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Disease as a business

Tullio Giraldi

Professor of Pharmacology, Faculty of Medicine in Trieste, President of Sipnei Scientific Committee.

The article written by Marco Bobbio and published in this Pnei issue gives the opportunity to a larger public of readers to consider the theme of “disease mongering” namely selling sickness. A topic that nowadays raises interest since it is finally being partially evaluated in terms of “therapeutic adequacy”. On the long time Marco Bobbio has contributed to this subject with significative works. His books are in fact a rare example of studies written by an Italian researcher with extreme precision and logic that align and integrate with the current Anglosaxon scientific literature.

The production of drugs has continuously developed and expanded enormously. This growth has been particularly incentivated by the globalization of the world market. The cultural paradigm at the core of pharmaceutical companies is simple and seemingly convincing and it can be briefly summarized : diagnosing a disease, employing for the prescription of the medical drug recorded under those particular therapeutic indications. This is supposed to treat that ailment in the most effective way and with the lowest incidence of side effects. Although it is true that in the past (as well as in recent times) some tragedies have occurred because of unpredicted adverse effects of drugs that were regularly sold on the market. As emblematic tragic case we can remember Thalidomide which caused an epidemic of birth defects. These dramatic events led to stricter testing and clinical trials with greater attention to eventual adverse effects in order to avoid the reoccurring of similar events. All under the supervision of national or supranational (as it is the case for Europe) regulatory bodies. It is in this context that in the recent decades pharmaceutical corporations experienced a strong growth and prosperity thanks to the introduction in clinical practice of new and effective active ingredients which resulted in huge profits in the period covered by the patent (these are real block busters, each of them is worth more than a million USD a year).

However some worries seem to be clouding over this reassuring perspective. The current research is having difficulties identifying new innovative active ingredients that are safe, effective and able to treat illnesses that have not responded yet successfully to the available pharmaceutical therapy¹. In the meantime the so called “me too drugs” have developed to maintain or conquer profitable market shares. They are similar to the existing ones and ready to replace them as soon as their patent protection expire. These are the generic drugs. On the same time drug companies are abandoning the antibiotics production as the entire sector of acute diseases is considered not as lucrative as chronic-degenerative diseases since these last ones require a life-long treatment. To complete this worrisome picture it is necessary to take into consideration that genomics and biotechnologies had a very limited impact in the development of new drugs thus deluding expectations for quick and large market success. Big pharma is therefore facing increasing costs for the development of

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new drugs and a progressive decrease of profitable new active ingredients that are identified and registered while the patents of many current moneymaking block busters are about to expire.

Hence it is not a surprise that the lack of new innovative active ingredients causes the tendency of extending the prescription of those existing ones thanks to a wider registration and definition of disorders that justify it. It is in this context that the phenomenon of disease mongering can be framed. The article by Marco Bobbio provides us with an excellent opportunity to deepen it.

1)Greg Miller, Is Pharma running out of brainy ideas? Science 2010; 329:502-504

Selling sickness

The business, the actors, the procedures

There is a confluence of interests among pharmaceutical corporations, supposedly independent scientific institutions that lead the market, individual doctors whose role becomes more and more important as well as their income. Even patients associations are often supported with the funds of the pharma industry.

