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The Illness Profit System and National Security, Part Two

One of the most cynical aspects of the Illness Profit System, is that it hides its rapacity, behind the smiling humanitarian face of the health professionals who administer the treatments. Thousands of hours of advertising, showing us friendly doctors and nurses being competent and compassionate, re-enforces the natural deference we show to those who care for us when we are weak or ill. The system understands and exploits this just as it does the health professionals in its employ, exploiting their calling to the service of healing even as the system is constantly trying to corrupt them.

It starts with the broad population of physicians tempted with conferences at great resorts and spas, that qualify for continuing education -- read presenting information on pharmaceuticals, that just happen to be made by the sponsors.

A second level of the process addresses a more select population. This concerns the fees paid to prominent physicians for speaking at conferences. Tom Detzel writing on the investigative site *ProPublica* presents a survey of seven companies using data taken from the companies own websites -- information in some cases compelled by litigation to be released. In 2009-2010, just seven of the big pharmaceutical companies paid 17,700 presenters a total of \$281.9 million to promote their products. These physician presentations were instrumental in a "combined prescription drug sales amounting to 36 percent of the \$300 billion U.S. market in 2009."

But it is in the third, most exclusive, tier of corruption that real damage is done. Science depends on properly executed studies accurately reported in an unbiased way. It is the fundamental code of all experimental research. In medicine it may literally be a matter of life or

death. And it is exactly at this vulnerable fulcrum that the Illness Profit System seeks to corrupt physicians and medical researchers.

The Project on Government Oversight, is an independent nonprofit that "investigates and exposes corruption and other misconduct to achieve a more effective, accountable, open and ethical federal government."

On November 29, they wrote Francis S. Collins, M.D., Ph.D., Director of the National Institutes of Health urging the NIH to curb "the practice of ghostwriting in academia. As the Director of the world's largest and most prestigious funding source for biomedical research, you must set policies that require NIH-funded academic centers to ban ghostwriting to strengthen scientific integrity."

This is a problem so pervasive it has developed its own literature. I will cite one such study, this by Jeffrey Lacasse of the School of Social Work, College of Public Programs, Arizona State University and Jonathan Leo of Lincoln Memorial University. They recently published in the peer reviewed journal *PLOS Medicine* an assessment of medical ghostwriting, citing particularly two drugs and the published studies that got them on the market. One concerned Rofecoxib, a Merck & Co, nonsteroidal, anti-inflammatory drug (NSAID) sold under the brand names Vioxx, Ceox and Ceeox. The drug was taken off the market in 2004 because of safety concerns that arose clinically, contradicting the published studies. The other concerned Paroxetine, an antidepressant marketed by GlaxoSmithKline (formerly known as SmithKline Beecham) under the brand names Aropax, Paxil and Seroxat. Lacasse and Leo describe what is going on using these two drugs as case studies:

Medical ghostwriting, the practice of pharmaceutical companies secretly authoring journal articles published under the byline of academic researchers, is a troubling phenomenon because it is dangerous to public health. For example, ghostwritten articles on Rofecoxib probably contributed to '... lasting injury and even deaths as a result of prescribers and patients being misinformed about risks.' Study 329, a randomized controlled trial of Paroxetine in adolescents, was ghostwritten to claim that Paroxetine is 'generally well tolerated and effective for major depression in adolescents,' although data made available through legal proceedings show that Study 329 was negative for efficacy on all 8 protocol specified outcomes and positive for harm.

Lacasse and Leo conclude:

The practice of ghostwriting explicitly violates the usual norms of academia. We are not aware of any other academic fields where it is acceptable for professors to allow themselves to be listed as authors on research papers they did not write, or to purposefully conceal the contributions of industry coauthors in order to mislead readers."

Why would pharmaceutical companies, a major component of the Illness Profit System, be interested in ghostwriting? Profit of course. Before it was withdrawn, sales revenue from Vioxx totaled \$2.5 billion. It may have been dangerous, but it was very profitable.

To fully understand the implications of ghostwriting, however, one has to place it in its larger context, which Donald Bartlett and James B. Steele do very well in the January *Vanity Fair*. They say, "In 2009, according to the Institute for Safe Medication Practices, 19,551 people died in the United States as a direct result of the prescription drugs they took. That's just the reported number. It's decidedly low, because it is estimated that only about 10 percent of such deaths are reported. Conservatively, then, the annual American death toll from prescription drugs considered 'safe' can be put at around 200,000. That is three times the number of people who die every year from diabetes, four times the number who die from kidney disease. Overall, deaths from FDA-approved

prescription drugs dwarf the number of people who die from street drugs such as cocaine and heroin. They dwarf the number who die every year in automobile accidents."

Can one over-emphasize the importance of ethically accurate medical literature and uncorrupted physicians to our national security? I don't think so. And why don't we read a constant litany of reports in all the media concerning these deaths, and these corruptions? Could it be that the advertising buys, the dubious grant funding, and the sponsorships provide the Illness Profit System with a prophylactic benefit that protects against investigative coverage? None of this will change until the health of our population -- you and me -- and not profit is America's first priority in health care.

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