmaceutical products or consumers of pharmaceutical advertising.

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advertising discourse distributed by Romanian TV stations: medicines are conceived as 'consumer goods'; medicines are perceived as 'chemical solutions' capable of bringing people from negative states to positive ones; rational messages predominate over emotional ones; since there is a limited amount of information that can be conveyed, the information related to administration procedures or to risk factors is deliberately left out or made the responsibility of consumers, who must read leaflet instructions; there are no other disease prevention alternatives overtly mentioned in the advertisements, the only viable solution being the ingestion of medical substances that restore normal body functioning.

4. The discourse of health and pain

The information comprised in **Figure 1** clearly shows that the Romanian OTC market continues to thrive. Not only did the OTC market go up 13.2% year-on-year, but the sales level of each OTC subcategory also increased. Since only in a couple of months the sales level of painkillers increased by 13.4%, one particular question might arise: *Have the Romanians become so intolerant to pain? Has their pain become so intense and unbearable to force them buy OTC medicines?*

We are inclined to believe that this progression might be also attributed, among many other things, to a rather extensive campaign of promoting painkillers on Romanian radio and television stations in the last couple of years. Only in 2013, for instance, the Romanian station *Antena 1* had over 30,000 commercials for pharmaceutical products and, considering the channel's rating, they got the highest GRP (gross rating point) for the category. Furthermore, in 2013, according to Forbes Romania, the ads for OTC medicines on Romanian TV stations got a slightly higher GRP value than the one obtained by the advertisements for various telecommunication services. In other words, painkillers seem to have attracted more attention than free cell phones and free minutes. In one of its studies[6] aimed at monitoring advertising investments, the Romanian Transmedia Audit Bureau (BRAT) revealed that the radio commercials for pharmaceutical products in 2014 had been ten times more numerous than those aired in 2012.

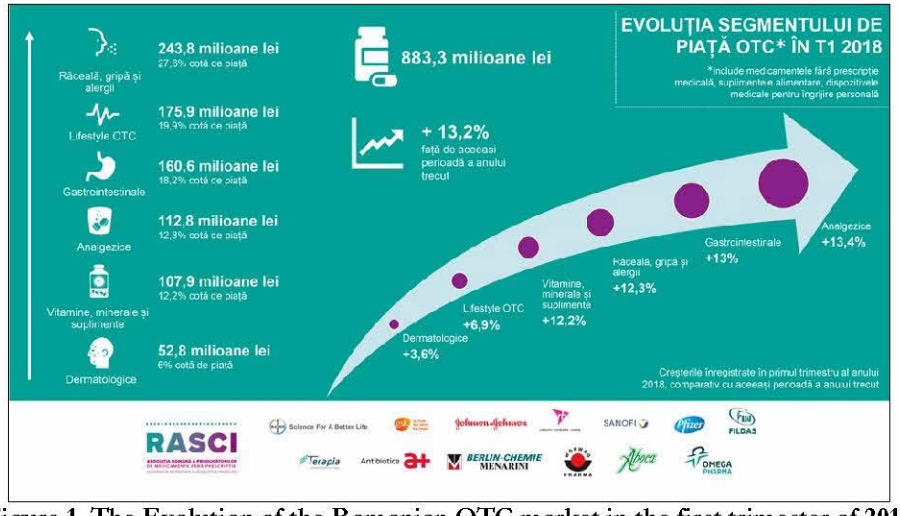


Figure 1. The Evolution of the Romanian OTC market in the first trimester of 2018
(https://www.medichub.ro/stiri/continua-crestere-in-t1-pentru-piata-otc-id-1697-cmsid-2)

[6] The study is entitled "Tendințe în publicitate in 2014 pentru presa scrisă, radio, internet și OOH" and is available at http://www.brat.ro/mip/publicitatea-mip-in-2014.

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In 2014, Ipsos Research Romania investigated the range of topics approached by Romanians in their conversations. The study revealed that 75% of their talks were focused on their *hard life* (55%) and on *advice for a healthy life* (20%). Although it seems that the respondents' answers and commentaries did not contain specific reference to medicines or painkillers as neither 'enhancers' nor 'warrantors' or 'guardians' of people's health, this overall picture is grim and discomforting especially because it might invite us to suspect a tendency among Romanians to view themselves as 'sufferers'. To put it differently, *if suffering is overtly admitted as characteristic for our human existence, then why should pharmaceutical companies refrain themselves from benefiting from our own visions, inclinations or interests?* As a matter of fact this is exactly what they do. When they embark on their advertising campaigns, pharmaceutical companies often ignore the *health paradox* that we all experience today. As Cristina Tîrhaș (2013: 55) observed, modern medicine has pushed us all in the arms of the "growing illusion that humans have the right to live not only a life without diseases, but also a life without symptoms of diseases, having thus the right to perfection and harmony in all of their life domains (social, psychological, physical)."

