MACROSCOPY

Prescribing for the "Swedish Viagra Man"

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Cultural and social studies of sildenafil (Viagra) have shown how it influences more than just blood flow in the penis. Sildenafil has introduced the term erectile dysfunction (ED) to the general public, changing perceptions and treatment of impotence. It has reinforced a coital imperative—the idea that all sex and intimacy must involve penetrative intercourse—stressing quick, hard (youthful) erections. Moreover, it has connected successful aging with successful sex and successfully taking one's medications. Yet much of the critical work on sildenafil comes from the North American context, where direct-to-consumer advertising has been widespread and overpowering. We have in our study asked how sildenafil has influenced ideas about disease, sex, and pharmaceutical use in a small, peripheral country, Sweden, with laws against direct-to-consumer advertising of prescription drugs, with state-funded, universal health care, and with a history of (or at least a reputation for) sexual freedom. Taking a look at "downstream" effects of pharmaceutical science from a social pharmacology perspective, we wondered if the specific structural characteristics of the health-care system and the cultural landscape would influence how sildenafil is experienced and received in Sweden.

Impotent men and dysfunctioning penises

We started by examining impotence and ED in the Swedish medical literature, analyzing the weekly trade journal *Läkartidningen*. In it we noted a distinct change before and after sildenafil's 1998 introduction. Before sildenafil, impotent men were discussed as a heterogeneous group: some had partners; others were older, single men; some were shy, young men with problems relating to women; others were men "with a secret," although the nature of that secret was never clearly articulated. The treatment options for these various patients differed, but the doctor was always supposed to be a trusted confidant who saw the man on several occasions, listened to him describe his feelings, and discussed his concerns. Furthermore, the patient's partner was encouraged to be involved in these discussions because she (the partner was always imagined to be a woman) could play an important role in the man's treatment.

After sildenafil the partner almost disappeared from the medical discourse. So did the term "impotence." Instead, "erectile dysfunction" was discussed—an affliction of the man's penis, a disease of blood flow and tissues rather than an illness related to relationships, feelings, expectations, and disappointments. For eight years sildenafil dominated the Swedish medical discourse so completely that its availability determined the concept of the patient (reduced to a penis) and the disease (a biomechanical shortcoming). Not until 2006, when statistics showed that more than half of the men prescribed sildenafil in Sweden did not refill their prescriptions, was this discourse undermined. Reporting on interviews with men who had stopped taking sildenafil, an article in *Läkartidningen* suggested that sildenafil failed because of social, cultural, and relationship issues, unwittingly bringing the discussion back to the relationship and lifestyle causes of impotence that had been prominent in the early 1990s. Despite this study, however, sildenafil today still dominates the approach to defining and treating impotence/ED in Sweden.

Commercial images of the Swedish Viagra Man

Direct-to-consumer advertising of prescription medicine is forbidden in Sweden, so instead of using television commercials, pharmaceutical companies provide information about drugs and medical conditions in pamphlets distributed by doctors and nurses, through supporting patient advocacy groups, and on informational websites.

When we analyzed the images of men that populate the Pfizer-funded Swedish-language website pertaining to ED, we see both global harmonization and local adaptation. Much of the information about ED is similar to that found in US commercial material, but the "Swedish Viagra Man" as a collective trope is a slightly different man from the one(s) found in the United States. He is, for starters, very white—even though Sweden is at this point a country with a significant immigrant population—and he is slightly older than the middle-aged men and sports stars who are sildenafil spokesmen in the United

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States. The Swedish Viagra Man is also very connected to nature; he is presented in wilderness scenes, toughing the winter cold or jumping into pristine water from rugged, stony outcroppings. He is comfortable in the uncivilized wilderness, which by association naturalizes both his condition and its cure, sildenafil.

The other thing that we notice, however, is that the Swedish Viagra Man is not alone in his affliction; he is accompanied by his partner. Images of smiling women next to their men, couples walking along the seaside, and two sets of feet sticking out from under a blanket pepper the website. Although the partner all but disappeared from the *medical* discourse when sildenafil appeared in Sweden, she (there is little to suggest homosexual relationships in the material, even if the language is gender neutral) is actively enrolled and present in the *commercial* material. We suspect this is because sildenafil requires her efforts to function properly. For some men in some cases, sildenafil will ensure the maintenance of an erection, but initial sexual stimulation has to come from somewhere or someone else, and the partner is a convenient ally for Pfizer.

