

Pharmageddon — a myth or reality

Since time immemorial health and illness are two sides of same coin revolving around medicine. Either it was the era of Thalidomide disaster which precipitated horrific congenital anomalies in newborns when used by pregnant mothers for their morning sickness¹ or the present concept about Statins that it may work for the prophylaxis of heart ailments in everyone over 40,² the safety and effectiveness of medicine is a question. Although on one hand the evidence of thalidomide utility in leukaemia and leprosy³ speaks volumes of proper usage of a threatened medicine while on the other hand change of statins status from prescription medicine to non-prescription medicine may increase the risk of interaction to adverse reactions in times of self medication.

Pharmageddon, a controversial concept, embraces the idea of "for every ill there is a pill". It is defined as the prospect of a world in which medicines and medicine produce more ill-health than health, and when medical progress does more harm than good.⁴ It is a vicious cycle mainly involving the pharmaceutical industry, physician and the patient.

Pharmaceutical industry boasts to cater to the needs of masses but always gives priority to profit maximization. New molecules are launched with a 'speed-to-market strategy'.⁵ To be precise pharmaceutical companies strictly abide to decades old statement of Milton Friedman that social responsibility of any business is to increase its profit.⁶ On the other hand physicians are the target of plethora of devious marketing strategies of pharmaceutical industries.⁷ Thus keeping in view the benefit-to-risk ratio only the physician is the balancing power to ascertain the true need of medicine and provide relief and succour to the patient in

minimum time and cost.

Global warming and ozone depletion being interrelated paved the way for global climate change thus threatened to manifest new pathologies and disorders. In the same way unethical marketing of new chemical entities and their irrational and injudicious use may evolve into a fragile and ticklish blueprint of pharmageddon.

The probable prophylactic measure for pharmageddon is the rational attitude of physicians towards pharmaceutical industries which in turn will benefit the society in general and patient in particular.

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4. This definition was agreed following a meeting on Pharmageddon, in London on 23 April 2007, attended by Professor Graham Dukes, Dr Andrew Herxheimer, Professor David Healy, Charles Medawar, Susan Powell, Dr Tim Reed and Donna Sharpe.
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