The big promise behind most painkiller ads is indeed a *life without pain*. If we are to embrace Virginia Woolf's opinion expressed in one of her essays, then pain remains indeed a private inexpressible and unpleasant experience: "English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache. It has all grown one way. The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. There is nothing ready made for him. He is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other (as perhaps the people of Babel did in the beginning), so to crush them together that a brand new word in the end drops out" [1947(1930)]. Since each person's experience of pain is individual and pain has a profound crippling effect on human speech, reducing it to primitive communication forms such as pain words, grunts, sighs and moans, healthcare professionals are forced to look for standardized tools to collect, understand and measure the information communicated by pain sufferers. Besides various mnemonic acronyms used by health professionals to evaluate the nature of pain, there are also multidimensional pain assessment tools[7] employed to quantify an individual patient's conscious pain experience.

Pain is the generic protagonist of all nine commercial scripts collected in the Appendix. It is clear from all these texts that pain prevents people from leading a normal life, from being productive at work, from being good partners or good parents. The common denominator of these commercials is that every pain medication solution implicitly or explicitly invokes a need to return to some normal state and our obligation to regain our physical or mental strength in order to resume our activities and perform our social roles. In other words, what matters is our return to our *expectable productivity as soon as possible*. We are not supposed to embrace our pain or learn how to manage it; we are expected to *annihilate* it. Pharmaceutical advertising *demonizes* pain and projects it *outside* our bodies and minds. Pain is a 'disruptor' and a 'threat' to the social fabric. Pain is no longer an inaccessible private experience or a highly subjective and delicate matter residing *inside*

[7] The most famous tool in this category is the McGill Pain Questionnaire (1975), which combines multiple dimensions to measure the following aspects: the location of pain (sensory dimension), the intensity dimension (sensory dimension), the quality of pain (sensory, affective and cogninitve dimensions; there are 78 descriptive adjectives grouped in 20 classes), the pattern of pain (sensory dimension) and alleviating and aggravating factors (behavioural dimension).

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our body and mind; pain is a 'menace' or a 'nuisance' often portrayed in TV commercials as being inflicted on us from the outside. Pain is no longer a valuable human attribute or *inner sign* inviting introspection and interpretation, but an 'intruder' that needs to be wiped off, a kind of unfortunate "implant" constantly popping out and hence requiring elimination. The reasonable ways of understanding and explaining pain (e.g. "unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage"[8], "basic bodily sensation induced by injury, physical disorder, etc and characterized by physical discomfort"[9]) are constantly suspended from our memory. The major *warning function* of pain gets twisted in metaphorical reinterpretations. Moreover, given the limited period of time for sending intelligible messages, advertisers often adopt simplistic and stereotypical solutions. The nine commercial scripts illustrate that pain gets constantly construed as an ENEMY or FOE that must be defeated with the latest WEAPONS. The same scripts also point to the fact that the staple ingredient of promoting painkillers is the *human being who suffers*, the human being who is enslaved by pain. Pain is an *obstacle* that needs to be removed by all means. Pain must be fought against and defeated; the *sufferer* needs to get rid of his/her pain in order to go back to his/her normal life or fit in with the rest of his/her family members or professional partners. The marketing strategy common to all nine audio-visual discourses condensed in the appended scripts is PROBLEM-SOLUTION/REMEDY-BENEFIT. There is almost nothing spectacular in these constant audio and visual reminders that one is free to choose from a whole range of painkillers that act swiftly and mercilessly against pain.

Besides enforcing the illusion of a painless life, such promotional messages may nourish people's fear of imperfections, personal or professional failures (e.g. Commercial script 4, Paduden Frote). As if unsuccess, misfires or malfunctions were not part of our lives, as if it were not enough that *healthism*[10] may be "an accelerator of individual and public anxiety" (Tîrhaş, 2013: 59), the constant and repeated broadcast of these messages promising ultimate solutions or remedies "sustain the invasion of diverse supplies specific to the consumption culture" (ibid.). Nevertheless, one should not forget that drug advertising has a special relationship with consummerism. In this respect the position expressed by Chiribuca and Hanță (2013: 11) is sensible and convincing enough: "Drug advertising is not aimed mainly at an already *brand* captive consumer, but at a consumer forced to purchase a product in a situation of illness. The choice is not between being or not being a consumer, but between being ill or healthy, and in such a situation the freedom of choice is inherently lower. The decision to buy is mostly an instrumental one, it's a decision concerned with and determined by a pragmatic finality, almost not at all symbolic." On the other hand, the fact that non-prescription drugs form a special category of goods (i.e. *impulse items*[11]) is true up to a point: one cannot anticipate all medical

[8] The definition is proposed and advocated by The International Association for the Study of Pain (IASP) at https://www.iasp-pain.org/Taxonomy#Pain.

