



BOOKTIVISM: The Power of Words

Book•ti•vi•sm(noun). **1.** The mobilization of groups of concerned citizens produced by reading books offering powerful analyses of social or political issues. **2.** A call to action based on the sharing of knowledge through books. **3.** Books + activism = “booktivism.” **4.** A term first used at the SellingSickness, 2013: People Before Profits conference in Washington, DC, see www.sellingsickness.com.

Read. Discuss. Be thoughtful. Be committed.

The books included in **BOOKTIVISM** celebrate recent contributions to the broad topic of disease-mongering, especially as they examine the growing prevalence and consequences of overtreatment, overscreening, overmarketing, and overdiagnosis (see Lynn Payer's 1992 classic, *Disease-Mongers: How Doctors, Drug Companies, and Insurers Are Making You Feel Sick*, for an introduction to disease-mongering).

Although the challenge to disease-mongering is not unprecedented (the women's health movement of the 1970s was another key historical moment), these books represent an impressive groundswell of amazing, powerful, brilliant, and often deeply unsettling investigations by physicians, health scientists, policy-makers, journalists, and others committed to creating better health and a better healthcare system for all. As Americans face an uncertain future vis à vis healthcare and healthcare reform, we are at a pivotal moment - maybe even a historic tipping point – when a groundswell can become a movement and a movement can produce social change.

It is our hope that by promoting these wonderful books they can serve as springboards to social change on these important and very timely issues.

Our goal with **BOOKTIVISM** is to get books into people's hands and into book clubs in innovative ways so that the issues and arguments made so powerfully by their authors can reach a wider audience. After all, KNOWLEDGE IS POWER. As noted anthropologist and public intellectual Margaret Mead once said, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."

In the following pages you will find Reading Guides to help you form **BOOKTIVISM** READING GROUPS around the topic of disease-mongering. These guides are meant to direct you to the topics you are most interested in and to provide frameworks for discussion and debate. They also direct you to further reading and additional resources.

Maybe you will change the world.

How To Ignite BOOKTIVISM

For the nuts and bolts of forming book clubs, there are numerous online resources. E.g.,

<http://www.bookclubs.ca/resources/>
<http://www.litlovers.com/start-a-book-club>

Here are some more suggestions to get you started:

- 1) Set up a reading group on disease-mongering among interested friends and colleagues. If you do not already have a group of interested readers, post a notice in your workplace, library, community center, apartment building, etc. Once you have a group, decide where to meet. Book clubs can meet anywhere – at homes, in dorms, in pubs, in coffeehouses, at libraries, even online! Decide on timing and format. Will you meet monthly/bimonthly? You'll need time to prepare for the sessions, but not so much time that you lose touch. Circulate the reading guide. It is usually best if one person leads each discussion, to have some questions at the ready and get things rolling.

OR, maybe you'd like to

- 2) Set up a lecture/discussion group. In this format, only one person is required to read the book. The "lecturer" prepares a handout, gives a summary of the book, and everyone discusses. Maybe there is someone you know or know of who would be a great invited guest for the particular topic. Members can take turns being lecturers.

OR, maybe you'd like to

- 3) Integrate disease-mongering books into an ongoing book club. Pick the books from our reading guide that seem most accessible, or comprehensive, or best-selling, or short – whatever works for your club.

And remember...Always end the meeting with some action steps.

What will we do now? What enrages us, frustrates us, shocks us, surprises us, inspires us, motivates us?

Some of the books will outline specific action steps for their issue. What can your group do?

- Write to your congressperson
- Set up an online petition and circulate it on Facebook
- Write an editorial or op-ed piece
- Set up a disease-mongering blog/Facebook site/website
- Organize an event in your community – be creative!!! Show a film, have a guest speaker, throw a party!

THESE READING GUIDES WERE PREPARED BY THE BOOKTIVISM 2013 COMMITTEE:

Laura Eldridge, Sarah Molinoff, Ela Przybylo, Sara Rodrigues, Alexandra Rutherford, and Elise Schuster. Special thanks to Rachel Liebert for creating the term "Booktivism".

**With thanks to all of the authors for providing
the information about their books.**

Overdosed America: The Broken Promise of American Medicine

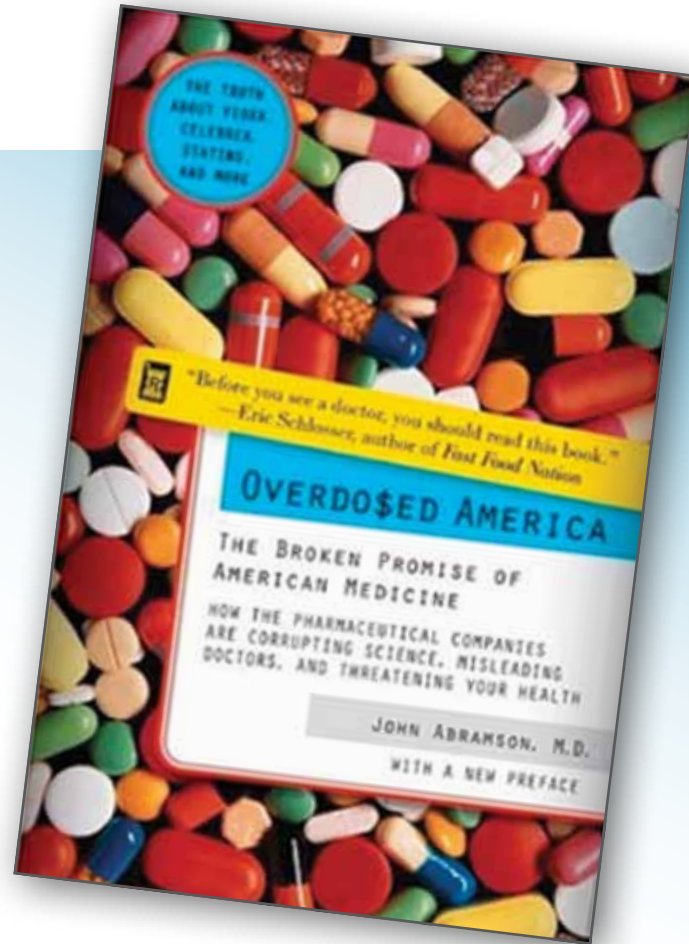
by John Abramson

YEAR: 2008

PUBLISHER: HarperCollins

COST: PB \$14.00

PAGES: 313 pages



SUMMARY: The American health care system is well designed to commandeer as much money as possible, but poorly designed to optimize Americans' health. Without greater awareness that the fundamental purpose of our healthcare "system" is to optimize the fiduciary interests of the healthcare industry, Americans will continue to pay about twice as much for their healthcare while their health will remain at the bottom of the industrialized world.

"It was becoming clear that American medicine was like a runaway train picking up speed, fueled by the commercially generated belief that ever-increasing medical spending is necessary to achieve good health. It was also becoming clear that the train's breaks were failing. It seemed to me that, despite a few clear and brave voices, there was no effective counterbalance to the influence of commercially sponsored research."

DISCUSSION QUESTIONS:

1. How does the health of Americans compare to the health of the citizens of other wealthy industrialized countries, and how do per person medical expenditures for Americans compare to expenditures for citizens of those other countries?
2. What can healthcare providers do to gain access to the scientific evidence – the primary data for which is usually withheld as proprietary information by commercial research sponsors – needed to make optimal medical decisions?
3. Given that most medical research is funded by commercial interests, how can the medical knowledge available to healthcare professionals and the public be epidemiologically rebalanced?

ADDITIONAL RESOURCES: Website for the book: <http://www.overdosedamerica.com/>
John Abramson on YouTube: http://www.youtube.com/watch?v=_o8CIDuxCC0

FURTHER READING: Overdiagnosed: Making People Sick in The Pursuit of Health (H. Gilbert Welch).

AUTHOR BIO: John Abramson, M.D., completed a residency in family medicine at Case Western Reserve University Hospitals. He served as a primary care physician in the National Health Service Core for two years in rural West Virginia and for 20 years as a family physician in Massachusetts. He served as chairman of the department of family practice at Lahey Clinic from 1994 to 2001 and has been on the clinical faculty at Harvard Medical School since 1997. He left practice in 2002 to write *Overdosed America*, and, besides teaching and writing, he serves as an expert in litigation involving the pharmaceutical industry.

The Truth About the Drug Companies

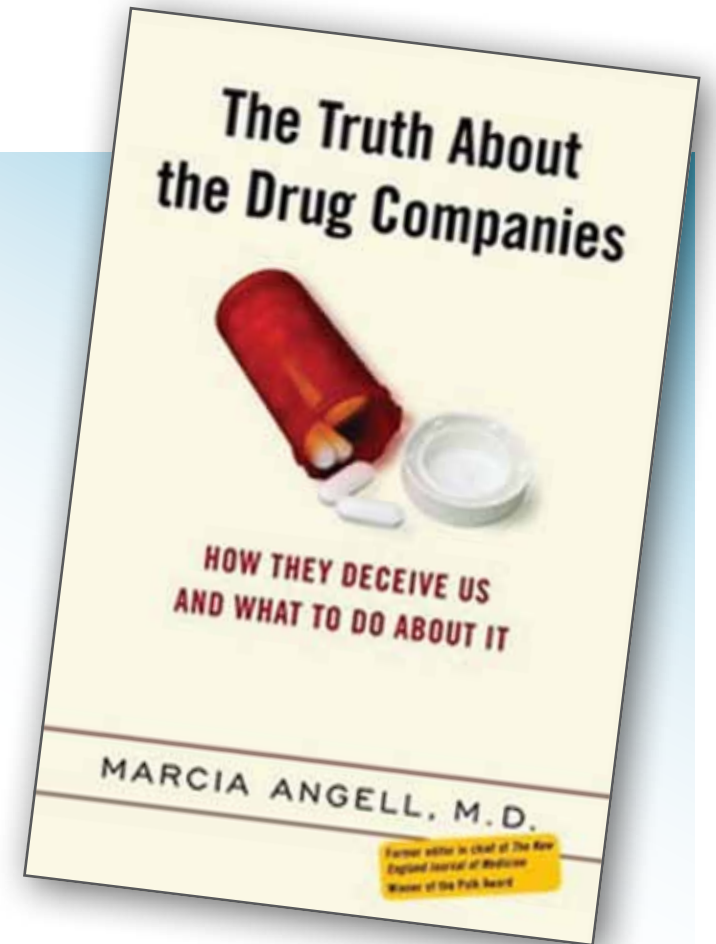
by Marcia Angell, M.D.

YEAR: 2005

PUBLISHER: Random House

COST: PB \$14.95

PAGES: 319 pages



SUMMARY: *The Truth About the Drug Companies* shows how drug companies sell diseases to fit their drugs, rather than the reverse. It shows how drug companies profit by turning out "me-too" drugs instead of innovative ones, and by manipulating patent laws. Also, it reveals how drug companies influence Congress, the FDA, and the medical profession.

"Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the U.S. Congress, the Food and Drug Administration, academic medical centers, and the medical profession itself."

"Every now and then, drug companies bring an innovative drug to market, but mainly they turn out a seemingly inexhaustible supply of leftovers – "me-too" drugs that are versions of drugs in the distant past."

DISCUSSION QUESTIONS:

1. Do drug companies need to charge high prices to cover their research costs?
2. How much do drug companies spend on marketing compared with research?
3. How many drugs approved by the FDA are innovative and how many are copies of existing drugs?
4. Do financial conflicts of interest influence the use of prescription drugs?

ADDITIONAL RESOURCES: Marcia Angell on YouTube: <http://www.youtube.com/watch?v=ouF3ISihHLM>

FURTHER READING: *Powerful Medicines* (Jerry Avorn), *On the Take* (Jerome P. Kassirer).

AUTHOR BIO: Marcia Angell, M.D., was an editor of the New England Journal of Medicine for 21 years, and stepped down as editor-in-chief in 2000. She is now Senior Lecturer in Social Medicine at Harvard Medical School.

Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs

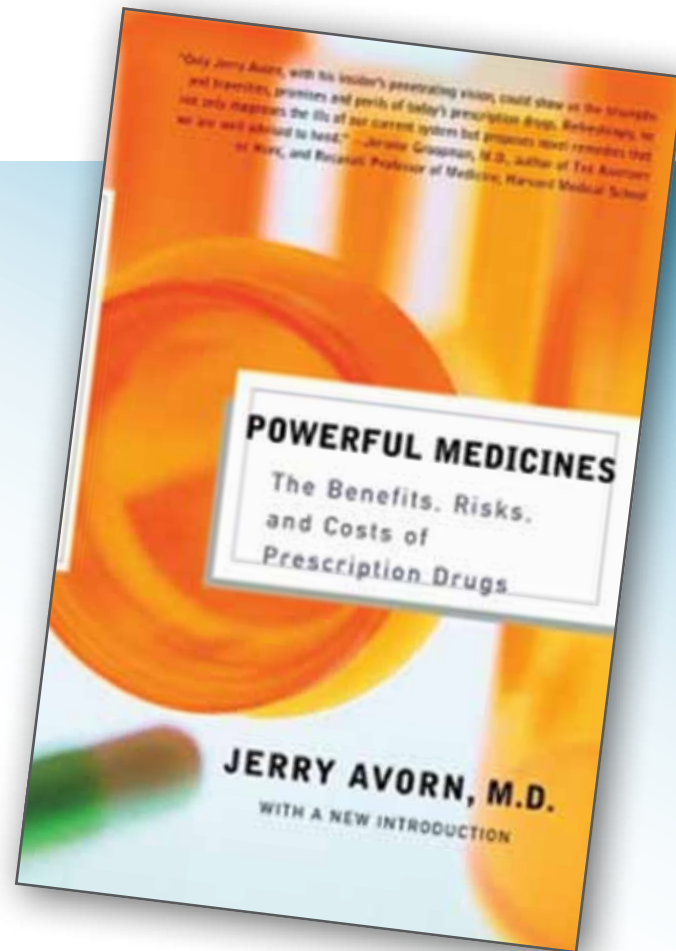
by Jerry Avorn, M.D.

YEAR: 2004

PUBLISHER: Alfred A. Knopf (HB) & Vintage (PB)

COST: PB \$15.00, HB \$22.00

PAGES: 480 pages



SUMMARY: Prescription drugs are a triple-edged sword of benefit, risk, and cost. These are not adequately assessed at present, and much problematic medication use results because we have mis-measured the good the drug does, its harms, and/or its cost-effectiveness. The problem is the result of poor performance by pharmaceutical companies, medical schools, and practitioners, resulting in much preventable harm and wasted health care resources. However, we can do a much better job on each of these fronts to enable our patients to derive the maximum benefit from what we prescribe, in the safest and most affordable way.

DISCUSSION QUESTIONS:

1. How can the way we train health professionals be changed in order to address the problems Avorn raises in the book?
2. What changes in national health policy could be put in place to accomplish these goals?
3. What improvements are needed in the way we pay for health care to meet the goals of better, safer, and more affordable medication use?
4. Which of these issues will the new Affordable Care Act address, and which will it leave untouched, as it fails to address so many other problems in the nation's health care system, to the ongoing chagrin of so many disappointed advocates of better care?

ADDITIONAL RESOURCES: www.PowerfulMedicines.org, www.RxFacts.org, www.DrugEpi.org, www.NaRCAD.org

FURTHER READING: *The Truth About the Drug Companies* (Marcia Angell), *Overdosed America* (John Abramson).

AUTHOR BIO: Dr. Jerry Avorn is a Professor of Medicine at Harvard Medical School and chief of the Division of Pharmacoepidemiology and Pharmacoeconomics at the Brigham and Women's Hospital in Boston. He has over 30 years of experience in general internal medicine, geriatrics, and drug research, and is one of the most highly cited authors in social science and medicine.

