

Review

Making Pharmaceutical Industry Rhetoric an Object of Study

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Ray Moynihan and Alan Cassels, *Selling Sickness: How the World's Biggest Pharmaceutical Companies Are Turning Us All into Patients*, New York: Nation Books, 2005. 254 pages.

I wanted to review *Selling Sickness* for *Canadian Journal for Studies in Discourse and Writing* readers because the book is a wonderful resource for teaching rhetoric of science and for nurturing in students, both undergraduate and graduate, a critical sensibility in relation to scientific genres. *Selling Science* offers students a place to stand for thinking about the scientific and public discourses that together inform both health practitioners and consumers/patients at the moment of pharmaceutical decision-making.

The book takes up issues in pharmaceutical marketing, including “condition branding”—marketing based on the idea that, in order to sell antidepressants, for example, you need to sell depression first—and an associated rhetoric of health and illness. It is an exemplary mix of fine research, much of the evidence of which is found in the book’s extensive and satisfying endnotes, and good journalism. The authors are thorough investigators, thoughtful critics, and pleasing writers. Moynihan is an established medical writer and regular contributor to *BMJ* (the *British Medical Journal*); Cassels is a pharmaceutical policy researcher at the University of Victoria and a national media commentator. Even readers approaching the book with little expertise in its primary subject matter will find themselves engaged with its questions. This excerpt from the Prologue exemplifies some of the book’s virtues; it describes the problem of pharmaceutical marketing, as well as the scope and the significance of it:

The marketing strategies of the world’s biggest drug companies now aggressively target the healthy and the well. The ups and downs of daily life have become mental disorders, common complaints are transformed into frightening conditions, and more and more ordinary people are turned into patients. With promotional campaigns that exploit our deepest fears of death, decay, and disease, the \$500 billion pharmaceutical industry is literally changing what it means to be human. (pp. ix-x)

There is a minor industry these days in exposés of the pharmaceutical industry (beginning, arguably, with Marcia Angell’s *The Truth about Drug Companies*¹) and analyses of the medicalization of everyday life (see, for example, Peter Conrad’s *The Medicalization of Society*²). But, even in this company, *Selling Sickness* is a remarkable book, not least because it is so well suited to the classroom.

Each chapter of *Selling Sickness* takes as its topic a strategy for influencing, and constituting, the health consumer, with reference, in each case, to a particular disorder or condition. So, for example, the industry strategy of expanding the pool of potential consumers by widening the definition of a disorder is described with reference to high cholesterol. (With the rewriting of guidelines for high cholesterol in 2001, the number of candidates for drug treatment increased in the United States from thirteen million to 36 million; five of the fourteen authors of the new guidelines had financial ties to manufacturers of cholesterol-lowering drugs [pp. 3-4].³) The strategy of sponsoring “grass roots” partnerships in order to exploit them for pharmaceutical sales is described with reference to attention deficit disorder. (CHADD [Children and Adults with Attention-Deficit/Hyperactivity Disorders] receives approximately \$700,000 a year from pharmaceutical companies; the organization is committed to a description of ADHD as a “common ‘neurobiological’ disorder to be treated primarily with drugs” [p. 65].) The strategy of creating an identity for a disease and advertising the disease directly to consumers, along with a drug for treating it, is described with reference to premenstrual dysphoric disorder. (While some—mostly pharmaceutical industry sponsored—experts say that PMDD “is a psychiatric condition suffered by up to 7 percent of women,” and treatable by antidepressants, other experts do not recognize PMDD as a disease at all; but controversy about the existence of PMDD is invisible “in the avalanche of television and magazine advertisements about PMDD,” most of them targeting young and healthy, women [99-100].)

In the case of each strategy and each condition or disorder, Moynihan and Cassels are not simply anti-drug; certainly, they say, sick people benefit from having access to the right drug at the right time. Rather they urge a complex view of conditions that tend to be oversimplified by drug advertisers for commercial ends. One example: cholesterol-lowering drugs are a \$25 billion a year industry. While, for some people, a raised level of blood cholesterol is associated with risk of heart attack and stroke, it is known that “for otherwise healthy people at low risk, long-term use of [cholesterol-lowering drugs] may offer little benefit and unknown harms” (p. 11). Accordingly, Moynihan and Cassels explain that World Health Organization officials object to the implication that “smokers, obese individuals, or those who live a sedentary lifestyle can safely continue to smoke, remain overweight, or take little exercise, provided they take medication to reduce their cholesterol values” (WHO, quoted on p. 15). Cholesterol-lowering drugs have their uses, but the marketplace saturation of the drug is not medically warranted and may be harmful.

