

MEDIA EDUCATION
FOUNDATION
STUDY GUIDE

BIG BUCKS, BIG PHARMA:
MARKETING DISEASE & PUSHING DRUGS

STUDY GUIDE WRITTEN BY BILL YOUSMAN

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NOTE TO TEACHERS

This study guide is designed to help you and your students engage and manage the information presented in this video. Given that it can be difficult to teach visual content—and difficult for students to recall detailed information from videos after viewing them—the intention here is to give you a tool to help your students slow down and deepen their thinking about the specific issues this video addresses. With this in mind, we’ve structured the guide so that you have the option of focusing in depth on one section of the video at a time. We’ve also set it up to help you stay close to the video’s main line of argument as it unfolds. The structure of the guide therefore mirrors the structure of the video, moving through each of the video’s sections with a series of key summary points, questions, and assignments specific to that section.

Pre-viewing Discussion Questions are designed to inspire preliminary discussion about the issues the video addresses prior to viewing.

Key Points provide a concise and comprehensive summary of each section of the video. They are designed to make it easier for you and your students to recall the details of the video during class discussions, and as a reference point for students as they work on assignments.

Discussion Questions provide a series of questions designed to help you review and clarify material for your students; to encourage students to reflect critically on this material during class discussions; and to prompt and guide their written reactions to the video before and after these discussions. These questions can therefore be used in different ways: as guideposts for class discussion, as a framework for smaller group discussion and presentations, or as self-standing, in-class writing assignments (i.e. as prompts for “free-writing” or in-class reaction papers in which students are asked to write spontaneously and informally while the video is fresh in their mind).

Assignments for each section encourage students to engage the video in more depth—by conducting research, working on individual and group projects, putting together presentations, and composing formal essays. These assignments are designed to challenge students to show command of the material presented in the video, to think critically and independently about this material from a number of different perspectives, and to develop and defend their own point of view on the issues at stake.

OVERVIEW

The global pharmaceutical industry includes some of the world's largest, most profitable corporations. It has come to be known as "Big Pharma" and it now exerts a tremendous amount of influence over the practice of medicine and patient care. This film explores how the quest for ever-greater profits has resulted in multi-billion dollar companies like Pfizer and Eli Lilly inserting themselves into the doctor/patient relationship.

The film examines how direct-to-consumer advertising of medications is a fairly recent innovation that has led to a sharp increase in the sales of prescription drugs. Americans are encouraged to "ask your doctor" for name brand drugs numerous times throughout the day. Doctors report that sometimes patients will request a medication they have seen advertised without even knowing what condition or symptoms it is meant to treat. Advertisements in fact provide very little information about prescription drugs. Instead, the drugs are emotionally branded by associating their names with images of happy people, living fulfilling lives, in beautiful settings. Other pharmaceutical advertisements present normal aspects of life as serious medical conditions, leading healthy people to believe that they need unnecessary, and potentially harmful, prescriptions.

Coupled with these direct appeals to patients, Big Pharma also spends millions of dollars every year promoting their drugs to medical professionals through visits from sales representatives, branded items, lavish gifts, and bushels of free samples. This intensive marketing to both doctors and patients has resulted in a medical culture that favors the quick fix of a pill over alternative solutions that take into account environmental, lifestyle, and societal causes of illness. Some doctors and educators, however, are beginning to fight these trends, and the film ends with a look at the activist movement that is coalescing around resistance to the influence of Big Pharma.

PRE-VIEWING DISCUSSION QUESTIONS

1. Have you ever paid much attention to advertisements for prescription drugs or thought about the influence they have over doctors and patients? Why or why not?
2. Have you ever been prescribed a medication that you didn't think you really needed? Have you ever asked a doctor for a specific medication? Do you know people who have?
3. There are lots of public health messages that discourage people from using illegal drugs. Do you think we live in an anti-drug culture? Why or why not?
4. According to Garth Jowett and Victoria O'Donnell, in *Propaganda and Persuasion*, "Propaganda is the deliberate, systematic attempt to shape perceptions, manipulate cognitions, and direct behavior to achieve a response that furthers the desired intent of the propagandist" (2006, p.7). Keeping that definition in mind, would you agree with the argument that prescription drug advertising is a well-funded propaganda campaign? Why or why not? If you agree, offer some examples of other propaganda campaigns that might be compared to pharmaceutical advertising. If you disagree, explain your reasoning.