Side Effects: A Prosecutor, a Whistleblower and a Bestselling Antidepressant on Trial

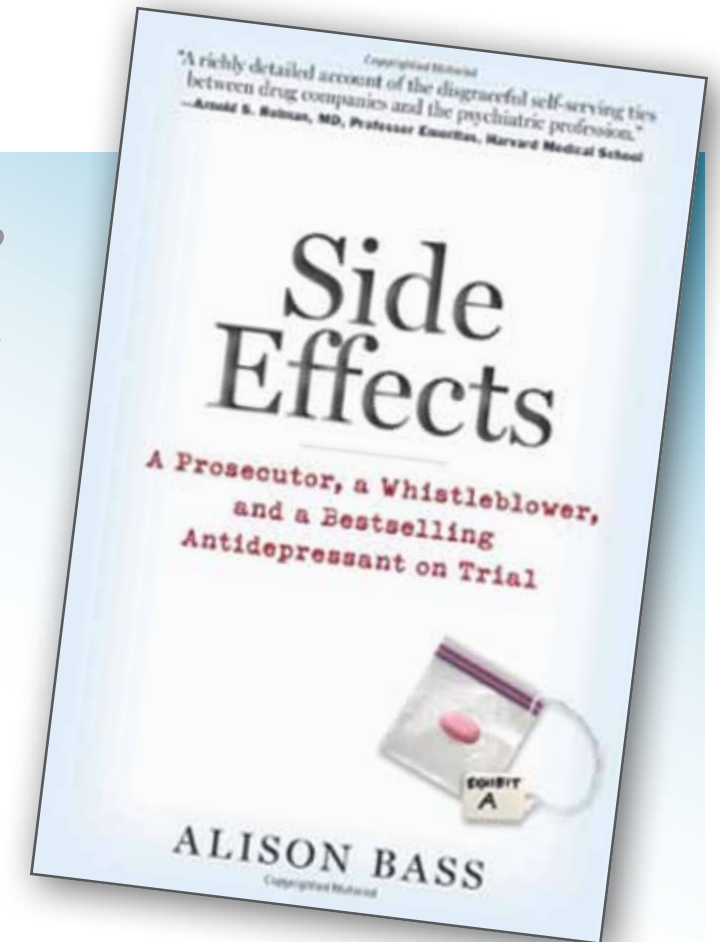
by Alison Bass

YEAR: 2008

PUBLISHER: Algonquin Books

COST: HB \$24.95

PAGES: 260 pages



SUMMARY: *Side Effects* tells the true story of a groundbreaking court case and the personal drama that surrounded the making and unmasking of a bestselling drug. It chronicles the lives of three people women - a prosecutor, a whistleblower and a Harvard professor - who exposed the pattern of deception in the research and marketing of antidepressants prescribed to millions of children and adults. The book captures the anything - goes decade of drug development, as drugs like Prozac, Paxil and Vioxx became blockbuster drugs and pharmaceutical companies went to sometimes shocking lengths to reap profits. In telling the dramatic saga of the New York AG's lawsuit against one drug company, this book lays bare the longstanding complicity between medical researchers and the pharmaceutical industry - a collusion that places vulnerable children and adults at risk every single day.

DISCUSSION QUESTIONS:

1. Side Effects shows how antidepressants such as Prozac, Zoloft, Paxil and Celexa became widely prescribed for children and adolescents even though there was little evidence that they worked in a pediatric population. How could that happen?
2. What motivated Donna Howard to blow the whistle on her boss at Brown, Chief of Psychiatry Martin Keller? How do you think she overcame fears of losing her job or being blacklisted from a career in mental health?
3. Despite the gains from this case and others, it seems like every day there is a front-page story about another drug that does not work as well as its manufacturer said or is a lot more dangerous than previously reported. What kind of reforms need to be put in place to more thoroughly protect the American public from ineffective or dangerous drugs?

ADDITIONAL RESOURCES: Author's website: www.alison-bass.com

FURTHER READING: *Civil Action* (Jonathan Haar), *The Immortal Life of Henrietta Lacks* (Rebecca Skloot).

AUTHOR BIO: Alison Bass is an Assistant Professor of Journalism at West Virginia University and author of *Side Effects*, which won the NASW Science in Society Award. A longtime medical and science writer for *The Boston Globe*, she has also written for *The Miami Herald*, *Psychology Today* and *Technology Review*, among other publications. A series she wrote for *The Boston Globe* on psychiatry was nominated for a Pulitzer Prize. She currently writes a regular blog on health issues at <http://alison-bass.com/blog/>.

Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer

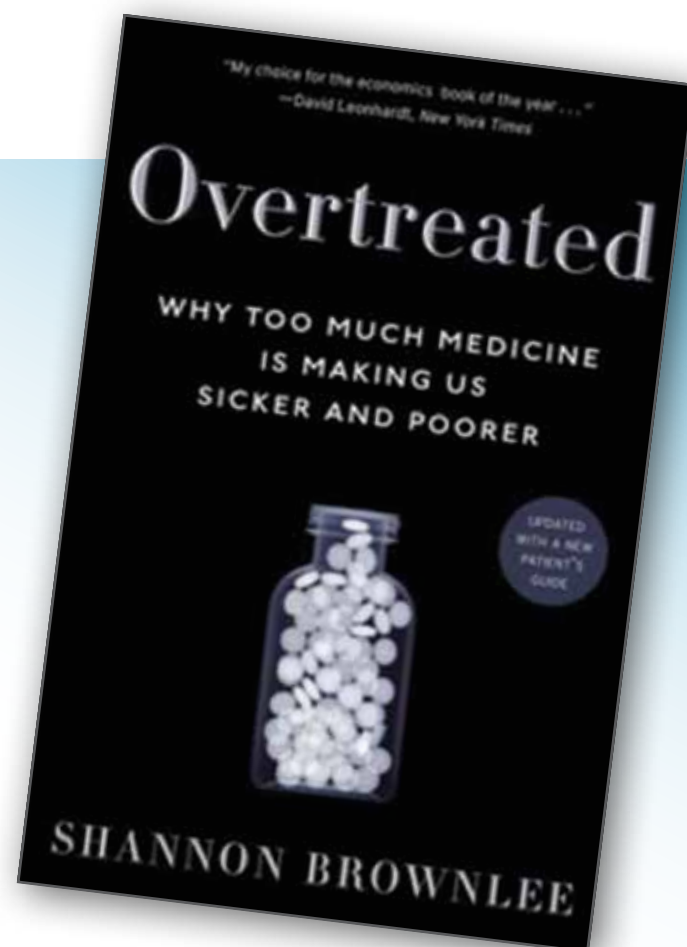
by Shannon Brownlee

YEAR: 2007

PUBLISHER: Bloomsbury Press

COST: PB \$11.00, HB \$22.00

PAGES: 368 pages



SUMMARY: *Overtreated* looks at the scope, causes and consequences of overdiagnosis and overtreatment in the U.S. According to New York Times economics correspondent David Leonhardt, *Overtreated* is “the best description I have yet read of a huge economic problem that we know how to solve — but is so often misunderstood.”

“The story of high-dose chemotherapy [for breast cancer] has come to symbolize everything that’s wrong with the way many new, unproved medical treatments are swiftly embraced by physicians and patients — often with only minimal evidence to suggest they actually work.”

DISCUSSION QUESTIONS:

1. How does patient demand influence overdiagnosis and overtreatment?
2. How can clinicians become better informed about medical evidence?
3. Does shared decision making have a role to play in reducing overdiagnosis and overtreatment?

ADDITIONAL RESOURCES: <http://overtreated.com>, <http://avoidablecare.org>

FURTHER READING: *Complications* (Atul Gawande), *Overdiagnosis* (H. Gilbert Welch), *Selling Sickness* (Ray Moynihan and Alan Cassels).

AUTHOR BIO: Shannon Brownlee, MS, serves as the acting director of the New America Foundation Health Policy Program, in Washington, DC, and an instructor at the Institute for Health Policy and Clinical Practice at Dartmouth Medical School. A nationally known writer and essayist, her work has appeared in *The Atlantic*, *BMJ*, *New York Times Sunday Magazine*, *The New Republic*, *Slate*, *Time*, *Washington Monthly*, *Washington Post*, and many other publications. Her book, *Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer*, published in 2007, was named the best economics book of the year by New York Times economics correspondent, David Leonhardt. She has served as a Woodrow Wilson Visiting Scholar and a visiting scholar at the National Institutes of Health, Department of Bioethics. She holds a master’s degree in Marine Science from the University of California, Santa Cruz, which named her alumna of the year in 2012 and one of the campus’ 45 most influential graduates on the 45th anniversary of its founding. Brownlee is married with one son. She lives in Washington, DC, and is currently working on a book profiling five subversive physicians who are changing the face of medicine.

Seeking Sickness: Medical Screening and the Misguided Hunt for Disease

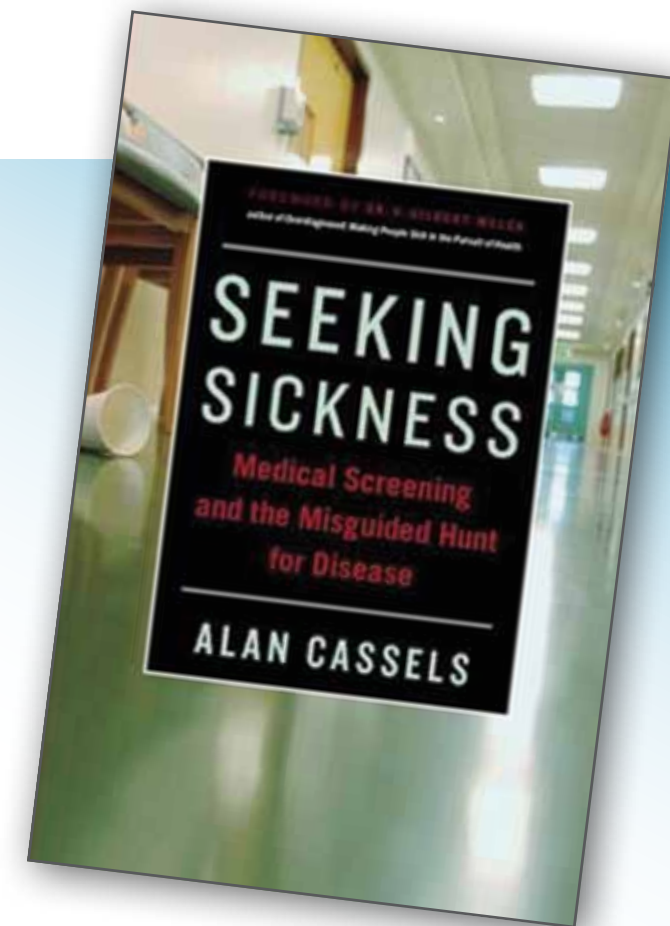
by Alan Cassels

YEAR: 2012

PUBLISHER: Greystone

COST: PB \$13.00

PAGES: 177 pages



SUMMARY: All screening programs can cause harm but some may also do good. This concept is widely misunderstood amidst the bombardments of ‘preventive’ health messages. Taking perfectly healthy, symptomless people, who are unaware of future potential illness and subjecting them to screening can cause harm. Screening tests help when they are able to find disease early enough, when that disease in a form that ‘doing something’ will be better than the alternative. But not many screening programs pass that test. Even mammography or PSA tests pose slight benefits, and lead to significant overdiagnosis amid odious and misleading marketing.

“The whole system of detecting medical abnormalities that will never go on to harm you is the ‘biggest problem posed by modern medicine.’”

DISCUSSION QUESTIONS:

1. What are the most well-researched and evidence-supported screening programs and which are the least?
2. What policy changes would change or at least mitigate the worst aspects of the inappropriate marketing of screening tests?
3. What kinds of techniques are used to sell the idea of ‘early detection’ and how can you protect yourself from being swayed by these techniques?
4. Screening promoters often use compelling human narratives to drive home their points: What kind of advice would you have for journalists reporting on screening? How can they get the ‘real’ story and not mislead their audience in their reports of screening tests?

ADDITIONAL RESOURCES: www.alancassels.com; <http://www.dmpibooks.com/book/seeking-sickness>

FURTHER READING: *Overdiagnosed: Making People Sick in the Pursuit of Health* (H. Gilbert Welch), *Disease Mongers* (Lynn Payer), *Selling Sickness* (Ray Moynihan and Alan Cassels).

AUTHOR BIO: Alan Cassels is a drug policy researcher at the University of Victoria. He is also the author of *The ABCs of Disease Mongering* (2007) and (with Ray Moynihan) of *Selling Sickness* (2005).

The Last Normal Child: Essays on the Intersection of Kids, Culture and Psychiatric Drugs

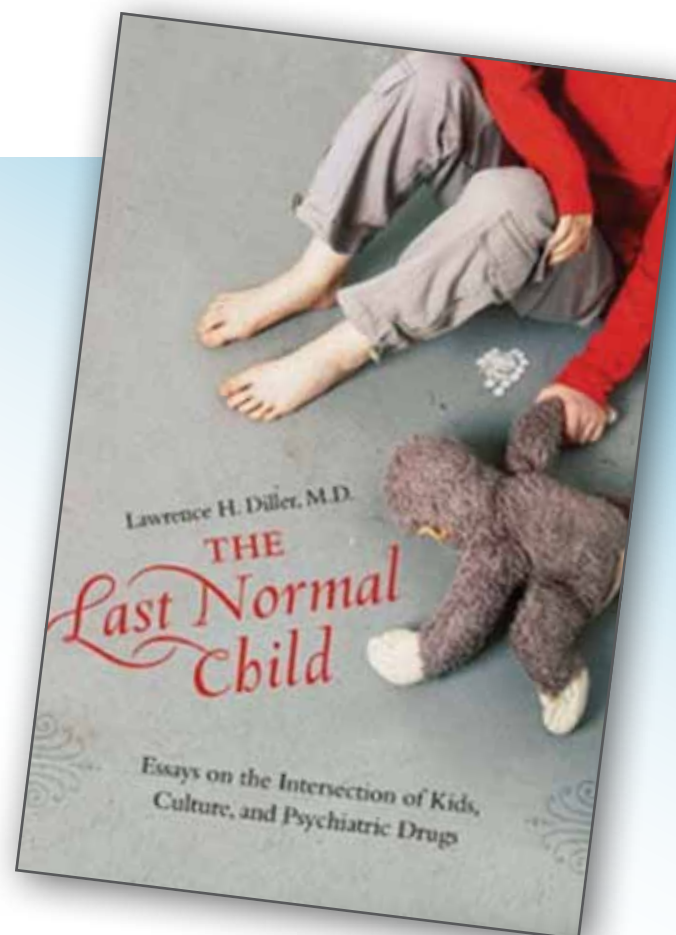
by Lawrence Diller, M.D.

YEAR: 2006

PUBLISHER: Praeger

COST: HB \$29.95

PAGES: 150 pages



SUMMARY: A collection of related essays on (1) The effect of concerns and anxieties about our children's feelings which ironically lead to an intolerance of minor differences in children, (2) Real-world stories and examples of the ambiguities of psychiatric diagnosis in children and the effects of universal performance-enhancing drugs like Ritalin or Adderall, (3) The out-sized influence of the pharmaceutical industry on medical research, professional and parent education and ultimately determination of who is normal or abnormal in our society.

"Because of our anxieties over our children's future, we have developed an intolerance for children's talents and temperamental diversity in America."

DISCUSSION QUESTIONS:

1. How do non-medical factors influence the diagnosis and treatment of psychiatric disorders in children?
2. Have recent current measures limiting and restricting drug company influence in academic research and education made any real difference in restoring doctors' credibility?
3. What is the role of power in the society in the identification of ADHD in children (boys vs. girls) and adults (women vs. men)?

ADDITIONAL RESOURCES: Author website: www.docdiller.com

FURTHER READING: *Listening to Prozac* (Peter Kramer), *Therapy Culture* (Frank Furedi).

AUTHOR BIO: Lawrence Diller, M.D., has practiced behavioral/developmental pediatrics in Walnut Creek, CA, for over 32 years. He has evaluated over three thousand children and their families. His first book, *Running on Ritalin* (1998), achieved international notice. His most recent book *Remembering Ritalin* (2011) is a thirteen-year follow up on ten of the children now ages 24-34, who were featured in his first book. Among his numerous public appearances, he offered testimony to a House subcommittee on Ritalin in 2000 and gave a presentation to the President's Council on Bioethics in 2002.

Medical Research for Hire: The Political Economy of Pharmaceutical Clinical Trials

by Jill A. Fisher

YEAR: 2009

PUBLISHER: Rutgers University Press

COST: PB \$25.00

PAGES: 279 pages



SUMMARY: The book is based on empirical research focusing on the outsourcing of clinical trials by the pharmaceutical industry to private practices and for-profit research companies. It shows how physicians' involvement in clinical research is largely based on financial motivation, so they often delegate most of the work to study coordinators. Patients participate in clinical trials because they do not have health insurance or adequate coverage, and pharmaceutical studies provide limited access to drugs and health care providers for the length of the trial.

"Within the political, economic, and cultural contexts of neoliberalism, the offering of pharmaceutical clinical trials is positioned as adding another option for health care consumers... Clinical research becomes the 'responsible choice' for individuals who do not otherwise have access to – but require – medical intervention."

