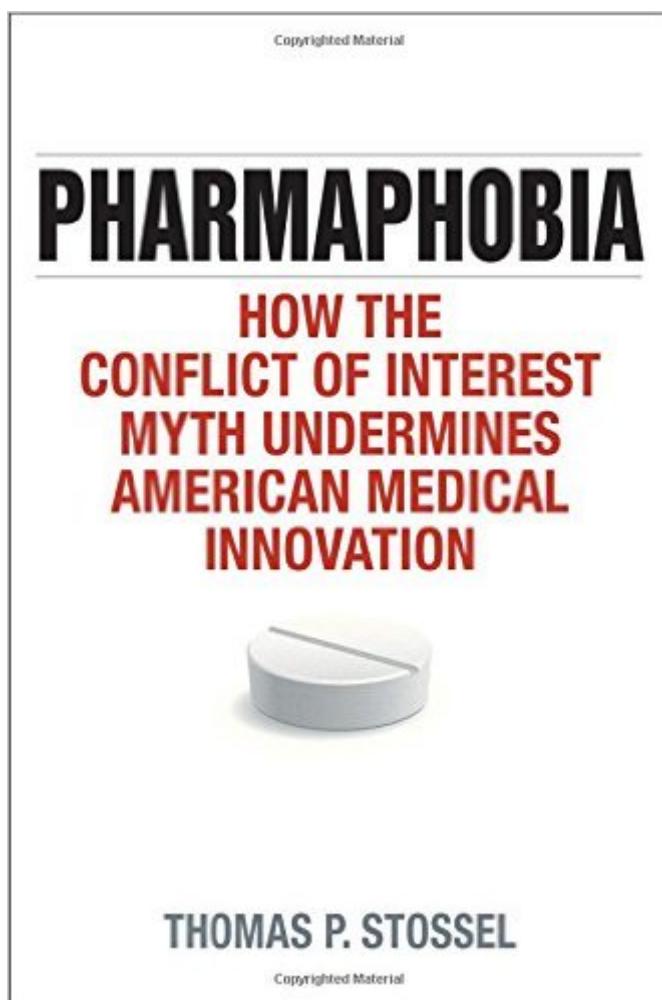


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# Pharmaphobia: How The Conflict Of Interest Myth Undermines American Medical Innovation



## Synopsis

For millennia, human survival depended on our innate abilities to fight pathogens and repair injuries. Only recently has medical science prolonged longevity and improved quality of life. Physicians and academic researchers contribute to such progress, but the principal contributor is private industry that produces the tools – drugs and medical devices – enabling doctors to prevent and cure disease. Heavy regulation and biology’s complexity and unpredictability make medical innovation extremely difficult and expensive. Pharmaphobia describes how an ideological crusade, stretching over the last quarter century, has used distortion and flawed logic to make medical innovation even harder in a misguided pursuit of theoretical professional purity. Bureaucrats, reporters, politicians, and predatory lawyers have built careers attacking the medical products industry, belittling its critical contributions to medical innovation and accusing it of non-existent malfeasance: overselling product value, flaunting safety and corrupting physicians and academics who partner with it. The mania has imposed a conflict-of-interest • regulations limiting or banning valuable interactions between industry and physicians and researchers and diverting scarce resources from innovation to compliance. The victims are patients suffering from cancer, dementia, and other serious diseases for which new treatments are delayed, reduced, or eliminated as a result of these pointless regulations. With breathtaking detail, Thomas Stossel shows how this attack on doctors who work with industry limits medical innovation and inhibits the process of bringing new products into medical care.

## Book Information

Hardcover: 352 pages

Publisher: Rowman & Littlefield Publishers; 1 edition (April 23, 2015)

Language: English

ISBN-10: 1442244623

ISBN-13: 978-1442244627

Product Dimensions: 6.4 x 1.2 x 9.1 inches

Shipping Weight: 1.7 pounds (View shipping rates and policies)

Average Customer Review: 4.4 out of 5 starsÂ See all reviewsÂ (10 customer reviews)

Best Sellers Rank: #619,276 in Books (See Top 100 in Books) #187 in Books > Textbooks > Medicine & Health Sciences > Medicine > Clinical > Physician & Patient #200 in Books > Textbooks > Medicine & Health Sciences > Administration & Policy > Health Policy #502 in Books > Textbooks > Medicine & Health Sciences > Medicine > Basic Sciences >

