

- 14 Ministry of Defence. Historical survey of the Porton Down Service Volunteers Programme. Feb 21, 2002: <http://www.mod.uk/issues/portondownvolunteers/survey.htm> (accessed July 9, 2005).
- 15 Wellcome Trust. Death of a serviceman: will a study of a 50-year old death help us safeguard medical ethics in these troubled times? http://www.wellcome.ac.uk/doc_WTX023670.html (accessed June 25, 2005).
- 16 Lee HA, Gabriel R, Bale AJ, Welch D. Clinical findings in 111 ex-Porton volunteers. *J R Army Med Corps* 2004; **150**: 14–19.
- 17 Medical Research Council. Porton Down update February 2004. London: MRC, 2004.
- 18 Page WF. Long-term health effects of exposures to sarin and other anticholinesterase chemical warfare agents. *Mil Med* 2003; **168**: 239–45.
- 19 Institute of Medicine. Gulf war and health: updated literature review of sarin. Washington, DC: Institute of Medicine, 2004.
- 20 Li Q, Hirata Y, Kawada T, Minami M. Elevated frequency of sister chromatid exchanges of lymphocytes in sarin-exposed victims of the Tokyo disaster 3 years after the event. *Toxicology* 2004; **201**: 209–10.
- 21 Abou-Donia MB. Organophosphorus ester-induced chronic neurotoxicity. *Arch Envir Health* 2003; **58**: 484–97.
- 22 Ohbu S, Yamashina A, Takasu N, et al. Sarin poisoning on Tokyo subway. *South Med J* 1997; **90**: 687–93.
- 23 Ohtani T, Iwanami A, Kasai K, et al. Post-traumatic stress disorder symptoms in victims of Tokyo subway attack: a 5-year follow-up study. *Psychiatry Clin Neurosci* 2004; **58**: 624–29.
- 24 Tochigi M, Otani T, Yamasue H, et al. Support for the relationship between serum cholinesterase and post-traumatic stress disorder; 5-year follow-ups of victims of the Tokyo subway sarin poisoning. *Neurosci Res* 2005; **52**: 129–31.
- 25 Ministry of Defence. Review of modelling of the demolitions at Khamisiyah in March 1991 and implications for UK personnel. Jan 27, 2005: <http://www.mod.uk/issues/gulfwar/info/khamisiyah2005/conclusions.htm> (accessed June 25, 2005).
- 26 Smith TC, Gray GC, Weir JC, Heller JM, Ryan MA. Gulf War veterans and Iraqi nerve agents at Khamisiyah: postwar hospitalization data revisited. *Am J Epidemiol* 2003; **158**: 457–67.

Big pharma and the UK Government

In March, 2005, the UK House of Commons Health Select Committee reported on the influence of the pharmaceutical industry.¹ The committee began its inquiry in June, 2004, took evidence from 50 witnesses during nine public sessions, made four site visits (including trips to Brussels and Australia), and received nearly 160 written submissions. Its overall findings were clear: the influence of the pharmaceutical industry is enormous and out of control. The committee learned that while the industry's influence was traditionally targeted at health professionals, today, big pharma's tentacles penetrate much more widely, reaching patients, health departments, regulators, managers, researchers, and medical charities, and then on to academics, the media, carers, school children, and politicians. Other parallel issues also arose. Could patients be disadvantaged by the fact that the large multinationals design, sponsor, orchestrate, and control the publication of all the key drug trials; produce, market, and promote the medicines we take; and virtually determine how medicines are prescribed? Big pharma works hard and spends vast amounts to gain influence, and a key question facing the committee was whether such a pervasive influence could be in the interest of public health? Moreover, if the influence of big pharma is so ubiquitous, and assuming that its aims are achieved by legal means, can anything be done to curb its effects?

Most of the committee's 48 recommendations were directed at the UK Department of Health. Other recommendations reflected wider concerns and addressed, for instance, the Department of Trade and Industry, universities, patients' and professional groups, and, of course, big pharma itself.