DISCUSSION QUESTIONS:

1. Should physicians be allowed to recruit their own patients to clinical trials when they will profit financially? Why or why not?
2. Should patients without health insurance be allowed to participate in pharmaceutical clinical trials? Why or why not?
3. Should it trouble us that the pharmaceutical and clinical trials industries are using the informed consent process to teach patients their responsibilities to clinical trials? Why or why not?
4. What are the ethical obligations of pharmaceutical companies to the patients who help them test their products?

ADDITIONAL RESOURCES: Rutgers Publisher:

FURTHER READING: *The Body Hunters: Testing New Drugs on the World's Poorest Patients* (Sonia Shah), *The Immortal Life of Henrietta Lacks* (Rebecca Skloot).

AUTHOR BIO: Jill A. Fisher, Ph.D., is Assistant Professor of Social Medicine in the Center for Bioethics at the University of North Carolina at Chapel Hill. She is author of *Medical Research for Hire* and editor of *Gender and the Science of Difference* (2011). She is currently conducting research on early-phase clinical trials that recruit healthy volunteers as research participants.

The Push to Prescribe: Women and Canadian Drug Policy

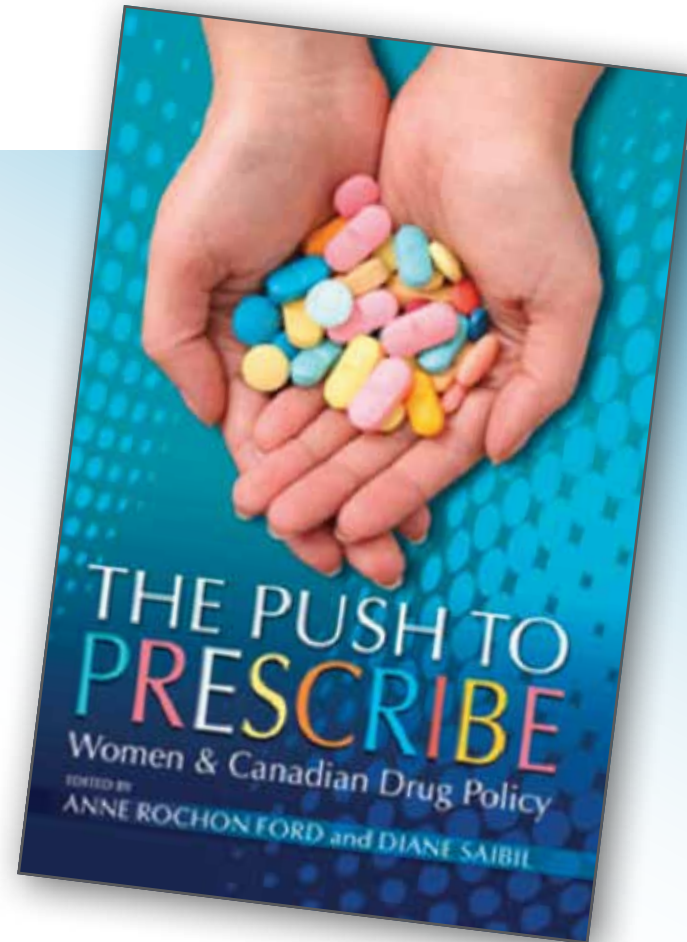
by Anne Ford & Diane Saibil, eds.

YEAR: 2010

PUBLISHER: Women's Press

COST: PB \$45.00

PAGES: 297 pages



SUMMARY: The book looks at the growing influence of the pharmaceutical industry on women's health, and how the Canadian government is not doing enough to stem that tide. Placed in the context of the women's health movement in Canada, the invited authors (from the working group, Women and Health Protection) look at examples that highlight the growing problem of over-prescribing to women. Attention is paid to the impact of direct-to-consumer advertising and how it frequently targets women, the impact of pharma on patients' groups, the slow creep of "disease creation" in women's health, the impact of drugs in the water, and a forward look on ways to resist these trends.

"Women...experience risks to health, moderated by the effects of the fault lines in society along which power is distributed and resources allocated to and among people in complex and entangled ways."

DISCUSSION QUESTIONS:

1. We know women's biology is different from men's; what other factors make it important to single out an analysis of drugs and women?
2. What would a sex- and gender-based analysis of drug regulation look like?
3. Discuss ways in which direct-to-consumer advertising is a women's health issue.
4. Why is off-label prescribing a particularly problematic issue when it comes to prescribing for women?

ADDITIONAL RESOURCES: Women & Health Protection: www.whp-apsf.ca Webinar: <http://bit.ly/Ub4ZOF>

FURTHER READING: *Our Bodies, Ourselves* (Boston Women's Health Collective), *Selling Sickness* (Ray Moynihan & Alan Cassels).

AUTHOR BIO: Anne Rochon Ford and Diane Saibil are co-editors of the publication. Anne is the Executive Director of the Canadian Women's Health Network and Diane is a freelance editor. Chapter authors are: Sharon Batt, Colleen Fuller, Abby Lippman, Barbara Mintzes, Ann Silversides. The book was significantly aided by fellow working group members, Ken Bassett, Madeline Boscoe, Joel Lexchin, and Laura Shea.

Medicare Meltdown: How Wall Street and Washington are Ruining Medicare and How to Fix it

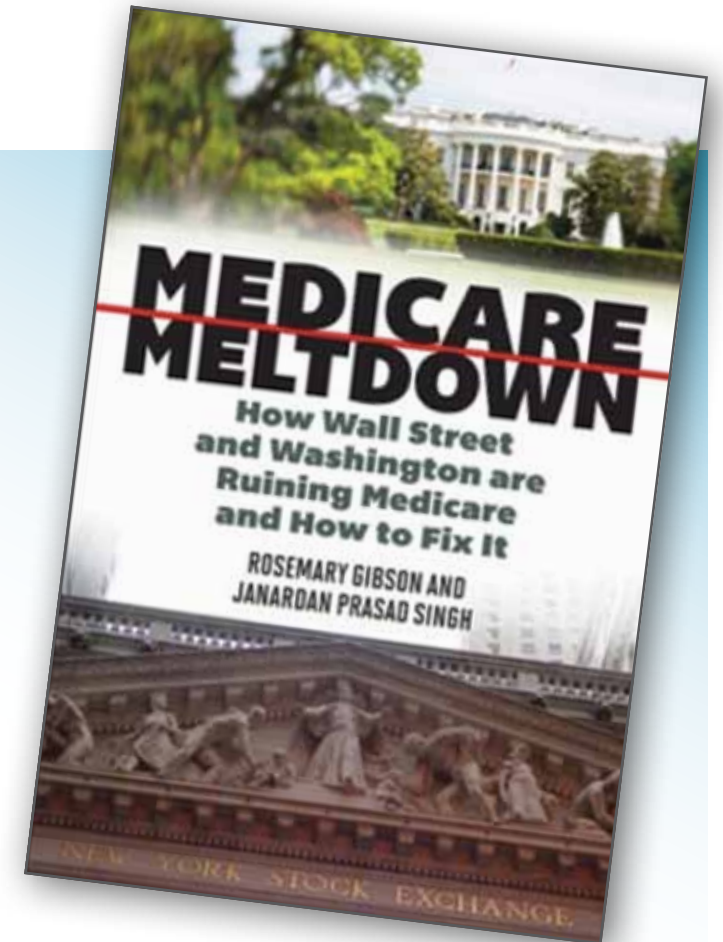
by Rosemary Gibson and
Janardan Prasad Singh

YEAR: 2013 (forthcoming)

PUBLISHER: Rowman & Littlefield

COST: HB \$24.95

PAGES: 215 pages



SUMMARY: This book traces how Medicare has become an entitlement for Fortune 100 companies and identifies the "7 habits of a highly entitled health care industry." It reveals why private equity firms are buying hospitals, hospices and nursing homes and what it means for Medicare's future – and the care you get. It provides a fix to Medicare's financial woes that Wall Street and Washington don't want the public to know.

"Medicare's future will be a tug of war. It won't be between guns and butter...it will be between the health care industry that is programmed to take more for itself, and the people that Medicare is meant to serve. This is the epic battle that will be waged for Medicare's future..."

DISCUSSION QUESTIONS:

1. What did you learn about Medicare when reading what the Medicare whistleblowers uncovered?
2. What do you think about private equity firms and hedge funds investing in hospitals and other health care facilities where people receive their care?
3. Do you think it is possible to restore a primary duty to the patient in American health care?
4. What did you think about the chapter, "They're Coming for your Social Security?"

ADDITIONAL RESOURCES: Website for the book: www.medicaremeltdown.org

AUTHOR BIO: Rosemary Gibson is the section editor of the *Less is More* series, JAMA Internal Medicine (formerly Archives of Internal Medicine). She has led national quality and safety initiatives at the Robert Wood Johnson Foundation for 16 years, including instituting palliative care in 1600 US hospitals. She is the author of *Wall of Silence*, which tells the human story of the IOM report, *To Err is Human*, and *The Treatment Trap*, on overtreatment. As a public member of the Accreditation Council for Graduate Medical Education committee she works to bring quality and patient safety to residency education. She is also a public member of the American Board of Medical Specialties public policy committee.

The Battle Over Health Care

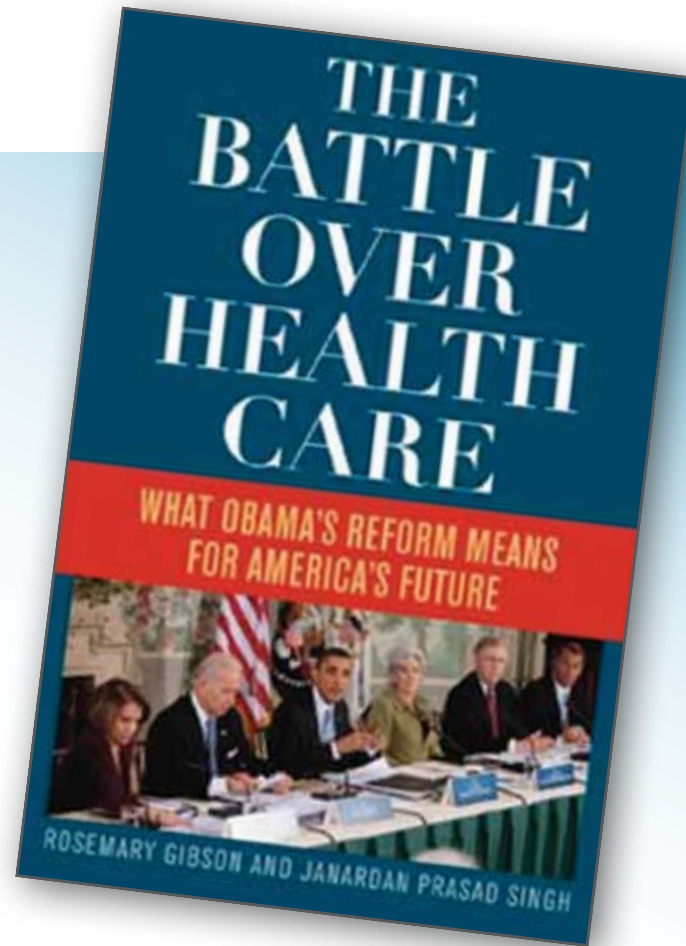
by Rosemary Gibson and Janardan Prasad Singh

YEAR: 2012

PUBLISHER: Rowman and Littlefield

COST: HB \$24.95

PAGES: 223 pages



SUMMARY: This book offers a non-partisan analysis of how the deals were struck with the health insurers, drug companies and hospitals – and how the interests of the health care industry took precedence over the public interest. It traces uncanny similarities between Wall Street’s banking and financial sector and the health care industry. It argues that health care has its own price bubbles, conflicts of interest, and too-big-to-fail syndrome.

“Will untamed health care spending be the spark that eventually triggers a government default and a bailout from the International Monetary Fund? We raise this question not as idle speculation but as a very real possibility.”

DISCUSSION QUESTIONS:

1. What surprised you about the health care reform deal-making with the health care industry that took place behind the scenes?
2. What did you think when you read that there is nothing in the reform law that stops the increase in health care costs?
3. After reading the book, imagine how you or someone you know will be affected by the health care reform law.

ADDITIONAL RESOURCES: Website for the book: www.battleoverhealthcare.org
Gibson in the Huffington Post: http://www.huffingtonpost.com/rosemary-gibson/post_2474_b_981591.html

FURTHER READING: *Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform* (Paul Starr).

AUTHOR BIO: Rosemary Gibson is the section editor of the *Less is More* series, JAMA Internal Medicine (formerly Archives of Internal Medicine). She has led national quality and safety initiatives at the Robert Wood Johnson Foundation for 16 years, including instituting palliative care in 1600 US hospitals. She is the author of *Wall of Silence*, which tells the human story of the IOM report, *To Err is Human*, and *The Treatment Trap*, on overtreatment. As a public member of the Accreditation Council for Graduate Medical Education committee she works to bring quality and patient safety to residency education. She is also a public member of the American Board of Medical Specialties public policy committee.

The Treatment Trap

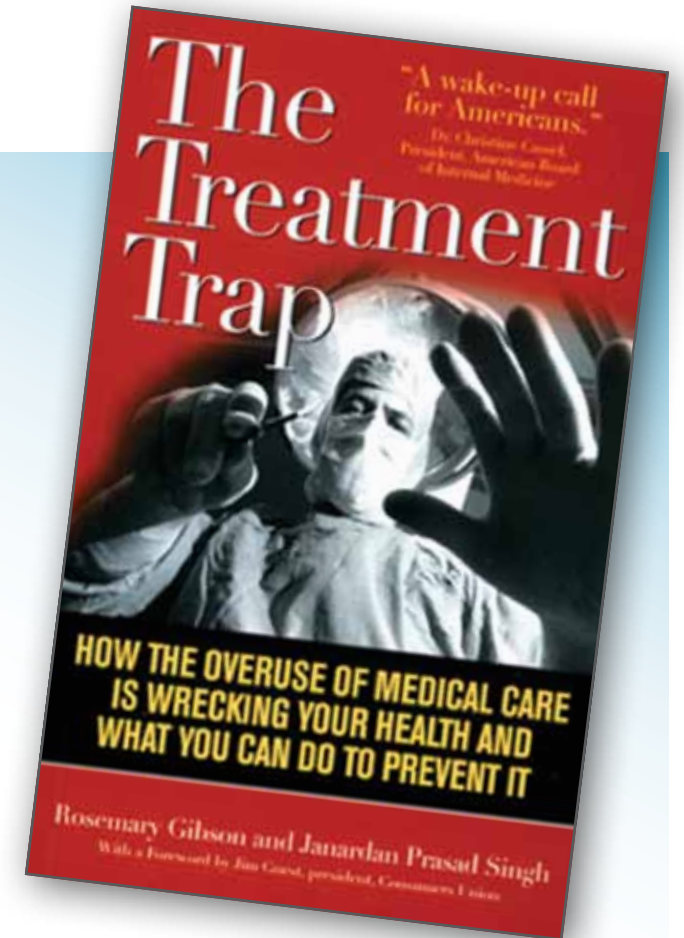
by Rosemary Gibson and Janardan Prasad Singh

YEAR: 2010

PUBLISHER: Ivan R. Dee

COST: PB \$15.95

PAGES: 218 pages



SUMMARY: The Treatment Trap tells the human story of overtreatment with evidence from science woven throughout the book. It presents 10 practical steps to reduce overtreatment, as well as 20 action steps that everyone who becomes a patient can use to identify overtreatment and how to avoid it.

“I recalled Miguel de Cervantes’ admonition, ‘He who loses wealth loses much; he who loses a friend loses more; but he that loses his courage loses all.’ This is a courageous book at a crucial time.” From the foreword written by Jim Guest, president of Consumers Union

“Health insurance used to be about giving patients access to providers. Now it’s about giving providers access to patients.”

“Our minds have been marinated to believe more is better...It disconnects us from the reality of what we allow others to do to our bodies...”

DISCUSSION QUESTIONS:

1. Have you or someone you know ever had medical care you or they thought was unnecessary?
2. Have you or someone you know ever declined a doctor’s treatment recommendation because you/they thought it was too intensive and invasive, and did you seek a medically appropriate alternative?
3. What are strategies you use to ensure to get the medical care you need, not the care you don’t?

ADDITIONAL RESOURCES: Website for the book: www.treatmenttrap.org
Talk by Rosemary Gibson on overtreatment: <http://www.c-spanvideo.org/program/294998-1>

FURTHER READING: *Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer* (Shannon Brownlee).

