

Commentary

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The very title of this paper, “Unsolvability of Interests,” presupposes the conclusion that the conflict of interests between big pharma and health care are unsolvable. No one can argue that the pharmaceutical industry and medicine have differing interests but I think it could be clearly argued that they also have many interests in common in addition to those which diverge. The author mentions game theory and models of divergent interests, but he does not take into account that not every game is a zero sum game. The famous and useful book, called “Getting to Yes” (R. Fisher, B. M. Patton and W. L. Ury, Boston: Houghton Mifflin, 1992), points out that even a chess game is not entirely a zero sum game since both players have a common interest that no outsider should overturn the chess table. Clearly, medicine and the pharmaceutical industry have a common interest that no one overturn the table in our common desire to find new treatments for our patients.

It is brave of Dr. Brezis to write the article he did which points out many examples of industry exploitation, overcharging, monopolization and data management. However, he does not point out the many accomplishments of the pharmaceutical industry which are clear in all areas of medicine and in psychiatry in particular. Moreover, he does not even hint at an alternative to the private pharmaceutical industry that exists in the West today. It is well known, but cannot be stated often enough, that in the 70 years of its socialist existence the Soviet Union did not develop a single new drug. There is a well known concept in economics, fittingly described in the book, “The European Economy Since 1945” (B. Eichengreen, Princeton, N.J.: Princeton University Press, 2007), that it is much easier to be a follower economy and adopt technologies that have been developed by a “leader” economy than to be an innovator economy. Given the existence of pharmaceutical

treatments of mental illness it would probably be possible, as Dr. Brezis suggests, to develop a cheaper and more egalitarian system of pharmaceutical delivery. The question is whether we would reduce our chances for innovation in the future.

Dr. Brezis’s manuscript is brave but I dare to say that it is not balanced. While we in the Jewish tradition cling to our faith in the Messianic era, all of my life experience teaches me that there are no really perfect solutions to any human problem: It is unwise and even dangerous to suggest revolutions; rather we should tinker with the system, continually to try to improve it. The present system needs tinkering to reduce conflict of interest between physicians as independent prescribers and pharmaceutical companies as profit seeking promoters; it needs tinkering to guarantee access by the public to all data available on pharmaceutical company trials; it needs tinkering to assure that new compounds be compared to existing compounds rather than placebo in most cases; it needs tinkering to ensure that there is adequate public non-profit funding for orphan compounds and new uses for already existing generic compounds; and it needs tinkering to ensure that major journals publish only scientific articles for which individual physicians are responsible and that they have seen all the data and analyzed it independently. However, we should never let our campaign to make these changes be hijacked in a way that would endanger the existence of a free, competitive and innovative pharmaceutical industry.

With regard to disease mongering, Dr. Brezis gives some examples and there is no question that the discovery of a new medicine can sometimes tremendously increase medical and public awareness of the problem for which the medicine is profitable to use. All of us know some examples of great overuse of medicines in situations where non-pharmaceutical treatment might also be effective. However, I am

uncomfortable with the Puritan thread in Dr. Brezis's attack on the use of sildenafil, which he calls a life-style drug. Pain has been part of dying for most of human history but no physician would call use of pain relief medicine a life-style intervention. The reduction in erectile function with age may be a normal part of aging in the sense that it occurs in the majority of men with aging, but as a clinician I have

seen many couples' marital relations deepened and even saved by appropriate use of sildenafil. There is certainly a place for a polemic like Dr. Brezis's article which can awaken public opinion. However, the danger is always that when both sides sling mud the cause of balanced truth will be the loser.

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Author's Response

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I put in front of ourselves a mirror shared by a growing and impressive list of academic leaders. We may not like what we see in the mirror — denial is a natural but unconstructive defense mechanism. As I see here from my sabbatical at Harvard, the problems posed by the intricate relationship between healthcare and private enterprise are viewed as so grave that they are discussed time and again in many academic forums. Every week, a new book or articles in leading scientific journals shed light on unfathomed depths of issues that need better understanding and better solutions. Over the last year alone, a real deluge of publications has flooded the public agenda with the very problems Dr. Belmaker thinks I exaggerate (1–13). I will quote here from just a few for our readers.

At the American Academy of Arts and Science in Boston, near Harvard Square and the beautiful autumn foliage of New England, I heard former Chief Editor of *The New England Journal of Medicine*, Professor A. Relman, present his new book, "A Second Opinion" (1). Relman analyzes in detail the "medical-industrial complex," showing that for-profit organizations regularly underperform not-for-profit ones. He calls for a return to values: "Medical professionalism cannot survive in the current commercialized health care market. The continued privatization

of health care and the continued prevalence and intrusion of market forces in the practice of medicine will not only bankrupt the health care system, but also will inevitably undermine the ethical foundations of medical practice and dissolve the moral precepts that have historically defined the medical profession" (2). He strongly disapproved of the Dean of Harvard Medical School for accepting big money from the pharmaceutical industry. When I met with Relman earlier in his Harvard office, he explained to me his response to Belmaker's type of denial: "People tell me that I'm unrealistic but I answer them: *You* are not realistic — the system is about to collapse."

Patients trust physicians because they believe in our integrity, our impartial knowledge and our accurate representation of their interests. Healthcare is enduring a severe crisis of trust because patients accurately sense that the medico-industrial complex now derails us from our primary mission of caring (3). Money cannot buy trust anymore than it can buy love. The debate about what is legitimate for physicians has now become public in U.S. media.

In a recent interview for *The Boston Globe*, Dr. Daniel Carlat, a prominent psychiatrist trained at Massachusetts General Hospital (MGH), said: "Our field as a whole is progressively being purchased lock, stock, and barrel by the drug companies: this