[9] The Longman Dictionary of the English Language (1991).

[10] According to Crawford (1980: 366), quoted in Tîrhaş (2013: 56), healthism is "a concern, a preoccupation with one's own health […] the fundamental drive for defining and obtaining social and individual well-being; a goal which will be firstly attained by transforming one's own life-style, with or without therapeutic help."

[11] "Nonprescription medicines are not "aspirational" goods — people do not choose to buy medicines if they have no need for them. Advertising cannot force people to buy and use a medicine they do not want or need. Thus it is generally accepted that consumer behaviour with respect to the purchase and use of medicines differs greatly from other common items of commerce. For example, clothing and even automobiles are often influenced not by need but by want or desire. They can be impulse items even when very large sums of money are involved. […] To put it plainly, even if a consumer doesn't need a new pair of designer jeans they may still

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conditions and be prepared with medicine boxes piling up in one's cupboard. People are likely to adopt a proactive attitude towards pain, which strikes suddenly and unexpectedly. From this perspective, painkillers are *proactive items* and most advertising messages exploit their *interventional* dimension in highly explicit or implicit ways. Such painkiller ads show that pharmaceutical companies are interested in contributing to *patient empowerment*, which implies that people are expected to gain more control over their decisions and actions that affect their health.

5. Concluding remarks

In the Romanian repertoire of (good) wishes, those aimed at people's health stand out because the need to *be* healthy and to *stay* healthy functions as a prerequisite for a normal and successful life. Romanians exchange health wishes not only on the most important public holidays, on anniversaries or on name day celebrations, but also when they hold up their glasses and give their toasts or when they part. The one-word utterance *Sănătate!* (Engl. *Good health!*) may replace more conventional parting phrases such as *La revedere!* (Engl. *Goodbye!*) and constitutes the common verbal response to another person's sneeze. The idea that health is our greatest asset is rendered in Romanian by the following simple and categorical proverb: *Sănătate, că-i mai bună decât toate* (Engl. *Health, that's the best of all things.*). There is also another Romanian proverb which correlates health with both ethical and aesthetic values: *Tare-i bine şi frumos când e omul sănătos* (Engl. *It's so good and beautiful when man is healthy*).

To be in excellent health is everyone's ideal and any moving away from this ambitious goal means developing an illness. Interestingly enough, although health coexists with illness "*in a dynamic asymmetric equilibrium*" (Geană, 2002: 216), emphasis in the original], it is a singular concept that resists classification. While one may speak of only *one* health, the conceptualization of disease is based on overlapping notions that refer to various forms of 'unhealthiness' such as injury, infection, sickness or disorder. In this respect, Engelhardt Jr. (1974: 126) also noticed that our understanding of health "brings us to the concept of disease, suggesting that the concept of health may have as many nuances as there are diseases, and that is may be derivative from these particular disease concepts."

When in 1948 the World Health Organization (WHO) proposed a positive definition of health[12], it was also in their intention to promote the idea that the proper functioning of our bodies and minds cannot be considered in isolation. To put it differently, our health is highly dependent on our social environment, as well as on our living and working conditions.

Towards the end of the 20th century, when WHO invited people to consider health as "a resource for everyday life" it was obvious that the WHO global strategy "Health for All by the Year 2000" was rooted in a more pragmatic concept of health. As some latest studies suggest, health is a complex multidimensional concept whose understanding rests on three dimensions: wholeness, pragmatism and individualism. Here is how Svalstalog et al (2017: 434, emphasis in the original) describe and comment upon each of them: "*Wholeness* is related to health as a *holistic phenomenon*. Health is an aspect interwoven with all other aspects of life, everyday life, working life, family life, and community life. Health is viewed a resource and a total, personal, situation-specific

buy them. But if they don't have athlete's foot there is no amount of advertising that will get them to buy an antifungal medicine" (WSMI 2008: 15-16).

