

Good pharma

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Drugs companies publish only a fraction of their results and keep much of the information to themselves. Drug companies are 'debas-ing' drug trials whose publication in journals can apparently confer scientific approval. Merck had fought for years to cover up evi-

dence linking its painkiller Vioxx to heart attacks and strokes. Some treatments on the market have been linked to fatal side effects. Companies run bad trials on their own drugs, which distort and exaggerate the benefits by design. When these trials produce unflattering results, the data is simply buried. Patient groups who are in the pay of the pharmaceutical industry will go into battle for them. There's a hidden agenda here.

Not my words, I hasten to add. All the sentences in the above paragraph are taken from articles in just one UK newspaper (the *Guardian*, in case you were wondering). These are just a few examples of how it's become quite fashionable to believe that Evil Big Pharma are one of the most dangerous bad guys in the modern world.

Medical Writing is grateful to Kim Goldin and the International Society for Medical Publication Professionals (ISMPP) for working with us to produce this issue. More about ISMPP can be found on page 272. We hope that this issue marks the beginning of a mutually beneficial collaboration between our two associations.

The reality, of course, is rather more complicated.

Sure, there have been times when pharmaceutical companies have done bad things. I don't think any sensible person would attempt to defend, for example, Pfizer's behaviour in marketing Neurontin for off-label uses, which resulted in them being fined \$430 million. But in the same way that we don't conclude that all doctors are evil because of Harold Shipman, it would be very shoddy thinking to conclude that a few tales of bad practice show the pharma industry in general to be a force for evil.

Editorial

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The fact is that the pharmaceutical industry has been responsible for amazing advances in health-care for many decades. When I was at primary school, one of my classmates died of leukaemia. Today, a primary school child with leukaemia has an excellent chance of survival thanks to modern chemotherapy.¹ The 10-year survival rates for many adult cancers have doubled since I was at primary school;² again, thanks in no small part to advances made by the pharmaceutical industry.

And it's not just cancer treatment that has improved: many EMWA members are probably too young to remember just how serious gastric ulcers could be before the era of modern acid-suppressive drugs, but for people of my parents' generation, a gastric ulcer was a serious illness with dramatic effects on quality of life, for which the only effective treatment was often surgery. Nowadays, most gastric ulcers can be successfully treated just by taking a few pills for a few weeks.

Nonetheless, there is undoubtedly great sport to be had in criticising the pharma industry, or 'pharmaism', as Wendy Kingdom explains on page 262. Wendy suggests that one possible reason for this may be that pharma companies make money out of treating disease, which some people find distasteful. Nonetheless, any economist will tell you that desirable activities need to be profitable; otherwise, why would anyone bother to do them in the first place? An alternative, state-run model of drug development was of course tried in the Soviet Union, which resulted in a list of therapeutic advances that would fit 'on the back of a stamp'.³

Because it is so fashionable to bash the pharmaceutical industry, claims that have broad anti-industry conclusions are often accepted as fact by those who should know better, even if those claims are based on shaky evidence. There is a great irony in using dodgy data to criticise the pharmaceutical industry for putting out dodgy data, as I've written about myself more than once.^{4,5}

One recent high-profile criticism of the pharmaceutical industry is provided by Ben Goldacre in his book *Bad Pharma*, and on page 252 of this issue, Stephen Senn explains why one of

Goldacre's criticisms of the pharma industry is based on a misunderstanding of statistics: a strange mistake for Goldacre to make when he's usually good at spotting dodgy statistics. Perhaps dodgy statistics are always a little harder to spot when they support the argument you're trying to make.

Criticisms of the pharma industry may start with well-meaning articles in medical journals, but they don't stop there: they can develop into full-blown conspiracy theories. On page 259, Bob Blaskiewicz explains why the pharmaceutical industry is such a favourite target of conspiracy theorists. This is a serious worry: while the sort of conspiracy theorists who believe that NASA faked the moon landings can be laughed off as harmless cranks, anti-pharma conspiracy theorists can cause real harm, as they can lead people away from proven conventional medicine into the hands of unscrupulous practitioners of unproven alternative medicine.

While most EMWA members are no doubt highly competent at spotting the difference between claims for real medicine and claims for crank alternative medicine, it shouldn't be forgotten that it's not so easy for many members of the general public. On page 275, Hayley Johnson explains how difficult it can be at the sharp end of interacting with patients as a community pharmacist. An average customer may know nothing of the difference between an evidence-based medicine and an alternative medicine with zero evidence (and may not even care). There are real difficulties for pharmacists trying to reconcile good customer service with their professional responsibilities when someone is convinced that some ineffective remedy is just what they need.

What can medical writers do about all this? One hugely important thing that all medical writers must do, of course, is to ensure that they always work to the highest ethical standards. Some criticisms of unethical ghostwriting within the

pharmaceutical industry have been well founded, and the last thing we want to do is give more examples of bad practice for critics to point to.

But another thing we can do is be ready to challenge critics when they perpetuate non-evidence-based myths about things like ghostwriting. On page 256, Art Gertel describes the GAPP initiative, something I have been proud to be a part of, which has been helping to set the record straight when inaccurate articles about ghostwriting appear in the medical literature.

Yes, there have been problems in the pharmaceutical industry. As in any other industry, some people in some companies have done bad things. As medical writers, we should not only be quick to challenge unethical behaviour from our colleagues when we see it, but we should also be proud of working for the pharmaceutical industry: an industry which, despite a few problems, has still made enormous contributions to human health and well-being and will certainly continue to do so.

References

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