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Stossel uses many combative terms to describe the focus of his critique. In his book, Stossel repeatedly refers to the "Conflict-of-Interest Movement," "Conflict-of-Interest Narrative," and conflict-of-interest "instigators, enablers and enforcers." Here's a sample of his acerbic style: "The case underlying the conflict-of-interest movement is a mixture of moralistic bullying, opinion unsupported by empiric evidence, speculation, simplistic and distorted interpretations of complicated and nuanced information, superficially and incompletely framed anecdotes, inappropriately extrapolated or irrelevant psychological research results, and emotionally laden human-interest stories." Tell us what you REALLY think Dr. Stossel! To me this sounds like every pharmaceutical marketing campaign, especially the part about "emotionally laden human-interest stories." But will his book, which ends with a section on "What is to be done," turn the tide as Stossel hopes it will? I don't believe his treatise is very convincing mostly because he bases his arguments on personal experience, labeling his opponents as "instigators" or worse, and knocking down "straw men." Regarding "straw men," Stossel debunks research that attempts to prove that payments to physicians entices them to prescribe the sponsors' drugs by citing psychology research involve students estimating the number of beans in a jar. "Who cares about how many beans/coins are in a jar!" quips Stossel. But Stossel does not address research such as the a study from the Rady School of Management, University of California at San Diego. Researchers there collected data on payments to physicians provided on the Dollars for Docs website, hosted by ProPublica and matched that information to prescription information for each doctor as reported from Medicare (Part D) reimbursements. The data show that the highest paid physicians -- i.e., top 10-20% -- significantly increase prescriptions for the sponsors' drugs and decrease prescriptions for other companies' drugs. Especially weak, however, are the calls to action Stossel mentions in the "What is to be done" section of his book. Most of his ideas have already been tried; i.e., such as recruiting Anti-COI KOLs (companies should recruit as many of these partners as they can, and they should especially seek out individuals with influence in their professional organizations) and targeting his message (i.e., his book) to people who "have enough at stake to pay attention to it, deal with the confrontation associated with it, and be willing to participate in advocacy to promote it. The groups to focus on," says Stossel, "are the many people with diseases or whose families have diseases that they want to have prevented, better managed, or cured." Even his suggestion that someone -- perhaps at PhRMA -- should have "debunking

the myth" as his (or her) main job is not a very innovative solution. It seems that 50% of PhRMA's PR efforts are already devoted to debunking several of the "myths" that plagues the industry. Even pharma CEOs such as Lilly Uber CEO John Lechleiter are doing it. What more can a single full-time person do? Stossel hopes that his book will be read by the general public. But he himself admits "it's really complicated and even intelligent, well-educated people -- even doctors -- don't understand innovation and how wrong" the conflict-of-interest movement is. Also, the book is over 300 pages long, which is beyond modern-day readers' attention spans.

Ordered book. Have listened to him on YouTube. There is no doubt that there is opportunity and existing corrupt practices in the relationship with industry and doctors / medical researchers. However, the last 8 years and especially the last 4 things have gone nuts with the conflict of interest (COI) mafia. Sales rep came and left a device in our office. Was a demo and the administrator signed it in my name. It is on the public web site as me having received \$500!!! We are signing COI policies for research that pretty much state that anything of value from a pvt. body is a COI but any payment from a govt agency is not. Really? Is govt that pure? And private that corrupt? Give me a break. Innovation comes from both govt and pvt. (both have merits). Proper healthy relationship needs to be promoted. Doctors and scientists are at forefront of medicine and know what is needed and so partnership needs to be supported and not seen as a COI. Say, I a biologist am inventing a blood test and I want to know how it will apply the cardiology world. So, I go around and ask some cardiologists (advisory board). Am I not to pay them for their wisdom and time? Maybe these few now are impressed with my data and use the test. So are they in COI because I paid them or they using it because they know more, and better than others. This whole COI movement has reached its usefulness and now over-arching. Soon it will be like, "oh you are a doctor,,, you cannot innovate, you cannot own stock in public traded pharma/biotech, you cannot invest in anything other than music and sports and a burger joint". This needs to stop guys.

I think everyone should buy this book. But I'm biased, because the author is my dad. Still, if you care about medical innovation, or about how we do medical research in this country, or about the sometimes crazy & misguided regulations that impede such innovation, buy it! Even though--and my dad, whom I love dearly, knows my view on this--I think some of his more extreme positions are a bit loony. (I'm maybe kind of Rand Paul to his Ron Paul on some of this stuff.) He would tell you that that's because I don't know what I'm talking about--and he may be right. Buy and judge for yourself!

Excellent book. Very enlightening. With all the convoluted machinations in the Affordable Care Act, Pharmaphobia investigates the tragic issues related to conflict of interest which undermines some of the best and brightest minds in medicine, and discourages them from fully participating in creating medicines and pharmaceuticals that could greatly accelerate wellness across a wide spectrum of the population, and reduce costs as well. Well-written and clearly presented, it is a book that should be forcibly distributed throughout the bureaucracies, elected officials and contributors in Washington DC.

This book demands that physicians and the public approach the topic of ""Conflict of Interest" the same way they approach medical care....that is to base their approach on evidence..not on intuition or on what feels good.I was chief of staff at a major medical center some years ago and during my tenure led a successful fight against perceived conflict of interest...we banned "free lunches", coffee cups, and all manner of funding...after reading this book I'm having second thoughts... wondering if my opponents, and not me, had it right

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