

Medical Horizons

Selling Medicines to Healthy People: Where Do we Stand?

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A chief executive of one major pharmaceutical company stated that his long lasting dream is to make drugs to be used by healthy people, because then his company will be able to sell to everyone! Great profits could be made by telling healthy people they are sick. Some critical authors described this serious tendency as “disease mongering”. The boundaries of health limitations were expanded and blown out of reasonable contexts, to expand markets for those who sell medications.

Definitions of diseases in many instances are being made by pharmaceutical firms, that use various fronts, including some researchers and medical professionals, who serve the interests of these firms, directly or indirectly, in return for various types of handsome inducements.

Examples of health conditions portrayed as “diseases” that need medications, include:

- Borderline elevated cholesterol.
- Osteoporosis.
- Depression.
- Menopause, male and female.
- Growth hormone deficiency in adults.
- Attention deficit disorder.
- Baldness in men.
- Irritable bowel syndrome.
- Male and female sexual dysfunction.
- Social phobias.

And the list goes on....

Informal alliances have emerged, including drug companies personnel, consumer groups, media and some medical practitioners.

Although many medical professionals are concerned about health issues in their society, in many instances action groups, health campaigns and “disease awareness” groups, are orchestrated, funded and facilitated by drug companies, through their public relations and marketing bodies.

“Medicalisation” is a term for pushing to use and prescribe drugs in situations where medical advice, counseling, public education and lifestyle modifications could produce the required impact, at less cost, and with avoidance of drug side effects.

A key strategy of the drug company alliances is to target the news media, with advertisements and exaggerated stories designed to create fears about certain health conditions, and to direct attention towards a certain drug.

Tactics used include! “shaping medical opinion” by working to convince medical practitioners that the condition is a serious disease. They also target pharmacists, nurses as well as the public.

They use promotional materials, issue “best practice guidelines”, sponsor local and overseas meetings, and they make marketing to look like medical education.

No real effort is directed towards (non-profitable) campaigns to deal with health promotion and maintenance through lifestyle modification to avoid obesity, diabetes, hyperlipidemia and smoking.

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One other danger of inappropriate medicalisation is economic waste, and diversion of attention and care for more serious and real illnesses.

The following are some examples that represent “disease mongering” or selling sickness:

1. **Ordinary processes portrayed as medical problems**, e.g. male baldness.
2. **Mild symptoms reframed as serious diseases**, e.g. most cases of irritable bowel syndrome and borderline lipid elevations.
3. **Personal or social problems are blown as medical ones**. An example is “Social Phobia” which was portrayed by one drug company as undiagnosed psychiatric disorder, and they endorsed antidepressant drugs for it. In 1997, Roche waged a campaign in US, then in Europe, to describe social phobia as a “soul destroying disease” in promotion of its antidepressant drug moclobemide (Aurorix). The company formed a patient group named (The Obsessive Compulsive and Anxiety Disorder Foundation), and funded conferences, and other wide promotional activities including the media to “raise awareness about social phobia”. Some medical specialists were enlisted in this campaign. One of them was later described as the Moclobemide Man!
4. **Risks described widely as diseases**: One example is: Osteoporosis. As people grow older their bone mass is reduced, which poses a risk factor for possible fractures. But for most healthy people, the real risks are low or distant, and the long term fracture prevention by drugs offers only small reductions. Among the scientific community the real significance of osteoporosis definition is still controversial. Moreover we do not know the long term effects of bisphosphonates which stay in bones for many years. Drug companies have widespread promotional activities with focus on drug treatment, and they ignore non-pharmacological strategies such as proper nutrition, smoking cessation, exercise, and vision correction to avoid falls...

such strategies have major preventive effects or fracture risk. Drug companies were successful in changing medical and public opinion about the natural aging decrease in bone mineral density, and portraying it as a serious disease. In fact they are (marketing fear) rather than real disease prevention.

5. **Disease prevalence estimates described as real, widespread medical problems**: e.g. erectile dysfunction. Published surveys revealed nearly 40% of men have one form of erectile dysfunction, which could be social, psychological or organic. Only 3% of men in their 40^s, and 64% of men in their 70^s were reported as being affected. The campaigns to promote sildenafil by all means, need no further elaboration on etiologies and consequences of drug therapy. Female sexual dysfunction also received blown up advertisement to promote medicalisation.

Where do we stand as practitioners?

- Our sources of medical knowledge should be derived from well established medical data. This should replace the drive of drug companies which tend to make the maximum numbers of healthy people feel sick. Unbiased, authentic information about illness should rely on solid medical opinion, and this should form the basis of medical as well as public opinion.
- The public should know the facts and controversies surrounding disease definitions, the self limiting nature, and the relatively benign natural course of many conditions.
- Publicly funded and independent programs, should be activated. Such programs should be based on respect of human dignity, proper reassurance, and due consideration of medical priorities, rather than profit-driven tactics.

Suggested Readings

1. Moynihan R, Cassels A. *Selling Sickness*. Vancouver: Greystones Books; 2005. <www.amazon.com>
2. Heath I. There must be limits to the medicalisation of human distress. *BMJ* 1999, 318: 439-440
3. Moynihan R, Heath I, and Henry D. Selling sickness: The pharmaceutical industry and disease mongering. *BMJ* 2002; 324: 886-891