

BOOK REVIEW

Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare by Peter C. Gøtzsche. Oxford/New York: Radcliffe Medical Press, 2013. 310 pp. \$45 (paperback). ISBN 978-1846198847.

Prescription drugs are the third leading cause of death in Europe and the USA, exceeded only by heart disease and cancer.

Readers encounter the above-quoted assertion on page 1 of this book, following Forewords vouching for the trustworthiness of the book and its author; those Forewords are by former editors of the *British Medical Journal* and *JAMA* (previously *Journal of the American Medical Association*).

The pharmaceutical industry, “Big Pharma,” is directly and also indirectly responsible for this unacceptable death rate. The industry’s behavior, fully documented here, is shown to mirror that of organized crime in pursuing its own profits without regard for anything else, including the illness and death of its customers. Another apt comparison is with the tobacco industry.

Peter Gøtzsche is Director of the Nordic Cochrane Centre, an arm of the Cochrane Collaboration, “an international network of individuals and institutions committed to preparing, maintaining, and disseminating systematic reviews of the effects of health care” (Nordic Cochrane Center). He knows whereof he speaks, and he doesn’t hesitate to speak plainly and incisively—for which he is actively detested and harassed by Big Pharma and by non-boatrocking fellow members of the medical profession and associated institutions.

This is a very angry book. Everyone should read it, and every reader ought to become as angry as the author. Copious documentation illustrates that drug companies *routinely* suppress unfavorable data and knowingly suppress market drugs that are ineffective and toxic. Regulators in both Europe and the USA abet those crimes instead of acting to safeguard public health. Justice Departments in both regions allow drug companies to settle criminal suits without acknowledging guilt, without any individuals being held responsible, paying fines that are trivial compared with their profits from the drugs that they market illegally—so that they continue with the same illegal practices, the fines being just a small part of the cost of doing business. Other costs include the buying or bribing of politicians, academics, practicing physicians, medical journals, professional associations, and fake

patients' associations. All of those constitute interests that are vested in the present-day systemic criminality associated with prescription drugs.

Those assertions might easily be dismissed on sight as absurdly inconceivable, far too extreme to be true. Nevertheless, disbelief should be suppressed provisionally: Read the book. Read it very slowly, for two reasons: First, to check every source reference for accuracy; second, because the subject matter is far too depressing and sickening to be taken in all at once.

Almost every page has something worth quoting, but in the space of a review just the chapter headings will have to serve. Following the Introduction (Chapter 1) and "Confessions from an insider" (Chapter 2), there come (British spelling):

3. Organised crime, the business model of big pharma
4. Very few patients benefit from the drugs they take
5. Clinical trials, a broken social contract with patients
6. Conflicts of interest at medical journals
7. The corruptive influence of easy money
8. What do thousands of doctors on industry payroll do?
9. Hard sell
10. Impotent drug regulation
11. Public access to data at drug agencies
12. Neurontin, an epilepsy drug for everything
13. Merck, where the patients die first
14. Fraudulent celecoxib trial and other lies
15. Switching cheap drugs to expensive ones in the same patients
16. Blood glucose was fine but the patients died
17. Psychiatry, the drug industry's paradise
18. Pushing children into suicide with happy pills
19. Intimidation, threats, and violence to protect sales
20. Busting the industry myths
21. General system failure calls for a revolution
22. Having the last laugh at big Pharma

Chapters 20 and 21 constitute a sort of summary of the book, and readers could do worse than to start with them and seek further details, if they wish and can stomach them, in earlier chapters. Many of the points have been made elsewhere, in dozens of books and articles.¹ Nevertheless, not sufficiently known or appreciated by the public at large, apparently invisible to the mass media, and of direct interest to all is that clinical trials are biased and corrupt in a number of ways. Surrogate markers are

used to measure outcomes, for instance blood-sugar levels with “diabetes” drugs, which is not what we really want to know, but namely, do the drugs prolong healthy life? Most commonly the answer is either “No” or “We don’t know.” Trials enroll the most seriously ill people because that tests the would-be drug most readily, but then in practice the drug is administered to a huge range of people who may be only slightly ill or even not at all ill, as with blood-pressure drugs and blood-sugar drugs and many others, very much including those prescribed for “mental illness.” Trials do not enroll seniors, yet seniors are the greatest consumers of drugs, often many drugs simultaneously whose interactions have never been tested, even as seniors are also most likely to succumb to the huge array of possible “side” effects. Most senior people who have no manifest troubling or disabling symptoms would do much better without *any* prescription drugs (pp. 131–132; see also Goodwin [1999]). Indeed, *most individuals of all ages who are routinely taking blood-sugar and blood-pressure and other “heart” drugs would be better off not taking them.*

That’s the present dilemma with the pharmaceutical industry. Many individuals have cried in the wilderness about this for something like a couple of decades or more (Goodwin 1999). Fifty years ago, much of what’s wrong with Big Pharma was supposed to have been fixed in the USA by the Kefauver-Harris Amendment or “Drug Efficacy Amendment,” a 1962 amendment to the Federal Food, Drug, and Cosmetic Act. It introduced a requirement for drug manufacturers to provide proof of the effectiveness and safety of their drugs before approval . . . , required drug advertising to disclose accurate information about side effects, and the stopping of cheap generic drugs being marketed as expensive drugs under new trade names as new “breakthrough” medications (Kefauver-Harris Amendment).

Gøtzsche’s book makes it plain that things are considerably worse now than they were before that Amendment was enacted.

