

THE LEFT ATRIUM

Book review

Disease and the dream of drugs

Super pills: the prescription drugs we love to take

Steven Manners

Raincoast Books; 2006

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What is a perfect world? Is it an illusion? Or is it perfect health? Can you imagine a world without discomfort, angst or distress of any kind? If you can, then perhaps perfection is not an illusion but just a few pharmaceuticals away. It is this belief, this faith, whether spoken or unconscious, that has driven a pervasive enthusiasm to pursue health: The belief that health and happiness must be one. *Super pills* describes a world hungry for medical solutions, chronicling the complicated evolution of our favourite conditions and their panacea.

Steven Manners has provided a well-referenced book rich in fact and history. The references are linked to reasonably detailed footnotes, and the book includes

build a readable, even captivating, book. Laced with sarcasm and dry humour, the book keeps our attention with bizarre stories (a urologist using self-portraits to educate on erectile dysfunction) and shocking anecdotes (a Surgeon General of the United States proclaiming we can close the book on infectious disease).

To deliver his message, Manners outlines the history and associated pharmaceutical products for a different medical issue in each of the 9 chapters. The topics are antibiotics, ulcers and gastroesophageal reflux, insomnia, anxiety, depression, cholesterol, anti-inflammatories, attention-deficit hyperactivity disorder and erectile dysfunction. We are told of the motivation, influences, outcomes and repercussions of each step in the evolution of the products. We learn how disease markets drive pharmaceutical development, and how pharmaceutical developments drive, or create, markets. As Manners states, "When four products compete for space, space itself expands."

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an index, allowing readers (particularly teachers) to use the book as a resource. While educating and delivering his message, Manners uses interesting information and an appealing writing style to

The book is written with the general public in mind but certainly is an interesting and beneficial read for most physicians. Some physicians may find fault in the contents of the book. First,

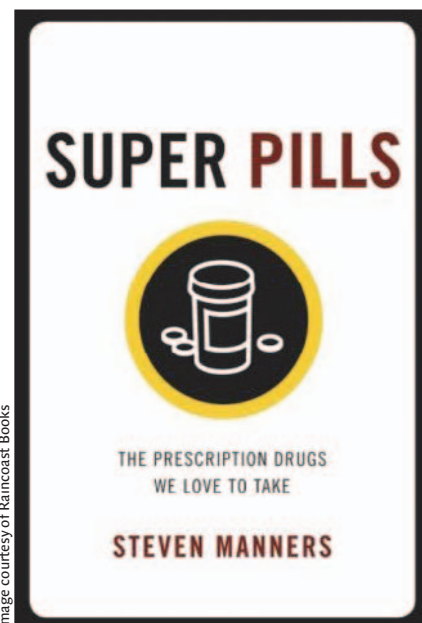


Image courtesy of Raincoast Books

Manners does make the occasional medical mistake (although minor and rare). Second, he includes physicians as contributors to the problem. Certainly, a lot of focus is given to the pharmaceutical industry. It is easy to recognize that the pharmaceutical industry has perhaps the most to gain and has made the largest contribution to our chemical-cure society. Wisely, though, Manners does it practically and focuses his magnifying glass on all parties, from patients to government. The dream of perfect health and solutions to all medical (and some social) woes is enticing, perhaps irresistible. We all are both perpetrators and victims, and none of us is innocent or immune. As Manners states, "Who is to blame for all those prescriptions? Everyone. And everyone inevitably points the finger at everyone else."

A good example of Manners' approach involves the treatment of psychiatry, which seems to be good fodder for his arguments. Four of the 9 chapters concentrate on psychiatry, but the themes of discontent and anxiety spill over to other areas of the book. Often psychiatry is a target for exploring the behaviour of the pharmaceutical industry. Although Manners uses the quote "Medicalization of discontent is a growth industry,"¹ he ends the chapter reminding us that, for the health consumer, "There is no end to our discontent."

We also see in the book some of the reality of science. Many of us hold the dream of "truth" in science, that its methods are deliberate and altruistic. But here we see science as almost random chance and its products frequently developed more for potential financial gain rather than benevolence. This may be uncomfortable for those of us who have put our faith in evidence-based practice or who subscribe to the common belief that our prescribing is based wholly on evidence or science.