AUTHOR BIO: Rosemary Gibson is the section editor of the *Less is More* series, JAMA Internal Medicine (formerly Archives of Internal Medicine). She has led national quality and safety initiatives at the Robert Wood Johnson Foundation for 16 years, including instituting palliative care in 1600 US hospitals. She is the author of *Wall of Silence*, which tells the human story of the IOM report, *To Err is Human*, and *The Treatment Trap*, on overtreatment. As a public member of the Accreditation Council for Graduate Medical Education committee she works to bring quality and patient safety to residency education. She is also a public member of the American Board of Medical Specialties public policy committee.

Bad Pharma

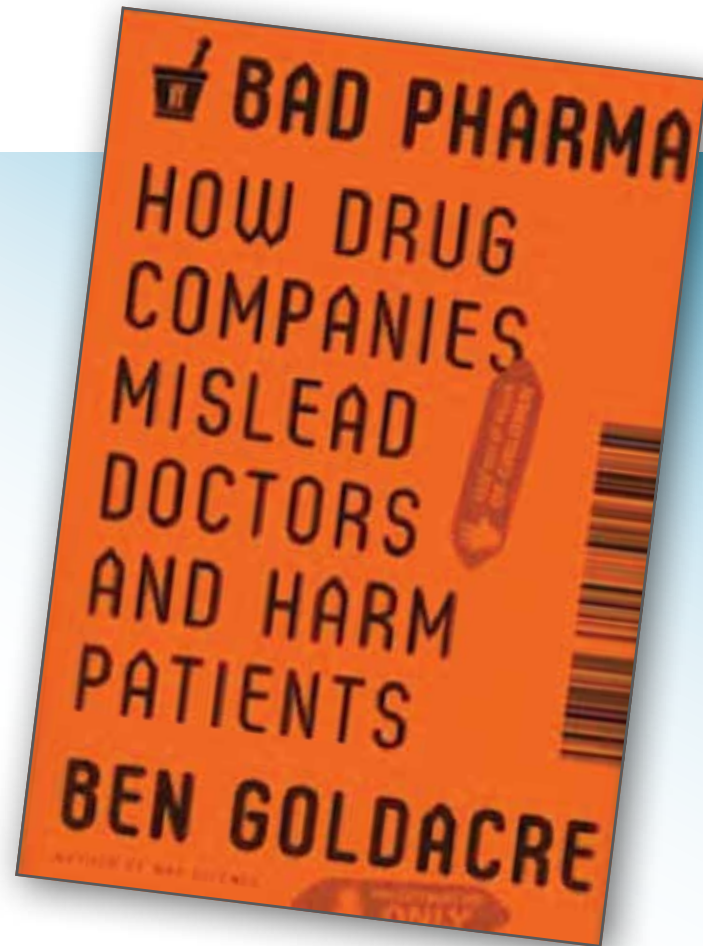
by Ben Goldacre

YEAR: 2013

PUBLISHER: FSG

COST: HB \$18.00

PAGES: 420 pages



SUMMARY: The main focus is on: missing clinical trial data; trials which have interesting design flaws; and biased dissemination of evidence through marketing channels. I wrote this book to help involve the public in fixing these problems.

“When trials throw up results that companies don’t like, they are perfectly entitled to hide them from doctors and patients, so we only ever see a distorted picture of any drug’s true effects. This distorted evidence is then communicated and applied in a distorted fashion. Aside from all this, for several of the most important and enduring problems in medicine, we have no idea what the best treatment is, because it’s not in anyone’s financial interest to conduct any trials at all.”

DISCUSSION QUESTIONS:

1. How can we make companies and researchers share the results of all clinical trials?
2. How can we get patient groups to engage constructively with this issue, when they are nervous about their industry funding?
3. How can we convey the problem of missing data to the public fairly, accurately, and powerfully?

ADDITIONAL RESOURCES: Author blog: www.badsience.net

The Guardian review: <http://www.guardian.co.uk/books/2012/oct/17/bad-pharma-ben-goldacre-review>

BBC Radio 4 Interview: <http://news.bbc.co.uk/1/hi/health/10754000/10754505.stm>

FURTHER READING: *The Truth About Drug Companies* (Marcia Angell), *On the Take* (Jerome Kassirer).

AUTHOR BIO: Ben Goldacre is a doctor, writer, broadcaster, and academic whose last book, *Bad Science*, sold over half a million copies in 22 countries and reached #1 in the UK bestseller charts.

The \$800 Million Pill: The Truth Behind the Cost of New Drugs

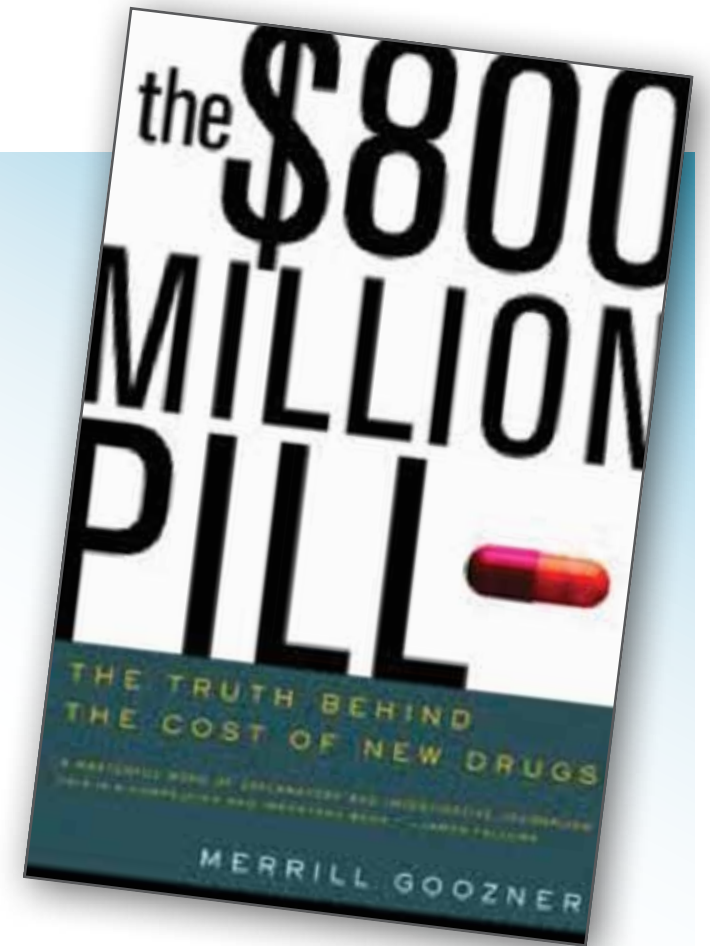
by Merrill Goozner

YEAR: 2004

PUBLISHER: University of California Press

COST: PB \$23.00

PAGES: 297 pages



SUMMARY: The book documents numerous examples of the key role government plays in developing new drugs, including biologics, cancer chemotherapeutics and AIDS drugs. It debunks industry-influenced estimates of the cost of developing new drugs. It exposes waste in R&D for “me-too” drugs and ends in calls for more comparative effectiveness research. It also suggests non-profits hold potential for developing innovative therapies ignored by the drug industry.

“If the pharmaceutical industry continues to insist on double-digit revenue and profit growth year after year in the name of going after the 150th blood pressure control drug or the 20th pain medication, then the public can assert with some confidence through the legislative process that that kind of innovation is not worth the cost.”

DISCUSSION QUESTIONS:

1. What constitutes legitimate innovation in medicine? What innovations would you consider illegitimate?
2. What role can federal regulators play in fostering legitimate innovation?
3. Why was the drug industry initially reluctant to get involved in researching potential AIDS drugs? Are there comparable examples today?
4. What roadblocks do you see to encouraging more doctors and scientists to engage in non-profit-style drug development?

ADDITIONAL RESOURCES: Author blog: www.gooznews.com

Frontline Interview: <http://to.pbs.org/S5dBFJ>

FURTHER READING: *The Truth About Drug Companies* (Marcia Angell), *Selling Sickness* (Ray Moynihan & Alan Cassels).

AUTHOR BIO: Merrill Goozner has spent over 30 years in the mainstream media including stints abroad and in Washington, where he now lives.

Mammography Screening: Truth, Lies and Controversy

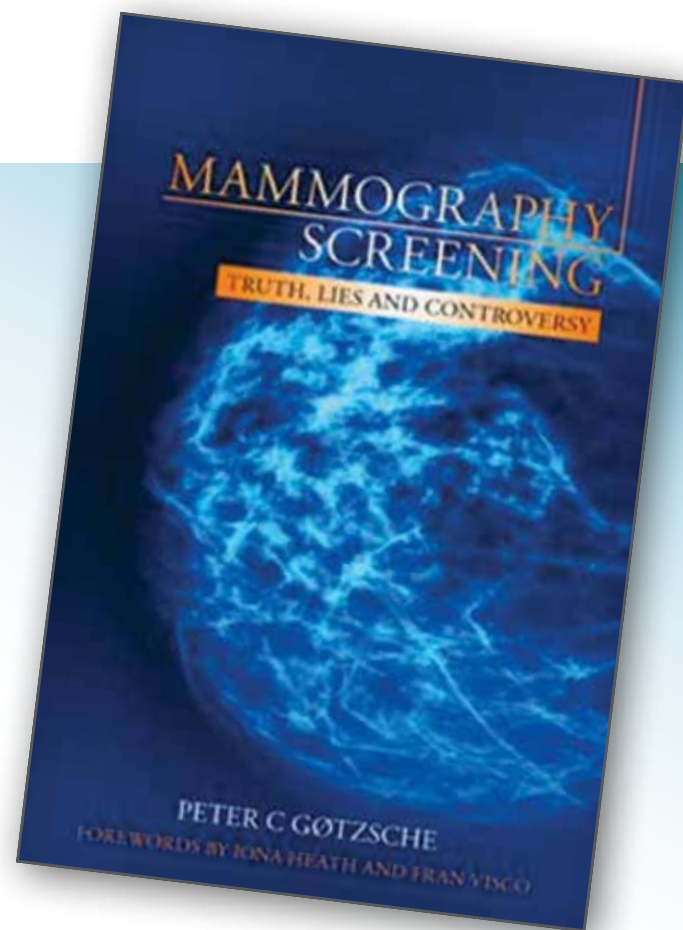
by Peter C. Gøtzsche

YEAR: 2012

PUBLISHER: Radcliffe

COST: PB \$45.00

PAGES: 388 pages



SUMMARY: The book explains why mammography screening is a doubtful intervention that has been oversold by screening advocates. It explains what is wrong with much of the science in the area; why screening may no longer be effective in today's setting; and why screening harms many healthy women by giving them a cancer diagnosis and treatments they don't need.

"Like other people, scientists are often driven by emotions, career aspirations, strong beliefs, money and fame rather than facts and logic. This is not unexpected. However, when it comes to mammography screening, the extent to which some scientists are ready to deny what they see – and here I am not talking about magic – and sacrifice sound scientific principles in order to arrive at politically acceptable results in their research is astounding."

DISCUSSION QUESTIONS:

1. Why are some scientists prepared to deliberately distort the evidence again and again, even after their errors have been pointed out to them?
2. Why do decision-makers in health care not use the best available evidence?
3. How is it possible that principles for informed consent and national laws have consistently been violated when it comes to mammography screening and what is the reasoning behind this?
4. Why do people look so differently at mammography screening and at prostate cancer screening when the balance between benefits and harms are much the same?

ADDITIONAL RESOURCES: Radcliffe Publisher: www.radcliffehealth.com

The Guardian Review: <http://www.guardian.co.uk/science/2012/jan/23/breast-cancer-screening-not-justified>

FURTHER READING: *Overdiagnosed: Making People Sick in the Pursuit of Health* (H. Gilbert Welch),
The Push to Prescribe: Women and Canadian Drug Policy (Anne Rochon Ford & Diane Saibil, eds.).

AUTHOR BIO: The author is a master of science in biology and chemistry, physician and specialist in internal medicine, and professor of Clinical Research Design and Analysis. Cofounded The Cochrane Collaboration in 1993, established The Nordic Cochrane Centre the same year and is the Centre's director. Has published the textbook *Rational Diagnosis and Treatment. Evidence-Based Clinical Decision-Making*, which has also appeared in Danish, Croatian, Italian, Dutch, Icelandic, Polish, Swedish and Spanish.

The Big Fix: How the Pharmaceutical Industry Rips Off American Consumers

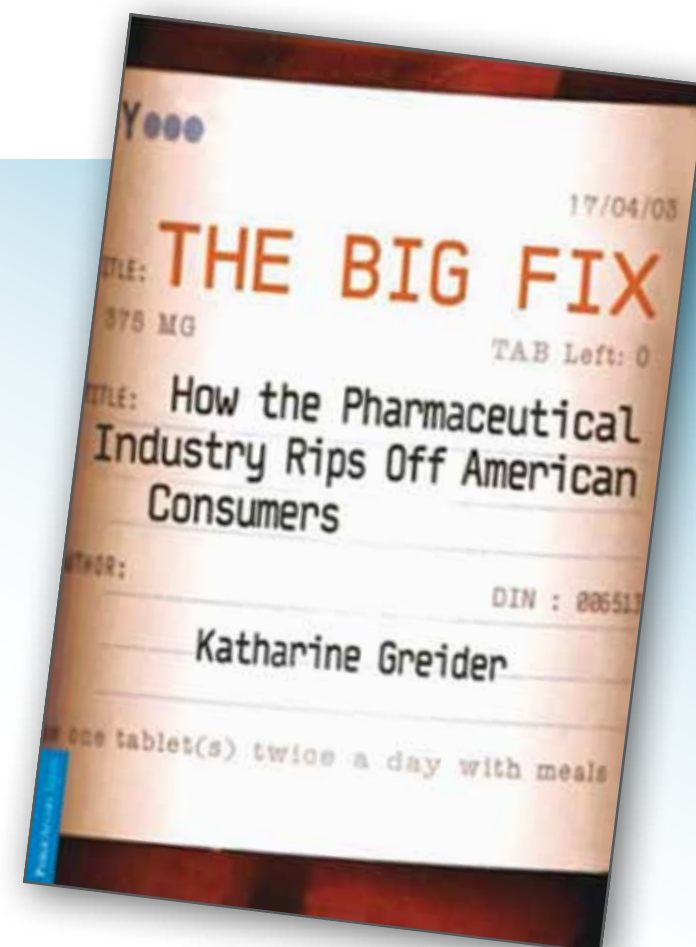
by Katharine Greider

YEAR: 2003

PUBLISHER: PublicAffairs

COST: PB \$14.00

PAGES: 189 pages



SUMMARY: *The Big Fix* describes the extraordinary extent to which the American market in drugs lets the global pharmaceutical industry dominate – and places consumers (patients) at a distinct disadvantage.

"Medicine, much more than other areas of human endeavor, rests on the promise of utmost objectivity, the closest possible scrutiny of potential confusions or biases. It's thanks to this ethic that we aren't being bled for every ailment under the sun. And yet it seems a violation of the principle to hand drugmakers a critical role in 'informing' physicians (through ads in medical journals, published research, conferences, lectures, and countless face-to-face visits) and the public (primarily via ads and free samples) about the drugs in which these companies have an enormous and undisguised financial stake."

DISCUSSION QUESTIONS:

1. If you are insured, do you know the prices paid for the prescription drugs you take? Is it even possible to find out? Are there ways consumers can save money on prescription drugs?
2. Have you ever received a free drug sample from a doctor or seen an ad for a drug on TV and then asked a doctor to prescribe it? What role does drug marketing play in health care decisions affecting you and your family?
3. Can you trust research on drug effectiveness that comes from the drugs' manufacturers? What questions are drug-company trials designed to answer, and what questions go unanswered by these trials? What is publication bias?
4. What are examples of new drug classes that have saved many lives or dramatically improved treatment of a certain disease? What are examples of new drug classes that have seemed to raise awareness about, or even create, new categories of disease?

FURTHER READING: *The Truth About the Drug Companies* (Marcia Angell), *Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs* (Jerry Avorn).

AUTHOR BIO: The author is a freelance writer with more than twenty years' experience. Her work has appeared in dozens of publications. She is also the author of *The Archaeology of Home: An Epic Set on A Thousand Square Feet of the Lower East Side* (PublicAffairs 2011).

