IS MEDICAL SCIENCE SCIENTIFIC OR EVEN CREDIBLE?

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Dr. Marcia Angell, former editor of the New England Journal of Medicine wrote an essay Jan 15, 2009 in the New York Review of Books, entitled, "Drug Companies and Doctors, a Story of Corruption," regarding three books: Side Effects: A Prosecutor, a Whistleblower, and a Bestselling Anti-depressant on Trial by Alison Bass, Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs, by Melody Petersen, and, Shyness: How Normal Behavior Became a Sickness, by Christopher Lane.

I have written a review and commentary on Dr. Angell's article. These revelations are not surprising, as some of this has been reported before, but this is a very shocking and timely expose.

Drug companies prefer to have their clinical trials on new drugs done at medical schools because it gives them access to highly influential faculty physicians referred to as "KOLs" (Key Opinion Leaders), who write textbooks, issue treatment guidelines, sit on FDA and other advisory panels, speak at many meetings, and head professional societies. These KOLs receive millions of dollars in consulting and speaking fees from the pharmaceutical companies.

A few decades ago medical schools did not have extensive financial ties to industry. Now two-thirds of academic medical centers hold equity interest in the companies that sponsor research within the same institution. Two-thirds of chairpersons of departments receive departmental income from drug companies, and three-fifths receive personal income.

Drug companies insist on being intimately involved in all aspects of the research they sponsor as a condition for providing funding. (My comments – Is this quid pro quo not bribery?) Since the 1980's the drug companies design the studies, perform the analysis, write the papers, and decide whether, and in what form to publish the results. The medical school faculty members are named as the "investigators," giving the impression to the public that they are in charge, when in fact they are merely hired hands, collecting data according to the instructions from the company. The drug companies can introduce bias in order to make the drugs look safer and more effective than they are, while the public gets the impression that this is objective scientific work done with careful supervision of academic institutions in the public trust as tax-exempt organizations. (My comment – This looks like a massive fraud foisted on the public as the drug companies have essentially bought the research from the medical schools without the public knowing it.)

One example of biased publication: Of 38 positive studies for antidepressant drugs, 37 were published, while 33 of the 36 negative trials were either not published or published in a way that conveyed a positive outcome.

From the clinical trials in the 6 most prescribed anti-depressant drugs from 1986 to 1999, on the average, placebos were 80% as effective as the drugs, and the difference was so small to be of clinical significance. This information was buried in the FDA files and was only uncovered when 4 researchers used the Freedom of Information Act to extract the data from the FDA. The suppression of unfavorable results and probable harmful effects has led to fines and settlements of millions of dollars for consumer fraud and criminal and civil charges, but the companies can afford these small fines in comparison to the billions of dollars in sales of just one drug. This amounts to a "slap on the wrist."

Conflicts of interest affect not just research, but the actual standards of medical practice established by expert panels and boards. An example: A survey of 200 expert panels found that one –third of the panel members acknowledged financial interest in the drugs they considered in their practice guidelines. Eight of the nine panel members writing the cholesterol treatment guidelines in the National Cholesterol Education Program had financial ties to the makers of cholesterol-lowering drugs. Many of the members of committees that advise the FDA for new drug approvals have financial ties to the pharmaceutical industry.

The DSM, the Diagnostic and Statistical Manual for psychiatric disorders has expanded enormously in the last few years with many new disease classifications, yet the DSM is poorly based in scientific evidence, and is supported mostly by ideology, personal ambition, academic politics. Most of the psychiatrists on the panel that produced the DSM have financial ties to the pharmaceutical industry.

Expanding the DSM has opened opportunities for more drugs to be given to children. The numbers of children diagnosed with bipolar disorder has exploded, a 40-fold increase from 1994 to 2003. What parents dare "say no to drugs" when a physician says their child is sick and needs a prescription. (In my opinion, this is massive child abuse by pharmaceutical-psychiatric collusion.)

Dr. Angell faults the medical profession as much as the drug companies for the corruption. When medical schools are given tax-exempt status to do scientific research for the benefit of people's health, it is reprehensible to enter lucrative alliances with the pharmaceutical industry.

Professional organizations, journals, and medical schools are finally beginning to talk about "potential" conflict of interest and talk about disclosing them and managing them, but not about prohibiting them outright, which needs to be done. The medical profession needs to put an end to the corruption if it doesn't want the government to step in.

Dr. Angell cites 19 sources for the information she gathered.