

Title of Talk:

"Tecnologías emergentes, nuevas enfermedades y medicalización de la vida cotidiana."

(Emergent technologies, new diseases and the medicalization of daily life)

Ray Moynihan

Abstract:

There is widespread concern internationally about the power of pharmaceutical marketing, and the close ties between drug companies and the medical profession. Much of the concern is about misleading advertising of drugs and the irrational and wasteful prescribing that can result from industry-professional entanglement.

This talk will focus on another aspect of the industry's marketing. The talk will look at how drug company marketing strategies are often aimed at widening the definitions of disease, in order to build markets for drugs. Often drug companies will work in alliance with doctors and patient groups, and use the media, to exaggerate fears about a medical condition, in order to expand markets for drugs. Sometimes new conditions are created, as with Female Sexual Dysfunction, sometimes old conditions are widened, as with high-cholesterol.

The talk will use several examples of "Selling Sickness" in a global context, and will look at the tentative steps towards "disentanglement" between the medical profession and the pharmaceutical industry.

Key references:

BMJ Theme Issue, "Too Much Medicine", April 13, 2002

BMJ Theme Issue, "Time to disentangle doctors and drug companies", May 31, 2003

PLoS Medicine Special Issue on Disease-Mongering , April 2006

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Do you sometimes feel like you don't want to get out of bed in the morning? Do you ever have problems with motivation, particularly at work? Do you ever feel apathetic? If you answered yes to any of these questions, you should talk to your doctor. You may be suffering from Motivational Deficiency Disorder.

Some people say these symptoms are just part of ordinary laziness, part of ordinary life. But researchers have proven that Motivational Deficiency Disorder is a genuine medical condition. It is estimated that up to one in five people suffer from Motivational Deficiency Disorder, with symptoms ranging from mild to very severe. In some cases the disease can be fatal, as sufferers lose the motivation to breathe.

The good news is, an effective and safe treatment is available, so millions of people around the world will no longer have to suffer on their sofas in silence. A new drug called indolebant is currently in Phase 3 clinical trials, and the early results are very promising, according to the man who discovered the disease, Professor Leth Argos, from the University of Newcastle in Australia.

Obviously Motivational Deficiency Disorder is a fiction, but the facts are that when the *British Medical Journal* first ran an article about the new disorder on April 1st, this year, many people took it seriously. Journalists from all over the world tried to find Professor Leth Argos, in order to talk to him about the new disease. Doctors rang the University of Newcastle asking where they could buy the new drug "indolebant". The number of google hits for the term "Motivational Deficiency Disorder" went from nine, to over 14000, virtually

overnight. At least one newspaper editor put the story about the new disease on the front page.

The *Dominion Post* of the 3rd of April in New Zealand published their serious front page story with the headline “Could laziness be a medical condition?” The article went on: “Too lazy to get out of bed in the morning? Not pulling your weight around the house? Tell your boss and your spouse you're not bone idle, you're suffering from motivational deficiency disorder.” The editor was understandably angry, when we discovered the *BMJ* story was an April Fools joke. Yet the point of creating the new disease was not to embarrass editors, it was created in order to provoke public debate about how we define sickness and disease. Thankfully that debate is alive and well, everywhere, including here in Spain where I am very pleased to be speaking about this topic at a series of events in November.

We are living in a world where more and more of the experiences of ordinary life are being categorized as the signs or symptoms of medical conditions. Ivan Illich called it the “medicalisation of life” in the 1970s¹, medical writer Lynn Payer called it “disease-mongering” in her classic text in the early 1990s², and I have more recently called the phenomenon “selling sickness.”³ The boundaries that define disease are being pushed inexorably wider: risk factors are being re-defined as diseases, old conditions are being expanded, and whole new disorders are being created. The most powerful player in this process is of course the pharmaceutical industry, but this is not a commercial conspiracy. The definitions of illness are being widened by informal alliances of drug companies, doctors groups, patient groups and the media- by people from all sectors often working with the best intentions.

The problem is that more and more relatively healthy people are being caught in the net of illness. For many people a medical label and an effective therapy can reduce suffering and even extend life- but for those who are not in fact ill, an unnecessary medical label can bring dangerous side effects, and can lead to a great waste of resources- for the individual and the nation.

