

Selling Sickness

Ian Hammond, MD

Imagine that you are the chief executive of a large pharmaceutical firm seeking innovative ways to increase sales. You realize that physicians prescribe drugs only to the sick and that there is a vast untapped market of well persons who are potential customers. Reaching them would require broadening the boundaries of illness so that healthy people could be redefined as patients in need of drug therapy for their new ailments. This would necessitate coopting physicians, to whom we give the authority to define illness, to act as advocates for the pharmaceutical industry rather than for the public. Impossible, you say?

In 1975, Ivan Illich warned that medical professionals and pharmaceutical firms have a vested interest in sponsoring sickness by creating unrealistic health demands that require more treatments. Illich considered this to be a part of the undesirable medicalization of our lives.¹ Two new books written not by iconoclastic outsiders such as Illich but by individuals working within the mainstream health care environment confirm his admonition.

In *Selling Sickness*,² Roy Moynihan (a medical journalist recently with the *British Medical Journal*) and Alan Cassels (a Canadian drug policy researcher at the University of Victoria) recount that 30 years ago, Henry Gadsden, the head of Merck, one of the world's largest drug companies, dreamed of making drugs for healthy people so that Merck could sell to everyone. In but one of many examples of the industry's subsequent successes, the authors point out that 8 of the 9 medical experts who wrote the latest cholesterol guidelines, which lower the levels needed to recommend drug treatment, also served as paid speakers, consultants, or researchers to the world's major drug firms. They go on to note that almost 90% of those who write medical guidelines for their peers have conflicts of interest arising from their financial ties to the pharmaceutical industry. Is it merely coincidence that the cholesterol-lowering statin Lipitor is the world's best-selling drug, with US\$10.8 billion in sales last year?³

The Last Well Person,⁴ by Nortin Hadler, a rheumatologist and professor of medicine at the University of North Carolina at Chapel Hill, is written for all those well people who feel their sense of well-being is under attack. Hadler challenges the conclusion that statin therapy in men with no history of heart disease is of net benefit. In an elegant statistical analysis, he demonstrates that the absolute 5-year reduction in heart attack risk is only 1.9% (marketed by the industry as a relative risk of 29%). Hadler also attacks much of our received wisdom regarding the value of screening programs for breast cancer, prostate cancer, and osteoporosis.

Does all this have messages for radiologists? We do not as a rule prescribe drugs and are not the recipients of largesse from the pharmaceutical industry. Nevertheless, medical imaging has become so integral to the practice of modern medicine that many of these issues touch us at least indirectly. For example, we participate actively in screening programs that seek out occult diseases in people who believe themselves to be healthy. We would do well to be aware of Hadler's arguments, whether or not we agree with his conclusions. Some of us issue standard bone

Department of Medical Imaging,
University of Ottawa, Ottawa Hospital,
Ottawa, ON

Address for correspondence:
Dr I Hammond, University of Ottawa,
Ottawa Hospital, Ottawa, ON
K1H 8L6; fax 613 737- 8957;
ihammond@ottawahospital.on.ca

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mineral densitometry reports on patients with osteoporosis for whom we recommend treatment and follow-up. Are we inadvertently advocating drug therapy when interventions to prevent falls may be at least as important?

The pharmaceutical industry has grown from a small offshoot of the chemical business at the end of the Second World War into one of the world's largest industries. Canadians now spend more on prescription drugs than on physician services. The creation of diseases for the sake of selling drugs trivializes the legitimate needs of those who are genuinely ill and who might indeed benefit from the remarkable effects of many modern pharmaceuticals.

We are faced with a barrage of advertisements advocating drug treatment for conditions from baldness to prehypertension to shyness (social anxiety disorder), and our need for healthy skepticism has never been higher. The last word goes to Dr Bob

Rangno, associate professor emeritus of general medicine at the University of British Columbia: If you think you are healthy, you just haven't had enough tests.

References

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