

BOOKS

Are we swaying to the snake charmer's tune?

Pharmageddon

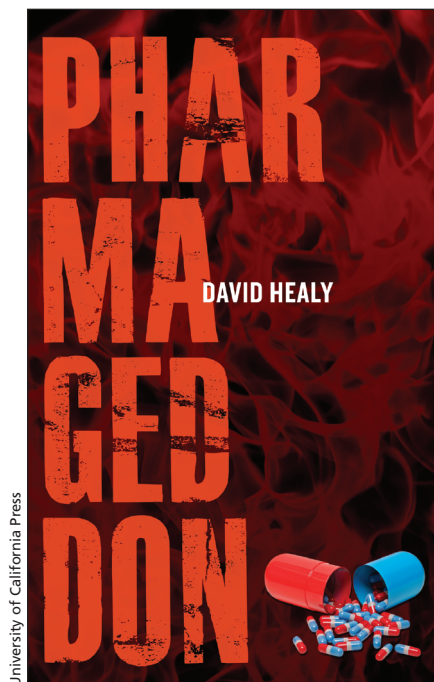
David Healy

University of California Press; 2011.

Cigarettes might have been a blockbuster treatment for ulcerative colitis if they were only available with a prescription. After the 20-year patent ran out, prescription rates would have been buoyed by randomized control trials showing that cigarettes treat a host of previously unrecognized ailments. Then products containing only one enantiomer of nicotine would obligingly be given the nod by guideline writers in response to newer trials. It would take decades to overturn the vigorously defended argument that lung cancer was caused by the underlying illnesses and not by cigarettes.

The main charge of *Pharmageddon* is that poisons like those in cigarettes are being indiscriminately prescribed to patients because physicians have allowed pharmaceutical marketing to fundamentally alter the practice of medicine. The transition from a caring profession to a prescription factory is happening because of an unhealthy dependence on randomized control trials (RCTs) that are liable to message massaging even when the results are not flagrantly manipulated, a failure to recognize the harms of medications even when they are obvious to patients or their families, and a reliance on clinical practice guidelines that have conjured “drug deficiency disorders” such as dyslipidemia, osteopenia and prediabetes.

The clearest example presented is the burgeoning use of selective serotonin reuptake inhibitors (SSRIs). Clinicians can be forgiven for not knowing that the results of RCTs in young people were misrepresented in a way that obscured the increased risk of suicide since the expert panels writing guide-



University of California Press

lines were nearly duped too. But why did the suicides of patients taking SSRIs in clinical practice not prompt doctors to look critically at the drugs?

Perhaps drug branding has blurred the line between pharmaceutical marketing and medical knowledge. Indeed, the terms “SSRI,” “mood stabilizer” and “second generation antipsychotics” have questionable physiologic significance and yet they rapidly made their way from the lips of drug marketers to medical textbooks. If even medical terminology is up for grabs, then so too may be the dogma that SSRIs are safe in young people, which leads clinicians to conclude that any suicide must have been caused by the underlying disease. Not everyone is fooled though; investigative journalists helped to break the SSRI and suicide story that was always within arm’s reach of clinicians and researchers.

More worrying than what marketing makes doctors think, is what it might prevent them from thinking. Healy suggests that in some cases marketing mes-

sages may have supplanted basic medical knowledge. This is illustrated by a case description of a patient who was put on a “second generation antipsychotic” for presumed psychosis even though her symptomatology better fit a diagnosis of catatonia (which can be worsened by antipsychotics). One cannot help but wonder if her suicide could have been prevented if the massive enterprise of medical education was not being tugged by pharmaceutical marketing towards conditions that are treated with blockbuster medications while conditions ignored by the pharmaceutical industry fall off the radar.

There is some discussion in *Pharmageddon* of how the problems with psychopharmacology may ramify throughout medicine but comparatively little evidence is presented for medical conditions. Despite the focus on mental illnesses, *Pharmageddon* provides something for everyone to disagree with. Proponents of evidence-based medicine might complain that Healy has refused to acknowledge the strengths of RCTs and that, even if it is true that pharmaceutical marketers have embraced evidence-based medicine more tightly than researchers, the solution may be to reclaim, rather than abandon, potentially valuable turf. Guideline users and makers might object that the “Trussed in guidelines” chapter paints all guidelines with the same brush and does not appropriately acknowledge instances in which expert panels have turned aside pleas from pharmaceutical marketers. Editors might take offence to the suggestions that newspapers might do a better job of fact-checking trial results than medical journals.

There are some historical interludes with questionable relevance, but they are usually brief and entertaining. I chuckled when I read that olanzapine was patented based on a favourable

effect on cholesterol levels in canines since the growing pack of people taking the drug have been less fortunate than these lucky dogs. Ivan Illich, Richard Cabot and Alfred Worcester are channeled throughout the book in interesting ways but their connection to the present argument sometimes seemed forced.

Pharmageddon provides a convincing and innovative argument that change is needed but fumbles while proposing solutions. The discussions of patent law reform and increased access to the raw data from drug trials are cursory and somewhat stale. The suggestion that the inappropriate use of medications could be curtailed by making them available without a prescription is very creative but, in my opinion, at least as likely to backfire as the current arrangement. If

marketing to doctors has succeeded in getting more people to swallow antidepressants, imagine how many shopping bags with sad movies and tissues would have SSRIs unnecessarily added to them if no prescription was required.

Pharmageddon distinguishes itself from the array of recently published books attacking big pharma by focusing on the active role doctors have played in allowing medicine to be overrun by marketing. Pharmaceutical marketers are portrayed as snake-charmers who have hypnotized otherwise skeptical doctors rather than as purveyors of snake oil. The point is not to make physicians look like the snakes — it is to embolden doctors not to slither away from the problem. The mother of a young woman who committed suicide

shortly after starting an SSRI, whose US Food and Drug Administration hearing testimony is one of the clearest and most persuasive passages in the book, seems to agree that doctors should be doing more: “When my daughter went to our family GP [general practitioner] last year, we trusted that our doctor was well educated and informed. We were wrong. ... Not all doctors are equipped to understand the marketing targets they have become.”

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