Gøtzsche places well-deserved blame on a number of people and institutions. Still, the real lesson, I believe, is that the enemy is us. A free and democratic society can function well only if a large enough proportion of the population is sufficiently well informed and if a large enough proportion of civil servants administer the spirit—not the letter—of laws created by a sufficiently evidence-respecting, properly representative, well-intentioned legislature not corrupted by conflicts of interest. The present circumstances of Big Pharma shows how far short our society presently falls on *all* those desiderata.

At one point, Gøtzsche refers to the post-WWII Nuremberg trials for the lesson that people who commit evil actions cannot excuse themselves as just having followed orders. I find at least as pertinent Hannah Arendt’s

(1963) phrase, “the banality of evil.” Arendt’s deployment of that phrase continues to be argued over, so I need to specify my own interpretation of it: Evil exists not because there are monsters in human form, but because almost all human beings can come to act as monsters as the result of a succession of small, apparently trivial and harmless actions and decisions—doing what everyone is doing—that cumulate in monstrous events that they really didn’t aim for at the outset. That Hitler ever came to power demonstrates a failure of the earlier democratic institutions. Little by little, institutions that could in principle have averted the Nazi catastrophe did not do so, as more and more people found rationalizations for taking the easy path of going along instead of the principled one of doing the right thing. “The only thing necessary for the triumph of evil is for good men to do nothing.”²

Anyone who has served on a committee has had the opportunity to note that groups of people are capable of idiocies and injustices that perhaps none of the individual members might commit solo. Anyone who has crossed swords with any bureaucracy has had the opportunity to note that those who speak and act for it lack, in that role, all the empathy and sense of fairness that they might exhibit in their personal affairs. Then after a while it’s too late and individuals are either chewed up by the system or accommodate to it and participate in atrocities while wishing they didn’t have to. One of my closest friends spent WWII in concentration camps, and once confided that “Anyone could be a guard in a concentration camp.” Another acquaintance was born in a concentration camp and survived because one of the guards carried the young infant on foot for miles to a town where he could receive lifesaving medical attention. Children of Nazis had the wrenching experience of facing facts of history and trying to understand that their own kind, loving parents committed the atrocities in which they indubitably played a part (Bar-on 1991). Those parents themselves had no easy time confronting their own actions later, as illustrated by the distinguished senior German jurist, Ernst Janning (played by Burt Lancaster) speaking with the American judge Dan Haywood (played by Spencer Tracy) in the movie *Judgment at Nuremberg*:³

Ernst Janning:

Judge Haywood . . . the reason I asked you to come: Those people, those millions of people . . . I never knew it would come to that. You *must* believe it, *you must* believe it!

Judge Dan Haywood:

Herr Janning, it “came to that” the *first time* you sentenced a man to death you *knew* to be innocent.

This book, then, not only dissects the literally deadly criminality of present-day drug-based medicine, it forces a realization that we own this system because of our individual and collective failings with respect to not being informed and not voting conscientiously or wisely, thereby allowing tiny little wrong steps to accumulate. The Food and Drug Administration needs to be freed from political interference. Conflicts of interest need to be *eliminated entirely* from politics, from medical education, from medical and hospital practices, and from medical journals. Direct-to-consumer advertising of prescription drugs needs to be banned again, as it was until the 1990s and still is in every civilized, developed country other than New Zealand and the USA.



There is ample reason, then, why this is an angry book. I think Gøtzsche remained able to write it in part because he retains sanity by means of ironic gallows humor and turns of phrase that can also help the reader keep reading, as with the chapter heading, “Merck, where the patients die first” in response to Merck’s incessant advertising slogan, “Merck, where patients come first,” a slogan that in itself demonstrates that Big Pharma is all about selling and profits and not at all about honesty. Or, on the continual invention of new psychiatric illnesses, Gøtzsche points out that psychiatrists like other doctors, administrators, and politicians suffer from the incurable ODUFD, Obsessive Denial of Unwelcome Facts Disorder (p. 201). And the proper labeling of drugs should read:

This new drug hasn’t been shown to be any better than currently available drugs, and we know much less about its harms, including the lethal ones, than we do for the old drugs. There is no evidence that its higher price is accompanied by any therapeutic advantage. It’s generally safer to take an old drug, as many new drugs come off the market later because of safety problems.

This book is a formidably important work, and it is more than unfortunate that the publisher has not done it justice. Either there was no copyediting at all or it was atrociously incompetent.⁴ The text is often non-idiomatic and lacking proper syntax, to the degree that in a few places I

remain actually unable to understand what the author means.⁵ The index is not very useful, lacking cross-references to help readers connect brand names with generic and scientific names. All that must be overlooked, however, because everyone owes it to themselves, to their families, to their friends, to learn what is in this volume. The most determined grass-roots initiatives are imperative to put a stop to what's going on, namely, the corruption of politics and science by Big Pharma and the mass killing by prescription drugs.

Notes

- ¹ For a periodically updated bibliography, see "What's wrong with medicine." http://henryhbauer.homestead.com/What_sWrongWithMedicine.pdf
- ² Often but not always attributed to Edmund Burke.
- ³ *Judgment at Nuremberg* (1961), directed by Stanley Kramer, written by Abby Mann (Oscar award); many awards and nominations.
- ⁴ Knowing German, and presuming the same holds in Danish, I was able to infer that "gymnasium" on pp. 7 & 9 really meant "high school" or "grammar school" or "secondary school." "Senator" Waxman (p. 159) is actually a Congressman.
- ⁵ Try p. 87, paragraph 3; p. 93, third to last paragraph; p. 145, second to last paragraph; p. 147, paragraph 2. On p. 98, are we all supposed to know what a biologic agent is and how that differs from a drug?

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- Kefauver-Harris Amendment. http://en.wikipedia.org/wiki/Kefauver_Harris_Amendment
- Nordic Cochrane Society. <http://www.cochrane.dk>