State subsidies and ED

Who should pay for sildenafil? This question has generated heated debate, both in the United States (should insurance companies pay for sildenafil but not birth control pills?) and in Sweden. In 2003, the newly formed Swedish Pharmaceuticals Benefits Board decided that sildenafil would not be subsidized. Doctors could prescribe sildenafil, but men would have to pay for it themselves. The decision was controversial because people in Sweden had until then been accustomed to receiving prescription medication free, beyond a basic copay level, and the decision was promptly appealed by Pfizer. During the course of the next few years, sildenafil made its way through a series of court cases and appeals until, in 2008, the Supreme Administrative Court of Sweden upheld the initial decision. Today, sildenafil is still not subsidized in Sweden.

Closer examination of the documentation reveals that the court and the Pharmaceutical Benefits Board were both convinced that subsidizing sildenafil would be a legitimate use of tax money for severe ED but not for mild ED. However, they were also convinced that patients would claim to suffer from the severe form of the disease to beguile doctors into prescribing subsidized sildenafil, which would not only provide subsidies for men who were not really entitled to them but also lead to "diagnostic bracket creep." Thus, as rationalized by both the Benefits Board and the court, it would be better not to subsidize the drug at all. The decision reflects concerns about patient and doctor compliance with government policies. The clincher in their argument was that two other drugs for treatment of severe ED—one injected by syringe into the penis and one inserted as a stick into the urethra—were already subsidized in Sweden. According to the Benefits Board and the court, these two drugs are so unpleasant to administer, as compared with taking a pill, that men with mild ED would not reasonably be expected to use them; this *de facto* limits their subsidized use to "legitimate" patients.

Conclusions

How do the Swedish examples of sildenafil use compare with its use internationally? There are many similarities. The drug's existence has altered the concepts of impotence/ED, who suffers from it, and how to cure it. Sildenafil creates stereotypical images of a Viagra Man that carry markers of class, race, and sexuality. Moreover, it has led to new laws and policies to regulate the practices of both doctors and patients.

Of course it is not the *drug* that prescribes behaviors or identities; it is decision makers, commercial actors, and medical experts who attach the drug to specific demands, images, and expectations to influence the behaviors of groups they are trying to govern, cajole, or cure. Moreover, because actors in different countries have different cultural starting points and are working within different institutional frameworks, they vary in how they use sildenafil. Thus, although sildenafil's influence on the medical discourse in Sweden was similar to its influence on the international discourse, it also involved a great deal of debate about the connection of ED to other established medical conditions such as diabetes and multiple sclerosis, reflecting the subsidy controversy and concern that the drug would be unavailable to "legitimate" patients. Moreover, although the commercial treatment of Viagra on Pfizer's Swedish website in many ways parallels that on the US pages—with a self-help diagnostic quiz, a database of Viagra-friendly doctors, and information for partners—there are also specific elements that are manipulated to reflect and resonate with Swedish sensibilities, e.g., the imagined race of the user, the association with Swedish forests and coastlines, and a Swedish survey of masculine personality traits. Likewise, the series of court cases and subsidy debates reflects the specifics of Swedish law and its national healthcare program.

When we recognize the many actors behind a drug, we can see that a drug does more than cure a disease or alleviate a symptom. The mere existence of a pharmaceutical product can influence the medical discourse, reinforce and even construct cultural ideas and identities, and change the practices of experts and laypeople. Also, although there are very Swedish aspects of Viagra use and marketing in Sweden, the drug has carried with it previously established ideas about disease, medical treatments for aging, and appropriate intimacy practices. These are authoritative discourses that influence even as they become embedded in the cultures that encounter them. Not only does the globalization of the pharmaceutical market make medicines available to international consumers, it also spreads ideas about the healthy subjectivities—identities and behaviors—those medicines are prescribing. This, we feel, calls for further consideration to articulate the prescribed social practices that prescription medicines carry when they are sold on a globalized pharmaceutical market.

CONFLICT OF INTEREST

E.S. was paid approximately US$600.00 for undertaking a presentation for a completed research project for Pfizer AB, the Swedish subsidiary of Pfizer, Inc., the manufacturer of Viagra. E.J. and C.Å. declared no conflict of interest.

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