

Timely commentary from WLF's blog

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Don't Silence Patients: Protect Transparency, Free Speech and Patient Outcomes

by John "CZ" Czwartacki

When I was first diagnosed with multiple sclerosis (MS) in 1993, treatment options were limited. In the decades since then, a plethora of treatment options have been approved and come to market that have changed how patients like me manage our condition—some of which I have learned about through drug ads. These ads, alongside my own research and the meaningful conversations with my doctor, have empowered me to make better decisions about my care. Combined with thousands of other ways patients access health information, drug ads have played an integral role in my treatment journey. I brought this perspective to a recent [webinar](#) with the Washington Legal Foundation, where I joined legal experts to discuss recent policy efforts that threaten this very access.

[Recent moves](#) by the U.S. Department of Health and Human Services (HHS) and the Food and Drug Administration (FDA) foretell an itch that looks to add unnecessary regulatory demands, throwing the current effective and balanced approach for regulating drug advertisements into "tilt." These potential regulations would obscure knowledge of novel medications from the general public by inundating ads with information that makes them useless to patients. Game over.

Let's be clear: Cramming ads with more disclosures is just an effort to silence speech.

Don't get me wrong, the FDA does an invaluable job at ensuring drugs are safe and effective—long before they even get on a doctor's radar. The disclosures of side effects, and education by the prescribing physician of every dangerous possibility must be kept sacrosanct. But given that consumers aren't—and can't without a medical license—make the decision to purchase a prescription drug, what is the purpose of weighing down drug ads unless it's to force them from the airwaves?

For me, the debate over drug ads and access to information about treatment options is not theoretical. Drug ads change lives. They give patients like me a place to begin a conversation. Those conversations can even save someone's life.

Of course, drug ads can make me cringe; nobody wants to hear about rare side effects or risks of death while watching television. There is no reasonable opposition to the FDA requiring the ads to disclose a balanced view of the possibility of any benefit or side effect. But requiring ads to include exhaustive details and filling them with dense, technical information rather than useful guidance for patients ends that balance. When ads become unnecessarily complex, they obscure information and

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stop serving patients. If they stop serving patients, companies have [little incentive](#) to run them at all.

Ten years ago, I brought what I learned from an ad to my doctor. We determined that the drug would not be effective in my case, but it sparked the conversation that led to a further understanding of my illness. Isn't that making America healthier?

I wholeheartedly agree that the President's September 2025 memo calling for "transparency and accuracy" is a laudable goal. Patients deserve clear, balanced, and accessible information about medical treatments. And the current environment is working to deliver on this goal. Today, the FDA mandates risk disclosures, monitors promotional materials, and issues warning letters when companies violate the rules on drug ads. It is an effective effort to ensure patients receive accurate and balanced information.

Patients need a cop on the beat looking out for them. They don't need gatekeepers who decide what we're allowed to know about.

Many prominent voices, including National Institutes of Health (NIH) Director Jay Bhattacharya, and HHS Secretary Robert F. Kennedy Jr., have experienced [censorship](#). Their instinct, when confronted with uncomfortable speech, seemed to support more discussion, not to silence conversation. The same principle should apply in the debate on drug advertising.

Policymakers have also argued that advertising [distorts](#) the doctor-patient relationship. There seems to be an underlying [assumption](#) that patients are easily misled – that "distracting" advertising skews our perception of ads.

The [notion](#) that an advertisement featuring too many smiling faces could somehow offend those seeking solutions for their illness is misguided. I pray that you never know what it feels like to have a disease take control of your life. If an innovative medicine is going to bring relief to me or someone I love, I don't care who is making the pitch for it. Importantly, everyone seems to forget the medications featured in these ads are already FDA-approved, subject to rigorous review and must include detailed disclosures. The only conclusion that remains is Washington doesn't trust Americans with health information.

At its core, this is a First Amendment issue. The right to free speech protects the free flow of information—including medical information patients use to manage their health. Patients have a right to learn about potential treatments, and drug ads are a way for patients to access that information. The government should not be in the business of limiting lawful speech. Limiting information moves us away from who we are as a free country and our goal of being a healthier one.