

Watch the risk and side effects, when messing with global pharma and biotech companies...

One of the big risks in the Pharma and BioTech Sector:

Massive conflicts of interest!

And watch it: Medical journals have to be considered as biased!

How Corrupted Drug Companies Deceive and Manipulate Patients, Doctors, Share Holders, Investors, Insurances and the Public...who can you trust?

This is why it is so important to do your own research, investigation and due diligence, not just concerning the pharmaceutical and medical industry.

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Dr. Beatrice Golomb, Associate Professor of Medicine at University of California, San Diego, masterfully exposes the corruption that has metastasized like a tumor throughout the pharmaceutical and medical industries, in the video above.

If you have any doubt about drug companies being riddled with [conflicts of interest](#), those doubts will be shattered after seeing the evidence she presents. The corruption has become so prolific that it has literally debased medical science.

In the above linked Chicago Breaking News article, Dr. Paul Offit, an infectious disease specialist at the Children's Hospital of Philadelphia, is quoted as saying:

"Science is not a democracy where people's votes decide what is right. Look at the data, look at science and make a decision based on science that has been published."

What he is really advocating is for you to blindly believe in "facts" that may have been produced in the midst of MASSIVE conflicts of interest.



Before you assume the science in medical journals is credible, let's take a look at what is going on behind the scenes of editing and publishing in medical science.

Bias #1: Unwanted Results are Not Published

In order for scientific studies to happen, someone has to pay for them.

The top funder for any drug trial is the pharmaceutical company that makes it, since the manufacturer is most invested in "proving" how spectacular its drug is. Dr. Golomb uses the case of statins as an example, stating that all of the major statin studies have been funded exclusively by the drug industry.

The second-highest funder of drug studies is the [National Institute of Health \(NIH\)](#), which is not the group of neutral government experts you may have assumed them to be. In fact, NIH accepts a great deal of money from Big Pharma and is deeply enmeshed with the industry.

But drug companies *publish* only a fraction of the studies they fund -- the ones that *promote their drugs*.

If a [study does not have findings that are favourable](#) to its product, it is unlikely it will ever make it into a journal for publication.

In contrast, studies that have favourable findings almost always make the cut.

There are simply thousands of scientific studies out there that have never been seen by you or your physician because they have been screened out by editors and reviewers who are being paid to uphold an industry agenda.

Published studies overwhelmingly favour the funding company's drug. Whichever drug is manufactured by the study sponsor is the drug that comes out on top, 90 percent of the time!

Given this, how can medical journals be considered unbiased?



Bias #2: Bad Results are Submitted as Good

When a scientific study has findings that cast doubt on the efficacy of a drug, oftentimes the negative findings are morphed into positive ones.

For example, in 2008, FDA officials analysed a registry of 74 antidepressant trials, which included trials that were published and those that were not. The FDA's findings were then written up in an article in the *New England Journal of Medicine*¹.

This is what they found:

- 38 of the trials reported positive results, and 37 of the 38 were published.
- 36 trials had negative or questionable findings. Of the 36, 22 were not published at all, and 11 were published in a way that conveyed the results as though they were positive.

So, if you just went to the published literature, it would look like 94 percent of the studies were positive, when in reality only about 50 percent were positive ... equivalent to a coin toss.

For statins, the odds that the funding company's drug will come out on top are staggering¹:

- The odds that the funding company's statin drug will come out looking better than anyone else's statin *in the "results" section of the article* are 20:1.
- The odds that the funding company's statin will come out on top *in the "conclusions" part of the article* are 35:1.
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So, even if they can't make the results look good, they can often find a way to twist the conclusions so that their drug appears favourable.

Selectively omitting negative trial results can be devastating to your health, as Merck & Co. proved when [they concealed the fact that three patients suffered heart attacks from Vioxx](#) during clinical trials. They conveniently omitted this data (along with other relevant findings) from the copy of the study they submitted to the *New England Journal of Medicine* for publication.

The omissions were uncovered years later during the 7,000 Vioxx lawsuit litigations.



Bias #3: A Favorable Study is Submitted Multiple Times

When a study yields positive results, it is often [submitted multiple times](#) in a way that the reader doesn't realize it's the same study, obscured by different author lists and different details. Analyzers have had to look very carefully to determine which studies are actually duplicates because they are so cleverly disguised.