Diagnosis, Therapy and Evidence: Conundrums in Modern American Medicine

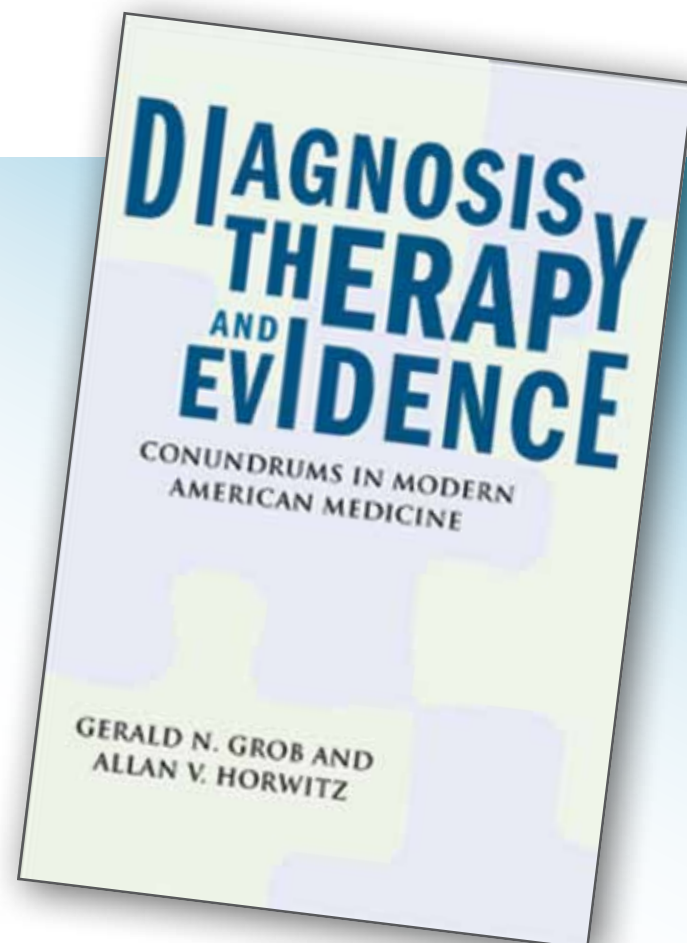
by Gerald N. Grob & Allan V. Horwitz

YEAR: 2010

PUBLISHER: Rutgers University Press

COST: PB \$26.95

PAGES: 253 pages



SUMMARY: The authors show how the diagnosis and treatment in medicine and psychiatry often far exceeds the available scientific evidence. The book uses a case study approach: it examines tonsillectomy, peptic ulcer, cancer, heart disease, anxiety, and depression to identify differences between rhetoric and reality and the weaknesses in diagnosis and treatment. It also illustrates the complex and contingent nature of the processes through which diseases are defined and managed.

DISCUSSION QUESTIONS:

1. How do diagnoses come into existence?
2. Why are associations between risk factors for disease conflated with causation?
3. What explains the decline in mortality from CHD (coronary heart disease) in the late 20th century?
4. How is the efficacy of therapies evaluated?

ADDITIONAL RESOURCES: Project Muse book review: <http://bit.ly/TF2IOA>

FURTHER READING: *Creating Mental Illness* (Allan Horwitz), *The Selling of the DSM* (Stuart Kirk and Herb Kutchins).

AUTHOR BIOS: Gerald N. Grob is the Henry E. Sigerist Professor of the History of Medicine Emeritus at the Institute for Health, Health Care Policy and Aging Research at Rutgers University in New Brunswick, NJ, and an elected member of the Institute of Medicine. He is the author of numerous articles and books dealing with the evolution of mental health policy as well as changing patterns of morbidity and mortality in the United States.

Allan V. Horwitz is a Board of Governors Chair in Sociology at Rutgers University and a member of the faculty at the Institute of Health, Health Care Policy and Aging Research. He is the author of numerous articles and five books, including (with Jerome Wakefield) *The Loss of Sadness: How Psychiatry Transformed Ordinary Misery Into Depressive Disorder*.

Worried Sick: A Prescription for Health in an Overtreated America

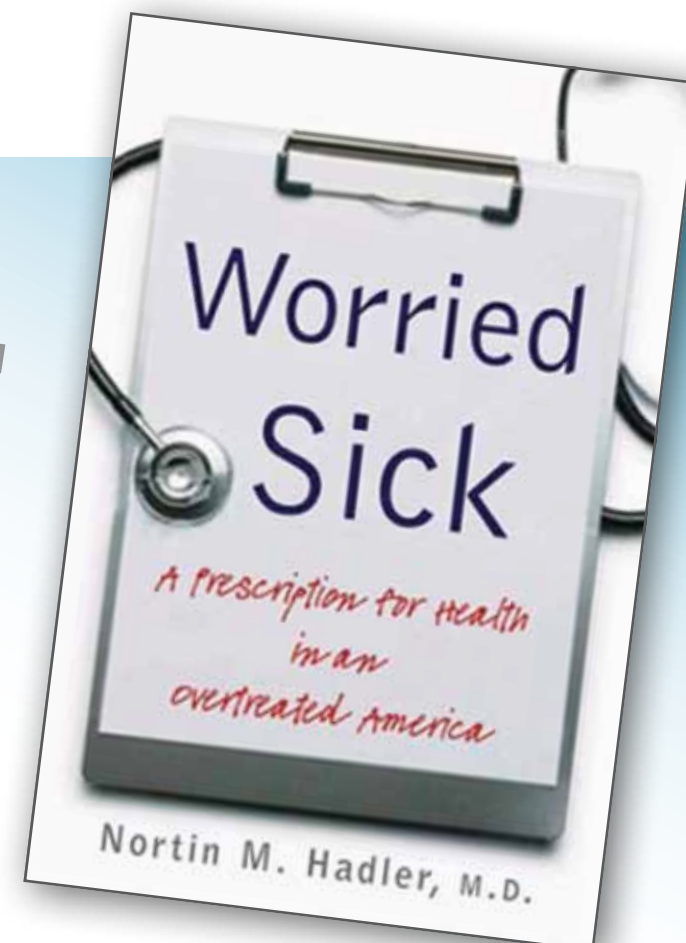
by Nortin M. Hadler

YEAR: 2008

PUBLISHER: University of North Carolina Press

COST: PB \$22.00

PAGES: 400 pages



SUMMARY: Nortin Hadler's clearly reasoned argument surmounts the cacophony of the health care debate. Hadler urges everyone to ask health care providers how likely it is that proposed treatments will afford meaningful benefits and he teaches how to actively listen to the answer. Each chapter is an object lesson on the uses and abuses of common offerings, from screening tests to medical and surgical interventions. By learning to distinguish good medical advice from persuasive medical marketing, consumers can make better decisions about their personal health care and use that wisdom to inform their perspectives on health-policy issues.

"Interventional cardiology and cardiovascular surgery are the cash cows of, if not the engines driving, all that is indefensible about the American health-care delivery system"

DISCUSSION QUESTIONS:

1. Are doctors receptive to questions about the efficacy of their prescriptions?
2. Are doctors willing to discuss contingencies such as what I would like to have done if I have a heart attack?
3. I understand the argument but I really feel I need all the screening tests. How wrong is that?

ADDITIONAL RESOURCES: New York Times Book Review: <http://www.nytimes.com/2008/06/24/health/24book.html>
BlogTalk Radio interview with Dr. Hadler: <http://www.blogtalkradio.com/drfrankmurphy/blog/2010/05/09/a-conversation-with-nortin-m-hadler-md>

FURTHER READING: *The Citizen Patient* (Nortin Hadler).

AUTHOR BIO: Nortin M. Hadler, M.D., M.A.C.P., M.A.C.R., F.A.C.O.E.M., is professor of medicine and microbiology/immunology at the University of North Carolina at Chapel Hill and attending rheumatologist at UNC Hospitals. He is author of several books, including *Stabbed in the Back: Confronting Back Pain in an Overtreated Society* and *Rethinking Aging: Growing Old and Living Well in an Overtreated Society*. His next book, appearing in spring 2013, is *The Citizen Patient: Reforming Health Care for the Sake of the Patient, Not the System*.

Pharmageddon

by David Healy

YEAR: 2012

PUBLISHER: University of California Press

COST: HB \$32.00

PAGES: 320 pages



SUMMARY: *Pharmageddon* looks at the way patients, prescription-only status, and controlled trials have become a risk laundering system for drugs. It advocates a turn to comparative safety and highlights how this can be achieved.

“It is an art of no little importance to administer medicines properly but it is an art of much greater and more difficult acquisition to know when to suspend or altogether omit them.”

“We are quite literally taking pills to save the lives of companies who have a greater interest in the vitality of the diseases they market drugs for than in our well-being.”

DISCUSSION QUESTIONS:

1. Why are Randomized Controlled Trials the perfect way to conceal the adverse effects caused by drugs?
2. Why are antidepressants now the most prescribed drugs in pregnancy?
3. How much of medicine is data based?
4. How important is conflict of interest in medicine?

ADDITIONAL RESOURCES: www.davidhealy.org, www.rxisk.org

FURTHER READING: *The Truth about the Drug Companies* (Marcia Angell).

AUTHOR BIO: The author is a Professor of Psychiatry in Wales. With colleagues he has created Data Based Medicine and the website Rxisk.org specifically to counteract disease-mongering by Scaremongering.

Agnes's Jacket

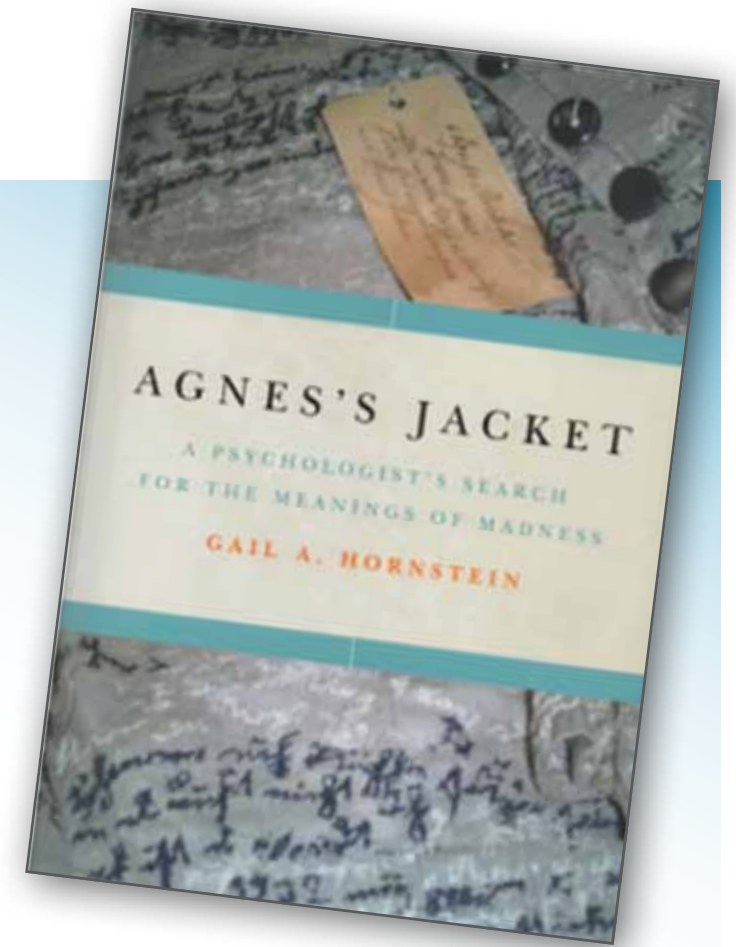
by Gail A. Hornstein

YEAR: 2009

PUBLISHER: Rodale Books

COST: HB \$25.95

PAGES: 310 pages



SUMMARY: In a Victorian-era German asylum, seamstress Agnes Richter painstakingly stitched a mysterious autobiographical text into every inch of the jacket she created from her institutional uniform. Despite every attempt to silence them, hundreds of other psychiatric patients have also managed to get their stories out. Today, in a vibrant underground network of “psychiatric survivor groups” patients work together outside of the mental health system to unravel the mysteries of madness and help one another recover. A vast gulf exists between the way medicine explains psychiatric illness and the experiences of those who suffer.

Agnes's Jacket helps us to bridge that gulf, emerging with a whole new model for understanding one another and ourselves.

“Madness is more code than chemistry. If we want to understand it, we need translators—native speakers, not just brain scans.”

DISCUSSION QUESTIONS:

1. Why have so many people diagnosed with psychiatric disorders felt the need to create their own frameworks as alternatives to the medical model?
2. What do first-person narratives of madness teach us about how the mind works?
3. If anomalous experiences like hearing voices, seeing visions, or holding unshared beliefs are not conceptualized as psychiatric symptoms, how can they be understood and coped with?
4. What are some of the similarities and differences between women's health activism and other consumer/patient-led initiatives and the work of the psychiatric survivor movement?

ADDITIONAL RESOURCES: Gail Hornstein's website: www.gailhornstein.com

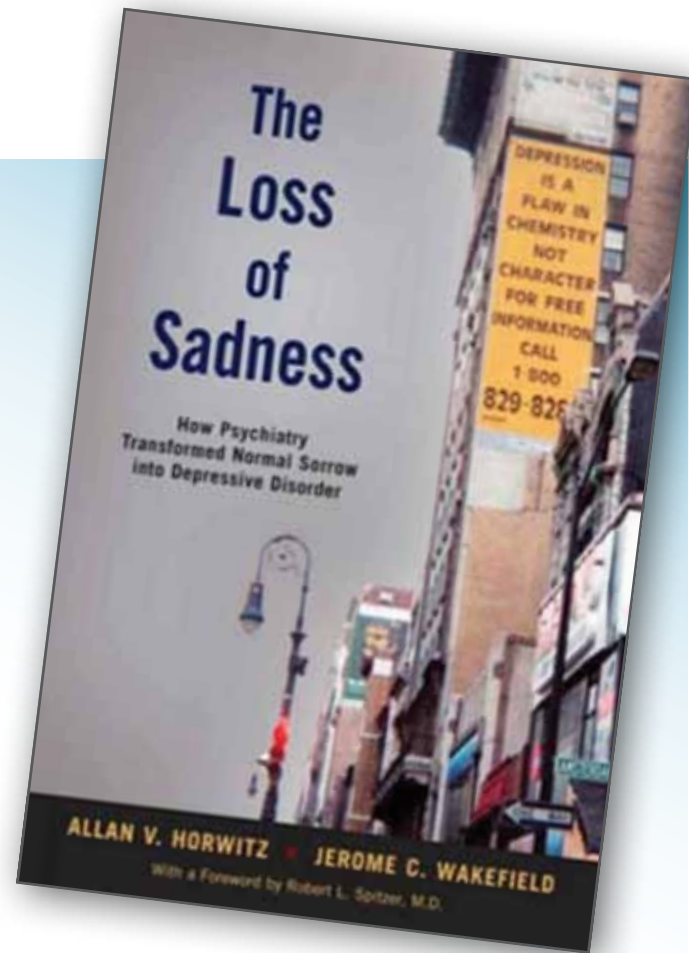
FURTHER READING: *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* (Robert Whitaker), *Crazy Like Us: The Globalization of the American Psyche* (Ethan Watters).

AUTHOR BIO: Gail A. Hornstein is Professor of Psychology at Mount Holyoke College. Her research focuses on the history of 20th-century psychology, psychiatry, and psychoanalysis, and her articles and opinion pieces have appeared in many scholarly and popular publications. Her widely-reviewed biography, *To Redeem One Person is to Redeem the World: The Life of Frieda Fromm-Reichmann*, tells the story of a pioneering psychiatrist who dedicated her life to treating very disturbed patients with intensive psychotherapy. Hornstein's *Bibliography of First-Person Narratives of Madness in English*, now in its 5th edition with more than 1,000 titles, is used by educators, clinicians, and activist organizations all over the world.

The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder

by Allan V. Horwitz & Jerome C. Wakefield

YEAR: 2007
PUBLISHER: Oxford
COST: PB \$21.95
PAGES: 312 pages



SUMMARY: Depressive Disorder and normal sadness often have the same symptoms but the DSM definitions call both “mental disorders”. Calling normal sadness and “mental disorder” inflates estimates of the number of people with mental illnesses and thus benefits many groups including pharmaceutical companies, mental health professionals, and government policy makers, among others.

“DSM criteria for depression hinder scientific research, result in unnecessary treatments, and block more effective responses to normal sadness.”

DISCUSSION QUESTIONS:

1. What are the differences between Depressive Disorder and sadness?
2. What is the importing of pathology and how does it impair the practice of psychiatry and the study of mental health?
3. How does the DSM contribute to this issue?

ADDITIONAL RESOURCES: NEJM Book Review: <http://www.nejm.org/doi/full/10.1056/NEJMbke58551>

FURTHER READING: *Manufacturing Depression* (Gary Greenberg), *The Other Side of Sadness* (George Bonanno).

