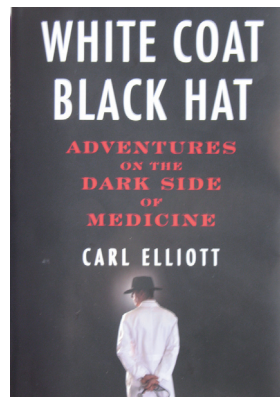


What is the Future for Cooperation Between the Medical Profession and Industry?

White Coat, Black Hat. Adventures on the Dark Side of Medicine by Carl Elliott. Publisher: Beacon Press, Boston, 213 pages, 2010. ISBN: 978-0-8070-6142-8, Hardcover, Prize \$24.95.

Translation from a recent book review in *Läkartidningen* (in Swedish).

The author of this book is a physician and bioethicist who trained in the United States and Scotland. He has written several books on the subject of medical ethics, with an emphasis on doctors' involvement with the pharmaceutical industry. The book's title and cover give a clear indication of its content – a critical review of the pharmaceutical industry's increasing pursuit of short-term profits and ruthless use of “all” available marketing options. The latter is exemplified by cases in which doctors willingly allowed themselves to be bought by companies, sometimes to the detriment of both patient safety and medical effectiveness. But Elliott also gives a self-critical examination of bioethics' increasing commercialisation and conformation to the pharmaceutical industry's values. Most of it is presented from a US perspective, which makes the book at times difficult to follow for non-American readers, especially those who do not know in detail how the American health care system works, or are not familiar with all the drug scandals to which the author refers.



Elliott makes interesting comparisons with how things were in the past and refers to, among others, his father, a private GP until the end of the 1990's, and his brother, who has worked as a psychiatrist since the 1980's. The change in drug company advertising in the last 20 years is striking. Concurrently the role of the physician has changed in the US from that of someone who is relatively independent to that of a cog in the health care machinery, which, when it comes to choices of investigations and therapies, is largely controlled by insurance companies.

One particular chapter is devoted to clinical trials and the legitimate requirement for ethical review before they are

launched. In the United States, such reviews are performed by so-called “institutional review boards (IRBs)”, which were originally independent, university-affiliated organisations, but are now often owned by commercial companies that compete with each other for business by, for example, setting the bar low and completing reviews as quickly as possible. An applicant whose proposed trial is rejected by one IRB may, without restriction, continue to the next one!

Many of Elliott's sources are people who have turned their back on the pharmaceutical industry and IRBs, as well as doctors who previously allowed themselves to be bought in order to put their names, as “key opinion leaders”, to company-penned scientific papers and review articles that highlight the companies' own products. The author emphasises scientific journals' big responsibility to tackle so-called “ghost writing” and the publication of company-sponsored supplements that are not subjected to proper scientific scrutiny. Possible “conflicts of interest” must always be acknowledged!

Overall, the book provides a frightening picture of developments in the US that may, thanks to the pharmaceutical industry's globalisation, quickly spread to other countries. Even if his account is biased, the author bases it on large amounts of data and a long reference list. This means that the book can be seen as a wake-up call also for Nordic physicians, medical editors and pharmaceutical industry researchers.

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