

Book

Business as usual

The pharmaceutical industry no longer commands the respect that once made it a beacon of innovation and achievement. Examine some recent headlines. GlaxoSmithKline agrees to pay US\$2.5 million to fend off charges that it suppressed research showing the antidepressant Paxil was harmful to children. Pfizer pays \$430 million to end claims concerning off-label uses of Neurontin. Bristol-Myers Squibb promises to pay \$300 million to discontinue a lawsuit brought against it by shareholders. GlaxoSmithKline (again) pays \$75 million for allegedly overcharging patients and insurers for its anti-inflammatory drug, Relafen. Bayer settles, at a cost of \$800 million, over 2000 cases brought by patients who took Baycol. A court confirms a \$1 billion jury verdict against Wyeth over its diet drug, Pondimin. GlaxoSmithKline (once more) agrees to pay \$92 million, this time to end lawsuits over its antibiotic, Augmentin.

These stains on the reputation of a powerful and important industry come when some of the biggest pharma companies are limping towards stagnation. Global sales for AstraZeneca fell by 0.6% in 2003. GlaxoSmithKline grew by only 3.9%; Bristol-Myers Squibb by only 4.0%. The fastest growing company was little-known Schwarz, which benefited from the patent expiry of AstraZeneca's version of omeprazole. Worse, the rate of US market growth—half of global pharma sales occur in the USA—slowed, thanks largely to fewer blockbuster drug launches. 2004 has been no better. Merck has forecast a fall in share earnings. Stock prices for AstraZeneca and GlaxoSmithKline have been extraordinarily volatile. As big pharma feels the squeeze, it seems its chief executives will risk litigation and court settlements to extract the maximum revenue from increasingly unforgiving markets.

Against this background of decline and desperation comes another unflinching attack. But what makes *The Truth About The Drug Companies* genuinely startling is its provenance. Marcia Angell is a former editor of the *NEJM*, a publication that deservedly sits at the summit of America's medical-industrial complex. Given her

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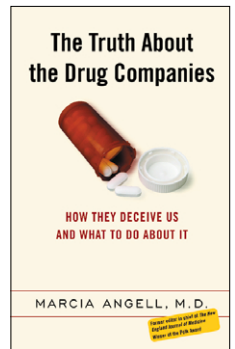
experience in the Brahmin-like atmosphere of Harvard medicine (the *NEJM* office rests in the heart of the campus), one might have expected Angell to write a balanced view of pharma's contribution to medicine. But balance isn't her aim. Rather, her intent is to "expose the real pharmaceutical industry", to prove that its products are of "dubious benefit", to show that it is first and foremost a "marketing machine", and to convince us that "we get nowhere near our money's worth". She relies almost exclusively on US examples, but her arguments carry a force that propels them well beyond her own immediate experience.

The idea that big pharma is a major investor in research and development is a complete fiction, Angell asserts. This widely held view, aggressively promulgated by industry, is "a kind of blackmail". The public must pay whatever companies charge for drugs, the argument goes, if they wish to continue to enjoy good health. But Angell shows not only that the supply of truly innovative products has slowed to a bare trickle, but also—and here is "the real scandal"—that these rare new drugs owe their existence to taxpayer-funded research. Pharmaceutical

companies have become parasites on the public purse. Instead of driving innovation, industry's goals are to cut into lucrative markets by designing me-too drugs that we don't need; to avoid head-to-head comparisons with existing medicines; and to promote diseases to create new revenue streams. In one especially egregious example, Angell tells how GlaxoSmithKline used commercials that "showed images of the World Trade Center towers collapsing"—in order to sell a drug for "generalised anxiety disorder".

The charges pile up. Clinical trials are "rigged". "With a stroke of the pen", Harold Varmus, a former director of the National Institutes of Health (NIH), lifted safeguards protecting the independence of government scientists. Professional meetings are "trade-show hucksterism". Continuing medical education paid for by industry is little short of "make believe". Post-marketing studies are "gimmicks to increase sales". Marketing techniques are "deceptive" and "corrupt". Efforts by companies to extend patent lives on their drugs are "nonsense" and "low comedy".

How can the pharmaceutical industry be fixed? Of Angell's many and wide-ranging prescriptions, the most important concerns the Food and Drug Administration: new drugs should be compared with old ones rather than with placebos. She calls for an independent Institute for Prescription Drug Trials to be housed within NIH. Big pharma should not provide medical education. Professional societies should be self-supporting. And her advice to the public? Ignore drug adverts. Ask your senator whether s/he receives campaign contributions from the pharmaceutical industry. And interrogate your doctor about his or her relations with companies and the evidence for the drug s/he is prescribing.



