

Healy, D. (2012). *Pharmageddon*. Berkeley, CA: University of California Press. 302 pages.

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When we go to sleep at night with a child in the next room on some new medication, we expect the treatment will be at least marginally better and safer than treatments we may have been prescribed when we were children. After all, the music system is so much more advanced than the one around when we were young and there is a computer now where there was once a typewriter. But this is not the case for many drug treatments. There is every chance our family members will be taking a drug, whether an antibiotic or antidepressant, that is less effective than the one we were treated with or a new drug whose hazards remain to be discovered. (Healy, 2012, pp. 206-207)

Borrowing from Charles Medawar's prediction that "we are heading blindly towards Pharmageddon," Healy explains the coup d'état on health care. Healy's thesis is that pharmageddon goes beyond the medicalisation and pharmaceuticalisation of language and our understandings of illness to the complete pharmaceutical colonisation of health care. Healy outlines a plethora of new diagnostic tools that "don't lift a threat to our lives; instead, they effectively make a diagnosis of some drug-deficiency disorder, and they often enter medical practice as part of the marketing strategy for a new drug" (p. 5). The result is the creation of illnesses and disorders (physical and mental), many of

them deemed chronic. Care is replaced with assessment of risk factors and the monitoring of 'numbers,' with little to no positive impact on health and wellbeing – and for this we pay exponentially more.

Healy's book comprises an introduction and eight chapters. In chapter 1, *They Used to Call it Medicine*, Health describes the incestuous relationship between medicine and pharmaceutical marketing, a \$30 billion industry in the United States (and \$11 billion in Australia; Medicines Australia, 2010). This industry enjoys mark-ups of up to 2500%, blockbuster drugs, brands, trademarks, patents, and monopolies and positions patients as consumers – the aim of making a profit has superseded treating or curing the sick. In the 1950s, Jonas Salk refused to patent the polio vaccine. Healy argues that such a decision would not and could not occur today.

Healy provides several examples where a minor change in compound was developed, patented, and marketed – Depakote for mania (far more expensive but no more effective than the compounds it replaced); Zyprexa for psychosis (although much better at increasing cholesterol than reducing psychosis or stabilising mood), and the advent of SSRIs for anxiety and depression (despite lower efficacy than older medicines and being no more selective in their action on serotonin!). In fact, Healy shows that terms such as SSRIs and mood stabilisers, although now frequent in medical and psychological publications, are not scientific terms but were terms created by the pharmaceutical marketing machines in order to sell more drugs. Healy argues that this "rebranding reengineers disorders from the ground up" (p. 37) and provides examples of the 'creation' of bipolar disorder and reflux disease, while "medical diseases with a pedigree going back two millennia, such as catatonia, can vanish if no company stands to make money out of [them]" (p. 38).

In chapter 2, *Medicine and the*

Marketers, Healy argues that pharmageddon is most obvious in the marketing of defect-causing prescription-only drugs to pregnant women who, at the same time, will refrain from hot showers and ham sandwiches for fear of harm to their unborn child. On the other hand, Professor Barry Marshall, whose Nobel prize-winning discovery that gastric ulcers were caused by a bacterium and therefore could be cured, found no interest from pharmaceutical companies initially intent on marketing long-term prescription and use of acid-reducing drugs for chronic ulcers; now these drugs are prescribed for 'reflux disease'.

In chapters 3, *Follow the Evidence*, and 4, *Doctoring the Data*, Healy outlines the ways in which research data are (mis) represented to prescribing doctors and the consuming public. While a randomised controlled trial might elicit a statistically significant positive effect for a drug, Healy argues that there are likely to have been many more (unpublished and unpublicised) trials that elicited the opposite effect. Here, Healy summarises the effects of several psychological heuristics (e.g., conjunction fallacy, confirmation bias, illusory correlation, self-serving bias) to explain why drugs 'work.' This is despite of the lack of transparency in data and research protocols, the absence of ethical review, ghost-written journal articles, and funding by pharmaceutical companies. Healy argues, "These trials had the appearance of science but were no longer science" (p. 98), yet protected by proprietary.

In chapter 5, *Trussed in Guidelines*, Healy highlights that the advent of best-practice guidelines for medical care has not only removed professional discretion in prescribing treatments but are a vehicle for the pharmaceutical industry; they are "pharmaceutical marketing by proxy" (p. 154) and are used to create new illnesses such as bipolar disorder in children and infants. This critique is extended in chapter 6, *The*

Mismeasure of Medicine, where Healy argues that the ascendance of screening assessments (e.g., peak flow meters, rating scales) is another mechanism by which chronic illnesses (e.g., asthma, female sexual dysfunction) are created in otherwise healthy people, who are then deemed to require pharmaceuticals (e.g., inhalers, testosterone) at the expense of public health approaches. The media is complicit in announcing the latest 'medical' advance when it is often a marketing (directly or indirectly) a pharmaceutical launch.

Healy devotes chapter 7, *The Eclipse of Care*, to the lack of regulation of the pharmaceutical industry. He cites instances of Food and Drug Administration (FDA) employees who, on the side, author journal articles promoting pharmaceutical research (e.g., studies of antipsychotic drugs in children) and questions the notion that the FDA can be impartial in approving pharmaceutical licences. He claims that in the US, "the FDA acts essentially as an auditor for drug company data and no more" (p. 205). He goes on to describe examples where the FDA and its British counterpart, the Medicines and Healthcare products Regulation Agency, have been aware of and did not act upon data manipulation where, for instance, suicides occurring before or after drug trials were recoded as occurring in the placebo group, thus masking the increased suicide risk occurring in the treatment groups. After the release of drugs, doctors substantially under-report adverse effects to regulators, meaning that it takes years (and several lives) for the data manipulations to come to light.

Finally, in chapter 8, *Pharmageddon*, Healy summarises his key points and provide some strategies for person-centred health care – transparent data that are analysed and interpreted appropriately so that adverse effects are neither ignored nor dismissed and where case studies are not written-off as mere anecdotes; much stronger regulation of

drugs and investigation of their effects (desired and adverse); reconsideration of prescription-only status as it is a key driver of the physician-pharmaceutical alliance; the development of medicine as a far more sophisticated discipline that is savvy to the marketing and other mechanisms employed by Big Pharma, including doctors who are freely able to record and report adverse effects (Healy states that fewer than 5% are currently reported); elimination of drug patents; and a critique of the medico-pharmaceutical complex.

On the whole, I enjoyed reading this book. It is well-written (apart from an obvious typographical error on p. 246) and the use of the pronoun “we” (e.g., “we have focussed on mental health in this chapter,” p. 156) in a sole-authored book. As a Professor of Psychiatry in the UK, Healy’s own experience with patients is scattered throughout the chapters, and this links his arguments to the lived experiences of patients. Healy’s critique of the blind reliance on evidence-based medicine and its links to disease mongering is especially relevant with the upcoming release of the DSM5 (American Psychiatric Association), which will serve the interests of Big Pharma.

References

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