

Is there really a vast conspiracy to deprive us of cures and profit off our misery?



The line of reasoning goes as follows: The pharmaceutical industry, partnering with its enablers in Big Food and Big Medicine, and subsidized by Big Government, has a stake in keeping us sick and dependent on their expensive, but non-curative chemical remedies. These interests are sometimes collectively referred to as the "Sickness Industry."

For example, this view is expressed on a website luridly titled doctorsaredangerous.com: *“Millions of people are suffering needlessly as a direct result of the food industry and the drug manufacturers’ unconscionable zeal to earn hundreds of billions of dollars, aided and abetted by scientists who have been paid handsomely to fudge, even falsify, test results.”*

Throughout my career, I’ve resisted the Siren song of these pitches. I can’t help it. Although I’ve got a cynical side, I have a hard time believing that there’s some vast, evil conspiracy to withhold cures from the populace to enrich drug companies, doctors, and makers of poor quality food.

Perhaps I’m naive. I recently came across a CNBC article with a provocative headline: “Goldman Sachs asks in biotech research report: ‘Is curing patients a sustainable business model?’”

In the article, business reporter Tae Kim notes that Goldman Sachs analyst Salveen Richter recently rendered a cold-hearted assessment of a new raft of drugs that are designed not merely to treat, but rather definitively cure, chronic diseases.

“The potential to deliver ‘one shot cures’ is one of the most attractive aspects of gene therapy, genetically-engineered cell therapy and gene editing. However, such treatments offer a very different outlook with regard to recurring revenue versus chronic therapies,” Richter wrote in the note to clients. *“While this proposition carries tremendous value for patients and society, it could represent a challenge for genome medicine developers looking for sustained cash flow.”*

In other words, if a treatment is too effective, it could soon exhaust the available pool of patients who represent profitable returns for Big Pharma!

This is already happening with hepatitis C. Now that we have new drugs like Harvoni that are 90% effective at eradicating

the virus once and for all, “curing existing patients also decreases the number of carriers able to transmit the virus to new patients, thus the incident pool also declines,” Richter writes.

But, not all is lost: Richter goes on to say that—fortunately for drug companies—even if cures emerge for cancer, the “incident pool remains stable”, i.e., there will always be plenty of people coming down with cancer to be candidates for treatment, and “the potential for a cure poses less risk to the sustainability of a franchise.”

It’s a cold-hearted calculus that views disease treatments as profitable “franchises”. The CNBC article about the Goldman Sachs investor report prompted Milton Packer MD to pen an op-ed for MedPage Today entitled “It’s Official! Curing Patients Is Bad for Business”. Packer envisions the following scenario:

“Just imagine a company has a new drug that can cure a disease in >90% of patients with one dose.

The imagined response from investors: That is great. But your drug is too effective. You won’t be able to generate sustainable cash flow with that kind of business plan.

The obvious suggestion: Could you possibly make the drug a bit less effective, so that people would need to continue to take it on an ongoing basis, so you would be able to generate more money?

The company says no.

The imagined response: Well, if you insist on making a drug that cures with one dose, we would recommend charging a king’s ransom for it. Could we propose that you charge \$1 million for a course of treatment?”

If that sounds fanciful, consider the proliferation of new

cancer immunotherapy drugs like Keytruda (\$12,500 per dose, \$150,000 per year) that cost hundreds of thousands of dollars for a few doses, and yet only prolong life, on average, for a mere few months?

Or a new drug (Luxturna) that cures a rare type of blindness with a single shot, at a cost of \$425,000 per eye!

Despite these potential bonanzas, the fact remains that the majority of Big Pharma “franchises” are directed toward chronic disorders: Acid reflux, hypertension, diabetes, allergies, depression/anxiety, asthma/COPD, arthritis/back pain, high cholesterol, autoimmune diseases, osteoporosis, insomnia, overactive bladder, etc. The average American over 50 takes 2 or 3 drugs daily, sometimes more, and these are not curative, merely ameliorative.

And new studies are revealing how dependency-forming many of these drugs are. Proton pump inhibitors for GERD are notorious for creating acid rebound; pain meds are highly addictive; steroids are hard to withdraw from; and the prevalence of antidepressant backlash is finally coming to be acknowledged.

Were they deliberately engineered to be addictive to foster a sinecure for drug companies? I doubt it, but doctors and pharmaceutical researchers, with a vested interest in promoting prescriptions, have been too slow to sound the alarm.

What of the claim that “scientists have been paid handsomely to fudge, even falsify, results?” I know many well-meaning medical researchers, and they are idealistic and ethical. They got into drug development to help alleviate the suffering of humanity.

But research into cures has undoubtedly been corrupted by the profit motive. None other than a former editor in chief of the *New England Journal of Medicine*, Marcia Angell, famously recanted her faith in published medical research:

“It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor.”

And Arnold Relman MD, another former editor in chief of the *NEJM* said this in 2002:

“The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it’s disgraceful.”

This gloomy assessment ignores the promising perspective of Integrative and Functional Medicine, which seeks prevention and reversal of disease through lifestyle modification and natural intervention. If we’re looking for fundamental “cures” that don’t cost an arm and a leg—and may bring with them unacceptable side effects—there’s no better place to look than what I’ve dubbed “Intelligent Medicine.”

But to go there, we may have to buck the formidable tide of medical economics.