BOOK REVIEWS

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Dangerous Dose

BY DONALD W. LIGHT

DEADLY MEDICINES AND ORGANISED CRIME: HOW BIG PHARMA HAS CORRUPTED HEALTHCARE

By Peter C. Gøtzsche
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Research into hospital records indicates that prescription drugs are the third-leading cause of death. Yet over the past thirty-five years independent review teams of doctors and pharmacists have found that most new drugs offer few or no new advantages to offset their undertested risks of harm.[1] Prescription drugs have become a major health risk, greater than diabetes or Alzheimer's disease, and the epidemic is growing as companies spend more than $50 billion a year on persuading physicians and their patients to take more pills for more ills.

In *Deadly Medicines and Organised Crime*, Peter Gøtzsche draws on detailed examples to illustrate how the major pharmaceutical companies that control the end of the drug development pipeline—commonly referred to as big pharma—have corrupted medical science, knowledge, and practice.

Before Gøtzsche cofounded the Cochrane Collaboration and became director of the Nordic Cochrane Centre, he worked in sales, clinical trials, and regulatory affairs for drug companies. When he juxtaposes what the research shows with what companies tell the world, he comes to a stark conclusion: "The main reason we take so many drugs is that drug companies don't sell drugs, they sell lies about drugs. Blatant lies that—in all the cases I have studied—have continued after the statements were proven wrong."

Gøtzsche starts with the story of clioquinol, a drug his physician grandfather would prescribe to fight diarrhea among kids on camping trips. The drug's maker knew that clioquinol was effective only for one subclass of patients but, despite its potential neurotoxic effects, marketed it far more widely for all forms of dysentery worldwide. This approach provides an early example of the "inverse benefit law of pharmaceutical marketing": The more widely drugs are marketed, the more diluted their benefits but the more proliferated their risks of harm.[1,2] The company concealed these risks and defended the drug, even after thousands were harmed. Like his grandfather, Gøtzsche became a physician and then a professor of clinical research design.

The Food and Drug Administration and the European Medicines Agency come under heavy criticism for being riddled with conflicts of interest and playing an essential role in the epidemic of hospitalizations and deaths caused by prescribed drugs. "Testing drugs should be a public enterprise," Gøtzsche believes. The public pays for most of the basic, high-risk research that leads to new discoveries, and it pays for nearly half of company research expenses through tax breaks. Then it pays twice over as the main purchaser of high-price drugs. Gøtzsche asks, Should testing then not be a public enterprise?

The author describes how companies design clinical trials for marketing and then publish them in prominent journals that depend on their funding—a relationship that has been described as the trial-journal pipeline.[1] He singles out the *New England Journal of Medicine* for pro-industry editorial directions and for having published erroneous or misleading results that led to patient harm. The editor of the *Lancet* bemoaned, "Journals have devolved into information laundering operations for the pharmaceutical industry."

Gøtzsche concludes that we cannot trust industry trials. Unlike the model trials conducted by the nonprofit Mario Negri Institute, in Milan, they rarely test for whether a new drug is better for patients than existing drugs.[2,3] Instead, they are designed to produce results for marketing that are packaged into journal articles where negative outcomes are much less likely to appear. "The industry should no longer be allowed to carry out clinical trials, but they could provide funds for academic-led trials," he writes in his penultimate chapter. And they could be funded through taxes.

Gøtzsche cites evidence that trials can be much cheaper—one-tenth the cost or less—and much more informative. They could avoid surrogate outcomes and sample more relevant patient populations, as Mario Negri trials do. Instead of excluding people older than age sixty-five, trials should include them, to learn how they absorb and react to drugs differently than younger people. Ultimately, he argues that "we need to demedicalize our societies.... If you don't absolutely need a drug, then don't take it." ■

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NOTES

1 Light DW, Lexchin J, Darrow JJ. Institutional corruption of pharmaceuticals and the myth of safe and effective drugs. J Law Med Ethics. 2013; 41(3):590–600.
2 Brody H, Light DW. The inverse benefit law: how drug marketing undermines patient safety and public health. Am J Public Health. 2011;101(3): 399–404.
3 Light DW, Maturo AF. Good Pharma: the remarkable model of the Mario Negri Institute. New York (NY): Palgrave/Macmillan;

forthcoming 2014.

Queries

1. Paragraph beginning " Gøtzsche starts," the spelling we found was clioquinol, with a final L. Please verify.
2. In bio, please verify the accuracy of all details.