INTRODUCTION

Key Points

- In the last decade the use of prescription drugs has become a regular part of life for millions of Americans.
- Advertising for prescription drugs constantly encourages patients to “ask your doctor” about the latest medication.
- The pharmaceutical industry includes some of the biggest corporations in the world, companies like Pfizer, Merck, GlaxoSmithKline, Johnson & Johnson, and others. In 2004 “Big Pharma” generated 550 billion dollars in combined global sales.
- In the U.S. most of Big Pharma’s profits come from the sale of prescription medications.
- Traditionally pharmaceutical companies have directed most of their promotional efforts at health professionals. But in recent years they are also using more and more direct-to-consumer (DTC) advertising to target patients directly.
- From 1996 to 2004, spending on DTC advertising rose over 500% to more than 4 billion dollars a year.
- In the face of this intensive marketing campaign, citizens must ask how this powerful industry is affecting how we think about our health.

Discussion Questions

1. Have you ever “asked your doctor” about a medication you saw advertised? Why? Why not? Do you know other people who have?
2. What potential problems could occur as an unintended result of the intensive advertising of prescription drugs? What positive effects may come from this?
3. How do we make sense of the systematic campaign to get Americans to take prescription drugs when we consider that there has been a simultaneous intensive media campaign aimed at discouraging the use of illegal drugs? Is there a contradiction here or does the issue of legality resolve any sort of mixed message?

Assignments

1. Do an Internet search for the term “Big Pharma.” Read a sample of the results and prepare a short report on the major issues raised. Also note whether the results you find are primarily negative or positive in terms of their perceptions of the pharmaceutical industry.
2. Tape several evening news broadcasts on the major networks. Prepare a short report on the number of pharmaceutical ads that appear during these news programs. Bring in some of the ads to show and discuss with the class. Consider who the targets of these ads might be and why they seem to be so prevalent during news broadcasts.
3. Interview your parents, grandparents, or other older family members about whether and why they have ever asked their doctors about medications that they have seen advertised. Report the results of your interviews to the class.

BRANDING DRUGS

Key Points

- DTC advertising of prescription drugs uses the same techniques as advertising for other commodities: branding products by associating them with positive emotions and images of happy people living fulfilling lives. You rarely see patients suffering from ailments in these ads.
- The positive images, however, are often contradicted by the lists of unpleasant and/or dangerous side effects that the industry is legally required to report.
- The ads are effective in influencing patients. Doctors talk about patients who come in with lists of drugs that they’ve seen advertised. Sometimes they don’t even know what the drug they want is actually meant to treat.
- This influence is especially important because of what is at stake in the advertising of medications: it is our health that it is potentially jeopardized. The positive images of happy, healthy people in drug advertising can be misleading in terms of the safety of the drugs themselves. Adverse drug reactions lead to 1.5 million hospitalizations and 100,000 deaths a year in the U.S. This is the 5th leading cause of death in America.
- Vioxx, for example, though prescribed for arthritis, was found to increase patients’ risk of heart attack. In 2000 more money was spent on promoting Vioxx than was spent on promoting Budweiser or Pepsi.
- The pharmaceutical industry defends DTC advertising as educational but skeptics say this is ridiculous. Thirty-second images of idyllic scenes do not serve an educational purpose. Furthermore, the companies that profit from selling more prescriptions cannot be counted on for objective educational information about the drugs they are trying to sell.

Discussion Questions

1. How do you see branding at work with other sorts of commodities? Do you see similarities or differences in how marketers attempt to brand prescription drugs?
2. Do you agree that there are higher stakes when it comes to prescription drug advertising than there are for other products? Can you think of other heavily marketed products where the stakes are also very high?
3. Were you aware that adverse drug reactions were the 5th leading cause of death in the U.S.? Do you think most people know this? Why or why not? What is your reaction to learning this?
4. Do you think there is any support for the claim that pharmaceutical advertising is educational? Why or why not?