The Government published their response in September.² In many areas, the Government intends to make changes and these are to be welcomed. But the response reveals how aspects of Government remain aloof and out of touch. The committee's most telling recommendation was the call for a public inquiry into the workings of the Medicines and Healthcare Products Regulatory Agency—



Members of Parliament had been persuaded that the Agency was not competent to undertake its duties as a guardian of public health. Government declined a public inquiry. Instead it opted for a regular—perhaps 4-yearly—review, which would be “informed by expert knowledge”² and would examine whether the Agency was meeting the “needs of patients and the expectations of society”.² This is an interesting solution and if the process is transparent (an aspiration asserted repeatedly in the Government’s response), the reviewers independent (a problem in the past), and the findings published (a big question), it would be an acceptable compromise.

The Government also responded positively to several other recommendations and so the Department of Health and the Medicines and Healthcare Products Regulatory Agency will now: pre-vet promotional material for all new products; work more closely with the industry’s Prescription Medicines Code of Practice Authority to improve the efficiency and effectiveness of promotion control; work on ways to curb explosive marketing at the time of launch; reduce allowances (rewards) through the Pharmaceutical Price Regulation Scheme when a company has breached advertising regulations or misled the Agency about research findings; review how the Pharmaceutical Price Regulation Scheme rewards innovation; undertake random checks of the data supplied in licensing applications; strengthen its pharmacovigilance arrangements; and publish an account of the circumstances and lessons learned after withdrawals of UK licensed medicines. Time will tell to what extent these promises will be honoured.

Naturally, there were recommendations that the Government rejected and these give important insights into governmental thinking. The recommendation that the Government’s sponsorship arm for the UK drugs industry should be moved from the Department of Health to the Department of Trade and Industry was rejected. So, the same Department—indeed the same Minister—responsible for negotiating drug prices for the UK National Health Service remains also responsible for ensuring that the health-service spend on drugs is sufficient to keep UK industry profitable. It is also the department that spearheads policies designed to keep UK industry competitive internationally. This conflict of interest was an anathema to Members of Parliament, but Government

seems blind to the issue. However, it is this closeness to industry that shapes (and distorts) how our regulators think. In response to the recommendation that a drug should not be launched until full clinical trials data are put on a public register, the Government said this was not possible, because it would require a change in European Union regulations. In reality, the reason the recommendation was rejected was almost certainly because it would interfere with drug company sales—a change in European Union regulations would not be required, simply the introduction of the condition that the National Health Service would not buy drugs until the requirements for a trial data register had been fulfilled. A similar industry bias would account for the Government’s rejection of recommendations to more strictly control drug promotion to young health professionals, or to adopt a national drugs policy, and was also probably behind Government’s lukewarm response to the idea of strengthening the influence of local drugs and therapeutics committees. More importantly, industry bias would account for the lack of acknowledgment in the Government’s response to the committee of the inequity of the current situation.

Much good has come out of the Health Select Committee’s report. Not only has it brought the issue to the attention of the wider public, but it has also prompted some changes in Government practice and revealed some of its thinking. However, even if Government had adopted all of the recommendations, the excessive influence of industry will not be curbed unless and until all those involved with drug companies take a stand and question their own relations with them. Patients’ welfare will continue to be vulnerable while health policies and practice are dominated by the will of big pharma.

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- 1 House of Commons Health Committee. The influence of the pharmaceutical industry. Fourth report of session 2004–2005. March 22, 2005: <http://www.publications.parliament.uk/pa/cm200405/cmsselect/cmhealth/42/42.pdf> (accessed Nov 22, 2005).
- 2 Government response to the Health Committee’s report on the influence of the pharmaceutical industry. September, 2005: <http://www.dh.gov.uk/assetRoot/04/11/86/08/04118608.pdf> (accessed Nov 22, 2005).