

The marketing conspiracy of Alan, Brian and Kevin

I DO not believe that there was a second gunman on that grassy knoll in Dallas in 1963; I do not believe that UFOs have been hidden by the US government; I do not believe in Father Christmas or the Easter Bunny. I do believe, however, that the medical professions are being misled by the pharmaceutical industry to the detriment of our patients.

'Do no harm' is our mantra, yet I have seen so much anxiety and distress caused by doctors. This is often caused by telling a patient that they have a 'risk factor' for a 'significant' disease or condition. We tell patients that we need to do further tests, then refer them to a specialist, then 'keep a close eye on them', and then restrict their lifestyles. We tell them that they will need to take lifelong medication, perhaps two or three different agents. Their children will be 'screened' for the condition. If they become impotent as a consequence of treatment then that is acceptable, for treatment is too important to stop.

Now I may seem paranoid, but consider this scenario. There is a measurable risk factor called 'Brian' for a common significant physical event called 'Alan'. Brian is associated with Alan but is not causal. A pharmaceutical company spots that there are huge numbers of people with high levels of Brian in the general population and so develop a drug treatment called 'Kevin'. Universities are given grants to investigate and doctors become Brian specialists. A randomised controlled trial is conducted, looking at a population already at high risk of Alan but also with high levels of Brian. This is designed in such a way as to demonstrate even very modest benefits from the drug Kevin. After five years, Kevin just hits a statistically significant benefit for preventing Alan. Data are published with a positive spin, with a relative risk reduction of 30% of developing Alan by the drug Kevin. Marketing starts in earnest, with a raising of Brian's profile. Donations are given to form Alan pressure groups. Articles appear in newspapers and magazines talking about the potential dangers of Brian and this is personalised with accounts from patients talking about having Alan. Celebrities are paid to help the campaign and TV doctors have information spots on Brian. MPs are lobbied and offered 'appropriate' all-expenses 'fact-finding' trips to pharmaceutical research facilities abroad. Now Kevin is launched and newspapers are full of this new treatment. Local specialists give talks on the dangers of Brian, special machines testing for high levels of Brian are donated to hospitals and courses are offered by universities on Brian. At international conferences, we realise that we are 'years behind' compared with the United States on treatments for Brian. The debate on 'screening' for Brian begins and health economic modelling suggests this may be cost effective. So a new chronic disease is born called Brian, and surgeries are full of concerned patients. Doctors feel under pressure to do something about Brian as emotional column writers of newspapers talk of a 'silent epidemic' and a 'time bomb' in the making. We refer, we investigate, and we treat. Lots and lots of people receive Kevin to treat high Brian levels.

Does this sound familiar? We have now made Brian into a medical condition himself, when in the past he was one of a number of risk factors for Alan. Consider, however, that the patients in the RCT are not typical of your own. Consider also that, when annualised, the numbers needed to treat in order to prevent Alan by treating Brian with Kevin, is over 300. Crudely put another way, a patient would need to take Kevin for 300 years to prevent Alan. Oh, and did I forget to tell you that Kevin costs £30 a which is month, £360 a year, which works out at £108 000 per year to prevent one Alan?

Poverty is the main predeterminant of ill health and most diseases are multifactorial in origin. Consider that the basic pension is £72.50 for a single pensioner, and £115.90 for a couple. Is this really the best use of our money, or is it just marketing and profit? Doctors repeatedly overestimate the benefit of treatment of risk factors. This establishes a cycle of anxiety that leads to treatment, investigations and follow-up. There are huge financial vested interests in making us sick.

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