Assignments

1. Read an excerpt from *No Logo* by Naomi Klein that discusses the rise of branding as a marketing technique:
<http://books.guardian.co.uk/firstchapters/story/0,6761,402483,00.html>. Write an essay in which you discuss how the ideas behind branding that Klein examines are relevant to an understanding of the marketing of pharmaceuticals.
2. Go back to the ads that you taped and watch them in class again. With other students, conduct a detailed analysis of how they use branding techniques to promote medications.
3. In an article intended for the industry entitled “Time Release Branding,” Edwin Colyer argues that a pharmaceutical company should start branding a new drug very early in the research phase. Read this article:
http://www.brandchannel.com/features_effect.asp?pf_id=97#more. Participate in a class discussion on the ethical implications of his proposals.
4. Go to the official websites for two or three major prescription medications (Nexium, Lipitor, Clarinex, Prozac, etc.) and download the lists of possible side effects. Engage in a class discussion on whether it was difficult to find/understand this information.

SWIMMING IN PILLS

Key Points

- When new drugs are tested before being put on the market they are not compared to old drugs to see if they are any better. They are only compared to placebos—in other words they are tested to determine if they are more effective than taking nothing at all.
- Because of this we have seen an explosion of new drugs—most of which are no better than the drugs that were already available. Instead, we have many duplicates of the same drugs, as in the case of allergy medications where there are numerous competing brands— all of which do the same thing with about the same effectiveness. These are known as “me-too” drugs. These “me-too” drugs are cheaper for the pharmaceutical companies to create because they require little research and innovation.
- From 1998 to 2004 only 14% of the new drugs introduced represented real improvements over old drugs. Eight percent were slightly improved but 78% were no better than existing medications.
- Lipitor is the top-selling prescription medication in the world but it is actually the fourth of six very similar drugs used to treat high cholesterol.
- These drugs all compete against each other with very little benefit for the consumer. They increase the overall amount of drug advertising as all of the companies seek to make their product the top seller. This competitive marketing drives up the prices for medication as costs are passed along to consumers.
- A classic example of this is the case of Nexium. Nexium is an old drug rebranded as a new drug. It is essentially the same as Prilosec. When the maker of Prilosec, AstraZeneca, was faced with the expiration of their patent, worth 6 billion dollars a year, they introduced Nexium as “the new purple pill” to treat heartburn and acid reflux. There was only one small chemical difference in its makeup and it had almost exactly the same effectiveness and side effects as Prilosec. Only the image was new.
- Consumers and doctors, however, were encouraged to switch to Nexium instead of a cheaper generic or over-the-counter version of the same drug. The much more expensive Nexium became the most advertised drug in the country and pharmaceutical representatives for AstraZeneca were told to start promoting Nexium even before the patent on Prilosec expired.

Discussion Questions

1. Do you think consumers benefit from having many versions of the same drug to choose from? Why or why not?
2. Do you think new drugs should be tested against older drugs that treat the same symptoms to see if they really do represent an improvement? Why do you think this doesn't happen?
3. Do you see the “me-too” phenomena at play with other products as well? Why do you think this happens so much? Does this really represent choice for consumers? Why or why not?
4. Why do you think patients don't choose to take generics more often if they are frequently cheaper and just as effective as “name” drugs?
5. How is “freedom of choice” defined in advertising? Are there other ways to think what choice really means?

Assignments

1. Read an interview with Marcia Angell on the pharmaceutical industry's use of “me-too” drugs to increase profits: http://www.motherjones.com/news/qa/2004/09/09_401.html. Then, go to a local pharmacy and count how many different products are sold, even in over-the-counter form, to treat the same symptoms. Finally, try to interview one or two pharmacists to investigate their feelings about this practice. Write a short essay based on your research.
2. There is a very informative article on AstraZeneca and the move from Nexium to Prilosec available on the Wall Street Journal's online publication: <http://www.chelationtherapyonline.com/technical/p36.htm>. Read this article and then participate in a class discussion on the ethics of this case.

