

Researched Persuasive Writing and Speaking

Big Pharmaceuticals: Putting Profit Before Progress

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The pharmaceutical industry is expected to be worth \$1.4 trillion by the end of 2020 (Hoen, 2020). The U.S., the largest market, accounting for more than \$450B in revenues in 2017, is supported by nearly 70 percent of Americans who take at least one prescription drug (Walsh, 2018). Nevertheless, three quarters of the patents approved by the FDA are for existing medications (Mazzucato, 2018) as pharmaceuticals extend their patents by finding new indications for a drug in order to prolong their monopoly. Billions of dollars of profits, subsidies and revenues disincentivize innovation and instead encourage big pharmaceuticals to expand their current market.

Pervasive therapeutic drug use can largely be attributed to a pharmaceutical marketing strategy known as disease mongering, raising awareness for illnesses targeted by the drugs, and distorting seriousness of the diseases. Yet current regulations only deter advertisements for drugs before adoption, but do not prohibit promotion of diseases. Some may argue that disease mongering is the past, and the invention of diseases is now a conspiracy between pharmaceuticals, patients, regulators and physicians (LaMattina, 2018). However, pharmaceuticals take measures to avoid such scrutiny. First, instead of inventing diseases, they subdivide common diseases to obtain expedited FDA approval of drugs for rare diseases that afflict fewer than 200,000 people (Walsh, 2018). Second, they exaggerate mild symptoms and broaden the definition of known diseases to exploit atavistic fears of sickness, and associate diseases to the drug in order to develop diagnostic distinctions and achieve monopoly.

Besides establishing a goldmine for long-term treatments, which may offer few benefits often outweighed by side effects and inconvenience, large pharmaceuticals repress legislation that could lower prescription drug prices, arguing that such policy would lead to a decline in medical innovation and drug development. Despite their profits and claims, they have cut research investments, for instance, on psychiatric

medicine by 70% in just the past decade (O'Hara & Duncan, 2016) as well as on vaccines and antibiotics. Novartis, following other big pharmaceuticals such as Astra-Zeneca, Sanofi, and Allergan, retreated from antibacterial and antiviral research in 2018, just two years after announcing they would develop cures for life-threatening infections, or superbugs (Hu, 2018). In fact, pharmaceutical companies spend \$19 on promoting new drugs for each dollar spent on R&D (Light & Lexchin, 2012). Despite pressures from generic producers and imminent expirations of patents, the leading pharmaceuticals are averse to new drug development, which they deem time-consuming, unpredictable and costly, trimming investments until there is no compelling reason to oppose legislation that cuts healthcare pricing.

With little financial incentive for innovation, most choose the shortcut of buying third-party inventions that have demonstrated efficacy. At Pfizer, 34 third-party products accounted for 86% of the \$37.6B of revenue generated by the top 44 products; likewise, 16 J&J products invented elsewhere accounted for 89% of the \$31.4B that its 18 leading products generated (Jung, Engelberg, & Kesselheim, 2019). Indeed, according to Dr. Jean Patel of the CDC, a fair number of active antibiotics that originated in small startups were acquired by big pharmaceuticals (Hu, 2018). In addition, they spend more on share buybacks than on research; Pfizer spent \$139B in the past decade on buybacks and only half as much on R&D (Mazzucato, 2018).

Rather than creating cures, large pharmaceuticals are not even making efforts on the rising threat of drug-resistant infections, estimated to cause 10 million deaths annually by 2050 (Hu, 2018). Instead of creating clients, boosting potential markets and purchasing inventions, pharmaceuticals should consider their social responsibility, strive for impartiality in health care and objectivity in science and ethics, thereby fulfilling their pledge to those who rely on treatment.

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