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.

No conflict of interests declared.

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

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includes the diagnoses, the treatment guidelines, and the national meetings (…). Perhaps worst of all, drug companies have come to sponsor so much of continuing medical education that the companies can set much of the agenda"(14). He criticizes MGH for accepting millions of dollars of drug company money to sponsor its continuing psychiatry courses: "Instead of getting educated about psychotherapy, about how to better manage our practices, about epidemiology and the public health concerns of underserved populations, what we're getting is lecture after lecture about how to diagnose depression and use antidepressants to treat it; how to diagnose insomnia and use sleeping pills to treat it; how to diagnose bipolar disorder and use mood stabilizers to treat it." Kassirer, another former Chief Editor of *The New England Journal of Medicine*, agrees that psychiatry has gone too far (14). "Drug whore" is the expression Carlat uses to describe what he was when he promoted Effexor for money from the drug company: "I realized that I was being paid to say good things about drugs, regardless of what my actual opinions were." He recently described in moving details his experience as "Doctor Drug Representative" in *The New York Times* (4). The pervasive and troubling buying of psychiatry by the drug industry has been described by other senior psychiatrists (15) and by Professor Healy in his book: *Let them eat Prozac* (16).

Communism developed no new drugs — including none of the infamous ones: Thalidomide, Elixir Sulfanilamide, Triparanol, Fen-phen, Rezulin or Vioxx (see 5 if you have forgotten). Yet, remarkable innovations were made before and outside capitalism. Polio, smallpox and anti-rabies vaccines as well as penicillin were discovered before the current patent rage and race to stock markets. Salk is quoted to have said, "Who owns my polio vaccine? The people! Could you patent the sun?" Nobelists Fleming and Florey did not patent penicillin because they felt "it should belong to humanity." Banting sold the patent for insulin for $1 so it could be made affordable. Industry was useful for refining these inventions but it is denigrating to imply that great human minds cannot innovate without financial incentives.

Pharmaceutical superpowers threaten free competition no less than communism. Many signs indicate the drug market is neither free nor competitive: wide disparities and secrecy in pricing (under true free competition, prices are known and tend to converge), oligopoly (few firms control many markets), fierce suppression of generic competitors, widespread fraud and criminal behavior (5). Patents are interference with the freemarket that limit freedom when it is felt that left alone competition insufficiently rewards innovation. But now the industry often views patents as rights, exerting political and financial power to impose them on governments: Doing so cannot be claimed as upholding the free market (5).

Recent discussions at scientific meetings here make me think conflicts between industry and public health run far deeper than I had imagined. Leading scholars argue that *corporations* have gained too much influence on society, in a way that threatens democracy, common goods and public health (17–21). Like healthcare industries, tobacco, food, oil and chemical corporations strategically manipulate research, pay experts, control universities, media and regulatory agencies — a dangerous process called *Supercapitalism* by Robert Reich, Professor of Public Policy at Berkeley (18). Ensuing poverty predicts poor health in a stronger way than genes, smoking or lack of exercise (see documentary series "Unnatural Causes: Is Inequality Making Us Sick?" to be aired in 2008 [22]). As Israeli politicians also ought to recognize, public spending on education, health and welfare is compatible with economic growth, say leading economists (23). An authentic Jewish value, promotion of social justice is now recognized as a fundamental principle in the new physician charter (24).

Many scholars agree on the gravity of problems and the need for fundamental strategy shift (5). Others, often with ties to the drug industry, so deeply believe in free-market ideology that they fear alternative standpoints as utopian or revolutionary (and even if not formally defined by journal editors as conflicts of interests when more than 2–5 years have elapsed, such past ties abound: I had some with a radiocontrast company over 10 years ago and so did Dr. Belmaker with Eli Lilly [25]). As Professor Brody's brilliant analysis shows, "tinkering with the system" has failed over four decades and the false hope "now it will succeed" is part of a pervasive psychology of denial (5). Medicine is deeply "hooked" to

industry by gifts and rewards, while physicians deny influence on their judgement despite extensive contrary evidence (5). We need to choose between academic and financial freedom — we cannot have both, said a Yale Professor of Political Science in a recent lecture at Harvard (26). Financial dependence of institutions, like an addiction (27), comes at the price of academic independence and with denial — as psychiatrists know, addiction is a disease of denial (5). In fact, denial (and not the recognition of gravity of issues) may set the stage to a revolution — if and when repressed social forces become unleashed.

Pfizer successfully spent hundreds of millions of dollars in advertising Viagra to young men who don't need it (unlike in Dr. Belmaker's example): the largest increase in its use was between age 18 and 45, without etiologic reasons for needing it (28). As effective as Viagra, exercise improves sexual dysfunction (29), as does alleviating anxiety and depression, as recently reviewed by a Harvard psychiatrist (30). Wouldn't it be better had society spent the money to promote physical activity?

Physicians, public health professionals and policy makers should learn how public health conflicts with corporate-controlled market state. Pharmaceutical industries should do what they are best at: producing drugs, not evaluating them and not educating us or the public about them. We, physicians, should keep our academic and professional integrity clean to deserve the trust of patients and society.

No conflict of interests declared.

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