DISEASE MONGERING

Key Points

- Changes to guidelines for “normal” health standards can lead to many more patients being defined as sick and therefore being put on prescription medications. This has happened in recent years with standards for blood pressure and cholesterol to name just two.
- For some people this has positive results—identifying serious conditions and receiving appropriate treatment. The problem is that many of the people involved with creating new guidelines have financial ties to the pharmaceutical industry.
- Drug companies are now starting to advertise health conditions, sometimes presenting rare conditions as if they are much more common than they really are.
- Dr. Bob Goodman argues that there is a trend toward medicalizing things that are just a normal part of everyday life. He suggests that the pharmaceutical industry’s involvement in this poses a serious ethical problem. People who would otherwise feel fine may become convinced that there is something seriously wrong with their health.
- Pharmaceutical companies actively search for new diseases that they can treat with old drugs because this allows them to extend the patent they hold on a given medication. Every time a new use for a drug is found the patent can be extended.
- An important example of this is drugs that were originally meant to treat only major depressive disorder are now being used for a whole range of “mood” disorders.
- The case of Paxil and Social Anxiety Disorder is instructive. The makers of Paxil, GlaxoSmithKline, hired a public relations firm to coordinate a major campaign to increase awareness of Social Anxiety Disorder. Social Anxiety Disorder is a condition, which Paxil had been approved to treat. Some experts question whether people who are just a little shy have become convinced that they have a serious condition which requires medication.
- It is true that some people who suffer from serious conditions do receive significant help from prescription drugs. The concern is about people who are actually well becoming convinced that they are sick. In the case of Paxil, for example, normal shyness may have been reframed as a disease.
- People who are prescribed medicine that they don’t really need may suffer from serious side effects. The use of anti-depressants by children, for example, has been linked to increased risk of suicide.

- Another example involves the Eli Lilly company and Prozac. Just as their patent was running out, Eli Lilly renamed Prozac as Sarafem, recolored the pill, and began referring to Premenstrual Dysphoric Disorder (PMDD) instead of Premenstrual Tension. They launched a thirty million dollar campaign to promote the use of Sarafem to treat PMDD. Sarafem is exactly the same as Prozac but it costs 3 times as much as a generic.
- Because of all of the DTC promotion of various diseases and conditions it is likely that millions of Americans are taking drugs that they don't really need. In addition to the unnecessary cost, these drugs may, in some cases, actually be harming the patient's health.
- We live in a culture that offers us all sorts of quick fixes for what are really complex problems and DTC drug advertising reinforces this tendency.
- As a society we tend to look only for individual biological solutions to ailments rather than recognizing the contribution of environmental, lifestyle, and social problems to disease.
- Patients should take responsibility for their own health, act as their own advocates, and tell doctors that they only want to take a medication if it is absolutely necessary. When medication is the best solution, patients should ask for cheaper generic drugs whenever possible.

Discussion Questions

1. The film mentions that medical professionals have changed the guidelines for normal levels of cholesterol and blood pressure. Should this be considered a positive or negative trend? Why?
2. Should drug companies be allowed to advertise directly to consumers at all? Is there a case to be made that they should only be allowed to direct promotional materials toward medical professionals?
3. Do you think people are susceptible to believing that they have medical problems because of the advertising they are exposed to?
4. Dr. Bob Goodman calls the practice of advertising diseases "evil." What do you think of this designation? Why do you think he chooses to use this term?
5. Do you think Social Anxiety Disorder is a real serious condition or is it simply normal shyness that has been medicalized?
6. How is the overuse of prescription medications part of a "quick fix" culture? What alternatives are there to taking drugs when you don't feel well?

7. What do you think it means to say that we rely only on individual solutions to problems? What would it mean to treat medical problems as social issues? Can you give some examples of how this would work?
8. How easy is it for patients to act as their own advocates when they are dealing with medical professionals? What obstacles do they encounter as they try to take responsibility for their own health care?

