Editorials

THE DRUG INDUSTRY AND AMERICAN MEDICINE

The pharmaceutical firms in this country have come to occupy an increasingly important place in the hierarchy of forces affecting the public health. Most of the new drugs introduced into medical practice each year, for example, are derived fairly directly from research and development programs of the drug houses rather than from nonindustrial research. The bulk of postgraduate education is in the hands of the pharmaceutical industry, since its "newspapers," "journals," television programs, movies, throwaways, "detail men," advertisements, etc., surely have more impact on the average practitioner than do postgraduate courses, medical meetings, and the massive but largely unread medical literature. In addition, a significant percentage of institutional drug research is currently being supported by grants from drug houses.

Most business concerns seem to agree that they cannot long afford a "public be damned" policy for pragmatic reasons. Often this fact becomes confused with, or transmuted into, the notion that the *raison d'être* of a business concern is to promote the public welfare. As has been ably pointed out elsewhere,[1] such a philosophy does not make much sense, since the stark realities of the economy dictate that a prerequisite to business existence is a ledger which reads in the black. It takes no Machiavellian spirit to argue that drug houses, like other industries, must primarily concern themselves with making profits, and that if there has to be a choice between chronic financial loss and sacrifice of some ideal, the drug house will either have to jettison the ideal or disappear from view. It is not suggested that it is impossible to make money *and* have ideals, nor that a firm will not occasionally prefer a minor or short-term financial loss to the cutting of some ethical corners. It merely seems desirable to clarify the major responsibility of any business firm, i.e., to earn money for its stockholders.

Because of the touchy nature of drug house "business"—the public health—one often detects among drug industry representatives the sentiment that pharmaceutical firms are automatically less dollar-oriented than other industries. One hears that it is only the "small" firm or the "unethical" one which will try to palm off a useless drug or soft-pedal toxicity data. One is also told, repeatedly, that "it doesn't pay" to market a worthless compound because the expense of introduction is great[2] and because the public will quickly discover the fraud and forever after tend to associate the particular manufacturer with tawdry practices.[3]

Yet is this true? It is not difficult to think of drugs which were introduced as therapy for a condition which they in fact did not affect, which enjoyed great success temporarily, and which amply repaid the original investment involved in their production and promotion. Antihistamines as therapy for the common cold constitute a good example. There are almost certainly at present a number of "sedatives," "hypnotics," "tranquilizers," and "muscle relaxants" on the market which are almost inert and yet which are selling well and will probably continue to earn profits for some time. There are certain factors which predispose to such undeserved success. One is that the new drug be nontoxic. A drug which either produces serious untoward effects or produces minor untoward effects with some frequency is likely to have a short half-life in the market place of medical usage. Another factor predisposing to success is that there be available no effective standard drug against which doctors and patients can compare a new drug. A third factor is that the drug be allegedly useful for some disease or symptom which is hard to evaluate or has a high rate of spontaneous or placebo-induced remission. If all these conditions obtain, there is no reason why an inert medication, vigorously promoted, cannot survive for years on the market and earn both money and prestige for the manufacturer.

Obviously there is a certain amount of discontent among physicians—particularly in university circles—about the drug houses. Pleadings and warnings are issued at the industry periodically.[3,4] One hears snide remarks about drug houses at medical rounds or meetings. Some investigators refuse to accept grants-in-aid from drug houses. Some medical schools even refuse graduation prizes offered by drug houses! I believe these various acts can be traced to several causes. First, there is a good deal of "aggressive" drug advertising[2] about claims that are poorly substantiated or therapeutic preparations whose use represents poor medical practice. Some of the antianemia preparations, tranquilizer mixtures, and antibiotic combinations are examples of this type of product. This is particularly frustrating because of the great tendency among American physicians to prescribe any new medication without any more information on its worth than what their "detail man" has told them. Second, although there are increasing numbers of drug house grants with no strings attached, many such grants-in-aid are naturally oriented around specific drugs in which the drug house or the investigator is interested. The manufacturers may not hold it against the investigator if he comes up with an unenthusiastic report, but they will certainly be happier if the reports are glowing. The manufacturer is also often anxious to have data as quickly as possible and may seem to the investigator to badger him repeatedly for reports. Some drug houses not only request that they be shown any articles to be published that have come out of such supported studies, but may try to alter the paper by bringing pressure to bear (usually subtly, sometimes crudely) on the author prior to publication. If the author desires further support from such a company, his position becomes most difficult. Finally, many physicians and educators resent the role the drug houses play in shaping medical practice via the various means described earlier in this paper. There is, for example, strong sentiment in many university departments against the practice of drug houses ordering 100,000 or more reprints of an article and

distributing such reprints to doctors throughout the country. Such practice seems to many to utilize an investigator's name or that of his institution in a fashion which is singularly queasy.

Are such frictions bad? It would seem so. One can assume that the American public (lay and professional) is interested in obtaining effective drugs and good therapy. It seems also reasonable to expect that the greatest advances in therapeutics will result from a pooling of the talents and resources of nonindustrial researchers and the pharmaceutical industry. Anything hampering this cooperation will impede medical progress. If large and influential segments of the medical profession withdraw still further from contact with and influence upon drug houses, the industry will lose the skills and criticisms of such men, and the profession will essentially abrogate a large part of its role in the evaluation of new drugs and postgraduate education. If industry does not face up to some of the mischief being perpetrated by some of its members, there may be professional or governmental pressure for reforms or restrictions which might prove inequitable or unwise. There are apparently some moves being made to sound out opinion on these problems.[2]

There is so much at stake for all concerned that it is to be hoped that both industry and the medical profession will approach the problem not only with open minds but with a sincere will to effect remedial changes. There is no advantage to be gained from stiff backs, holier-than-thou attitudes, defensive and aggressive postures on either side. There is much to be said for the special attitudes and viewpoints of the pharmaceutical industry and its critics but we will not improve matters by reciting a list of the good qualities of, and contributions made by, each side to medical progress. *What is being done wrong or left undone by both groups, and what can we do to change things for the better?*

There are some happy precedents which suggest ways for improving matters. The life insurance companies, with a high stake in improving the health of the public, have gained good will and contributed to the scientific scene by pooling resources and furnishing fellowships and grants-in-aid via the instrument of academic advisory boards who assign funds independent of pressure from donor firms. A similar, albeit much smaller, program has been operated for some years by the National Research Council through its Committee on Drug Addiction and Narcotics, with review of applications and disbursement of funds completely in the hands of a competent independent committee. Several drug houses here and abroad have established nonprofit research foundations for supporting investigators and institutions, with no relation whatsoever to drug products. The American Drug Manufacturers' Association has recently begun to foster the training of clinical pharmacologists by establishing training fellowships in university departments interested in such problems. On the academic side, there is also evidence of improved attitudes. It was not so many years ago that drug house employees, regardless of past achievements or current research activities, were automatically barred from membership in one of our learned societies. This form of "pharmaceutical Fifth Amendment" is, happily, no longer in use. Progress of the sort described cannot fail to improve relationships between industry and the medical profession and help bring these forces more closely to-

gether. Expansion of such programs and attitudes and the early elimination of certain unfortunate aspects of pharmaceutical practice will go far to allay the worries currently troubling not only the critics of industry but many of its friends.

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