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Medical Research for Hire: The Political Economy of Pharmaceutical Clinical Trials

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that physicians, particularly family practice physicians, should have on their bookshelves. The text should be of interest to nutritionists, dietitians, pharmacists, and other health professionals. I would encourage physicians to include registered dietitians as part of the health team in the nutritional treatment of their patients.

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MEDICAL RESEARCH FOR HIRE: THE POLITICAL ECONOMY OF PHARMACEUTICAL CLINICAL TRIALS

By Jill A. Fisher
257 pp, \$24.95
Hoboken, NJ, Rutgers University Press, 2009
ISBN-13: 978-0-8135-4410-6

AMBIVALENCE TOWARD THE PHARMACEUTICAL INDUSTRY IS BASED on hope for progress and frustration with delays in applying discoveries but also on fears about product safety, “human guinea pigs,” and deception, as described in Marcia Angell’s *The Truth About the Drug Companies: How They Deceive Us and What to Do About It* (2004) and Jerome Kassirer’s *On the Take: How Medicine’s Complicity With Big Business Can Endanger Your Health* (2005). However, as a business, the industry is accountable to shareholders, while public expectation progressively raises the bar for getting products to market and deriving return for investment, making innovative development an increasingly risky business. What is important is not whether research is for-profit but how it is conducted and applied. This industry is unique in neither its evolution nor its response to economic pressures and globalization, as documented in Sonia Shah’s *The Body Hunters: Testing New Drugs on the World’s Poorest Patients* (2006).

In *Medical Research for Hire*, Fisher examines the industry’s structural evolution and how it operates at the microlevel in terms of the interactions of research participants, coordinators, investigators, monitors, and project managers. The book, based on ethnographic studies in the US southwest over a 12-month period, is written in sociological language that in places may prove a hurdle for some readers.

Ethnography involves the evolution of qualitative theory from observation and interviews with a relatively small number of individuals; it has many strengths, but its weaknesses include a focus on the microlevel and a lack of controls. However, Fisher uses secondary research on industry performance to supplement her empirical findings with a macrolevel examination of the structural forces that shape health care and for-profit research and how these affect the

lives of the individuals she studied. As the subtitle implies, the major subtext is the neoliberal agenda and how its logics determine the division of labor, particularly in health care. The other related subtext is the gendering of labor in the clinical trial industry and its assumptions about, and relative devaluing of, women’s work.

Fisher’s thesis is that neoliberalism has produced a fractured health care system that pushes clinicians and consumers into research as ersatz health care. While the limitations of such substitution are obvious, she provides a fascinating insight into how individuals process this environment, internalizing industry values and rationalizing their tasks while evolving a particular code of ethics that helps them resolve the conflict created by this artificial form of care. Fisher also describes how the regulatory and bioethical environment is perceived—how it fails to address the structures that determine autonomy and consent in this environment—and adds her voice to those questioning the conventional meaning of those terms in favor of a more nuanced understanding of how they are shaped. Fisher shows how neoliberalism and the ascent of individualism, autonomy, and choice over broader social considerations fits with the commodification of both health and the body and with the perceived “right” to health care without limits, based on the resources of the individual rather than those of society. One question that needs to be asked is whether this situation arose from the coalescence of a number of factors unique to current US economy and society, thus limiting generalizability. Nor can it be assumed that the problems depicted are unique to for-profit research.

In this scenario, the indigent are experimented on for benefits they will never be able to realize but that are transferred to those who will. Distributive justice underlies much of the ethical dilemma depicted, asking how the risks and benefits of research can be better distributed not just between markets (subject and consumer) but also between the research participants and the industry that gains from the gift of their bodies. Fisher’s fieldwork focuses on the actors who directly interact with each other in clinical trials, but absent are those to whom her questions are addressed—the regulatory system and the ethics committees responsible for oversight and protection of participants.

Readers of *Medical Research for Hire* are left asking how such issues might be resolved. Pharmaceutical research, despite its drawbacks, does result in some societal benefit and needs human volunteers to develop its products, whatever its motives. Fisher suggests that the answer lies in “fixing” US health care, an ambitious but topical agenda.

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