The Truth About The Drug Companies: How They Deceive Us and What To Do About It
 Marcia Angell, Random House, 2004. Pp 336. \$24.95. ISBN 0-375-50846-5.

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Angell's tale is also a personal one of revelation and growing anger. She describes witnessing the influence of industry on medicine while at the *NEJM*. "I saw companies begin to exercise a level of control over the way research is done that was unheard of when I first came to the journal", she writes. By 2000, she was expressing her disquiet in strongly worded editorials. 2 years later, with another former *NEJM* editor, Bud Relman, she wrote a devastating critique of the drug industry in *The New Republic*. Angell is clearly saddened by the slide of her own "noble profession". She mourns the loss of independence and integrity at institutions such as her beloved Harvard. Her passion and sincerity are palpable.

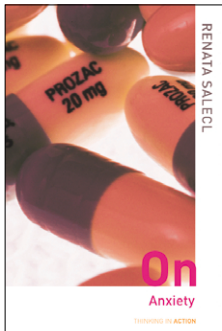
Yet I cannot help feeling that her case could have been better made. Her book is a polemic. Instead of an analytical

tour-de-force it is a caustic tirade. If truly intent on exposing the malaise of the pharmaceutical industry, she would have taken her findings and presented them to its chief executives and medical directors. Their responses, however lame she judges they would have been, are conspicuously absent, leaving Angell's entire project flawed. I wanted her to have interviewed scientists who received industry funding to understand why they have allowed their work to be colonised by commercial bias. I wanted to read first-hand why academic leaders have embarked on extensive collaborations with the private sector. I wanted to hear why those who lead professional societies do not expunge industry from their meetings. I wanted Varmus to describe why he lifted the safeguards at the NIH, which Angell rightly considers so

important. I wanted to know why GlaxoSmithKline's chief executive, Jean-Pierre Garnier, among other excesses, felt it appropriate to use the collapse of the twin towers to fuel a trivial marketing campaign. None of these individuals is given a voice. Their silence is a serious omission.

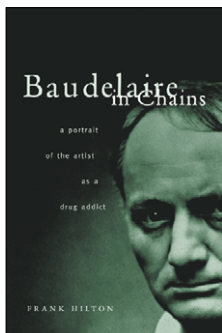
In some ways, therefore, this is a lazy effort. It feels only half complete. The zeal with which it has been written—it is more of an extended editorial than a book—damages the case for which the facts seem to press. The result is certainly a powerful and enjoyable read. But it is a missed opportunity to make a lasting difference to the corrosively commercial climate eating away at much of today's medicine.

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On Anxiety

Renata Salecl. Routledge, 2004.
Pp 192. £8.99.
ISBN 0-41531-276-0.



Baudelaire in Chains: A Portrait of the Artist as a Drug Addict

Frank Hilton. Peter Owen Publishers, 2003. Pp 288. £22.50.
ISBN 0-7206-1180-6.

In brief

Book Anxious times

According to conventional wisdom we live in an age of anxiety, worried about everything from terrorist attacks to what our friends really think of us. We're even made anxious by our inability to control anxiety. As Renata Salecl remarks in her thoughtful book, "the way anxiety is presented in popular media gives the impression that it's the ultimate obstacle to well-being".

Our failure to vanquish anxiety becomes a personality flaw. "Anything perceived as an impediment to the subject, who is supposed to be fully in control of herself, constantly productive and also not disturbing to society at large, is quickly categorized as a disorder". In her brief but wide-ranging study, Salecl explores how anxiety is fed by difficulties with relationships, a competitive society, our experience of living with expectations of global disaster. And she notes the ways the media cashes in on anxiety, and pharmaceutical companies profit from

it—helped by a "therapy culture", quick to reinforce our sense of inadequacy in the face of inner and outer pressures.

Her strongest argument is that what produces anxiety is the attempt to banish it. Reminding us that philosophy and psychoanalysis have long viewed anxiety as "essentially human", Salecl posits that, like it or not, anxiety "is the very condition through which people relate to the world".

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Book Chasing the muse

Writers are generally agreed to be an odd lot. Many require specific conditions to be able to "get black on white", as Guy de Maupassant advised, from sharpening 20 pencils before beginning (Hemingway) to inhaling the smell of rotten apples kept in a drawer for just such a purpose (Schiller). Other methods of coping, especially those involving alcohol or

drugs, might be less strange but have more deleterious effects. In *Baudelaire in Chains*, Frank Hilton argues that opium addiction was, for the 19th-century French poet, critic, and translator, a far greater influence than previously realised. Best known for *Les Fleurs du Mal* (*The Flowers of Evil*), the ever-so-tellingly-titled poem *Enivrez-vous* (*Get Drunk*), and for translations of two writers themselves not usually linked with sunny optimism—Thomas De Quincey (*Confessions of an English Opium Eater*) and Edgar Allan Poe—Baudelaire was the classic troubled artist. His father died when he was young, his mother remarried in haste, he was given early, and squandered, his inheritance, and along the way drugs and debt achieved a permanent place in his life. Hilton's lively and readable prose is in stark contrast to the melancholy life of his subject.