Marco Bobbio

Head Cardiologist in Santa Croce and Carle Hospital, Cuneo

The term “disease mongering” means literally the selling of sickness and it was used for the first time in 1992 by the physiologist and medical journalist Lynn Payer (1945-2001) who became famous when she published her first book in 1988 *“Medicine and culture”*¹ where she criticized medicine for focusing its interests around scientific proofs and neglecting the non repeatable singularity of the individuals. In her following book *“Disease mongering”* Payer developed a further reflection affirming that since it is not easy to distinguish normality from pathology, doctors, pharmaceutical companies and medical diagnostic industry were extending the diagnosis criteria in a way to increase the demand for services and products. These phenomena that can now be observed by everybody was anticipated by Payer’s description on how the system was implemented in three steps: 1) transforming common complaints into medical problems, 2) making them look dangerous and 3) proposing therapies whose benefits are highly praised while their risks are underestimated. By doing so enormous economical resources are then removed from the treatment of people who are really ill to a larger mass of people that are not sick. The author comments with irony that it is really a big business being able to convince substantially healthy people that they are a little bit sick or slightly sick people to be seriously ill². Since the concept of disease is fluid it is possible to induce the demand for treatment and assistance by including among the “unhealthy” the largest number of subjects. At an earlier time, in 1976, the Russian philosopher, theologian and historian, Ivan Illich had focused his attention to the medicalization of society. His book *“Medical nemesis: the expropriation of health”* formed a generation of physicians and intellectuals. In *Medical Nemesis*³ Illich talks about the Greek Nemesis, the divine vengeance reserved to those mortals who had usurped prerogatives that gods claimed jealously for themselves. Nemesis is the answer of nature to *hubris*, to the individuals’presumption of trying to acquire characteristics belonging to the gods. Our modern *hubris* healthcare has determined the medical nemesis. Illich provided much data to rethink the premises of research and clinical practice criticizing the lack of a global vision and dreading a world set on to study more and more limited aspects of health and disease.

There is a rich literature flourished in recent years which brought to the attention of a large public other examples and convincing proofs.

Thomas Szasz⁴, a psychiatrist from New York, questioned the fact that mood disorders and social malaise are under the pharmacological control which he

considered as a new form of despotism. Jörg Blech⁵, a German scientific journalist, describes the methods used by pharma industry in order to medicalize the society. Ray Moynihan, a British scientific journalist and Alan Cassels, a Canadian researcher, had a great impact with their book⁶ *“Selling sickness; how the world’s biggest pharmaceutical companies are turning us all into patients”*. They report how anxiety and depression as a real disease concern only a small percentage of the population but are now diagnosed and treated in thousands of people. Some risk factors such as blood cholesterol, blood pressure or bone density are now considered as real pathologies that need drugs. Last, the British journalist, Jacky Law⁷, reveals how the search for profits does not coincide anymore with health care but is a gigantic machine where marketing determines what needs to be studied and induces the needs for drugs. Mrs Law declares that there is a tendency to neglect the human aspect in the physician role (with the wisdom, consolation, encouragement it involves) to promote instead the technical aspect of it where the industry exerts a bigger control.

Confluence of interests.

In many fields of medicine there is a confluence of interests among:

- the company producing a drug (similar examples can be found also in the propaganda for diagnosing surveys, prosthesis and medical devices),
- the scientific societies that take advantage of the opportunity to be more visible and lead the market with a supposed independency,
- the single doctors whose role (and sometimes their income) becomes more important,
- the patients associations which are often financially supported in a direct or indirect way by the pharmaceutical corporations themselves.

In nowadays informatic era websites are more and more important. Some of them are set up by societies which are financially sustained by drug companies. Usually they do not advertise openly any pharmacological therapy: the trick would be immediately unveiled. Douglas Ball, director of the Department of Pharmacy of Kuwait University, investigated the link between websites and patients associations. He analyzed the form of advertisement and the financial support of 69 organizations⁸. Only 4% of the websites reported the conflict of interests. Only one third reported the source of financing and in very few cases the donations were listed in detail, whereas a third of the websites displayed the logo of a pharmaceutical firm or the link to access to the company information.

It is because of these characteristics that these “educational” programs focusing on a single pathology allow wide synergies (both horizontal and vertical) among the actors of the entire healthcare line: suppliers of services and assets, operators, patients representatives. For all these people the sale of disease is by itself valuably interesting because of its potential of economic as well as professional carrier development even beyond the activities that are directly sustained by the industry. Each nosological entity with market potentialities triggers an alliance at a global as well as at a local level so that the campaign originally planned by the marketing experts multiplies almost spontaneously in an endless number of streams.

From complaint to disease

Roberto Satolli, cardiologist and scientific journalist, has summarized which are the premises to turn a complaint into a disease. He has identified that the script is carried out in 4 steps (with very little variation) once it is outside the scientific world and it is addressing to a large public⁹.

Providing numbers. The first step is to impress the reader by focusing the attention on the number of people affected by a certain ailment. The order of magnitude is of many millions even if the data are often unascertainable.

