

Pharmageddon?

Pharmageddon has been defined as, "the prospect of a world in which medicines and medicine produce more ill-health than health, and when medical progress does more harm than good". Weⁱ see the need to investigate and explore that risk and to identify the factors and features that describe it.

Pharmageddon embraces the arguments of Ivan Illich but extends his focus. He warned of the risks of medicalisation, the generally dehumanising and damaging effects of professional interventions: "*the medical establishment has become a major threat to health*". Beyond direct drug injury (clinical iatrogenesis), he was concerned about the ill-effects of medicine on culture and community, "*the paralysis of healthy responses to suffering, impairment and death*" that resulted from "*the expropriation of health*"ⁱⁱⁱ.

But since Illich wrote, the whole shape of medicine has changed – both the knowledge base and its applications - and the pharmaceutical industry has come to dominate the medical establishment and the thrust and ethos of drug research, regulation, prescribing, availability and use^{iii iv v vi}.

The values of the market increasingly count. Now the leading companies, 'the Pharmas', have the driving influence on lifestyle, well-being and health outcomes. Their interests and investments have a major impact on the nature and availability of drug treatments, and on the essence and conduct of medicine, worldwide^{vii viii}.

The surge towards globalisation since the 1990s has placed the pharmaceutical industry where it is today. The Pharmas are now centred in the USA – which represents half the global market^{ix} – and mainly reflect American health values and ways of doing things^x. The Pharmas are also major instruments of US foreign policy^{xi}, and their interests are well defended as such.

Pharmageddon stands for the lament that the state of world health represents a colossal waste of what medicine and medicines could accomplish, by structurally harnessing all the talent, energy and commitment that is there. Increasingly this is not happening, which is neither morally defensible, nor in the best interests of our future. It is damaging to the climate of health, the oxygen of community and the core of personal well-being^{xii}.

Pharmageddon is marked by the contrast between over-medication and drug deprivation; it also implies a strong causal link between the two. Under-medication in poorer communities^{xiii}, and over-medication in richer ones, are connected as closely as obesity and malnutrition, like two sides of the same coin.

Intensive drug marketing and excessive drug consumption has produced an industry whose capacity to innovate and provide is compromised^{xiv}, and whose viability seems increasingly to depend on systematic exaggeration of drug benefits and suppression of evidence of risks and harm^{xv}. In place of transparency, the industry has now largely taken into its own hands the role of providing information to the public and professionals^{xvi}, filling the air with messages about health priorities, expectations and needs. The net result is a drug supply system that starves national health and sustains global health deprivation.

Outside the major drug markets, populations suffer and die because drugs they need are completely unaffordable, because trade rules block access, and/or for lack of relevant innovation^{xvii xviii xix}. Elsewhere, the obsession with drug treatment, health observance and disease awareness, is producing nothing like the desired effects^{xx}. The USA exemplifies this trend: it is beset by diseases of affluence, most obviously by obesity, with diabetes and related complications. But in spite, and no doubt also because, of all the treatment options, fewer than one in twenty citizens manages to maintain a normal weight, eat a nutritious diet, take adequate exercise and not smoke^{xxi xxii}.

For all this, the notion of *Pharmageddon* may still seem almost inconceivable – as did the risk and threat of Climate Change, just a few years ago. It is natural to deny risks when the misery in prospect results from so much good intent and great talent, and from the enjoyment of huge benefits, valued freedoms and countless goods. And because medicines are especially precious goods, the idea of *Pharmageddon* offends personal and vested interests alike.

Parallels seem to exist between health and environmental catastrophe. The issues compare to the relationship between a car journey and Climate Change: they are inextricably linked, but not remotely connected in scale or relevance in the average driver's mind. Just as Climate Change seems inconceivable as a journey outcome, so most personal experience of medicines flatly contradicts the notion of *Pharmageddon*.

As clinical practitioners, or individual consumers with access to medicines, most people have seen, felt, witnessed and/or imagined their sometimes miraculous effects and results. But, to pursue the analogy, the risk of *Pharmageddon* is to do with the way in which *all* drug travel changes the climate of health, even when so many individual drug journeys seem vital or worthwhile.

Both because and in spite of all the benefits of good medicine, it seems crucial to consider whether, collectively, we are rapidly losing sight and sense of health. Increasingly it seems we are. At least we need to challenge the dominant fallacy that drugs more and more resemble magic bullets and offer ever better solutions for the main trials of life.

At the same time, we need to accept that *Pharmageddon* is not simply the product of malevolence, but the natural outcome of something like a 'conspiracy of goodwill' – a universe driven by self interest, but dominated by a complex of corporate bodies all competing to survive. If *Pharmageddon* seems to beckon, it is in spite of what everyone wants, not because of it.

That also applies to the Pharmas. All might be well if their products matched promise and met genuine health needs. In fact, the Pharmas are panicked by this huge shortfall and become more predatory, gluttonous, devious and oppressive, to try to compensate for it. Health outcomes drift further and further away from mainstream thinking; excessive promotion, data suppression and falsification, secrecy, bribery, fraud and deep conflicts of interest are increasingly revealed ^{xxiii xxiv xxv}.

The consequences go far beyond the drug disasters that make the headline news. *Pharmageddon* implies that we have now arrived at a tipping point where leading companies devote their main energies to marketing lifestyle products, rather than on finding ways of meeting real medical needs. The brave new world in prospect is one in which commercial imperatives trump health priorities, when Pharmas and followers systematically change our understanding and experience of what it means to be human, flattening the distinctions between cultures, degrading the clinical arsenal, and developing vast numbers of drugs, most not needed and all purporting to be best. The net result is not only therapeutic disappointment, but also crushing pressures that no public health system could ever survive.

Many people have concerns about many different flaws in the present system of pharmaceutical medicine, but what do they all add up to? Our starting point is simply that the word, *Pharmageddon*, may mean

something important and deserves to exist, if only as a description of forest rather than trees.

The etymology seems to fit. *Pharmageddon* conveys the idea of a battle between health and ill-health, right and wrong and for better or worse. It also challenges the tendency to take for granted that progress in pharmaceutical medicine leads naturally to better health. *Armageddon* was "the great symbolic battlefield of the *Apocalypse*, scene of the final struggle between good and evil". *Apocalypse* (Ἀποκάλυψις APOKALYPSIS) literally means the lifting of the veil, "a term applied to the disclosure to certain privileged persons of something hidden from the mass of humankind..."^{xxvi}.

The time has come to lift the veil: the broader significance of the risks must be explored and revealed. If *Pharmageddon* is part of any future reality, we all need to know.

- i This definition was agreed following a meeting on Pharmageddon, in London on 23 April 2007, attended by Professor Graham Dukes, Dr Andrew Herxheimer, Professor David Healy, Charles Medawar, Susan Powell, Dr Tim Reed and Donna Sharpe.
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