

## Book Review

### ***Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare***

Book by: Peter Gøtzsche

Review by: Jessica Taylor

Peter Gøtzsche's *Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare* focuses on the corruption that exists in the pharmaceutical industries and in healthcare. The book recently received first prize in the 2014 British Medical Association (BMA) book awards in the Basis of Medicine category.

Gøtzsche graduated with a Master of Science in biology and chemistry in 1974 and as a physician in 1984. He is a specialist in internal medicine and worked with clinical trials and regulatory affairs in the drug industry from 1975 to 1983. He co-founded the Cochrane Collaboration in 1993 and established the Nordic Cochrane Centre the same year. He has been a member of several groups publishing guidelines for good reporting of research and is currently an editor in the Cochrane Methodology review group.

Throughout the 22 chapters of his book, Gøtzsche takes a critical look at pharmaceutical industries, especially with regard to their research and marketing. Gøtzsche aims to shake up and unsettle many of the dominant beliefs we have accumulated from years of living in western society and being manipulated by the pharmaceutical industry. He uses a number of methods to do so, most often boldly stating shocking facts and uncovering deceit. His writing touches on a wide array of topics ranging from exploring specific cases where pharmaceutical drugs have caused deaths rather than healing, to exposing the worst pharmaceutical “drug pushers,” talking about the corruptive influence of “easy money,” criticizing drug regulation, exploring psychiatry specifically, comparing the industry to a “mob,” and arguing the need for change, among many other topics. One of the major issues detailed in the book is stated bluntly in the title of Chapter 4: “Very Few Patients Benefit from the Drugs They Take.” The key message in this chapter is that despite the dominant discourse that suggests otherwise, very few (if any) patients actually benefit from the drugs they take. Gøtzsche justifies his statement throughout the chapter using the example of depression, citing a series of studies and questioning the efficacy of antidepressants in treating depression. Instead of accepting the statistics put forth by a 2009 study that states if we treat someone with clinical depression for six weeks with an antidepressant, about 60% of the individuals will improve, he draws attention to the fact that if we treat individuals with a placebo,

50% will improve. Beyond that, he challenges the idea of the placebo effect by stating that without any treatment whatsoever, after six weeks many will have improved anyway due to “spontaneous remission” or depression’s natural course (p. 43). Moreover, he critiques the very process of clinical trials involving antidepressants and placebos, particularly around the argument that unless the blinding or double-blinding process is “impeccable,” the results will be skewed from the bias that results from participant’s expectations of treatment (p. 45).

More generally, Gøtzsche writes about the importance of knowing whether studies are supported financially by the pharmaceutical industry or whether they are publicly funded. The funding source impacts on the validity of results, given the countless examples of trials that failed to report their adverse effects; and Gøtzsche also notes that many trial results do not get published at all when the results are “disappointing” (p. 48) for the industry. Getting to the core of the issue, Gøtzsche sums up this trend by saying, “What is so disturbing about all of this is that all drugs cause harms whereas many of the drugs we use aren’t effective at all. We are therefore harming immense numbers of patients in good faith, as randomised trials don’t allow us to say which of the drugs don’t work” (p. 46).

In my opinion, the information contained in this chapter was thought-provoking. My prior knowledge had led me to be skeptical of the efficacy of drugs in treating depression, but this chapter led me to think more critically about the process that goes on behind the scenes to alter the results of trials and inform and re-establish dominant discourse. I agreed with many of the arguments Gøtzsche made, especially when he suggested that it should be obligatory for companies to deliver placebos for independent research at a low cost as a condition for having a product on the market. The pharmaceutical industry seems to be more concerned with money than anything else, and as this is an industry that deals with human lives, I appreciated Gøtzsche nudging the reader to consider the moral and ethical obligations that should be considered and how they could be implemented practically. Another part of the chapter I enjoyed was his suggestion that doctors be explicit in their notes when prescribing drugs, writing the goal of treatment and when to stop if the goal is not obtained (p. 46).

From the perspective of a future social worker, it is no surprise that Chapter 17 piqued my interest with the title “Psychiatry, the Drug Industry’s Paradise.” From pages 191–212, Gøtzsche touches on the tendency of over-diagnosing mental illness and labelling people. In addition, he explains how psychiatrists could be seen as highly effective drug pushers. Gøtzsche criticizes screening processes for psychiatric disorders, exposes the truth about “happy pills,” and briefly examines the benefits of other interventions. A large portion of the chapter is a critique of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as unscientific by illustrating examples of diagnoses that seem perplexing in retrospect (p. 192; i.e., homosexuality and masochistic personality disorder), as well as the seemingly thoughtless and sometimes arbitrary changes to diagnostic measures (i.e., bereavement periods ranging from two weeks to two months from one DSM edition to the next). With regard to psychiatrists as drug-pushers, Gøtzsche uses a quote from Judi Chamberlain to sum up this phenomenon: “People are unlikely to question the

underlying premises of their occupations, in which they often have a large financial and emotional stake” (p. 191). Gøtzsche illustrates how screening for psychiatric disorders has gotten more and more encompassing so that more and more people are given diagnoses. Toward the end of this chapter he opens up the floor to the idea that exercise can be used as an alternative intervention that has been shown in certain studies to be more effective than drugs.