[12] In 1948, WHO invited us to understand health in the following terms: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

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phenomenon. Absence of disease is not enough – the life situation as a whole must be taken into consideration. Family functioning and children's welfare is an important part of experiencing health as wholeness. To be able to live according to one's personal values is also an important issue. *Pragmatism* reflects the health as a ***relative phenomenon.*** Health is experienced and evaluated according to what people find reasonable to expect, given their age, medical conditions, and social situation. In this way, health is not necessarily freedom from disease or loss of functional abilities. Other positive values in life can compensate for different types of losses. Most people are realistic in their life-expectations. Finally, *individualism* relates to health as a highly ***personal phenomenon.*** The perception of health depends on who you are as a person. To be part of a society and to feel close to some other persons seems to be important to all. Furthermore, values are individual and, as every human being is unique, strategies for improving health must be individualized." These three dimensions might be employed to construct arguments supporting the idea that health should be a social good for which people must strive and ***not*** a commodity. As Baudrillard [1998: 49] argued, consumption inhibits satisfaction and promotes differentiation and social discrimination: "All men are equal before need and before the principle of satisfaction, since all men are equal before the use-value of objects and needs… they are unequal and divided before exchange value".

The marriage of consumerism and health has sparked considerable controversy over today's status of health: ***health as a social right*** versus ***health as a market product.*** As long as the human body is regarded as the finest consumer object, health markets are expected to rely on consumers who lend their ears to promises of enhancement and protection, of fight against aging or premature death. Interestingly, Margaret Lysaght (2009: 299) suggests that the consumers of health commodities might be prone to some form of escapism: "Health investments are often associated with the comforting conviction that a product may potentially protect and enhance our health or longevity, representing a consumer desire to escape from the mortal uncertainties of the present and the future. The product often doesn't resolve a consumer's actual health problem. It is the reassurance of what the commodity signifies that they pursue."

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Appendix

Commercial script 1
INFLANOR [voice over script]

Înainte de-abia aşteptai schimbarea. Însă azi totul se schimbă de la o clipă la alta. Pare o cursă contra cronometru în care nu ai timp şi pentru durere. Când durerea apare, ia cât mai repede un inflanor forte, capsule moi modern formulate pentru combaterea rapidă a durerii. Inflanor forte acționează rapid, la fel de rapid ca lumea în care trăim. Se recomandă citirea cu atenție a prospectului.

[our translation: At an earlier time you could hardly wait for a change. Yet now everything is changing every step of the way. There seems to be a race against time when you don't have time for pain. When pain surges up, take inflanor forte, soft capsules in a modern formula for a quick fight against pain. Inflanor acts fast, as fast as the world in which we live. Read carefully the instructions.]

Commercial script 2
ANTINEVRALGIC [voice over script]

Împotriva durerii de cap există antinevralgic, combinația de trei substanțe active care lucrează împreună pentru o eficacitate sporită. Combate cu cap durerea de cap.

[our translation: Against headaches there is Antinevralgic, a combination of three active substances that work together for an enhanced efficiency. It fights headaches in a smart way.]

Commercial script 3
FASCONAL [voice over script]

Suferi şi tu când îl doare pe el. Suferi şi tu când îi doare pe fiecare în parte. Eşti una cu cei dragi. De accea când suferi, suferi cât pentru toți la un loc. Cu o combinație specială de substanțe, Fasconal combate eficient durerea de cap pentru ca tu să poți avea grijă de cei dragi. Fasconal pune capac durerii de cap.

[our translation: You also suffer when he is in pain. You also suffer when each and every one of your loved ones is in pain. You are one with your loved ones. So when you suffer, you suffer as much as they all suffer. With its special combination of substances, Fasconal fights off headaches so that you may take care of your loved ones. Fasconal puts a lid on headaches.]

Commercial script 4
PADUDEN FORTE [voice over script]

Netratate la timp durerile îți pot provoca neplăceri şi mai mari. O durere de spate pe care o ignori te poate duce la eşec, ceea ce îți poate da dureri de cap, iar când să te resemnezi mai ai parte şi de durere de dinți. Paduden forte acționează rapid asupra durerii şi distruge lanțul consecințelor neplăcute. Eficient împotriva celor mai frecvente dureri, de cap, de spate şi de dinți. Pa durere, paduden forte. Acest medicament conține ibuprofen 400mg si se poate elibera fără prescripție medicală. Citiți cu atenție prospectul.

[our translation: When pains are not treated on time, they may put a thorn in your pillow. An ignored backache may push you to failure, which may get you a headache, and when you've managed to put up with it, you are seized with toothache. Paduden Forte fights off pain fast and breaks the chain of unpleasant consequences. Effective against the most frequent types of pain, headaches, backaches and toothaches. Bye-bye pain, Paduden Forte. This medicine contains 400mg of ibuprofen and may be supplied without a prescription. Read carefully the instructions.]