Selling Sickness is not unduly alarmist, but it does deliver a strong message on the public health dangers of over-focusing on pharmaceuticals. Not only can a surfeit of attention to drugs reduce the understanding of heart disease to a collection of cholesterol and blood pressure numbers, it can also turn hip fracture prevention into an obsession with measurements of bone density,⁴ and it can reconfigure emotional distress as “chemical imbalance,” treatable with drugs. With such shifts, physicians become less able to understand whole persons in their social contexts. While Moynihan and Cassels point out that pharmaceutical manufacturers are “[r]ightly rewarded for saving life and reducing suffering” (p. x), they argue that pharmaceuticals are complex and problematic entities—and that (as we, in our field, know very well) highlighting one thing means hiding another.

If there were a weakness in this book, it would be that its position against the marketing maneuvers of big pharmaceutical companies is so unabashed that one might wonder if the authors are sufficiently even-handed in their reporting. Notwithstanding its deployment of the usual disclaimers (as I've said, the authors make a point of giving credit to pharmaceutical companies where it's due), the book is an argument against aggressive advertising and consequent over-prescription. The book even offers us a cast of ethical physician-heroes, who embody the promise of resistance to pharmaceutical marketers. Dr. Iona Heath fights for the care of the "sick poor" against the "healthy rich" (why, she asks, are so many health care resources diverted to people who are basically well? [p. 16]); Dr. Warren Bell refuses even to accept the visits of pharmaceutical sales representatives in his practice (p. 38); Australian physician Peter Mansfield is an "indefatigable" critic of misleading direct-to-consumer pharmaceutical advertising (p. 102). I am not sure, however, that Moynihan and Cassels' bias is a weakness. I have discovered, over the course of my own research, that there is almost nothing you can say about drug marketers that they haven't already said about themselves—with pride: we know about "condition branding," for example, because marketing specialist Vince Parry describes it, earnestly, as a great way to sell drugs.⁵ Because of *Selling Sickness*, with its trenchant criticism and its clearly marked good guys and bad guys, pharmaceutical apologists will have to answer charges that drug marketers are opportunistic, greedy, and single-minded; that's fine with me.

In fact, we are not, most of us, in a position directly to teach the subject matter of *Selling Sickness*. Few of us are expert in diagnosis and treatment for conditions from irritable bowel syndrome to "female sexual dysfunction." *Selling Sickness* is useful to us and our students because it offers ways of thinking about persuasion and the choices of rhetors on matters of health and medicine in a variety of genres—not only pharmaceutical advertisements, but also scientific articles, conference presentations, doctor-patient interviews, treatment guidelines, and illness support group web pages. The focus of *Selling Sickness* on strategy is, by another name, a focus on rhetoric. The originators of the many texts that make up the core of interest in *Selling Sickness* are professional writers and technical communicators who steer what we think, and how we think, about what's wrong with us and what to do about it. This book ought to be required reading for our students—and everyone else too.

Bio

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¹ New York: Random House, 2004.

² Baltimore: Johns Hopkins UP, 2007.

³ Similarly, Moynihan and Cassels report, with pharmaceutical industry input on guidelines, “more than 40 million Americans are categorized as having ‘high blood pressure’ and an estimated 90 percent of those over the age of fifty-five will someday have it if they don’t already” (p. 83); the typical treatment is drugs. “Nine of the eleven coauthors of the latest guidelines received speaker’s payments or research funding from, consulted for, or owned stocks in a long list of drugs companies” (p. 87).

⁴ Moynihan and Cassels report that Merck, manufacturer of the osteoporosis drug Fosamax, subsidized the distribution of bone density testing machines “needed to ensure that women would get the diagnosis for which Merck’s drug would be prescribed” (p. 142). In a widely publicized study, Fosamax was found to reduce hip fractures by 50%. That, as Moynihan and Cassels explain, is in *relative* terms; in *absolute* terms, the drug reduced fractures in the study population from 2 in 100 to 1 in 100—a 1% reduction (p. 151). With such analysis, the authors provide entry to a particular rhetoric of science; they explain helpfully too that a good way to prevent hip fractures is to prevent falls.

⁵ See, for example, “The Art of Branding a Condition.” *Medical Marketing and Media* (May 2003): 43-49.