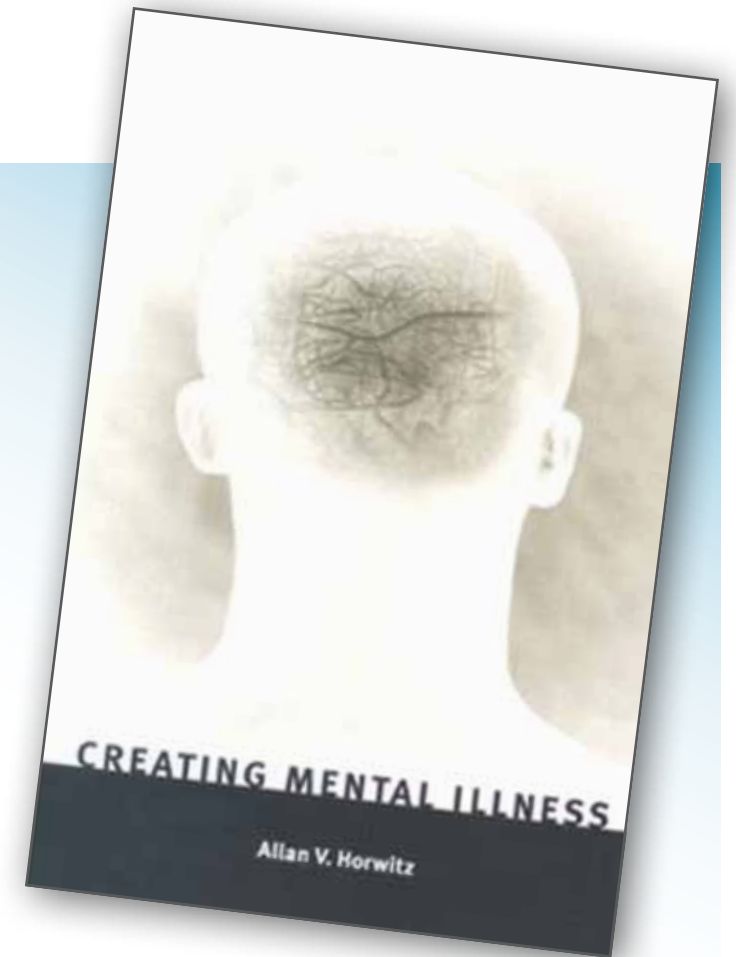
AUTHOR BIOS: Allan V. Horwitz is Board of Governors Professor of Sociology at Rutgers University. He has studied various aspects of mental illness for over 35 years.

Jerome C. Wakefield is University Professor Social Work at New York University. He is an authority on the intersection of philosophy and the mental health professions and the author of many articles on the diagnoses of mental illness.

Creating Mental Illness

by Allan V. Horwitz

YEAR: 2002
PUBLISHER: University of Chicago Press
COST: PB \$22.00
PAGES: 315 pages



SUMMARY: Current conceptions of mental illness encompass not only psychiatric disorders but also normal reactions to stressful circumstances, social deviance, and cultural constructions. Such broad conceptions of mental illness benefit many interest groups including mental health professionals, drug companies, researchers, policy-makers, and advocates.

“Social factors often provide better explanations than biological ones for the emergence, amount, and response to mental illnesses.”

“Constructing some kinds of disturbed human behaviors as diseases fits some conditions better than others. Those who are concerned with mental health and illness should not assume either that mental illness labels are appropriate whenever they are applied or that they are never appropriate.”

DISCUSSION QUESTIONS:

1. Horwitz makes distinctions among definitions of mental disease, mental disorders, and mental illness. What are the distinctions and why might they be useful?
2. According to Horwitz, a useful diagnostic system must fulfill certain goals. What are these goals, and how do our current diagnostic systems for mental illness measure up to them?
3. What are the dilemmas of psychotherapy research that Horwitz outlines? What does he conclude about medication and psychotherapy as treatments for mental disorders?

ADDITIONAL RESOURCES: Reviews: <http://human-nature.com/nibbs/02/cmi.html/>
<http://christianperring.blogspot.com/2008/11/review-of-creating-mental-illness-by.html>
 YouTube video (Allan Horwitz discusses normality and abnormality): <http://www.youtube.com/watch?v=TMbSO2n1wy0>

FURTHER READING: *The Selling of DSM: The Rhetoric of Science in Psychiatry* (Stuart Kirk & Herb Kutchins), *What is Mental Illness?* (Richard McNally), *The Loss of Sadness* (Allan Horwitz & Jerome Wakefield).

AUTHOR BIO: Allan Horwitz is Board of Governors Professor of Sociology at Rutgers University. He has studied various aspects of mental illness for over 35 years.

On The Take: How Medicine's Complicity With Big Business Can Endanger Your Health

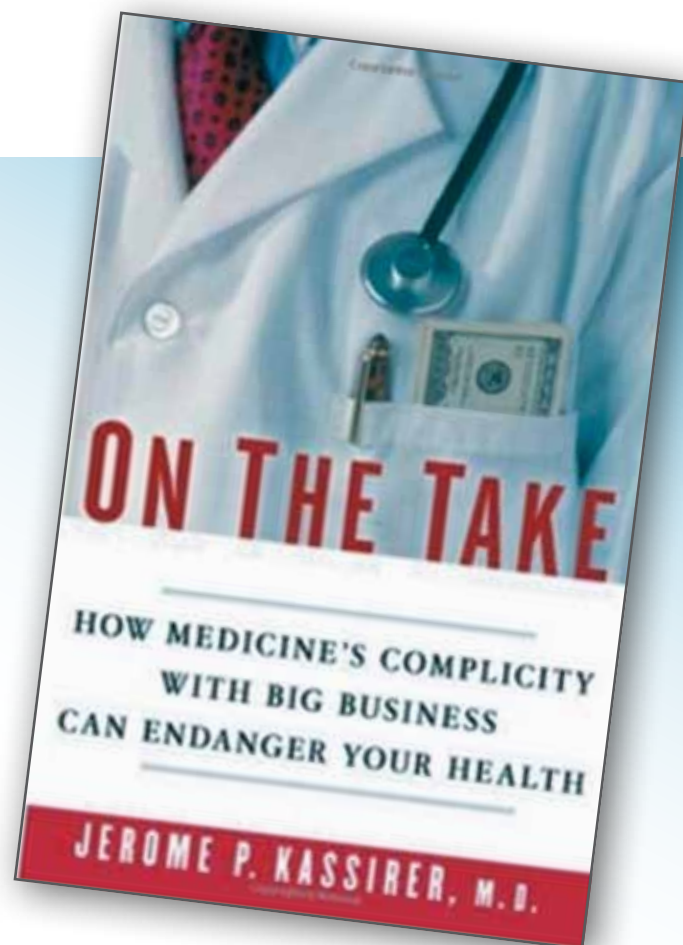
by Jerome P. Kassirer

YEAR: 2005

PUBLISHER: Oxford

COST: PB \$18.61

PAGES: 388 pages



SUMMARY: This book is a story about doctors: doctors who eagerly accept the largesse of drug companies but think they are immune from its influence. This book is also about physicians who struggle to earn an honest living in patient care without accepting financial conflicts. *On The Take* criticizes high-powered academic institutions and major medical organizations for their failure to rein in physicians' industry connections. It takes a stand on the fatuous approaches that rely exclusively on disclosure of financial conflicts. It warns that without a cultural shift in relations between medicine and industry, the treasured physician-patient relationship is in serious jeopardy.

DISCUSSION QUESTIONS:

1. What value is disclosure of financial conflicts of interest?
2. What does groupthink have to do with "judgments of practice" guideline committees?
3. What influence do financial conflicts of interest have on physician's professionalism?
4. What is the distinction between a conflict of interest and a bias?

ADDITIONAL RESOURCES: NEJM Book Review: <http://www.nejm.org/doi/full/10.1056/NEJM200412023512328>

FURTHER READING: *The Truth About Drug Companies* (Marcia Angell), *Selling Sickness* (Ray Moynihan).

AUTHOR BIO: Dr. Kassirer is Distinguished Professor at Tufts University School of Medicine and Visiting Professor at Stanford University. He has been at Tufts for 50 years, and served as Vice Chairman of the Department of Medicine for two decades. His research encompassed acid-base balance, medical decision-making, and cognitive science.

Mad Science: The Disorders of American Psychiatry

by Stuart A. Kirk, Tomi Gomory, & David Cohen

YEAR: 2013

PUBLISHER: Transaction

COST: HB \$41.00

PAGES: 325 pages



SUMMARY: The touted achievements of psychiatry this past half-century are little more than a recycled mish-mash of coercion of the mad and misbehaving, mystification of the process of labeling people, and medical-sounding justifications for people's desires to use, and professionals' desires to give psychoactive chemicals to change their behavior. This book assails the generally unquestioned notion that these psychiatric achievements constitute progress. Until society comes to grips with the unscientific nature of the management of madness, it will perpetuate a "mental health" system that serves the interests of professional and corporate elites while it exacerbates the very problems it claims to tackle.

DISCUSSION QUESTIONS:

1. Is the notion of coercion as therapy an ethical stance in the helping professions?
2. What do you think medicine has scientifically to do with madness (i.e., profound distress and misbehavior)?
3. If you are a helping professional, do you have a duty to be personally responsible for obtaining the best scientific information available-and thus being well informed about ignorance-concerning the potential usefulness and harm of the interventions you will use?
4. Given the by-now universally acknowledged failings to establish any validity for our widely used psychiatric diagnostic categories, are you ready to entertain seriously the notion that such diagnoses must be thoroughly decoupled from access to mental health services, such as counseling, drugs, or housing?

FURTHER READING: *Schizophrenia: A Scientific Delusion?* (Mary Boyle), *Manufacturing Depression: The Secret History of a Modern Disease* (Gary Greenberg).

AUTHOR BIOS: Stuart A. Kirk (DSW, Berkeley, 1973) is Distinguished Professor and the Marjorie Crump Chair of Social Welfare in the Luskin School of Public Affairs at the University of California, Los Angeles.

Tomi Gomory (PhD, Berkeley, 1998) is an Associate Professor and Fulbright Scholar at the College of Social Work, Florida State University.

David Cohen (PhD, Berkeley, 1989) works to develop alternatives to current psychiatric conceptions of distress and misbehavior, and to current assumptions about the "safety and efficacy" of psychiatric drug treatment.

The Emperor's New Drugs: Exploding the Antidepressant Myth

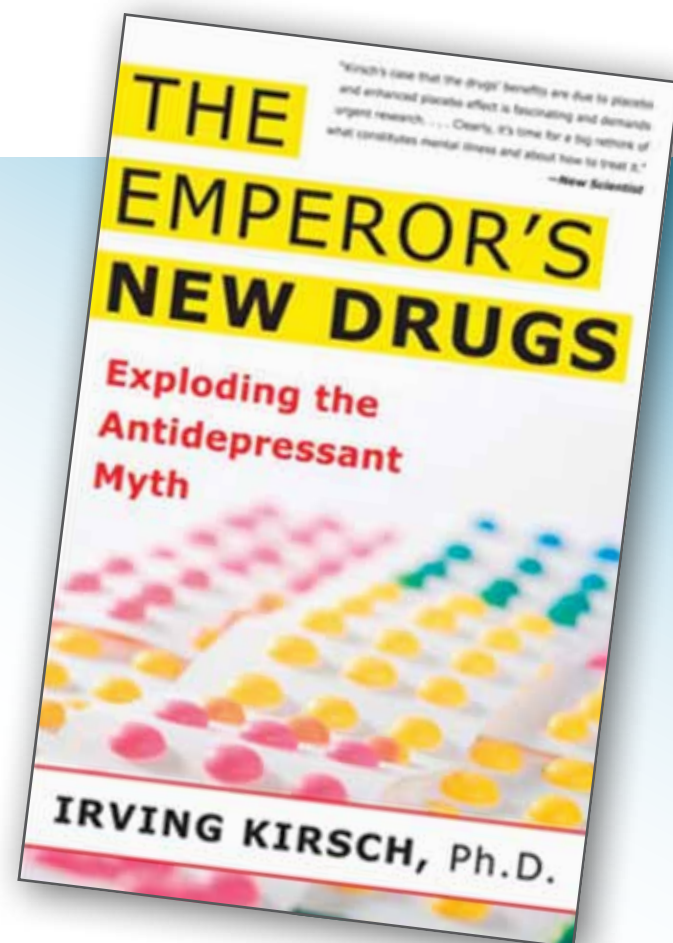
by Irving Kirsch

YEAR: 2010

PUBLISHER: Basic Books

COST: PB \$15.99

PAGES: 240 pages



SUMMARY: Like most people, Kirsch believed that antidepressants worked. But when he examined the data, which he obtained from the FDA using the Freedom of Information Act, he was shocked to learn that almost all the effects of antidepressants were really just placebo effects. The drug companies knew this, but the data were hidden from the public. The FDA now acknowledges that the difference between antidepressants and placebos is small, and the widespread belief that depression is caused by a chemical imbalance in the brain is revealed to be a myth.

“Not only is the chemical-imbalance hypothesis unproven, but I will argue that it is about as close as a theory gets in science to being disproven by the evidence.”

DISCUSSION QUESTIONS:

1. Why does the FDA help keep the hidden data secret?
2. Why do people still believe in the chemical imbalance theory?
3. Do you think drug company funding of the FDA affects FDA behavior?
4. How can more data about medications be made available to doctors, researchers, and the public?

ADDITIONAL RESOURCES: CBS News: www.cbsnews.com/video/watch/?id=7399362n&tag=contentBody;storyMediaBox
New York Review of Books: [www.nybooks.com/articles/archives/2011/jun/23/epidemic-mental-illness-why/Integrative Medicine & Health, 2012: http://app2.capitalreach.com/espl204/servlet/tc?cn=ircimh&c=10192&s=20491&e=18400&&mediaType=podiu](http://www.nybooks.com/articles/archives/2011/jun/23/epidemic-mental-illness-why/Integrative%20Medicine%20&%20Health,%202012%3Ahttp://app2.capitalreach.com/espl204/servlet/tc?cn=ircimh&c=10192&s=20491&e=18400&&mediaType=podiu)
mVideo

FURTHER READING: *Anatomy of an Epidemic* (Robert Whitaker), *The Myth of the Chemical Cure* (Joanna Moncrieff).

AUTHOR BIO: Kirsch is Associate Director of the Program in Placebo Studies and a lecturer in medicine at the Harvard Medical School and Beth Israel Deaconess Medical Center. He is also a professor of psychology at Plymouth University (UK), professor emeritus of psychology at the University of Hull (UK) and the University of Connecticut. Kirsch is the originator of response expectancy theory, and his analyses of antidepressants have influenced official treatment guidelines in the UK.

Genetic Explanations: Sense and Nonsense

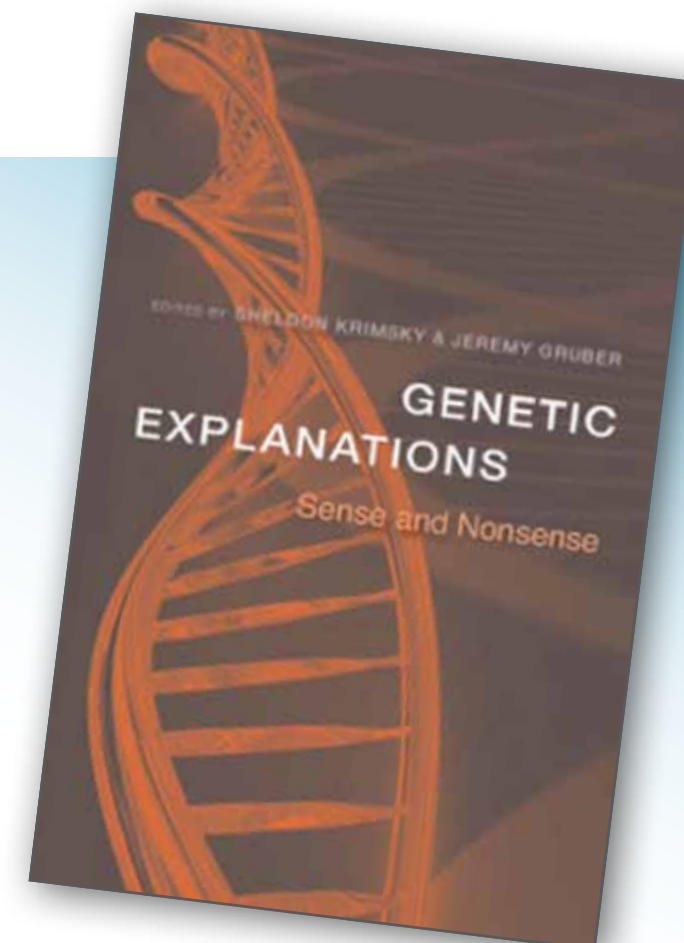
by Sheldon Krimsky
& Jeremy Gruber, eds.

