

## Pharmaceutical ethics?

---

**Ethics and the Pharmaceutical Industry.** Edited by Michael A. Santoro and Thomas M. Gorrie. New York: Cambridge University Press, 2005. ISBN 0-521-85496 (hardcover). 526 pp US \$40

---

JEROME P KASSIRER

Dr. Kassirer, MD, is Distinguished Professor at Tufts University School of Medicine, Medford, Mass., and Editor-in-Chief Emeritus of the New England Journal of Medicine. He is the author of *On The Take: How Medicine's Complicity with Big Business Can Endanger Your Health* (Oxford University Press, 2005).

**Competing interests:** None declared.

**M**ANY BOOKS SATISFY THE READER EVEN though - or because - they raise more questions than they answer. This multi-authored book is not among them. Early on we are told that its authors are outstanding leaders and thinkers from all segments of health care who will provide a fair and balanced view of the troubled relationship between the pharmaceutical industry and society. Puzzling, I thought: leafing through the list of authors I hadn't noticed the names of leading critics of the pharmaceutical industry, namely John Abramson, Marcia Angell, Jerry Avorn and Merrill Goozner. Surely, I thought, some of their well-documented examples will show up later, but both they and their ethical concerns are missing in action.

There is virtually no mention of the pharmaceutical industry's major ethical lapses, such as hiring ghostwriters to write favourable journal articles, rigging study designs to produce favourable results, hiding unflattering results, failing to publish negative findings, promoting off-label drug use, giving bribes and kickbacks in return for promises to prescribe, and intimidating researchers whose results counter a company's interests. There is also little mention of shameless attempts by manufacturers to extend their monopolies, to block the production and sale of generic drugs, to put undue influence on the US Food and Drug Administration (FDA), to buy off large cadres of

doctors, to promote drugs to treat social conditions, and to spend more money on marketing than on research - and, at the end of the day, to produce a shrinking list of truly innovative, clinically useful drugs.

Inexplicably, with minor exceptions, most of the chapters have little relevance to the ethics of pharmaceutical companies. There are many "primer" chapters (some first class) on the implementation and ethics of clinical trials, research involving children, drug-prescribing practices, the role of the FDA, direct-to-consumer advertising, intellectual property rights, the influence of activists on the industry, and the application of cost-effectiveness analysis. These discussions bear mostly on the ethics of researchers and doctors, not on the ethics of companies.

Eventually it becomes clear that the sole ethical issue addressed in this book is the disjunction between the profitability of drug companies and the vast health needs of the public; that is, between a profit-seeking corporate culture and societal responsibility. Industry has little interest in developing drugs to treat serious illnesses in large populations when there is no market with the capacity to purchase those drugs. The ethics of corporations demand that their activities maximize shareholder profits regardless of whether those activities also serve genuine societal needs; hence the practice of concentrating on blockbuster drugs and on "lifestyle" drugs for shyness, sexual dysfunction, hair loss and ugly toenails.

Pharmaceutical executives argue that their private profits achieve a public good: they are the good guys, just using their profits to innovate, but because their products are necessarily expensive, they are the victims of bad PR. Without the hefty profits, they claim, and without strict patent protection, the development of important new drugs would cease. In three chapters, top executives of major companies tell us in no uncertain terms what we must do: pay them adequately for their products; reduce approval times for drugs; and eliminate calls for longer or more complex clinical trials. We must not interfere with their intellectual property rights, consider price controls or profit limits, or allow importation of cheaper drugs. Their message is: if you mess with our profits, you'll be the ones to suffer: we'll hunker down and produce a lot of me-too drugs and nutritional supplements; we'll convert our research dollars into more marketing. One executive even believes there is a worldwide conspiracy, a "campaign against innovation." The very idea sounded absurd, and even a little paranoid, but it triggered a thought of my own: just what motivated this book? If it was a desire to counter public resentment and disdain, ignoring the chief criticisms levelled in recent years at the industry dampens any such effect, and the rationale provided here for continuing their high profit levels is no more powerful now than it was before.

Many corporations face a disconnect between their company's goals and the public's interest. What prescription do these pharmaceutical CEOs offer when their industry's private money dominates over the public good? How do they suggest that we get drugs to the millions of people around the world who need them to survive but can't afford them? Their solutions involve cooperative ventures involving private companies, government agencies and foundations. Several examples are rolled out, some repeatedly throughout the book: Merck's Mectizan program for the eradication of river blindness and its program against HIV with the Gates Foundation in Botswana, the Johnson & Johnson royalty-free agreement for distribution in resource-poor countries of a microbicide for the prevention of HIV infection in women, and the Abbott Laboratories Fund partnership with the Axios Foundation and the Tanzanian government to improve the health care infrastructure in that country.

These and a handful of other similar programs instantiate that diseases can be controlled or eradicated and that care can be delivered even in the poorest and most underserved areas, but the burden of world poverty and the ravages of disease are so great that the number and scope of these programs would have to be increased by some huge multiplier to cope with all the problems. One executive's solution, namely to get

developing countries to institute market-oriented health care systems with adequate reimbursement opportunities, seems completely out of touch with reality.

Unless the incentives for the pharmaceutical industry's executives become determined by factors other than profit alone, there is little hope that the companies will contribute more effectively to the medical commons or stop the behaviour that has made them so unpopular. Books dressed up in ethical cloaks, token cooperative programs, and threats will certainly not salvage the pharmaceutical companies' dismal reputations.

**Citation:** Kassirer J. Pharmaceutical ethics? *Open Med* 2007;1(1):e58-e59

**Published:** 14 April 2007

**Copyright:** Open Medicine applies the Creative Commons Attribution Share Alike License, which means that anyone is able to freely copy, download, reprint, reuse, distribute, display or perform this work and that authors retain copyright of their work. Any derivative use of this work must be distributed only under a license identical to this one and must be attributed to the authors. Any of these conditions can be waived with permission from the copyright holder. These conditions do not negate or supersede Fair Use laws in any country.