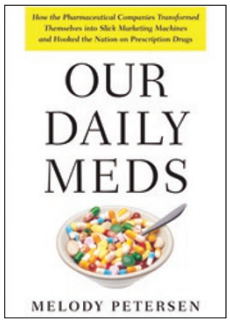
A new progressive era?



Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs

Melody Petersen

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Reviewed by Scott H Podolsky

Between 1980 and 2005, yearly spending on prescription drugs in America rose from $12 billion to $250 billion. Melody Petersen, who had covered the pharmaceutical industry for the *New York Times* during the crucial tail end of this era, takes wide aim at such growth in her new book *Our Daily Meds*, and, though her aim is at times a bit scattershot, she scores enough hits to level an impressive overall critique. Petersen's exposé continues in the recent path exemplified by works by Marcia Angell, Jerry Avorn, John Abramson, Jerome Kassirer and Howard Brody—many of whom relied upon her initial reporting to bolster their own arguments. She also continues in a muckraking tradition dating back to Samuel Hopkins Adams' *Colliers* exposés on adulterated medicines in 1905 and goes to great lengths to demonstrate that recent pharmaceutical growth has been predicated to an unacceptable degree not on better drugs but on better marketing, entailing misguided and intertwined pharmaceutical and medical professions concerned more with profit than with public health.

In an ideal world, the process "twixt the cup and the lip," to use Harry Dowling's apt 1957 phrase, goes something like this: a medical need is appreciated, which generates research; a drug is developed, eventually tested for efficacy and safety in humans, approved for its indication by government regulators and then marketed so as to profit both industry and humanity. In contemporary practice, as Petersen explains, this entire process has been turned on its head. Marketers are involved in drug development from its very inception, in a dynamic unfolding in which new disease categories may need to be created in the process (she uses "overactive bladder" as her first case). Physicians are primed for the new drug well before it has ever been approved, and may even be seeded with the new drug as part of marketing operations masquerading as community-based trials. The trial machinery itself unfolds in biased fashion, run by investigators beholden to or hamstrung by an industry which can control the wording, shading and timing of the release (if at all) of published outcomes. Then, once a drug has been approved by the government as a safe and efficacious treatment for a particular condition, a horde of 'detailers' descends upon the nation's prescribers handing out samples and pointing to industry-influenced articles. At the same time, physicians are paid to attend lavish dinners, receptions and vacations to hear physician 'thought leaders'—well paid by the marketing divisions of industry—inform them about the latest drugs and disease states, often expanding the use of such drugs to off-label indications.

Petersen identifies several classes of harm resulting from such a process. From the pharmaceutical 'cup', it leads to the emergence of the wrong drugs being developed for the wrong indications, favored more by potential profit than by public health need—hence the recent outpouring of redundant 'me-too' and lifestyle enhancement drugs. For prescribing physicians, it leads to increased reliance upon the most recently released drugs, the very medicines that are most heavily promoted but about which the least long-term safety information has been obtained.

There are a number of strengths to Petersen's presentation, which benefits from her years of comprehensive research and frontline reporting. Rhetorically, as a nice focusing device, she keys in on her own home state of Iowa to enumerate in 'detail' the diversity of locales—from doctors' offices to malls, with little change in style—at which the marketing of daily meds transpires. Morally, she lays the blame for the current situation in the US as much on physicians and clinical investigators—eager to profit themselves, individually and collectively, from the enticements of 'big pharma'—as upon the shareholder-beholden drug industry itself. And, logistically, she offers a series of counter-measures that, though broad to the point of dilution, include such important suggestions as restricting physicians from taking pharmaceutical marketing money, strengthening the US Food and Drug Administration and improving the machinery by which adverse effects are identified and reported in the US.

Nonetheless, I do have two concerns, the former concerning overstatement, the latter concerning understatement. First, Petersen's muckraking stance threatens to impeach its own credibility at times. For instance, when she lumps such adverse effects as diuretic-contributed hyponatremia in the treatment of congestive heart failure with the avoidable misery caused by Vioxx, she obscures the point that even good drugs have potential adverse effects, which must be weighed with caution in both their approval by the government and their usage by physicians. Second, although Petersen does acknowledge that pharmaceutical marketing concerns have already been brought to national attention by the advent of US Senator Estes Kefauver's drug industry hearings half a century ago, her explicit focus on the "great transformation in the prescription drug industry over the last twenty-five years" minimizes the degree to which such concerns have been central since the post–World War II wonder drug era. Already at the Kefauver hearings, concerns were raised about industry-created disease states, me-too drugs, and egregious marketing budgets. Such considerations point to the very depth of the position the pharmaceutical industry has staked out in the development of the medical profession over the past sixty years, threatening the autonomy of the nation's physicians. Today's physicians would do well to read Petersen's account and consider their own practices.

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