YEAR: 2012

PUBLISHER: Harvard University Press

COST: HB \$45.00

PAGES: 384 pages



SUMMARY: Krimsky and Gruber gather a team of genetic experts to argue that treating genes as masters of the universe is a patently unscientific endeavor. Genes are neither our destroyers nor our saviors, and genetic-determinist ideas distract from environmental forces and focus too much attention on people's bodies. Genetic Explanation urges us to replace our faith in hard-wired genes with scientific knowledge about what's really "in our DNA".

“Although we accept that organisms are material objects that ultimately owe their properties to their material nature, it is an error to suppose that the DNA sequence of an organism predicts its total nature and life history.”

DISCUSSION QUESTIONS:

1. Do our genes determine our behavior?
2. Can the environment affect the genes (DNA) of an adult?
3. Is mental illness or depression a result of our genes?
4. Is DNA evidence infallible in criminal investigation?

ADDITIONAL RESOURCES: Council for Responsible Genetics: www.councilforresponsiblegenetics.org
Book website: <http://www.hup.harvard.edu/catalog.php?isbn=9780674064461>

FURTHER READING: *The Dependent Gene* (David S. Moore), *Exploding the Gene Myth* (Ruth Hubbard and Elijah Wald), *Genetic Justice* (Sheldon Krimsky and Tania Simoncelli).

AUTHOR BIOS: Sheldon Krimsky, Ph.D. is the Lenore Stern Professor of Humanities & Social Science at Tufts University.

Carol Zicklin visiting professor at Brooklyn College, and adjunct professor in Public Health & Community Medicine at the Tufts Medical School.

Jeremy Gruber, JD is the President of the Council for Responsible Genetics.

Shyness: How Normal Behavior Became a Sickness

by Christopher Lane

YEAR: 2007

PUBLISHER: Yale University Press

COST: PB \$18.00

PAGES: 263 pages



SUMMARY: *Shyness* is an in-depth, behind-the-scenes look at how the American Psychiatric Association devised several new mental disorders approved in the DSM-III of 1980, especially Social Anxiety Disorder and Avoidant Personality Disorder. Lane was given rare unrestricted access to the APA's archive of DSM papers. The trait of shyness overlaps so dramatically with Social Anxiety Disorder, as DSM-IV recognized and warned in 1994, because the manual includes symptoms such as the common fear of eating alone in restaurants. *Shyness* is a probing treatment of the consequences.

"Shyness...presents the compelling inside story of how several eminent psychiatrists and their pharmaceutical sponsors turned a minor condition into a major illness."

DISCUSSION QUESTIONS:

1. How did fears of attending parties and even of spilling food on one's tie come to be included in the general DSM criteria for Social Anxiety Disorder?
2. Why did the FDA give GlaxoSmithKline a license to treat Social Anxiety Disorder with Paxil when the drug maker was sufficiently concerned about the drug's spotty performance in clinical trials, just a few years earlier, that it considered shelving it altogether?
3. What did the CEO of Upjohn Pharmaceuticals proudly declare when he opened a DSM conference on Panic Disorder that the drug-maker itself had sponsored?

ADDITIONAL RESOURCES: Author Website: www.christopherlane.org

Blog: www.psychologytoday.com/blog/side-effects

FURTHER READING: *Making Us Crazy: DSM: The Psychiatric Bible and the Creation of Mental Disorders* (Herb Kutchins and Stuart A. Kirk), *Selling Sickness* (Ray Moynihan and Alan Cassels), *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Peter Conrad).

AUTHOR BIO: Christopher Lane teaches literature and intellectual history at Northwestern University and is a recent Guggenheim fellow. His work has appeared in the *New York Times*, *Washington Post*, *Boston Globe*, *Los Angeles Times*, *Slate*, *New Statesman*, *New Humanist*, and other media outlets. Lane won the Prescrire Prize for Medical Writing (France) for *Shyness*.

The Risks of Prescription Drugs

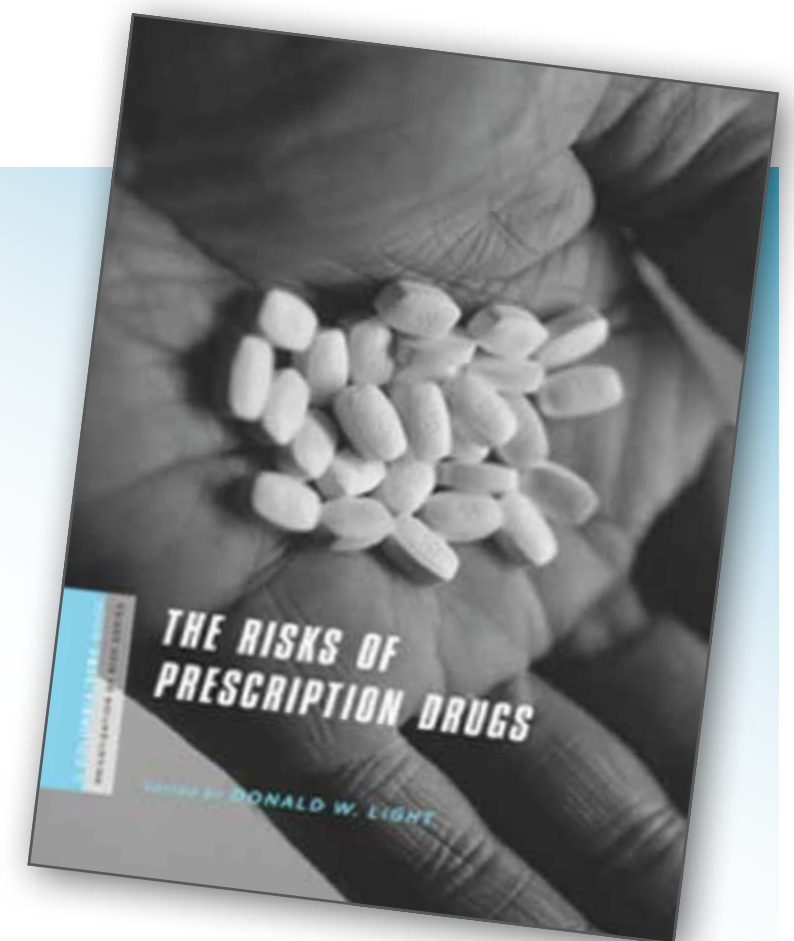
by Donald Light, ed.

YEAR: 2010

PUBLISHER: Columbia University Press

COST: HB \$45.00 PB \$15.00

PAGES: 170 pages



SUMMARY: Properly prescribed drugs have become a leading cause of illness, injury, hospitalization, and death. The elderly are especially at risk. Most new drugs approved offer few or no advantages over existing drugs to offset the risks of harm, and companies design trials to minimize evidence of harms. In addition, the business of selling drugs expands the range of signs, symptoms, or conditions that are regarded as illnesses that need a drug.

"Adverse drug reactions reported to the FDA nearly tripled between 1995 and 2005. There is no sign of the increase leveling out."

DISCUSSION QUESTIONS:

1. What common terms and concepts about illness can you think of that reflect the pharmaceutical industry's agenda to get more people to take more drugs?
2. The "Inverse Benefit Law" holds that the more widely drugs are marketed, the more diluted become their benefits but the more widespread become their harms. Can you give examples?
3. The "Risk Proliferation Syndrome" refers to practices that proliferate risks from taking drugs. What are some examples of those practices?
4. The pharmaceutical industry claims that anything that reduces their profits and sales will reduce research into life-saving new drugs. In what ways is this argument not true?

ADDITIONAL RESOURCES: YouTube: www.youtube.com/watch?v=XpoqsMUwVfs

Articles: www.pharmamyths.net

FURTHER READING: *Pharmageddon* (David Healy), *Selling Sickness* (Ray Moynihan and Alan Cassels), *Overdosed America* (John Abramson).

AUTHOR BIO: Donald Light is a medical and economic sociologist who does policy research on institutional and global bioethics concerning access and quality of medical services and drugs. Recent work analyzes the epidemic of harmful side effects from drugs, institutional barriers to more effective and safer drugs, and global vaccine policy. From 2009-2011, he was the Lokey Visiting Professor at Stanford University, and he is a professor of comparative health policy at the University of Medicine and Dentistry of New Jersey. Light is a founding fellow of the Center for Bioethics at the University of Pennsylvania. He has been selected as a Fellow at the Safrá Center for Ethics at Harvard University.

The Patient Paradox: Why Sexed Up Medicine is Bad for your Health

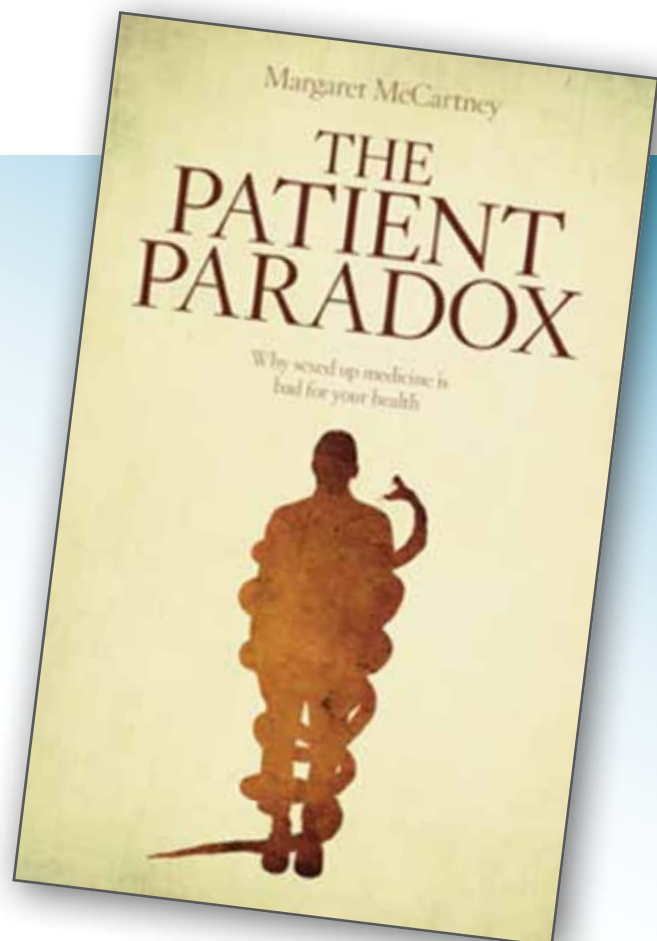
by Margaret McCartney

YEAR: 2012

PUBLISHER: Pinter & Martin

COST: PB \$16.00

PAGES: 335 pages



SUMMARY: Patients have been turned into customers, and clinics and waiting rooms are jammed with healthy people, lured in to have their blood pressure taken and cholesterol, smear test, bowel or breast screening done. Pharmaceutical companies gloss over research they don't like and charities often use dubious science and dodgy PR to 'raise awareness' of their disease, leaving a legacy of misinformation in their wake. There is too much testing of well people and not enough care for the sick – which worsens health inequalities and drains professionalism, harming both those who need treatment and those who don't.

“Doctors, for their own and their patients' sake, must reclaim professionalism and practice according to medical ethics and evidence, not fashion, not demand, not scaremongering.”

DISCUSSION QUESTIONS:

1. Are we getting all the information we need about health screening?
2. What conflicts of interest matter when it comes to information about healthcare?
3. What kind of doctors do we want – and what kind of patients should we be?

ADDITIONAL RESOURCES: Website for the book: <http://www.thepatientparadox.com>

Margaret McCartney's blog: <http://www.margaretmccartney.com/blog/>

FURTHER READING: *Mammography Screening: Truth, Lies, and Controversy* (Peter C. Gøtzsche), *Should I Be Tested for Cancer? Maybe Not and Here's Why* (H. Gilbert Welch).

AUTHOR BIO: Margaret McCartney is a GP in Glasgow, Scotland. She has written for most UK newspapers, other magazines such as *Vogue* and *Prospect*, and has had columns in the *Guardian* and the *FT Weekend*. She writes regularly for the *British Medical Journal*, broadcasts for the BBC Radio 4's flagship medical programme *Inside Health*, and helped to set up the <http://privatehealthscreen.org/> website. She has won national and international awards for her writing. She has three children, a strong interest in evidence, professionalism, screening and risk. *The Patient Paradox* is her first book.

Selling Sickness: How the World's Biggest Pharmaceutical Companies are Turning Us All Into Patients

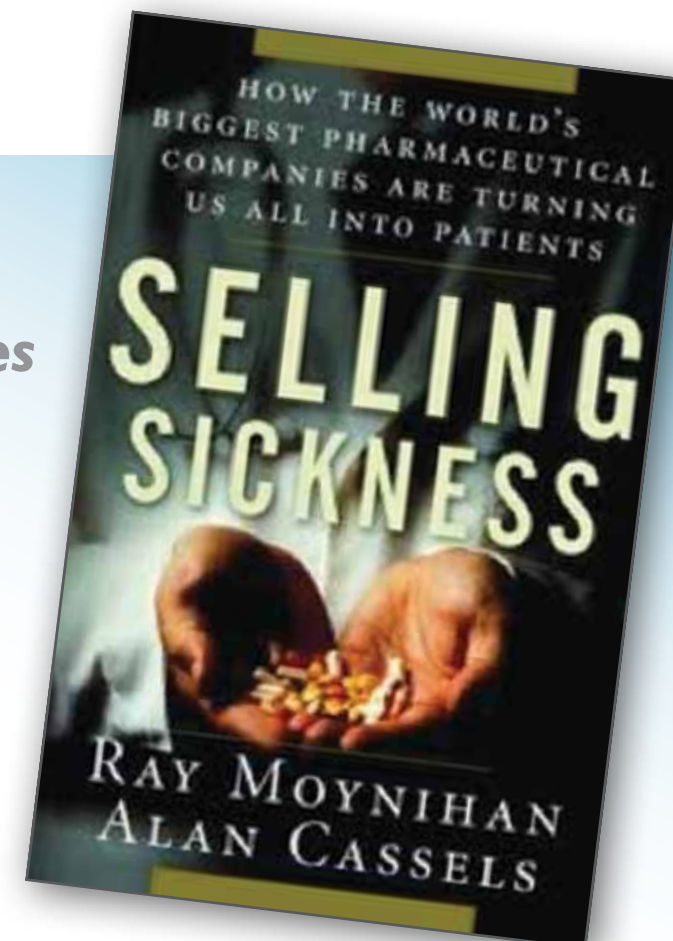
by Ray Moynihan and Alan Cassels

YEAR: 2005

PUBLISHER: Allen & Unwin

COST: PB \$17.00

PAGES: 272 pages



SUMMARY: The pharmaceutical industry, unwilling to restrict its activities to treating sick people, now treat the healthy and the well, shaping diseases and promoting cures for everything from baldness to female sexual dysfunction. *Selling Sickness* lays out the methods used to influence policymakers, physicians, and patient groups and drive consumers towards the 'drug successful visit'.

This book asks the question: Is a society where for-profit drug makers define what is illness, fundamentally healthy?

“The marketing strategies of the world's biggest drug companies now aggressively target the healthy and the well. The ups and downs of daily life have become classified as mental disorders, common complaints are transformed into frightening conditions, and more and more people are turned into patients.”

DISCUSSION QUESTIONS:

1. What are the key techniques used to 'sell sickness' and of these which in your opinion are most troublesome?
2. What policy changes would change or at least mitigate the worst aspects of disease mongering and make prescribing more rational?
3. What conditions do you think are being 'sold' to the public that aren't mentioned in the book?
4. What strategies should consumers use to protect themselves from being 'disease mongered'?

ADDITIONAL RESOURCES: Alan Cassels' website: www.alancassels.com

Selling Sickness blog: <http://sellingsickness.blogspot.ca/>

Selling Sickness documentary: <http://icarusfilms.com/new2005/sell.html>

FURTHER READING: *Disease Mongers* (Lynn Payer), *The Truth About Drug Companies* (Marcia Angell), *Overdosed America* (John Abramson).

AUTHOR BIOS: Ray Moynihan is an award-winning journalist, author, video-maker and academic researcher, based in Australia with a global reputation.

Alan Cassels is a drug policy researcher at the University of Victoria and also the author of *The ABCs of Disease Mongering and Seeking Sickness: Medical Screening and the Misguided Hunt for Disease*.