The information detailed regarding antidepressants is particularly interesting in its refutation of the very common and strongly held belief in society that depression should be treated with antidepressants. This idea is also infused with the belief in the “chemical imbalance hoax” which is very commonly held in society. While often considered a truth, the assertion that individuals need to be prescribed medication to fix a chemical imbalance in the brain is a disproven theory. As Gøtzsche states, “It has never been documented that any of the large psychiatric diseases is caused by a biochemical defect and there is no biological test that can tell us whether someone has a particular mental disorder” (p. 100). In the case of depression, the argument that people experiencing it lack serotonin has been convincingly rejected (p. 100). Gøtzsche’s writing in this chapter gave me more specific information that is beneficial to have when people frequently use the chemical imbalance hoax to justify antidepressant use and many other drugs for the treatment of a variety of diagnoses. One of the things I really liked in the chapter in comparison to Chapter 4 was how Gøtzsche incorporated qualitative information in the form of a personal account sent to him by a patient who “escaped the tyranny of life-long treatment and incompetent psychiatrists” (p. 209). Additionally, his critique of the DSM is strong, including his contention that it has very limited basis in science. Gøtzsche did a fabulous job of making me laugh when reading about such a serious topic, particularly when he suggests a new psychiatric disorder, ODUFOD: obsessive denial of unwelcome facts disorder (p. 201), which he adds is very common among doctors, politicians, and high-level administrators (and there’s no cure!).

Thinking critically, there was one thing I noticed that made me pause. Gøtzsche is not known for tiptoeing or being gentle when making a point, but even so, it was off-putting to me to see the phrase “this is insane” (p. 194) when referring to the measurements of depression. Given Gøtzsche’s obvious commitment to challenging labels and diagnoses and being very knowledgeable in the subject area, I wouldn’t expect him to use this type of language in what seems to simply be a thoughtless example of not having the awareness to use anti-sanist language. On that note, I would have really liked to have a more in-depth discussion, beyond labels themselves, of the everyday language that perpetuates the issues in these chapters. Despite these shortcomings, I found myself nodding along while reading this chapter.

Finally, Chapter 18 is one I feel is important to make note of, since it is related to the use of drugs in children and had quite a contentious title: “Pushing Children into Suicide with Happy Pills.” The main point that Gøtzsche is making here is that psychotropic drugs have caused a significant amount of harm and are being prescribed at alarmingly frequent rates to children and adolescents. Gøtzsche begins illustrating the issues by bringing attention to Glaxo Study 329. The trial, completed

on children and adolescents, was cited as being effective with minimal side effects; but in reality it was shown not to be effective and to have resulted in harm (p. 217). The trial resulted in serious adverse effects, and at least three adolescents attempted suicide despite its never being reported. Additionally, Gøtzsche provides some pretty blunt and descriptive stories of individuals who had taken Zoloft or Prozac and ended up attempting and/or completing suicide. One of these examples was a teenager who hanged himself three weeks after being prescribed Prozac. Another example was a 12-year-old girl with no history of depression or suicidal ideation who was prescribed Zoloft for anxiety and hanged herself after four days. In addition to these examples, Gøtzsche provides the accounts of several adults who completed suicide after being prescribed the drugs. Gøtzsche argues that the majority of events like this and side-effects associated with suicide are kept hidden. On a positive note, Gøtzsche acknowledges some psychiatrists whom he knows, such as David Healy, who help their patients by using “watchful waiting.” In general, the purpose of watchful waiting is to carefully analyze how a condition progresses so that a more informed decision can be made as to what type of treatment (if any) is needed. In addition, when an individual *is* prescribed medication, watchful waiting consists of monitoring the effects very closely and determining whether it is achieving its goals or harming the individual, and then acting accordingly. However, I would have appreciated further discussion when Gøtzsche states that he is not antipsychiatry in any way (p. 233), because much of the book does seem to take a clear stance against psychiatry, including this chapter. It is left unclear how he defines antipsychiatry and why he wants to distance himself from it, and this does take away from the strength of his arguments.

For as long as I can remember, I have always had an interest in mental health as well as a passionate point of view on the long history of exploitation large corporations and industries like the pharmaceutical companies have had on consumers. This book interested me for that reason, as it blends two of my major interests. As a social worker, I will have the responsibility to advocate for the best interests of the individuals I work with even if it conflicts with primarily unquestioned dominant discourse and assumptions in society. Overall, Peter Gøtzsche’s award-winning book was a very engaging and informative read that has no doubt added to my knowledge on issues of mental health and pharmaceuticals, and it has opened the door for me to consider new potentials for the role of social work in the field of mental health.

### References

Gøtzsche, P. (2013). *Deadly medicines and organised crime: How big pharma has corrupted healthcare*. London, UK: Radcliffe Publishing.

#### *Reviewer Note*

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