Not surprisingly, trials reporting greater treatment efficacy were significantly more likely to be duplicated, according to Dr. Golomb's reporting.

In one analysis of the published reports about ondansetron (an anti-nausea drug), the same study was published 5 times. This duplication of data led to a 23 percent overestimation of ondansetron's effectiveness when a meta-analysis was performed.² Talk about good mileage!

Bias #4: Follow-Up Reviews Done by Biased Experts

The editorials that follow from a study, submitted by so-called unbiased experts and then published in reputable journals, are often done by non-neutral parties who have a financial tie to the drug maker.

Dr. Golomb uses the case of calcium channel blockers (a type of heart medication) as an example. The connection between authors declaring their support for calcium channel blockers and those not in support of them was highly statistically tied to their affiliation with the drug manufacturer -- in fact, the odds that their opinion was NOT due to their affiliation was more than 1,000:1.

Bias #5: Ghostwriting

Many of the articles that appear in medical journals purportedly written by well-known academics are actually written by unacknowledged ghostwriters on Big Pharma payroll.

Consider the example of Parke-Davis and their drug Neurontin.

Parke-Davis contracted with a "medical education communication company," or MECC, which is a company paid almost exclusively by pharmaceutical companies to write articles, reviews, and letters to editors of medical journals to cast their products in a favorable light.



In this case, MECC was paid \$13,000 to \$18,000 per article. In turn, MECC paid \$1,000 each to friendly physicians and pharmacists to sign off as authors of the articles, *making the material appear independent*.

This was also done by [Pfizer as a strategy for marketing Zoloft](#). A document was written that included 81 different articles promoting Zoloft's usefulness for everything from panic disorder to pedophilia.

The only problem was, for some articles, the name of the author was listed as "to be determined," even though the article was listed as already completed. They weren't helping out an existing team of scientists who happened to be talentless at writing -- Pfizer wrote the article, and then shopped around for scientists willing to claim authorship, to give it a veneer of credibility.

[Wyeth-Ayerst employed a similar ghostwriting tactic to promote its "fen-phen" diet drug, Redux.](#)

Bias #6: Journal Bias

Medical journals are generally considered by medical practitioners to be a source of reliable information. But medical journals are also businesses.

Three editors, who agreed to discuss finances only if they remained anonymous, said a few journals that previously measured annual profits in the tens of thousands of dollars now make millions annually.

The truth is that Big Pharma has become quite adept at manipulating and brainwashing practitioners of conventional medicine. They influence the very heart and center of the most respected medical journals, creating dogma and beliefs that support the drug paradigm because it is blessed by the pinnacle of scientific integrity: the prestigious peer-reviewed medical journal.

Peer-reviewed medical journals contain advertisements that are almost exclusively for drugs, amidst articles that are *biased toward promoting those drugs*. If you have looked through a medical journal lately, you'll see full-page Pharma glossies, cover to cover.

[Pharmaceutical companies spend almost twice as much on marketing as they spend on research!](#)

In 2003, drug companies spent \$448 million dollars on advertising in medical journals². It has been calculated that the return on investment on medical journal ads is between \$2.22 and \$6.86 for every dollar spent, with larger and older brands at the higher end.



Long-term returns may be even higher when you consider that one ad viewed by a physician could result in hundreds or even thousands of drug purchases, based on the prescriptions he or she writes.

The term "peer-review" has come to imply scientific credibility. But the fact is that many of the peer-reviewers are on the drug company's payroll, and those who are not are [unlikely to detect flawed research](#) or outright fraud.

Medical journals are the number one source of medical information for physicians. In fact, nearly 80 percent of physicians use medical journals for their education, which exceeds information from any other source³.

Do you really want to blindly take the advise of a physician whose only source of medical information is a medical journal engaged in such profound conflicts of interest?

Advertisements for drugs focus the "latest and greatest" drugs to hit the market, drugs which may not be superior to existing, less expensive alternatives. So physicians are seduced into prescribing the newest, most expensive drugs, which drives up your healthcare costs.

An excellent article in *PLoS Medicine* regarding drug advertising in medical journals concludes⁴:

"The scholarly nature of journals confers credibility on both articles and advertisements within their pages. By exclusively featuring advertisements for drugs and devices, medical journals implicitly endorse corporate promotion of the most profitable products. Advertisements and other financial arrangements with pharmaceutical companies compromise the objectivity of journals.