Commercial script 5
PANADOL EXTRA [voice over script]

Trebuie să fiu puternic pentru cei din jur şi nu poate nimic să-mi stea în cale, nici măcar durerea. Combate durerea cu panadol extra. Panadol Extra combină cofeina cu paracetamolul pentru amplificarea efectului analgezic împotriva durerilor sâcâitoare precum migrene, durerile dentare, de spate sau musculare. În plus începe să acționeze în zece minute datorită noului sistem de dispersie. Panadol Extra efect analegezic extra rapid. Acesta este un medicament. Citiți cu atenție prospectul.

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[our translation: I must be strong for the ones around me, and there is nothing to stand in my way, not even pain. Fight off pain with Panadol Extra. Panadol Extra combines caffeine with paracetamol to enhance relief in case of nagging pains such as migraines, toothaches, backaches or myalgias. Moreover it takes effect fast within 10 minutes because of its new dispersion system. Panadol Extra – extremely fast pain relief. This is a medicine. Read carefully the instructions.]

Commercial script 6

Neolin **[voice over script]**

Ai face orice să îi vii de hac durerii? Mai bine încearcă Neolin. Combinația sa de substanțe active face din durere doar o amintire. Neolin. Îi vine de hac durerii. Acest medicament se poate elibera fără prescripție medicală. Citiți cu atenție prospectul.

[our translation: Would you do anything to put a kibosch on pain? You'd better try Neolin. With its combination of three active substances, Neolin turns pain into a memory. Neolin. It puts a kibosch on pain. This medicine may be supplied without a prescription. Read carefully the instructions.]

Commercial script 7

Antinevralgic forte [voice over script]

Sunt momente în care ceea ce ți-ai propus este greu de realizat?! Când durerea de cap te opreşte, ai Antinevralgic Forte. Într-o formulă mai concentrată a trei substanțe active cu efect analgesic crescut, Antinevralgic Forte luptă cu succes împotriva durerii de cap intense şi a migrenei. Antinevralgic Forte. Nu lăsa durerea să te oprească. Acest medicament se eliberează fără prescripție medicală. Citiți cu atenție prospectul.

[our translation: Are there moments when you find it difficult to fulfill your goals?! When your headache stops you, you have Antinevralgic Forte. With a more concentrated formula of three active substances capable of a fast analgesic effect, Antinevralgic Forte fights off severe headaches and migraines. This medicine is supplied without a prescription. Read carefully the instructions.]

Commercial script 8

Nurofen Expres Forte.

(Vocea personajului masculin): Fiind profesor privesc lumea într-un mod diferit. Poate nu realizați, dar avem mușchi inclusiv la nivelul capului. Aici. Când aceştia devin tensionați, pot provoca majoritatea durerilor de cap. (voce feminină, non-diegetică): Nurofen Express Forte acționează asupra mușchilor tensionați pentru a calma rapid durerea de cap. Țintește sursa majorității durerilor de cap cu Nurofen Express Forte. Acesta este un medicament. Citiți cu atenție prospectul.

[our translation. (Male character's voice): Being a teacher, I see the world differently. You might not realize it, but we all have head muscles. Here they are. When these muscles become tense, they may lead to headaches. (Non-diegetic female voice): Nurofen Express Forte takes action against tense muscles in order to relieve headaches fast. Fight off most headaches with Nurofen Express Forte. This is a medicine. Read carefully the instructions.]

Commercial script 9

Nurofen 200mg

(Vocea povestitoarei): Era o zi minunată. Cei mici râdeau şi erau plini de energie. Când să ne dăm în carusel, durerea a stricat tot. Trebuia să scap rapid de ea. (Voce masculină): Scapă de durere cu Nurofen 200. Nurofen 200 acționează direct asupra sursei durerii îndepărtând-o. (Vocea povestitoarei): Apoi ne-am luat la întrecere spre carusel. Nurofen. Ținta lui este durerea. Acest medicament conține ibuprofen 400mg si se poate elibera fără prescripție medicală. Citiți cu atenție prospectul.

[our translation. (Female narrator's voice): It was a wonderful day. The little ones were laughing and full of energy. And when we have decided to board for a merry-go-round trip, pain ruined it all. I had to get rid of it fast. (Non-diegetic male voice): Get rid of your pain with Nurofen 200. Nurofen 200 targets the source of your pain and removes it. (Female narrator's voice): And then we raced for the merry-go-round. Nurofen. Pain is its target. This medicine contains ibuprofen and may be supplied without a prescription. Read carefully the instructions.]

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