

## **Morality of Medicines, essential medicines and fake medicines**

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*Morality is what you feel you should do*  
*Ethics is what everyone else thinks you should do*  
*Reality is whatever you can get away with*

The reality of medicines and pharmaceutical production is very disturbing.

Large corporations, despite having been accorded the legal status of persons, (successful political lobbying in some countries has recently given them a superhuman status) possess neither morality nor ethics. “corporate ethics” or “business ethics” are oxymorons, and where they are fielded you may be certain there is something to hide. The corporation, unimpeded by morality and will simply do whatever it can get away with to maximise profits.

Joel Bakan in his book “The Corporation” makes an interesting psychoanalytic study of the corporation-as-person and concludes severe sociopathic personality disorders - most persons with similar disorders would have to be locked up to protect society. But the large corporations are able to function very effectively, and the restrictions that were initially (and very wisely) imposed on these man-made structures when they were invented in the 16<sup>th</sup> and 17<sup>th</sup> century have gradually been eroded by persistent lobbying and legislation.

Just read the Wikipedia ‘list of largest pharmaceutical settlements’ to get some idea - GSK was fined 3,000,000,000.00 dollars a few years ago for “off-label promotion, failure to disclose safety data, paying

kickbacks to physicians, making false and misleading statements...” no details were disclosed, but after this settlement the share prices went up!

Certainly complex legislation has made the introduction of new medicines extremely costly, but in many ways that is convenient for the big players, as it effectively weeds out the smaller, and the expense pales beside the vast profits being generated. Medicines selected for manufacture are chosen for profit not need, and increasingly we are seeing the development of luxury drugs rather than the exploration of drugs for important (but not lucrative) diseases.

The industry has successfully convinced everyone that they cannot reduce the price of their products for poor countries, since someone would find a way of reimporting them into rich countries and undermine a very lucrative profit margin.

The medications for poor countries now have to be bought (at full price?) by the WHO (read all of us) or the large charities (read many of us) who then distribute them in the poorest countries.

A professor in Utrecht has even suggested that medicine from expired patents can be made in low quality for poor countries to reduce the risk of them being reimported into the wealthy states, but I hope he was not really suggesting the manufacture of inferior products for those who would not be able to complain. Can we in the west decide what is good enough for the rest?

The problem with medication is that most of us are not in a position to determine if they are effective in the individual patient. The combination of the body's natural healing tendencies and the placebo effect make it very difficult to determine just how effective an antibiotic might be, while

misdiagnosis and resistance can always explain why the desired effect has not been achieved.

Some time ago I was surprised to discover that Elsevier owned some 800 of the world's foremost medical journals. Where the financing for this originally came from is shrouded in mystery, but I did discover through open internet sources that the now retired first CEO of Reed Elsevier, *Sir Crispin Davis* had an annual salary of over 8.3 million euros (source *De Volkskrant*), plus a generous bonus every year. While hundreds of thousands of diligent researchers and doctors contribute all the articles and all the reviewing work to those 800 journals without earning a single penny, and libraries are faced with constantly increasing journal prices, so that many of these contributors are not able to read their own articles to which they have also had to sign away their copyright to Elsevier (your paper will not be published unless you do so).

Since an income of some 5 million dollars was apparently not sufficient for a self-respecting CEO, at the same time sir Crispin also received a modest salary as a director (non-executive) of GSK! Where he remained until 2013. Considering that Elsevier controls the entire digital *input and output* of the journals it owns, it is surprising that none of the 800 medical journals have ever disclosed this as conflict of interests...

I leave you to draw your own conclusions...

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