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Overdosed America, The Broken Promise of American Medicine

by John Abramson, MD

Review by Howard I Kushner, PhD

Frustrated by increasing numbers of patients arriving with drug advertisements and a “fixed idea ... of the outcome they wanted ...” internist John Abramson, MD, concluded he could “... help people to achieve better health ...” if he uncovered “... what the scientific evidence really shows and explain this to the public.”^{1:ixii} He discovered “... a scandal in medical science.” “Rigging medical studies, misrepresenting research results published in even the most influential medical journals, and withholding the findings of whole studies that don’t come out in a sponsor’s favor have all become the accepted norm in commercially sponsored medical research.”^{1:ixiii} This corruption has been hidden by a “... complex web of corporate influence ... exacerbated by an interlocking financial arrangement between “... trusted medical experts and the medical industry ...” that results in conflicts of interest.^{1:ixiii} According to Dr Abramson “... there has been a virtual take-over of medical knowledge in the United States, leaving doctors and patients little opportunity to know the truth about good medical care ...” And, despite the “enormous costs,” both the quality and delivery of health care in America has declined. Not only has the industry co-opted the mechanisms of evaluation of effective treatment for widely accepted illnesses but it has colonized the healthy population by the construction of new disorders transforming risk factors into diseases that putatively require long-term and expensive prophylactic medications.

Beginning with an examination of a *New England Journal of Medicine (NEJM)* article (2000) that claimed a 19% reduction in stroke risk in a population that took the statin Pravachol compared to those who had been given a placebo, Dr Abramson reminds us that the advertised advantage represents the *relative* risk; but what matters is the *absolute* risk; over the six years of the clinical trial, the absolute risk advantage in this case is a mere 0.8%—for every 1000 patients who take this statin for one year there will be one less stroke. For each stroke prevented the drug cost was \$1.2 million—excluding the expense of blood tests, physicians visits, and patient time. Although the average age of the patients in the study was 62 years, most strokes occur in an older population. When a population aged 70 years and older treated with Pravachol

was examined, Dr Abramson discovered 21% *more* strokes than in patients given placebo.” Given that there are a number of proven, less expensive, and less hazardous interventions that reduce stroke risk, the aim of the Pravachol study “... seemed incontrovertible: to establish ‘scientific evidence’ legitimated by the prestige of the *NEJM*, that would lead doctors to believe that they were reducing their patients’ risk of stroke by prescribing Pravachol.”^{1:17}

Perhaps the most graphic example is the now-familiar history of hormone replacement therapy (HRT). For Dr Abramson, the HRT debacle is emblematic of the larger issue of pharmaceutical companies attempt to colonize new and lucrative markets by transforming normal human development, like menopause or aging, into illnesses requiring life-long medications.

Commercialization further hijacks the research agenda by determining what gets studied and what does not. Pharmaceutical sales and profits, Dr Abramson insists, make it impossible for practicing physicians to trust the research that appears in even the most highly regarded medical journals. He is concerned about the use of “consumer education” to market drugs and, thus undercut the physician-patient relationship. This “... hype creates false hope that moves us further away from real prevention, most of which has to do with a healthy lifestyle, and drains resources needlessly from far more effective health interventions.”^{1:166}

Dr Abramson points to The Institute of Medicine findings that “... behavior and environment are responsible for over 70% of avoidable mortality.” The same study finds that 10% to 15% of deaths result from inadequate medical care. Yet, 95% of health care spending targets biomedical interventions, especially pharmaceuticals. If one of the goals of medical care is to prevent disease, then, asks Dr Abramson, “... don’t doctors have a professional responsibility to address the unique health needs, habits, and risks of each individual patient?”^{2:1:204-5} “The most important health care issue, [is to] restore the goal of medical knowledge creation to improve the health of Americans.”^{1:249} ❖

Reference

1. Abramson J. *Overdosed America, the broken promise of American medicine*. New York: Harper Perennial. 2005.

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