One of the best examples of the “selling of sickness” is the way in which risk factors are re-defined as diseases- the best known being the condition called “high cholesterol”. In the United States, the boundaries of this condition are being repeatedly widened, as panels of

experts regularly meet to update the definitions of who qualifies for treatment. In the 1990s, around 13 million Americans might have warranted treatment for high-cholesterol. In 2001, the figure jumped to 36 million. In 2004, the experts met again, and raised the figure to more than 40 million. ⁴

While the high-cholesterol experts recommend diet and lifestyle changes, along with medication, it is the drugs that are promoted relentlessly on television and in newspapers in the United States- where direct-to-consumer advertising is permitted. It is not surprising that Pfizer's cholesterol-lowering drug Lipitor is one of the best selling drugs of all time, with sales exceeding US\$10 billion a year. As anyone who has studied the data closely will know, these cholesterol-lowering drugs can be helpful for those at very high-risk of heart disease- for those at very low risk the benefits are extremely modest, and the harms are not insignificant.

As with most panels of experts, the panel that updated the definitions of cholesterol in 2004 was full of people with conflicts of interest. Eight of the nine experts on this high-cholesterol panel served as paid speakers, consultants or researchers to the same global drug companies selling cholesterol-lowering drugs.

The other classic example of a risk factor being promoted as a killer disease is osteoporosis. Merck and other companies have helped build a global market for their osteoporosis drugs by selling the fear of fractures to relatively healthy women all over the world. As with cholesterol-lowering drugs, the anti-osteoporosis drugs can be helpful to those at high risk of fracture, but for those younger women at low risk of fractures, there are a range of other non-pharmacological preventive strategies that may be safer and cheaper.⁵

A good example of an old condition being expanded is Social Anxiety Disorder (also known as Social Phobia). When the drug company GSK started promoting a drug for this condition in the late 1990s, part of the company's advertising material suggested one in eight people suffered from this psychiatric disorder. Independent experts suggest the real figure may be less than one in a hundred. ⁶ To help raise awareness about the new condition the global drug company turned to a global public relations firm, which would later win awards within the public relations industry for its campaign to help build markets for the GSK drug.

Sometimes though whole new conditions are created- and perhaps the best example of female sexual dysfunction.⁷ In one of the most bizarre attempts to medicalise ordinary life, researchers have suggested that 43 per cent of women suffer from Female Sexual Dysfunction. As with high-cholesterol, and so many other conditions, the expert panels defining this new condition are heavily entangled with the drug companies. Almost every important meeting through the 1990s where female sexual dysfunction was being defined and re-defined, drug companies were the major sponsors.

The way we define illness and disease needs a major urgent overhaul. One reform could be to find new panels of people who can dispassionately weigh up the evidence about diseases and treatments and publish guidelines that really inform people. Another strategy is to raise awareness among reporters that too often their articles and stories look more like promotion than journalism. More broadly what is needed is “disentanglement”- the undoing of all the multiple financial ties between senior medical experts and the pharmaceutical industry. Small steps in this direction are already happening in many parts of the world and I look forward to learning more about how this process is unfolding in Spain.

* This article is largely based on Ray Moynihan’s book *Selling Sickness* will be published in Spanish in 2007. Ray Moynihan is a journalist and documentary maker, a Conjoint Lecturer at the University of Newcastle and Visiting Editor with the British Medical Journal.

¹ Ivan Illich , *Limits to Medicine*, Penguin, London, 1976

² Lynn Payer , *Disease-Mongers: How doctors drug companies and insurers are making you feel sick*, Wiley and Sons, 1992.

³ Ray Moynihan and Alan Cassels, *Selling Sickness: How drug companies are turning us all into patients*, Allen and Unwin, Sydney, 2005.

⁴ Moynihan and Cassles, *op cit*, chapter 1 (Note: all of the statements in this article are referenced in this chapter of the book. The same applies to all the following footnotes.)

⁵ Moynihan and Cassles, *op cit*, chapter 8

⁶ Moynihan and Cassles, *op cit*, chapter 7

⁷ Moynihan and Cassles, *op cit*, chapter 10