Lancet Snaps Fingers to Make New Drugs Appear

By ACSH Staff — December 11, 2009

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The pharmaceutical industry gets blamed for many flaws in America's healthcare system. Witness an editorial in last week's The Lancet, a widely read British medical journal calling for new antibiotics to be created.

The Lancet editors (likely including editor in chief Richard Horton, who published a tragic anti-vaccine article in that journal eleven years ago) wish that drug companies would simply ignore the potential profitability of new drug pipelines -- devoting their resources to more charitable research aims in accord with the journal's own public health goals. The editors assert that the executives in charge of Big Pharma's long-term goals "may not perceive development of antimicrobial drugs to be attractive -- owing perhaps to a clinical need restricted to short courses of therapy, and the likelihood that the drugs' useful lives will be truncated by resistance."

In other words, according to the "J'accuse" folks at The Lancet, Big Pharma prefers to develop blockbusters that millions of people will take for decades rather than diverting R&D budgets to fight renegade bacteria. Never mind that drugs for chronic diseases such as heart disease and high blood pressure benefit millions -- even while contributing to the financial wellbeing of the drug makers, allowing them to invent more lifesaving drugs for future generations.

The editors in London overlook the fact that financial incentives are the engine of the pharmaceutical industry (and that regulatory obstacles to developing and bringing to market effective new antibiotics are myriad, increasing costs). New drugs will not miraculously appear just because The Lancet, even in consort with all knowledgeable authorities, suddenly realizes we are in desperate need of them.

This attitude -- that drug companies should become charitable endeavors -- is not confined to The Lancet. When Marcia Angell was editor at the New England Journal of Medicine in 2006, she wrote a book in effect demanding that drug-makers stop producing expensive new drugs and settle for the generic versions, abandoning insufficiently-unique "me-too" drugs as well -- one size should be good enough to fit all. After all, why should drug companies exploit sick patients for profit?

But going down that path would lead to stagnation in drug pipelines, and the current scarcity of effective new drugs (including antibiotics) would soon be looked back upon as an innovative Golden Age, as we consigned our children and grandchildren to vintage-2009 drug options.

Rather than pointing fingers, maybe The Lancet mega-brains should consider the reasons new antibiotics and other potential lifesaving drugs are in such short supply:
Drug companies now fear to invest in hugely expensive and decade-long drug development and clinical trials when pressures from every side encourage short-term, profit-making research areas: lifestyle drugs and cardiovascular risk-reducers help create profits to re-invest.

The companies have to pay millions of dollars in what amounts to blackmail to get "a seat at the table" with government negotiators -- only to find themselves looked upon as a budget-gap-filling item on the menu rather than as guests.

More and more stringent rules govern so-called "conflict of interest" practices, limiting interaction between academia and industry and restricting medical communications between doctors and drug companies.

Predatory tort lawyers sue perceived deep-pocketed companies for any untoward reaction.

Even the President implies that drug makers should be content to produce a cheaper "red pill" and pass on the expensive new "blue pill."

Now, even the once-dead proposal to allow "imported" drugs (cheap thanks to foreign price controls, yes -- but of uncertain provenance and components) into our pharmacies has been resurrected to haunt us again in the new Senate "health reform" bill.

Those at The Lancet and their ilk who threaten to convert the drug industry into a public utility seem to believe that all pharmaceutical researchers need is their sage advice to "just do it" -- as if, by magic, millions of effective and safe new pills will roll off the assembly line, free of charge. They believe that our new, lifesaving drugs were developed by the government (at the National Institutes of Health, perhaps), so why should the pharmaceutical industry make all those profits? The fact that other countries with government-owned or -operated drug industries have seen their innovative drug pipelines wither away has not convinced critics that the same thing could easily happen here. In fact, it has already begun.