No such thing as a free lunch

Ben Goldacre's *Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients*, a decimating critique of the pharmaceutical industry and the system-level problems that support ineffective and unsafe prescribing, is the new Harry Potter.¹ Open it on the bus or tube and people will approach you to ask what chapter you're up to. Scandalous, they say. Scandalous, you agree. Those overhearing your conversation will peek at the title and scribble it discreetly on the back of their ticket. As I write this, Goldacre is narrowly behind JK Rowling on the climb up Amazon's top 20 chart.

Deservedly so. Described by *The Economist* as 'slightly technical, eminently readable, consistently shocking, occasionally hectoring, and unapologetically polemical',² *Bad Pharma* makes three fundamental points. First, that in order to present their products in a favourable light, drug companies run their studies on unrepresentative participants and conceal data on an industrial scale. Second, that the regulatory system intended to ensure transparent and robust control of drug production, marketing, and use is fatally flawed, and furthermore, reforms introduced in recent years have had little impact. Third, that you and I, through our acts and/or omissions, are complicit in perpetuating this corrupt and dangerous system. Cosying up to the industry — either overtly through hospitality and conference freebies or covertly through 'free' educational events — is a deep-rooted part of our professional culture.

It was ever thus. But as Goldacre points out, this cosying up has recently taken on a more corporate flavour. *Bad Pharma* may be the book on everyone's knees, but you could think of it as a sequel, and an impassioned counter-narrative, to a set of guidance produced by the Association of British Pharmaceutical Industry (ABPI) and endorsed by a host of medical and nursing Royal Colleges who ought to have known better, proposing closer collaboration between healthcare professionals and the pharmaceutical industry.³

Our own Royal College of General Practitioners has put its logo on a publication that includes statements such as:

'Do treat pharmaceutical industry staff as partners in health care. In working together, both sides can access a broader range of knowledge and expertise and ultimately ensure high quality patient care'

and:

*'Don't be tempted to accept the negative myths about cooperating with industry. Undertaken appropriately, working with industry will not harm objectivity of clinical decision making and should not be perceived negatively by peers.'*³

This 'guidance' appears to overlook an overwhelming evidence base that pharmaceutical sponsorship consistently distorts the objective assessment of clinical need and increases doctors' propensity to prescribe medication.⁴ As clinical commissioning groups sit poised to sign contracts for a veritable smorgasbord of industry-sponsored care pathways and chronic disease management support programmes, Goldacre's latest blockbuster should be prerequisite reading for their boards of governors.

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