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From the Editor

Trilogy of Woe

David B. Nash, MD, MBA*

* Thomas Jefferson University

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From the Editor

Trilogy of Woe

It was the worst of times – or so it might seem if one were to read one of several new books dealing with the health care system.^{1,2,3} The near simultaneous appearance of these three new books from prominent authors with admittedly scary titles prompted me to make them the focus of this editorial. The books have been extensively reviewed and critiqued elsewhere. Here, I will try to distill the main message from each and comment on a compilation of potential reforms stimulated by my assessment of each title.

For the record, the books are Barlett and Steel's *Critical Conditions: How Health Care in America Became Big Business and Bad Medicine*, Jerome Kassirer's *On the Take: How Medicine's Complicity With Big Business Can Endanger Your Health*, and Marcia Angell's *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*. I touched on aspects of this issue, namely, the role of the pharmaceutical industry in modern medical education previously in this space (*Seeking Middle Ground*, Dec. 2003) over a year ago. Another stimulus for my review of these books rests with recent policy developments including the debut of Part D of the Medicare Modernization Act and the background of President Bush's "ownership society" as it might apply to health care.

Barlett and Steel's book "Critical Condition is a litany of horror anecdotes, hyperbole, and frequent distortions."⁴ However, I agree with the authors when they say that a good deal of the turmoil in the health care sector is the direct result of running health care as a business and the failure of a government solution. They note that market forces are notoriously unforgiving and what did we expect if the market were to run our industry. The book describes in gory detail the oft reported stories surrounding high salaries for health care executives, pregnant women being discharged prematurely from hospitals, and the "evil managed care industry" with its stranglehold on physicians. Let me jump to the possible take-home message that I could distill from this volume.

These accomplished authors call for the creation of a USCHC or a U.S. Council on Health Care. "Like the Federal Reserve, the council would set an overall policy for health care and influence its direction by controlling federal spending – from managing research grants to providing basic and catastrophic medical coverage for all citizens. Unlike the Federal Reserve, it would be entirely funded by taxpayers."¹ Frankly, this facile solution could never work in my view. Yet, another message from this book that I could embrace was that "Ultimately the driving forces behind change will come from two sources: working Americans who are disenchanting with ever rising costs and shrinking care, and U.S. corporations which are increasingly refusing to pick up the added cost."¹ To that I say, Amen!

Dr. Jerome Kassirer's name should sound more familiar to many of our readers given his tenure as a former editor of the prestigious *New England Journal of Medicine*. I found *On the Take* to be a very thoughtful, incisive and disturbing analysis of "medicine's complicity with big business."² Kassirer pulls no punches and everyone

from the pharmaceutical industry to the for-profit hospital sector to academic physicians is the object of his dogged research and many first-person interviews. Again, the book has been widely reviewed, but allow me to distill some of the main take-home lessons.⁵ Essentially, Kassirer calls us to “swim against the prevailing current” in his words, and he offers what he describes as a possible road map for the future with a ten-point plan for today and a seven-point plan for further analysis and debate. From my perspective, certain aspects of the road map are worth noting, namely, his call for “increased scrutiny by medical editors of all financial conflicts of authors with full disclosure not only of the company relationships but also the specific relevancy of the conflicts to the subject matter (specific drugs and devices).”² As the editor-in-chief of four major national publications that emanate from our department, I certainly concur with Kassirer’s observation.

In addition, Kassirer calls for “a comprehensive analysis of the problem by the Institute of Medicine that would include drafting principles and guidelines for all types of financial conflicts not just those associated with research.”² I agree, and the Institute of Medicine as a moral authority would no doubt produce guidelines that would bolster our collective position in the eyes of our patients. Regarding his long-term ideas for further analysis and debate, his final question “Can industry be convinced that in the long run the harm of physician’s collusion with their marketing practices is more serious than the short-term gain in sales?” is right on the money.²

The third book in this “Trilogy of Woe” by Marcia Angell is perhaps the most complex of the three. Angell, herself also a former editor-in-chief of the *New England Journal of Medicine*, has produced a thoroughly researched and, in my view, a terribly harsh critique of the pharmaceutical industry. She calls into question every aspect of drug production including research and development, cozy relationships with academic researchers, clinical trials that should have never been published and even the practice of technology transfer offices in medical schools throughout the country. She has harsh words for the National Institutes of Health and lambasts “big pharma” as hardly a research-based industry.

While I do not agree with all of Angell’s observations, several of her conclusions are worth noting. I agree that we should strengthen the Food and Drug Administration as vital to the health of the public. I agree that the medical profession needs to take full responsibility for educating its own members and that the profession needs to take responsibility for Continuing Medical Education. I was particularly struck by Angell’s concluding pages where she calls patients to be more involved in their care. Specifically, “when your doctor prescribes a new drug, ask him or her these questions: what is the evidence that this drug is better than an alternative drug or some other approach to treatment?”

While it might be difficult for many patients to ask some of her other proposed questions like, “Is this a free sample?” and “Do you have any financial ties with the company that makes this drug?” I admire her for putting these specific questions into her proposed armamentarium.

Taken together then, these three books raise many disturbing questions. Thankfully, Jefferson Medical College has a lot to be proud of as we have begun to face these issues squarely through the work of our Jefferson Industry Advisory Council (Seeking Middle Ground, Dec. 2003), our comprehensive Compliance Office activities, and the development of a new policy regarding our interrelationship with the pharmaceutical

industry.⁷ My own view is, like many professionals, we resist a rigorous self-evaluation, in part, fearing what we might find. Outsiders who read this "Trilogy of Woe" will no doubt draw serious negative conclusions about their doctors, hospitals, and medical colleges. I would submit that our professionalism means that we confront and embrace aspects of the arguments presented in this trilogy and publicly proclaim our plan to regain the moral high ground. At a minimum, this is what we owe to our patients. More broadly, this is what we owe the physicians of the future. As usual, I am interested in your views and you may contact me at my email address which is david.nash@jefferson.edu.

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