Born with a Junk Food Deficiency: How Flaks, Quacks and Hacks Pimp the Public Health

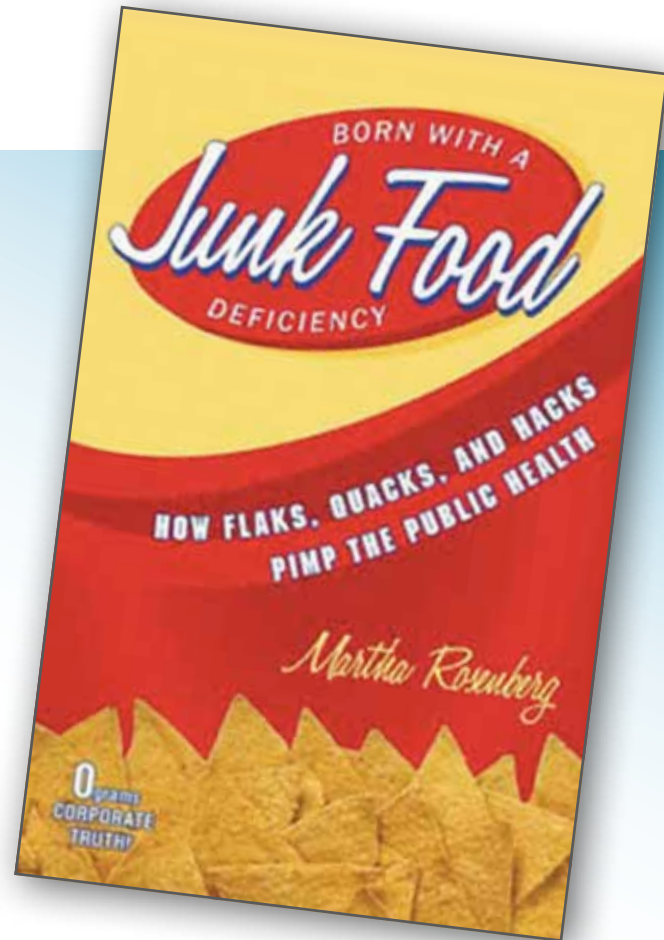
by Martha Rosenberg

YEAR: 2012

PUBLISHER: Prometheus Books

COST: HB \$24.00

PAGES: 373 pages



SUMMARY: This book is about how Big Pharma and Big Food are tainting public health through marketing disguised as medical education and research, aggressive lobbying, high-level conflicts of interest, and enmeshment with the very regulatory agencies that are supposed to police them.

“Why is a drug tainted by eight corruption scandals, two illegal marketing settlements, and escalating troop deaths still a best seller – with sales actually increasing 700 percent in the 2000s?”

DISCUSSION QUESTIONS:

1. Do doctors need a new business plan? Whether full-fledged pharma consultants or just recipients of daily lunches from their pharma reps, many doctors see a practice without pharma money as unnecessarily austere.
2. Has direct-to-consumer (DTC) advertising created hypochondria?

ADDITIONAL RESOURCES: YouTube: www.youtube.com/watch?v=5hZNG7P0Nns

Hour-long program: <http://www.booktv.org/Program/13595/After+Words+Martha+Rosenberg+Born+with+a+Junk+Food+Deficiency+How+Flaks+Quacks+and+Hacks+Pimp+the+Public+Health+hosted+by+Stephanie+Beasley+FDA+Week.aspx>

FURTHER READING: *Food Politics: How the Food Industry Influences Nutrition and Health* (Marion Nestle), *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* (Robert Whitaker), *The American Way of Eating: Undercover at Walmart, Applebee's, Farm Fields and the Dinner Table* (Tracie McMillan).

AUTHOR BIO: Martha Rosenberg is an editorial cartoonist and health reporter and a former medical copywriter. Her work has appeared in many newspapers and magazines and she has taught drug advertising at a Chicago medical school.

Blood Medicine

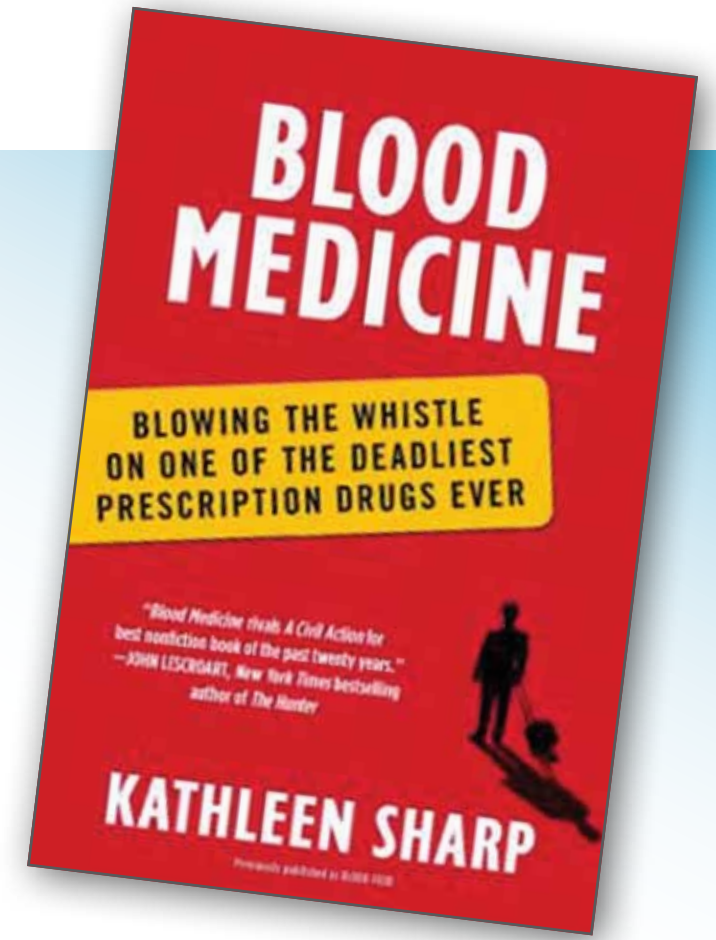
by Kathleen Sharp

YEAR: 2012

PUBLISHER: Plume

COST: PB \$17.00

PAGES: 440 pages



SUMMARY: Two pharmaceutical sales reps become top sellers of the first biotech blockbuster, EPO, gaining entry into the inner sanctum of the pharmaceutical world and earning lavish rewards. When evidence shows that the drug is killing people, they must choose: Either follow orders and perform a string of illegal sales ploys to increase company profits; or alert authorities, regulators, and patients to the drug-related deaths. Here is a rare, intimate look into the journey of a whistleblower and what he or she must endure in order to be heard in the battle to retrieve billions of stolen Medicare dollars. It details the insidious effect of closed-door legal arbitrations and how they hide public health dangers. It reveals how our justice system fails most whistleblowers as well as taxpayers who are defrauded by health-care companies of some \$300 billion a year.

“The real problem, Brawley countered, ‘A hell of a lot of people get (anti-anemia drugs) because doctors make twelve hundred bucks a shot off it — not because patients need it.’”

DISCUSSION QUESTIONS:

1. How many flaws can you identify within the health-care delivery system as portrayed in this book and how does that impact the cost of public health?
2. How can patients be assured that their drugs are safe or even necessary when so many health-care professionals in this story compromised their ethics? Drug firm executives, pharmacy managers, insurers, researchers, universities, doctors, all were susceptible to drug kickbacks, honoraria, lunches, free trips and other gifts. Should patient Jim Lenox have known this?
3. What did you learn about our health-care system that you did not know before you read this book?

ADDITIONAL RESOURCES: Website for the book: www.bloodmedicine.info

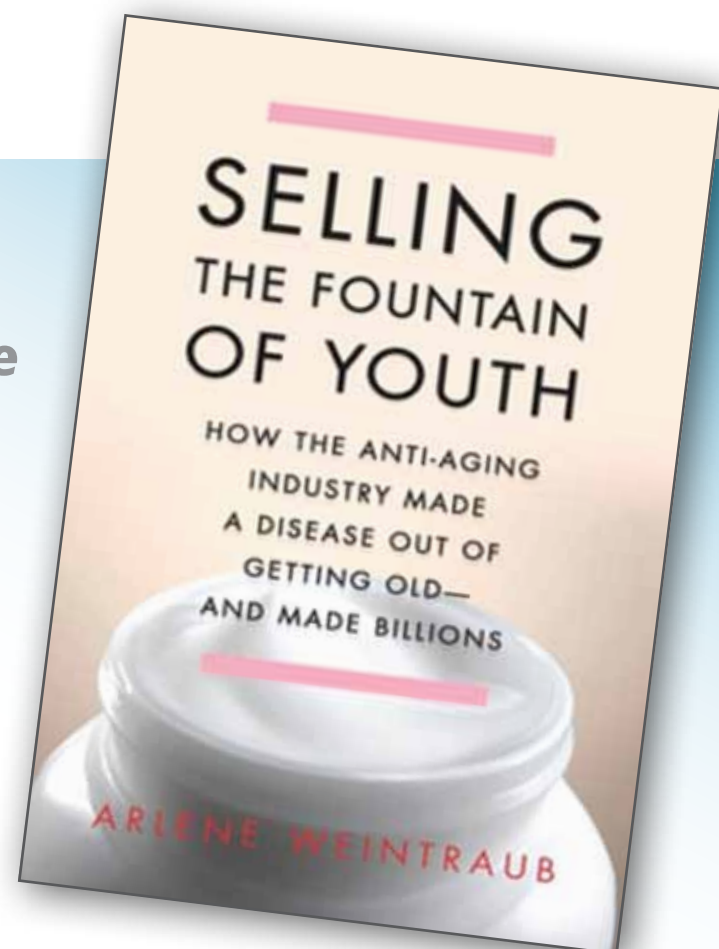
FURTHER READING: *A Civil Action* (Jonathan Harr), *The Spirit Catches You and You Fall Down* (Ann Fadiman).

AUTHOR BIO: Kathleen Sharp is an award-winning journalist and acclaimed author of 4 non-fiction books. She's written for the *New York Times Magazine*, *Vanity Fair*, *Fortune*, the *Boston Globe*, and the *Los Angeles Times*, among many others. She's consulted for A&E, Bravo, and TCM and helped convert many of her print stories into film series. Sharp has won first place in investigative reporting from the Society of Professional Journalists. New Regency Productions is developing “Blood Medicine” into a feature-length film for 2014 with Sharp as a consultant.

Selling the Fountain of Youth: How the Anti-Aging Industry Made a Disease out of Getting Old – And Made Billions

by Arlene Weintraub

YEAR: 2010
PUBLISHER: Basic Books
COST: HB \$25.95
PAGES: 246 pages



SUMMARY: The anti-aging industry, which used to revolve around powders and paints to enhance beauty, has been overtaken by steroids, human growth hormone, and a host of supplements that are marketed by doctors claiming they are the fountain of youth. The anti-aging claims of the doctors who sell these radical treatments have no basis in science and little evidence to back up their utility or safety.

“Pharmaceutical compounding seemed to be a shadow industry. Compounders assembled their own drug recipes... But they were almost completely unsupervised by any regulatory body. Federal laws meant to protect consumers from dangerous drugs were so convoluted that compounders could easily skirt around them.”

DISCUSSION QUESTIONS:

1. How does the modern search for the fountain of youth compare to similar quests throughout history?
2. Why are today's anti-aging practitioners so successful at persuading patients that what they're selling is safe and effective, and not snake oil?
3. What are the shortcomings in the U.S. regulatory system that allow anti-aging doctors and pharmacists to operate with so little oversight?

ADDITIONAL RESOURCES: Website: www.sellingthefountainofyouth.com
 Podcast: www.perseuspodcasts.com/main/podcasts/book.php?isbn=9780465017218&audio=y&file=234

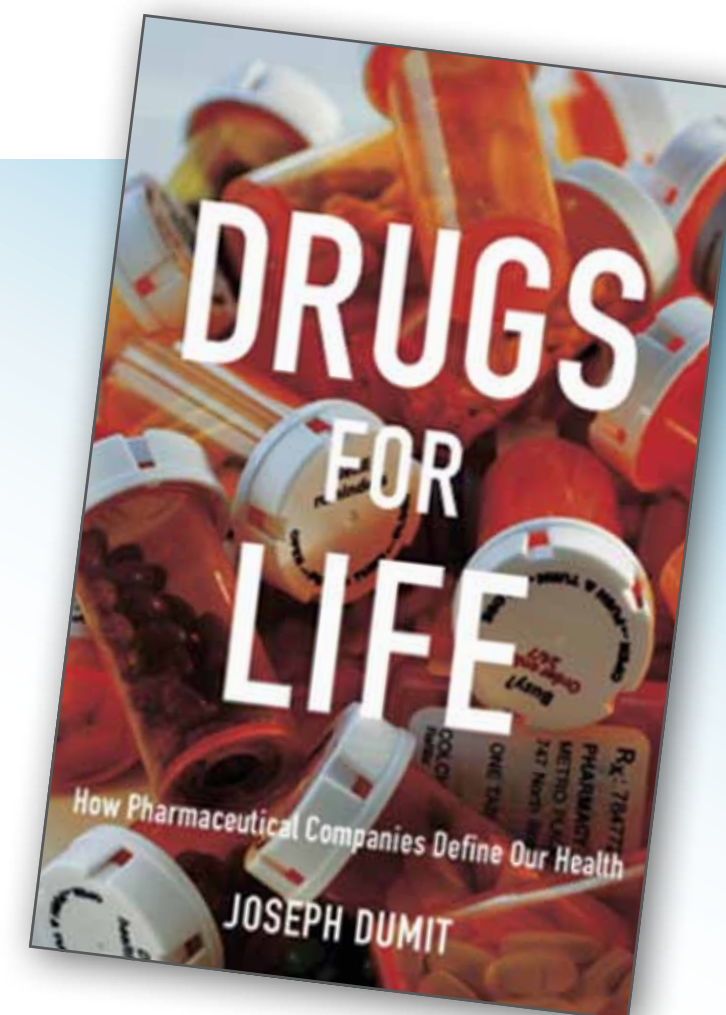
FURTHER READING: *Eternity Soup: The Quest to End Aging* (Greg Critser), *Long for This World: The Strange Science of Immortality* (Jonathan Weiner), *The Youth Pill: Scientists at the Brink of an Anti-Aging Revolution* (David Stipp).

AUTHOR BIO: Arlene Weintraub has written about health care, pharmaceuticals, and biotechnology for over fifteen years in *USA Today*, *US News & World Report*, *Technology Review*, and other outlets. She was previously a senior health writer based out of the NYC headquarters of *BusinessWeek*. She has won awards from the New York Press Club, the Association of Health Care Journalists, the Foundation for Biomedical Research, and the American Society of Business Publication Editors.

Drugs for Life: How Pharmaceutical Companies Define Our Health

by Joseph Dumit

YEAR: 2012
PUBLISHER: Duke University Press
COST: \$18 US Paperback
PAGES: 280 pages



SUMMARY: Why do Americans take more and more drugs each year? The answer may lie in how research is conducted. Pharmaceutical companies see clinical trials as investments and measure them by how many pills they are likely to sell. Therefore a drug that helps 1 in 500 people “at risk” is 500 more times valuable to them than a drug that helped the one, and chronic treatments taken every day are many times more valuable than a pill one only has to take once. Based on research into the marketing practices of pharmaceutical companies, *Drugs for Life* examines how this outsourcing of clinical research and the very definition of health have shifted.

“Americans are spending more time, more energy, more attention, and more money on health. Health is not simply a cost to the nation to be reduced; contradictorily, it is also a market to be grown.”

DISCUSSION QUESTIONS:

1. How, specifically, have you learned about health risks and how do you think that information was produced so that it got to you?
2. What can you do to investigate the clinical trials that produced the facts about your treatments?
3. Are there studies investigating the long-term effects of drugs you are taking or when you might stop taking them, why not? Hint: who would pay for those studies?
4. If you were running a pharmaceutical company, how would you change the way clinical trials are designed, and what would be the consequences of your decision?

ADDITIONAL RESOURCES: Website for the book: <http://drugs4life.com>
 Book Review: <http://www.timeshighereducation.co.uk/story.asp?storycode=421933>

FURTHER READING: *The Truth about the Drug Companies* (Marcia Angell)

AUTHOR BIO: Joseph Dumit is the Director of Science & Technology Studies and Professor of Anthropology at University of California, Davis. He has written and edited numerous books and articles on medicine, patient groups, neuroscience and brain imaging, and the changing terrain of scientific research. He is the former associate editor of *Culture, Medicine & Psychiatry*.

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www.sellingsickness.com.