Faith McLellan
The Lancet, New York, NY, USA

Historical keywords

Resuscitation

In medicine, resuscitation denotes therapeutic manoeuvres intended to reverse acute, life-threatening physiological abnormalities. In popular culture, it connotes the restoration of life. This difference generates clinical and ethical dilemmas when the acronyms CPR (CardioPulmonary-Resuscitation) and DNR (Do-Not-Resuscitate) face each other over the deathbed.

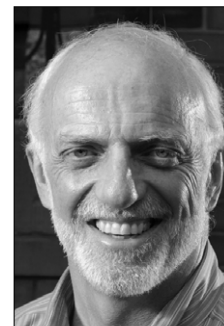
Resuscitation was in use in the 14th century for resuscitation of the body, soul, or both. In the 17th, it began to refer more exclusively to the body, but still carried implicit recognition of divine intervention. By the mid-18th, physicians were concerned that terms such as "re-animation, re-suscitation, re-vivification" might seem "to imply the act of resurrection", an act reserved for the "CREATOR" (A Fothergill. *A New Inquiry Into the Suspension of Vital Action in the Cases of Drowning and Suffocation*, 1795). Thus, "recovery", "restoration", or "preservation" were preferred in the newly emerging life-saving protocols. By the mid-19th century, the realms of science and religion having become more discrete, the distinction between resurrection and recovery again sank beneath the surface of resuscitation, which was used to refer to rewarming techniques and manual artificial ventilation. In 1933, William Kouwenhoven reported on *Resuscitation by Countershock*. In the early 1950s, James Elam and colleagues showed the superiority of mouth-to-mouth over manual ventilation. In 1960, Kouwenhoven and colleagues published *Closed Chest Cardiac Massage*, and Peter Safar and colleagues presented a resuscitative protocol of mouth-to-mouth, chest compressions, and defibrillation. In 1962, the American Heart Association proposed the term cardiopulmonary resuscitation. The first hospital policies on DNR orders followed a decade later. These sought to open up decision-making at the deathbed, and honour the wishes of the informed patient. DNR marked a crucial adjustment; it was the first medical order for withholding treatment. But, 25 years on, the implementation of DNR orders, advance directives, and living wills remains problematic. The inability of modern science to frame "life" in the absolute, transcendent terms of religion, and the difficulty of determining the value, to a moribund patient, of a future level of function harks back to the fine distinction between resurrection and recovery that is submerged within resuscitation.

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Lifeline

Richard Clapp has worked for the past 35 years in public-health practice and teaching. He directed the Massachusetts Cancer Registry in the 1980s. Recently, he was involved in a widely publicised analysis of mortality among IBM workers in the USA. He received his doctorate in epidemiology and is currently Professor at the Boston University School of Public Health, MA, USA.



What has been the greatest achievement of your career?

Identifying excess soft tissue sarcoma in Vietnam veterans, which was a basis for compensation of veterans and families.

And the greatest embarrassment?

None really stands out from life's many embarrassments.

What do you think is the most over-hyped field of science or medicine at the moment?

Nanomedicine.

What do you think is the most neglected field of science or medicine at the moment?

The effects of low-dose toxic exposures on children's health.

What do you think is the greatest political danger to the medical/scientific profession?

The priorities and practices of the current US Administration.

Which research paper has had most effect on your work?

Estimability and estimation in case-referent studies. Miettinen OS. *Am J Epidemiol* 1976; **103**: 226–35. It is the basis for understanding many fundamental issues in epidemiology.

Who is your favourite politician and why?

Nelson Mandela, because he speaks truth to power.

What would be your advice to a newly qualified doctor?

Stay true to your ideals, in spite of the obstacles in the current disorganisation of medical care (in the USA, at least).

What is the best piece of advice you have received, and from whom?

Illegitimi non carborundum est, from an anonymous source.

What complementary/alternative therapies have you tried? Did they work?

Glucosamine/chondroitin for sore knees; it did not work.

What is your greatest fear?

That we are destroying our planet for coming generations.

What is your worst habit?

Flossing my teeth in public.

What is the least enjoyable job you've ever had?

Scraping tar off gas storage tanks and re-painting them.

What was your first experiment as a child?

Using a magnifying glass in the sun to incinerate insects.

With which historical figure do you most identify?

John Snow.