



It makes you think



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“There are few things wholly evil or wholly good. Almost everything, especially of government policy, is an inseparable compound of the two, so that our best judgement of the preponderance between them is continually demanded.”
Abraham Lincoln 1809-1865

We all have vested interests, because we all have something to protect. This may be protecting our property, or lifestyle, our amenities, our family, our job. No-one is free, truly free of these influences, and on the whole we tend to negotiate our way through the conflicts which arise. But when does the protection of vested interests become a real problem for others?

There are a number of answers to this. One answer is: when those with a vested interest to protect become so powerful that the interest cannot be effectively challenged. This comes about through economic imbalance (as with many large corporations and whole industries) or through ideas which become entrenched (as with orthodox medicine).

Another answer is: through political dishonesty (where a politician or a whole government uses power in a dishonest or

corrupt way). The political party which is in government at any given time, will tend to demonstrate this dishonesty as it does whatever it can get away with in order to stay in power.

A third (and possibly the most chilling answer) is when the government of the day finds it expedient to support an entrenched industry when that industry also serves to keep the governing party in power.

Is this the case in Australia (and the USA and Europe) in the area of the pharmaceutical and medical industries?

In a recent item aired by the BBC¹, a representative of the largest pharmaceutical company in the world (Allen Roses of GlaxoSmithKline) said that most medicines produced by the pharmaceutical industry only work for a fraction of the patients who use them. Yet the prevailing orthodox wisdom seems to be that once a drug has been approved for a particular condition or set of symptoms, it should work in every case. Add to this statements made from time to time by editors of medical journals² that only a fraction of orthodox medical practices are properly supported by good evidence, and we have a picture of an industry which does not serve the public interest. What is keeping pharmaceutical medicine in the strong position it enjoys is the vested interests of the industry, supported by billions of dollars (more is spent on marketing than on research³).

If our Government (and especially our Health Minister) were serious about providing the best possible healthcare system money could buy and keep it affordable in the long-term, then they would fund much more research into non-orthodox treatments and medicines and would stop subsidising ineffective and/or dangerous drugs. In other

words, honesty would prevail and we would all be better for it.

And it is not just the pharmaceutical industry which flexes its economic muscle. The orthodox medicine industry flexes its political muscle to ensure that its methods and ideas remain the basis of the prevailing system. I am sure that much of the resistance to change comes from fear and ignorance - the fear of losing face and even of losing a job and the ignorance which comes from a closed mind which will not contemplate that which was taught at medical school ten, twenty or fifty years ago could be not the only truth, or the whole truth.

How can these powerful forces be made to bend or yield? Slowly, with good argument supported by good evidence working like a constant drip on a stone. And by working politically. This can be done directly: with organisations such as ACNEM, the CHC⁴, AIMA⁵ and the NHCA⁶ and others lobbying politicians; and indirectly: through supporting members of the public - the consumers - in letting their elected representatives know what they want and demanding they be given access to it. In other words, motivating those with a vested interest in proper and affordable healthcare to move those with a vested interest in the status quo.

1. Report on a statement by Allen Roses, *BBC News World Edition*, 8 Dec. 2003 - <<http://news.bbc.co.uk/2/health/3299945.stm>>
2. Richard Smith, Editor of the *British Medical Journal*, October 1994
3. *The Pharmaceutical Journal*, Vol 267 No 7165:359-365, 15 Sept. 2001
4. Complementary Healthcare Council of Australia
5. Australasian Integrative Medicine Association
6. National Healthcare Alliance



Do You Raed Me?

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