Assignments

1. Many people might react to the arguments made in this section of the film by saying, “Wait a minute... people do have real conditions ... illnesses that sometimes require medications -- and these ads might make someone more aware of the help that is available to them.” Divide into two teams, do some research on the issue, and then engage in a debate about whether advertising medical conditions does more harm than good for individuals and the greater society.
2. Read the article “A Disease for Every Pill” <http://www.thenation.com/docprint.mhtml?i=20051017&s=moynihan>. Then, take a look at the websites of some of the world’s largest pharmaceutical companies such as AstraZeneca, Eli Lilly, Merck, or Pfizer. Pay particular attention to their mission statements (usually found under a section called “About” or labeled “Vision” or “Values”). Write an essay where you first consider the position of critics such as the authors of the article, and those interviewed in this film, then what the industry would say in their own defense, and finally your own thoughts about whether normal life is becoming “medicalized.”
3. Record several evening news broadcasts on a number of different networks over the course of two weeks. Then examine all of the pharmaceutical advertising that is aired during these broadcasts. Write an essay where you consider how many of these ads seem to be promoting disease. In your essay provide an in-depth analysis of several of the ads and the images and words they use to convey their message. Also consider what the effects of the ads might be on frequent viewers. Show the ads you collected to the class and listen to other students’ reactions.

NO FREE LUNCH

Key Points

- While DTC advertising is the most visible form of pharmaceutical marketing, most promotional efforts are still aimed at medical professionals. This occurs through exhibits at conferences, advertising in medical journals, visits from sales representatives, and giveaways of branded items. Doctors and medical students receive so many branded gifts that they become walking advertisements for the big drug companies.
- Sales representatives are encouraged to flatter doctors and medical students and to provide them with free meals, trips, tickets to events, and other gifts. Sales representatives are given almost unrestricted budgets to purchase these gifts and they are told to mark them all down as educational expenses.
- Activities such as golf trips are called educational events because they would be illegal if they were identified as marketing. For example, it is illegal to pay doctors to prescribe certain medications but paying them to attend an “educational” event, or to help “educate” other doctors, about a medication is legal.
- Gene Carbona, who worked in marketing for the pharmaceutical industry for 12 years, admits that he frequently gave doctors golf clubs and cases of scotch, and listed these as educational expenses on his budget reports. He says that while the industry claims this type of activity no longer occurs, he knows from talking with colleagues who are still employed by Big Pharma that it does.
- Free samples of drugs are the primary marketing tool used by the pharmaceutical industry. In 2004 the retail equivalent of 16 billion dollars worth of samples were given away by the drug companies.
- The combination of DTC advertising, visits to doctors by sales representatives, and free samples all come together when a patient visits a doctor and complains of a specific ailment. The patient mentions a drug they saw advertised, the doctor recalls information from the sales rep, and then gives the patient a sample that was left by the representative. This works powerfully to encourage the use of the newest, most expensive, branded medications. None of this marketing is done for generics.
- Any given drug company needs doctors to prescribe their products rather than the most appropriate or cheapest options. This marketing, then, cannot really be described accurately as objective education.
- Research has demonstrated that, despite what they might say, doctors are influenced by all of these marketing activities. They do tend to prescribe the drugs that are promoted to them more heavily than other medications.

Discussion Questions

1. Do you see any problems with doctors using lots of branded items during their daily activities? Does this happen in other professions as well? Is there a difference when it happens in other occupations?
2. Is there any justification for calling the promotional activities described in this section of the film “educational”? What do you think a spokesperson for the industry would say? How would you respond to their defense?
3. If you were a doctor do you think you would be influenced by gifts and flattery? Why or why not?
4. Do you think that free samples of prescription drugs are good for patients? Can you think of any potential downside to the handing out of free samples?