The primary obligation of industry is to make money for its stockholders. The primary obligation of journals should be to physicians and their patients, who depend on the accuracy of information within these publications. Medical journals should not accept advertisements from pharmaceutical companies, medical device companies, or other industries 'relevant to medicine.'"

In 2004, Dr. Richard Horton, editor of *the Lancet*, wrote, "Journals have devolved into information-laundering operations for the pharmaceutical industry."⁵



Bias #7: Drug Companies Masquerading as Educators

The education of medical students and residents also comes through the filter of the drug industry, which seeks to groom them before they even finish medical school.

According to Dr. Golomb's data, Big Pharma now spends \$18.5 billion per year promoting their drugs to physicians. That amounts to \$30,000 per year for every physician in the U. S.!

And drug companies are allowed to develop their own education curriculum for medical students and residents, [lavishing them with gifts](#), indirectly paying them to attend meetings and events where they promote the company's products.

Why is the Accrediting Commission for Continuing Medical Education (ACCME) so permissive with industry involvement?

Almost half of the members are representatives of Big Pharma or are consultants for businesses that work directly with it to prepare these educational programs. Only a few represent academic CME institutions.

Any discussion of physician "seduction" would be incomplete without the mentioning of the 100,000 drug reps, who are groomed and trained to wine and dine and otherwise shower physicians in sweetness until they are handing out prescriptions like candy.

Reps are even taught tactics for manipulating doctors for industry benefit, as a standard part of their training.⁶

Hell Has no Fury

What happens if a physician or other person speaks up about these conflicts of interest? What happens to the proverbial whistle-blower?

Intimidating phone calls and direct threats, for starters.

In one case, Dr. Buse, an endocrinologist who is the incoming president of the American Diabetes Association, presented data in 1999 about his concerns about the risks of [Avandia](#). Dr. Buse was intimidated with multiple phone calls by drug company officials. They suggested he could be financially liable to the company for \$4 billion in lost revenues due to his "unscrupulous remarks."

Other truth-tellers have had their reputations trashed or job offers rescinded for speaking the truths that Big Pharma works so hard to keep under wraps.



"Too Big to Nail"

An individual truth-teller might be vulnerable to the wrath of an angry drug company, but drug companies are unlikely to suffer much of a consequence for their crimes.

A [CNN report from April 2, 2010](#) reveals the truth about how shielded these huge drug companies really are.

Pfizer, the world's largest pharmaceutical company, engaged in illegally promoting their drug Bextra for off-label use, despite their knowledge that it was associated with an increased risk of stroke and heart attack.

Bextra was pulled from the market in 2005, but not before many people were damaged by its use. When Federal prosecutors realized that convicting Pfizer would likely be a corporate death sentence (as any company convicted of major health care fraud is excluded from Medicare and Medicaid), they cut Pfizer a deal. Just as the big banks on Wall Street were deemed "too big to fail," Pfizer was deemed "too big to nail."

Why?

Prosecutors claimed to be concerned about the loss of jobs by Pfizer employees and financial losses to Pfizer shareholders as a result of being excluded from the Medicaid/Medicare programs.

So the prosecutors charged a Pfizer subsidiary, Pharmacia & Upjohn Co., instead. In fact, this particular subsidiary company *was created specifically for this purpose*, as a sacrificial lamb, having been incorporated the very same day its lawyers filed a "guilty" plea in another case involving kick-backs, leaving Pfizer with the penalty equivalent of being sent to bed without supper.

In the end, all Pfizer lost was about three month's profit, but all contracts, including those with Medicaid and Medicare, were spared.

This is just one more example of your federal government failing to protect you, and opting to protect big business' interests instead.

The bottom line is, the drug companies aren't going to protect you.

The government won't protect you.

[The AMA won't protect you.](#)⁷

And it is unlikely that your physician can protect you either -- even a well-meaning one -- when he or she is operating within a system that has become RIGGED for Big Pharma profit.



Only you can protect yourself.

So, until real systemic change takes place, your best health strategy is quite simply to employ and maintain [a naturally healthy lifestyle](#) that will optimize your body's innate healing abilities and minimize your need for the drug companies' latest concoctions.

Other important links for more research and investigation:

<http://www.cochrane.de/welcome>

<http://www.thelancet.com/>

www.researchgate.net

<https://loop-developers.frontiersin.org/>

Stay healthy and do your due diligence!

Best regards,

Larry