Inarguably, we have all benefited from medicines, directly or indirectly. Unfortunately, their adverse effects have been a major cause of morbidity and mortality, and many of our prescriptions are given (or requested) for non-life-threatening illnesses. Many researchers have struggled to examine the influences on our prescribing behaviours, often with the hope of improving these behaviours. Unfortunately, the influences are numerous, complex and at times subtle or even subversive.

Super pills examines why some of our favourite pills have become so popular, the influences that made them so and the repercussions. If you write prescriptions, take medicines or are concerned about the use of pharmaceuticals, I recommend that you read *Super pills*.

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REFERENCE

1. Loe M. *The rise of viagra: How the little blue pill changed sex in America*. New York: New York University Press; 2004.

Room for a view

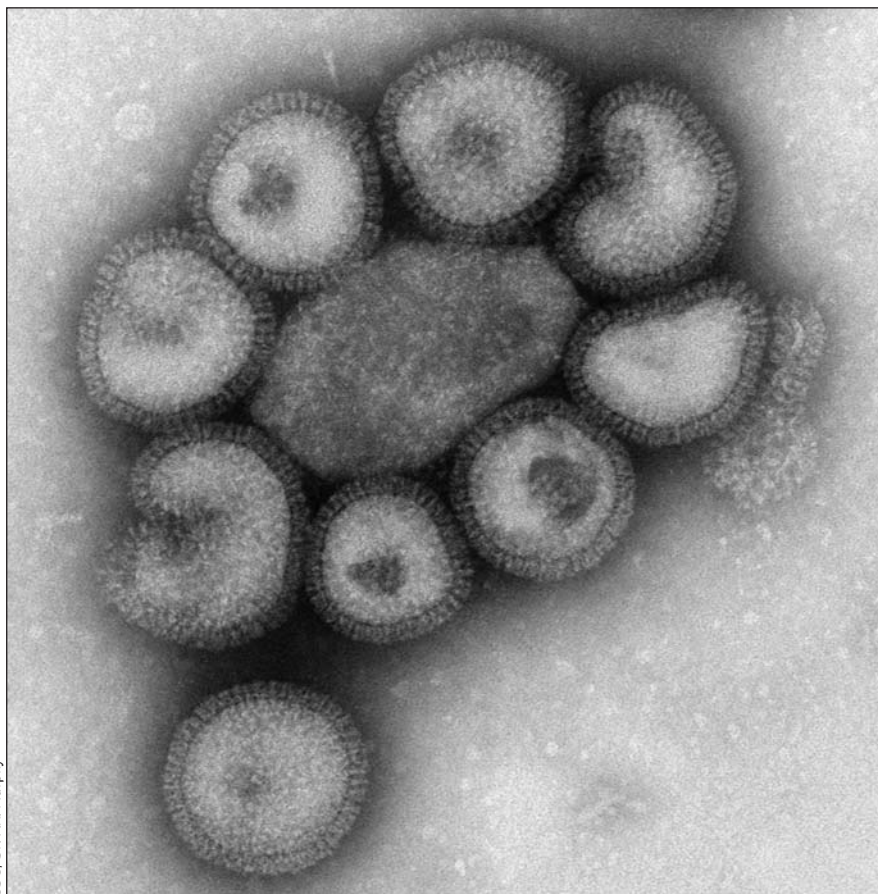
Influenced

Why do we, as physicians, feel let down when we get sick? Do we expect that we are somehow immune from something as universal as illness? Striving constantly for perfection, do we feel abandoned by our bodies when we become ill? I'm not sure what bothers us more — the feeling of vulnerability or dispensability.

During my combined infectious disease and critical care fellowship, I recently became ill with influenza and had to face my own vulnerability and dysfunctional need to feel indispensable as a physician. As a result of my illness, I have a renewed respect for influenza and am more convinced than ever that health care workers should receive influenza vaccination — not only

to protect their patients but to spare them an experience similar to mine.

The Infectious Disease Service was busy as usual at the large inner city teaching hospital where I was working. There were many consults and no junior house staff, making for hectic days. I was on call over the weekend when I was informed about a possible influenza outbreak on a ward. A patient had tested positive for influenza and had likely exposed 3 roommates, one of whom was already symptomatic. I saw all 3 patients, suggested isolation and appropriate treatment, and left a message for Infection Control to follow up on Monday. I continued seeing consults until late in the day, finishing up in the evening. That was Sunday.



CDC/Dr. F.A. Murphy

They may be small but ... Influenza virus particles (virions) in a negative-stained transmission electron micrograph.