Assignments

1. Break into groups. Each group should come up with another occupation where the use of branded products might be considered compromising (teachers, social workers, judges, etc.). Draw up a list of concerns related to this practice in the occupation you chose and report back to the class. (Don’t be afraid to have fun with this assignment—using absurd examples as analogies can help illuminate important elements of the real case under consideration. For example, imagine a Priest, a Minister, or a Rabbi using branded products.)
2. Read the New York *Times* article, “Give me an Rx! Cheerleaders pep up drug sales” by Stephanie Saul:
<http://www.nytimes.com/2005/11/28/business/28cheer.html?ex=1290834000&en=1f0c2de686b66853&ei=5088&partner=rssnyt&emc=rss>. Engage in a class discussion as to the implications of this article. Some questions to consider: Do you think the use of sex appeal to promote medications is ethical? Who is to blame if this is occurring? Can you think of other professions where appearance plays a role in your effectiveness? Do you think this a symptom of our entire culture’s obsession with youth and beauty? Is this article fair to the people profiled?

A HEALTHIER PRESCRIPTION

Key Points

- Some doctors are beginning to speak out about the unhealthy influence of Big Pharma on the medical profession. They are bringing the issues discussed in this film to the media's attention and also working to encourage medical students and doctors to resist the marketing schemes of the big pharmaceutical companies. Their message: drug companies may be necessary but drug representatives are not.
- In 1999 Bob Goodman, M.D. started No Free Lunch, a non-profit organization whose goal is to educate medical professionals about the damaging influence of Big Pharma. They work to get medical schools to include this information in their curriculum and they developed a pledge that they encourage doctors to sign. Every doctor who signs the pledge agrees that they will not accept gifts from the drug companies and that they will not rely on them for medical information. Dr. Goodman hopes to someday have information about whether doctors have signed the pledge or not readily available to prospective patients.
- Advocates for change in the pharmaceutical industry are also working toward structural reforms that would require legislative action. This is a tough battle because the pharmaceutical industry is the largest lobbying group in D.C. They spend billions of dollars every year to promote legislation that will further their interests.
- Big Pharma also has ties to the Federal Drug Administration (FDA) and partners with them on decisions about new drugs and the marketplace. Congress has not acted to sever this unhealthy relationship.
- Activists are working to change all of this. The pharmaceutical industry has gained too much influence over the medical community. In the interests of public health they need to be separated once and for all.

Discussion Questions

1. Do you agree with the statement that drug companies are needed but drug reps are not? Why or why not? What could take the place of drug representatives in terms of getting information about new medications to doctors? What would your response be if the statement was rephrased as “drug companies are needed but drug marketing is not”? What about the statement “drug companies are needed but they should be run on a non-profit basis”?

2. What can doctors do to resist the influence of Big Pharma? Do you think the doctors you go to are aware of these issues? If they were how could you tell? What might they do differently?
3. What would it take to get the influence of Big Pharma out of Washington? Do you think this could ever be achieved?
4. After seeing this film do you think you will do anything differently in terms of managing your own health care?
5. Returning to a question from the pre-viewing section of this guide, now that you have seen this film how would you respond to the following questions? According to Garth Jowett and Victoria O'Donnell, in *Propaganda and Persuasion*, "Propaganda is the deliberate, systematic attempt to shape perceptions, manipulate cognitions, and direct behavior to achieve a response that furthers the desired intent of the propagandist" (2006, p.7). Keeping that definition in mind, would you agree with the argument that prescription drug advertising is a well-funded propaganda campaign? Why or why not? If you agree, offer some examples of other propaganda campaigns that might be compared to pharmaceutical advertising. If you disagree, explain your reasoning. Did your answers change after viewing this documentary? Why or why not?