Arousing anxiety. The following step is to emphasize the seriousness of the ailment and generating fear for its negative effects on health, wellbeing, work, social relationships.

Persuading to do medical tests. Later on, advising to undertake a long series of clinical examinations: questionnaires in order to understand whether one is ill, medical visits to find the illness, medical or surgical interventions. Other examinations, other therapies.

Minimizing the disease. Finally ending with a reassuring message: "do not worry, there is a pill that will take care of it".

Usually this system is very effective. It induces a real epidemic of diagnosis spreading the idea that more diagnosis means more well-being while in reality it begins an epidemic of medical treatments as stated by Gilbert Welch¹⁰, Professor of Medicine and Community and Family Medicine in Dartmouth.

Fashions

If we try to analyze which are the themes presented in international and local conferences, in scientific or popular science magazines, as well as in articles of newspapers or polished periodical publications, we would find that there is a leading topic connected to the marketing launching pad and ready to be consumed.

There has been a period of time in which the big theme was sexual impotence: placards on cities' walls, luring posters in pharmacy stores. Sessions on all congresses dealt with it: sexuality and the cardiopathic, sexuality and nephropathic, sexuality and the elderly, sexuality from the point of view of the family doctor. Since some years there has been the revival of a disease called metabolic syndrome which was already being discussed during the 50s. It catalyzed the attention of doctors with different specialties when the drug *rimonabant* was issued. It will be interesting to see if and how much of the focus on metabolic syndrome will fade in the next years after that rimonabant has been withdrawn from the market. There has been a period of great emphasis on the cholinesterase inhibitors for Alzheimer treatment. In Italy the associations of relatives of Alzheimer patients went into action to ask the free distribution of donepezil in spite of that fact that the evidence of its effectiveness was rather modest and not constant. Recently the doctors have been bombarded of information about the danger of a high cardiac frequency. The slogan "slower the better" opened the path for the sale of the first drug able to reduce heartbeats without having an impact on cardiac activity.

The phenomenon of selling disease prophesied by Illich and described by Payer has now become true in many clinical environments. It is this a phenomenon that involves us as doctors, researchers, teachers who are often unaware to vehicle messages that concern other parties, sometimes actors with an interest on it. Being able to reflect on these mechanisms allows us not to give up our professionalism to passing fads, but to claim an independency of judgement in order to be able to find the better treatment for each of our patients.

Notes

1. Payer L. *Medicine & culture. Notions of health and sickness in Britain, the US, England, West Germany and France* Victor Gollancz, London 1989
- 2) Payer L. *Disease mongers: how doctors, drug companies, insurers are making you feel sick.* John Wiley and Sons, 1992.
- 3) Illich I. *Medical nemesis: the expropriation of health.* Marion Boyar Publisher, London 1976.
- 4) Szasz T. *The medicalization of everyday life.* Syracuse University Press 2007.
- 5) Blech J. *Die Krankheitserfinder. Wie wir zu Patienten gemacht werden.* Fischer, Frankfurt am Main, 2003/ *Inventing Disease and Pushing Pill: Pharmaceutical Companies and the medicalization of Normal Life,* Routledge Taylor & Francis Group< London and New York, 2006.
- 6) Moynihan R., Cassels A. *Selling sickness; how the world's biggest pharmaceutical companies are turning us all into patients,* Vancouver/Toronto, Greystone Books 2005
- 7) Law J. Big Pharma. *How the world's biggest drug companies market illness.* Constable and Robinson, UK, 2006.
- 8) Ball ED, Tisocky K., Herxheimer A. *Advertising and disclosure of funding on patient organization website: a cross-sectional survey.* BMC Public Health 2006;6:210-14
- 9) Satolli R. *I mezzi di informazione sono strumento inconsapevole di medicalizzazione, consumi inappropriati e iatrogenesi?* Cardiologia 2008. Atti del 42^o convegno internazionale del dipartimento cardiologico. A. De Gasperis J. Medical Books Viareggio 2008:20-26
- 10) Welch HC. *Should I be tested for cancer? Maybe not and here's why.* University of California Press. Berkely 2004.