Comment on "Our prescription drugs kill us in large numbers"

To the Editor I have read the article by Professor Gøtzsche in the latest issue of the *Polish Archives of Internal Medicine* (*Pol Arch Med Wewn*)[1] with mixed, but mostly negative feelings. Mixed, because the author makes several valid points, which are, however, lost among less valid facts mixed with opinions. Negative, because of the way those points are made with the use of unnecessarily dramatic language.

The author mentions in the introduction that he is not writing about "our great successes with treating infections, heart diseases, some cancers, and hormone deficiencies like type 1 diabetes",[1] but by labelling it as "our successes" and juxtaposing it to "their" widespread crime, lies, corruption (all phrases rarely used in academic journals) and impotent drug regulation makes the argument substantially one-sided. I believe that the reason for this extreme presentation is to make the point loud and clear, but as a reader and part of the journal's scientific advisory body, I would prefer a different way of conveying the message. And it could be done. Similar ideas were presented in a more constructive and, in my opinion, in the long run in a more effective way by, for example, Dr. Angell in her interesting book published in 2004.[2] Around the time of its publication, several copies of that book were distributed to people responsible for medication policy in Poland, and it possibly contributed to Poland's reimbursement policy. Another very recent example of presenting intricate links between pharmaceutical companies and health care expenses is an article by Dr. Greenhalgh.[3] The language including "Pfizer killed 'that' many people, and Merck 'that' many" is difficult to accept, especially, as the author mostly quotes his book, and possibly most assumptions in his calculations were as one-sided as the calculations made by industry would be, only in a different direction.

I have also found some of the author's advice to patients disturbing. Taken literally, avoiding new drugs for 7 years would kill plenty of HIV patients. Remembering that "very few patients benefit from the drug they take"[1] may easily increase high blood pressure-related morbidity and possibly mortality worldwide. Asking a doctor if he or she has shares in a company and changing doctor if the answer is "yes" would do wonders to continuity of care. To assume that "we cannot believe a word of what drug companies tell you"[1] is making the whole industry and its representatives collectively responsible for the vices of some—this is simply not only not true but also, I believe, not the right thing to say.

Summarizing, I regret the author was not asked to change the language of his article and to indicate more clearly the quality of evidence underlying some of his statements and recommendations. However, given the growing relevance of the issues related to the subject of the article I comment on, I appreciate the reasons for providing the opportunity to Professor Gøtzsche to share his opinions without much editorial interference. I believe that the *Pol Arch Med Wewn* could be a platform for further discussions on relevant topics that generate much controversy among all the practising doctors and patients in Western countries. I hope that other comments on the article by Professor Gøtzsche will be submitted and published in future issues.

Post-scriptum I have spent some time searching the Cochrane database for depression and had difficult time finding useful information. The closest (admittedly, far from perfect) review suggests that 1 in 7 patients in primary care benefits from treatment (as many depressive symptoms resolve over time).[4] The analysis of this study underlines many points Professor Gøtzsche is making, including a small number of patients, short duration of treatment, and spontaneous resolution of symptoms. We should strive to teach each other how to interpret such information without unnecessarily strong language as different interpretation of the issues is clearly possible including the most recent debate about serotonin-specific reuptake inhibitors and suicide.[5,6]

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Author's reply Roman Jaeschke[1] doesn't like my style and language. Given that our prescription drugs are the third leading cause of death and that the organised crime in the drug industry to a substantial extent contributes to this, I believe we should call a spade a spade. I wish to wake people up to the fact that our current system is corrupt and I am grateful that the editors allowed me to say what I wanted to say, in my own voice. Isn't that what writing is about? Editors don't interfere with me when I write books, they just publish them.

I am not alone in using blunt language. Jaeschke[1] cites Marcia Angell, previous editor-in-chief of the *New England Journal of Medicine*, who he feels presented her ideas in a more constructive way than I do. I doubt that. Angell is similarly direct as I am and writes in her book: "I find it hard to imagine that a system this corrupt can be a good thing, or that it is worth the vast amounts of money spent on it."[2]

Another previous editor-in-chief of the *New England Journal of Medicine*, Jerome Kassirer, is equally blunt. In his book, he describes that he heard repeatedly from his colleagues that doctors who tour the country for drug companies, changing their talks repeatedly to hawk the products of the company sponsoring their talk, are called marketing whores.[3] I have met with both Marcia Angell and Jerome Kassirer, and they respect my work, just like other prominent editors do, which is why Richard Smith, previous editor-in-chief of the *British Medical Journal*, and Drummond Rennie, deputy editor of the *Journal of American Medical Association*, accepted to write the forewords in my book without hesitation, and why my book was well received by a *Lancet* editor.[4]

Jaeschke[1] opines that I included less valid facts mixed with opinions in my paper. I did not. What I write in my paper is correct, and it is based on my book, which has over 900 references. I could not, of course, give as many references in my paper as I would have wanted, so I refer to my book, which Jaeschke[1] obviously hasn't read.

Jaeschke[1] doubts that my style is effective, but he is wrong. People listen, even in circles that are conservative and industry-friendly. As an example, my book won the first prize in the "Basis of Medicine" category of the 2014 British Medical Association's annual book awards and it will appear in at least 12 languages, including Polish (see www.deadlymedicines.dk). Furthermore, I have been contacted by 34 TV crews from 7 countries because of my book, and I appeared on The Daily Show in New York on September 16, 2014. I also received an award from the International Society of Ethical Psychology and Psychiatry for my "intellectual honesty and bravery in tackling the biomedical–industrial complex," and I get invited to lecture all over the world at the finest universities because of my book.

Jaeschke[1] doesn't like that I say that Pfizer and Merck killed many people with celecoxib and rofecoxib, but why not? That's what they did, and based on a meta-analysis, I have estimated that we are talking about 120 000 and 75 000 people, respectively, many of whom didn't need to be treated with nonsteroidal anti-inflammatory drugs, which is an unbelievable tragedy. Jaeschke[1] assumes that the assumptions for my calculations were one-sided, which they weren't, and he should not have criticised my book without having read it.

Jaeschke[1] distorts my argument totally when he says that "Taken literally, avoiding new drugs for 7 years would kill plenty of HIV patients." What I said was: "Avoid taking new drugs the first 7 years they are on the market because, unless it is one of those very rare 'breakthrough' drugs that offers you a documented therapeutic advantage over older drugs, most drugs that are withdrawn for safety reasons get withdrawn within the first 7 years after marketing approval."[5]

Jaeschke[1] argues that if patients get off their drugs, mortality might increase, but this is also a distortion of my argument. I document that very few patients benefit from the drugs they take, while many are killed by them. Therefore, if we will no longer accept that our drugs are the third leading cause of death, we need to take many patients off their drugs and put far fewer patients on drugs in future. Drugs can only kill if patients are on them.

Jaeschke[1] seems to opine that continuity of care is more important than leaving a doctor who is on industry payroll. I vehemently disagree and document in my book that doctors on industry payroll are more irrational in their use of drugs than other doctors and harm both their patients and our national economies. To me, having shares in an industry that is similarly deadly as the tobacco industry, is inappropriate for doctors. They should be concerned about the welfare of their patients, which is the opposite concern of addressing the welfare of drug companies.

I stand by my warning that we cannot believe a word of what drug companies tell us. We are not seeing a lone bad apple here and there, it is the whole industry that is rotten, both in its research and marketing, and our profession is corrupt, which I document at length in my book.[5] We need a revolution in health care.

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