Assignments

1. Spend some time exploring the website of No Free Lunch (<http://www.nofreelunch.org>). Then interview your doctor about the organization: Has he or she heard of it? Do they know what its goals are? What do they think about its mission? Have they signed the pledge? If not, why not? Would they in the future? Make some calls to other doctor's offices and try to find out how many have heard of the organization and/or signed the pledge. Report your findings and share information with other students in the class.
2. Research the Federal Drug Administration (FDA). Start at <http://www.fda.gov>. This film suggests that there is too close of a connection between Big Pharma and the FDA. See what others have written about this and write an essay in which you discuss your own ideas about whether there should be greater distance between the FDA and the pharmaceutical industry and, if so, how that could be achieved.
3. Do some research on the pharmaceutical industry's contributions to politicians and political campaigns. Begin by using the terms "pharmaceutical" and "campaign contributions" for an Internet search. Write an essay that explores how much influence the industry may have over politicians and what can be done about it.
4. See the documentary film *Sicko* (2007) by Michael Moore. Write an essay comparing and contrasting the arguments made in the Moore film with those in this film. Taken together, what do the two films suggest about the state of health care in the U.S.?

5. Read the classic novel *Brave New World* by Aldous Huxley. In this science fiction novel, first published in 1931, Huxley imagined a future civilization where the populace is kept pacified by the use of a drug called Soma. Write an essay that speculates on what Huxley might say about the information revealed in this documentary.

ADDITIONAL RESOURCES

Books on Big Pharma

Overdosed America: The Broken Promise of American Medicine by John Abramson (2005).

The Truth about the Drug Companies: How They Deceive Us and What to Do about It by Marcia Angell (2005).

Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs by Jerry Avorn (2005).

Hooked: How Medicine's Dependence on the Pharmaceutical Industry Undermines Professional Ethics by Howard Brody (2007).

Generation Rx: How Prescription Drugs are Altering American Lives, Minds, and Bodies by Greg Critser (2007).

The Big Fix: How the Pharmaceutical Industry Rips Off American Consumers by Katherine Greider (2003).

The \$800 Million Pill: The Truth Behind the Cost of New Drugs by Merrill Goozner (2005).

On the Take: How Medicine's Complicity with Big Business can Endanger your Health by Jerome P. Kassirer (2005).

Big Pharma: Exposing the Global Healthcare Agenda by Jacky Law (2006).

Selling Sickness: How the World's Biggest Pharmaceutical Companies are Turning Us All into Patients by Ray Moynihan and Alan Cassels (2006).

Hard Sell: The Evolution of a Viagra Salesman by Jamie Reidy (2005)

Websites of Interest

<http://www.worstpills.org>

From the activist group Public Citizen, this website offers independent practical advice on prescription drugs and how they may affect your health. This group also publishes the Worst Pills/Best Pills guide.

<http://www.nofreelunch.org>

Created by health care providers who are fighting the influence of pharmaceutical promotions on the practice of medicine. This group is trying to get all doctors to sign their pledge that they will not accept gifts from pharmaceutical representatives and will not rely on them for information about diseases and medications.

<http://www.drugpromo.info>

From the World Health Organization, this website provides a compendium of information, articles, and reports on the promotion of pharmaceuticals.

<http://www.healthyskepticism.org>

This is the website for the nonprofit group Healthy Skepticism, who wish to counter what they call “misleading drug promotion.”

<http://www.prwatch.org/taxonomy/term/124/9>

The Center for Media and Democracy’s website PRWatch.org offers a wealth of information on the use and misuse of public relations in numerous fields. This section of the site investigates the misleading PR practiced by Big Pharma.

<http://www.medicalconsumers.org/pages/center.html>

From the Center for Medical Consumers, a nonprofit organization founded in 1976 to, in their own words, “provide access to accurate, science-based information so that consumers could participate more meaningfully in medical decisions that often have profound effects upon their health.”

<http://www.prescriptionproject.org/about/>

This is the website for a policy group, The Prescription Project, whose goal is to limit the influence of Big Pharma and promote the use of independent information by health care professionals.

Other MEF Films on Related Issues

Advertising and the End of the World (1997)

Captive Audience: Advertising Invades the Classroom (2003)

Deadly Persuasion: The Advertising of Alcohol and Tobacco (2003)

Killing Us Softly 3: Advertising’s Image of Women (2000)

No Logo: Brands, Globalization, and Resistance (2003)

The Overspent American: Why We Want What We Don’t Need (2004)

Pack of Lies: The Advertising of Tobacco (1992)

Spin the Bottle: Sex, Lies, and Alcohol (2004)