

S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 30: The Medical Industrial Complex 1:

- * Medical-industrial complex= a large, growing network of private & public corporations in the business of providing medical care, products, supplies & products for profit (e.g. the pharmaceutical industry)

- * The drug industry is a major player in Canadian health care, & drugs are a major & growing component of health spending:
 - 1995: an average of 8 prescriptions per Canadian
 - 88% of Canadians have some coverage
 - most expenditures on prescription drugs
 - patent drugs make up less than 10% of drugs available but almost 46% of drug spending

- * Demographic patterns:
 - drugs frequently over-prescribed in Canada (e.g. antibiotics)
 - between 5-23% of hospital admissions drug related
 - inappropriate prescribing costs up to \$1 billion annually
 - the elderly & women particularly hard hit (the former due to bad reactions to often unnecessary drugs, women to over-prescription of sedatives & psychotropic drugs)
 - people over 65 comprise 12% of population but 40% of prescription drug use (avg=13 prescriptions/year)
 - danger increases of adverse drug interactions/ very costly
 - multiple drug use associated with stress/ lack of social support
 - all of this exacerbated by higher use of over the counter drugs
 - drug use by elderly likely to continue growing due to aging population, more doctors & more pharmacists
 - females consistently heavier prescription drug users than men
 - lower income groups spend more of income on prescription drugs

(not only more expensive in their area, but as a group, more likely to be prescribed mood-altering drugs)

- provincial drug programs for low-income people haven't helped that much as drug prices have increased at same time

* Physicians & prescribing:

- high correlation between visits to doctor & # of prescriptions (between 21-86% of patients visiting)
- between 6-10 prescriptions given for each hospital admission
- doctors with higher rates of writing prescriptions tend to be male, G.P.'s, isolated practitioners in rural areas, solo practitioners, & come from certain medical schools
- there exist large gaps in knowledge among doctors about the appropriate prescription of many drugs (most info comes from sales reps/commercial promotion in contrast to critical research)
- the rate of inappropriate prescribing ranges from 17-43% (e.g. unnecessary prescriptions, wrong dosages, etc.)
- inappropriate prescribing rooted in lack of knowledge & patterns of practice in relation to persistent commercial drug promotion
- promotion & advertizing have a major impact on prescribing
- the Compendium of Pharmaceuticals & Specialities (CPS) is also not comprehensive & has continued to promote drugs with problems. Many well-known risks & side effects ignored in over 60% of listed drugs
- education, client vs. colleague dependence, time per patient, mode of payment, exposure to drug reps, & the position of the CMA all impact patterns of prescribing

* Pharmacists:

- have considerable discretionary influence in making recommendations to doctors & consumers

- recommendations depend on cost, drug reps, ads, “gifts” from drug companies, & need to turn a profit (when private businesses)
- discount pricing of certain drugs to pharmacists also affect how prescription filled
- provincial government drug plans also have an effect (can be manipulated to increase profit)

* The pharmaceutical industry:

- began as a small group of domestic manufacturers, but now over 90% of Canadian industry made up of foreign subsidiaries
- one of the most profitable manufacturing industries in Canada
- increasingly fueled by growing prescriptions/public health plans
- strategies used to maintain profitability:

- (1) absence of a link between manufacturing cost & price
- (2) patent protection
- (3) competition/drug development focused on drugs with widespread potential for use
- (4) production of brand name rather than generic products
- (5) drug distribution (dumping) in less developed countries (often without safeguards, information or regulation)
- (6) advertizing & providing select information to both doctors & consumers (e.g. shown by taped interviews)

* Horror stories: DES & Thalidomide

* Is any of this surprising, considering the close relationships between the drug industry & the petrochemical industry (which produces pesticides)

* Government regulation inadequate:

- over half of drugs in Canada haven't passed modern safety/ effectiveness tests (worse in Third World)
- drug companies seem to have a monopoly on information available to doctors
- the responsibility for testing rests largely on the industry itself
- the government has been cutting back on its own testing facilities
- no matter how stringent regulations are, people will still use drugs inappropriately
- Canada's "branch plant economy"/ tests done abroad
- close ties between government agencies & the manufacturers

* The medical devices industry:

- profitable & growing industry
- many potential harmful effects
- shortage of regulation/staff to police
- no evidence required on harm/benefit except for those devices used within the body