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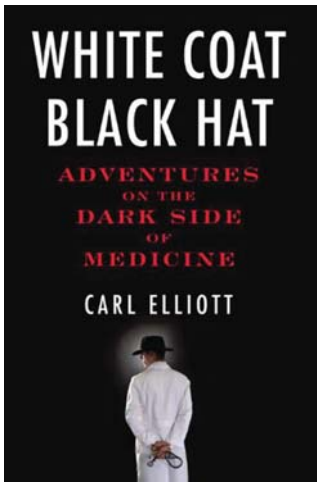
BOOK REVIEW

White Coat, Black Hat: Adventures on the Dark Side of Medicine by Carl Elliott. Boston: Beacon Press, 2010. xvi + 211 pp. $24.95 (hardcover), $16 (paperback). ISBN 978-0807061442.

A host of books describes and analyzes what's wrong with current medical practices (Bauer 2014). This one mentions a few important points I had not seen emphasized in other places.

The author is a bioethicist, M.D. and Ph.D., professor of pediatrics and philosophy at the Center for Bioethics, University of Minnesota. Three chapters of the book deal with matters much written about elsewhere: Chapter 2, The Ghosts—drug-company–written material published as though coming from independent and authoritative sources; Chapter 3, The Detail Men, the drug salespeople who visit doctors and hospitals dispensing goodies and biased information; Chapter 4, Thought Leaders, the doctors and researchers co-opted (and handsomely remunerated) by drug companies to advertise their wares as though they were independent authorities.

Chapter 5, The Flacks, is about the medical insiders recruited to help design strategies for stealth marketing: selling while appearing not to be selling. I had not come across this informative distinction between advertising and public relations (PR) elsewhere. Advertising is plain to the eye, under the imprint of the company selling the product. PR, by contrast, seeks to create an environment in which the company's drug seems eminently desirable. Many volumes have described how the pharmaceutical industry invents and sells *diseases* as a way to sell drugs (e.g., Moynihan & Cassels 2005). Rare conditions are named and made to appear common but also serious; thus heartburn is replaced by gastroesophageal reflux *disease*; urge incontinence is not common, but as "overactive bladder" almost anyone could imagine that they might have it. The diseases are stealth-sold through "Public Service Announcements" (PSAs) provided by drug companies to television and radio, which air them without charge under the illusion that this actually is a public service. Similar but more elaborate are the video news releases (VNRs) that look like news clips but bear messages that serve industry interest; for example, a conversation among academic experts about the benefits of giving up smoking—funded by GlaxoSmithKline who sells the smoking-cessation drug Zyban (pp. 112–113). Again, many TV stations air VNRs without charge.



Chapter 1, The Guinea Pigs, reveals that some people have made a profession of participating in Stage 1 clinical trials, which test for safety of new drugs. Large fees for each person enrolled are paid to those who conduct these trials, enabling them to hire professional guinea pigs, who may also be given free room and board during a trial. This profession is particularly attractive to the homeless and to undocumented immigrants. When I mentioned this recently in a graduate seminar, it turned out that one of the students had actually worked for a corporation that conducts such trials, and she mentioned some of the corollaries, for instance that the professionals may try to enroll in more than one trial at the same time, interfering with the ascribing of possible side effects to a particular drug. Elliott mentions also that the professional guinea pigs are likely to be much healthier than the patients who will later be administered the drug, so that adverse "side" effects are less likely to show up in the safety trials. Moreover, those who conduct the trials are naturally eager to enroll people who rarely suffer adverse reactions, bringing into being a class of elite trial subjects who can attract higher payments. I had earlier been unaware of this profession, which adds to the numerous other ways in which clinical trials are routinely biased in favor of a drug.

Chapter 6, The Ethicists, is also fresh information as insider Elliott reveals conflicts of interest that beset his own profession. For example, he cites one bioethicist who consulted with Pfizer over how to market Viagra without appearing to market sex—the consultant was making money but hardly practicing bioethics.

When human beings are subjects in clinical trials, federal regulations require that the protocols be vetted by Institutional Review Boards (IRBs). I found surprising as well as reprehensible that there exist for-profit IRBs, and that such institutions as Johns Hopkins and the National Cancer Institute actually outsource their reviews of protocols to such outfits. The conflicts of interest are quite clear. A commercial IRB gets clients when it becomes known for finding ways to approve trials; and the client sheds responsibility and gets plausible deniability: If anything later goes wrong, the blame can be laid on the IRB. At the recent seminar, an actual example was given: An IRB turned down a proposed protocol, whereupon a different IRB was hired that managed to give the protocol its approval.

Warning: Reading this book may make you sick to your stomach.

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References Cited

Bauer, H. H. (2014). What's Wrong with Present-Day Medicine.
https://dl.dropboxusercontent.com/u/56983081/What%27sWrongWithMedicine.pdf
Moynihan, R., & Cassels, A. (2005). *Selling Sickness*. Philadelphia: Nation Books (Perseus).