

FILM REVIEW

Drug Reps in Film: Un/Scripting Markets, Medicine and Mental Health

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To my knowledge there are only two feature films (versus documentaries) that have a pharmaceutical salesperson, or “drug rep” as the central character. These films are *Off-Label*, an independent film from 2005, and *Love and Other Drugs*, released by a major studio in 2010. Both films present intriguing portraits of the professional and personal lives of drug reps and, depending on one’s taste, are fairly entertaining.

Both films ultimately present the moral quandaries that arise when working within the pharmaceutical industry, spiced up with the subplot of a ‘rep meets love interest who helps them see their way out of the business.’ Yet, as a former drug rep myself (Pfizer, Inc., 1989 to 1998) turned medical anthropologist, I was drawn to how the movies chose to present the “culture” of pharmaceutical sales (Oldani, 2002), and in particular, how these films shed light on the marketing of prescription drugs used for the treatment of mental health disorders.

The scenes of both movies, when watched with a critical eye, allow one to examine the day-to-day sales and marketing of prescription drugs, and to assess how seemingly trivial and comic activities remain serious business for the industry with serious consequences for patient care. If one subscribes to the notion that the “epidemic of mental illness” is in large part due to the sales and marketing efforts of the pharmaceutical industry, known in scholarly circles as “disease mongering” (Moynihan and Cassels, 2005, Moynihan and Henry, 2006), then *Side Effects* and *Love and Other Drugs* provide important visual narratives that call forth scrutiny. Most importantly, we can come to appreciate how the ever-expanding “psychopharmaceutical industrial complex” (Levine, 2008) begins at a very local level, at the level of the drug rep.ⁱ

Scripting the Drug Rep

Arguably, both films effectively capture the world of the drug rep because they are autobiographical in nature. *Side Effects*, was

written and directed by Kathleen Slattery-Moschkau, who worked for a decade for Bristol-Meyers-Squibb and Johnson & Johnson and has produced documentary films as well.ⁱⁱ *Side Effects* was a low-budget, independent film that was critically acclaimed using a “mocumentary” style that at times inserts commentary and criticism of the industry into the flow of the movie.ⁱⁱⁱ The film stars Kathryn Heigl as the drug rep “Karly Hert” before she became “Katherine Heigl” the movie star (when she was just emerging as a regular character on TV’s *Grey’s Anatomy*).

Love and Other Drugs (2010) was written by the ex-Pfizer and Lilly rep, Jamie Reidy and the script was based in part on his 2005 book, *Hard Sell: The Evolution of a Viagra Salesman*. *Love and Other Drugs* was a big-budget film with “star power” casting Jake Gyllenhaal as the Pfizer rep “Jamie” and Anne Hathaway as “Maggie,” his lover: the film focuses heavily on their relationship.

On the surface, *Love and Other Drugs* appears less critical of Big Pharma. In fact, the producers took full license to incorporate all things Pfizer into the movie – from the corporate logo to the products themselves (e.g., Viagra and Zoloft). This also says something about the content of the movie – *Love and Other Drugs* represents being a male drug rep in the most positive light: cool, fun, and sexy. At its worst, it shows being a drug rep means dealing with managerial and corporate pressure to sell more drugs.

Pfizer, *per se*, is never put under any kind of ethical microscope. Instead, reps are having “PJ Parties” during the early days of Viagra’s market introduction, where the only “side effect” occurs when Jamie uses Viagra recreationally (i.e., ingesting “Vitamin V”) that results in “priapism.” This is an all night erection that develops *after* Jamie has a *ménage à trois* with another drug rep and her friend. Priapism, although extremely painful (and treatable), is presented here as comic relief. There is no mention of more common side effects with Viagra, such as vision impairment, or dangerous drug interactions with medications that treat heart disorders.

Love and Other Drugs does incorporate “the high price of pharmaceuticals” into the script, when we see Jamie’s girlfriend, who also suffers from a form of early onset Parkinson’s, organizing trips from the USA over the Canadian border so that patients can purchase drugs at reduced prices. Yet overall, being a rep in this movie seems more absurd than ethically challenging, more fun and games than real work (e.g., learning how to schmooze receptionists and nurses), and, except for Maggie’s narrative, patients remain in the background.

Side Effects presents a slightly different image of the drug rep. Karly, an attractive female rep works for a fictional company, Braden-Andrews (all the products are fictional as well), and is shown meeting with doctors, where she is distracted, unorganized, and ultimately ignored by them. The movie begins (and returns at the end) with Karly having a kind of hysterical bodily reaction, where she is ripping off her business suit. The scene is hard to interpret – either she is having a mental breakdown or a laughing fit of total liberation and relief.

Initially, Karly struggles as a women drug rep. Where Jamie in *Love and Other Drugs* exudes a sexual confidence that becomes a currency for his day-to-day selling, Karly is presented as inept, and unaware of how to use her sexuality to sell. A few doctors, perhaps due to her lack of business attire and revealing dresses, sexualize her and surprise her by asking her out on dates that never actually materialize. We get the feeling she is not taken seriously by these doctors: the net effect is that no one is writing prescriptions for her products – “your [sales] territory is dragging us down”, announces her manager at a sales meeting.

Later in the movie, when Karly commits to quitting her job by creating a “180 day” countdown, her sales start to turn around. With “nothing to lose,” she begins to be brutally honest with doctors during their sales exchanges. For example, when asked about her products she goes against tried and true selling techniques and tells doctors: “works about as well as the others...patients won’t shit for a week... [price] is double [the competition]...” When a doctor asks her “why should I use ‘Zestran?’” she replies: “Because I am going to be perfectly straight with you... not [giving you] some sugar coated version [of my products]...[and acting like] you don’t know any better...” Doctors *en masse* respond to Karly’s honesty, reading this honesty as integrity, and as they prescribe her products in high volume, she moves up the company sales rankings to become a top-selling rep.

In different ways, both movies underscore the essential task of the drug rep to somehow forge meaningful relationships with prescription writers through any means necessary. These movies are very good illustrations of how pharmaceutical salespersons are paid to cultivate relationships with doctors and do so *in order* to benefit their bottom line or risk being fired. Viewers see how reps develop a corporatized form of “social capital” (Putnum, 1993) with healthcare professionals, which eventually translates into the writing of prescriptions for patients.^{iv}

Historically, it has been gift-exchanges, ranging from the mundane (e.g., the plastic pen) to the extravagant (e.g., trips to warm-weather education symposia), that have helped to mediate the doctor-rep social relationship (Wazana, 2000; Brody, 2007: Chapter 9; and Oldani, 2004). However, these films push material gifting to the

background and show how everyday social exchanges of a different sort work to create social bonds between reps and doctors. For example, in *Love and Other Drugs* Jamie is handing out Viagra samples to everyone immediately after its market introduction and at one point he begins to trade samples for other favors, like getting a “high prescriber,”^v such as Dr. Knight, to write more prescriptions for Jamie’s (i.e., *Pfizer’s*) Zoloft than *Eli Lilly and Company’s* Prozac. Yes, Viagra is a valued gift, but Jamie and Dr. Knight actually begin to negotiate the “professional” favors for one another in a *quid pro quo* type of exchange. For instance, Jamie realizes that finding “sex” for Dr. Knight (not just free Viagra samples) will lead to more prescribing of his products. He facilitates a meeting between Dr. Knight and an attractive female rep from another company, who told Jamie previously she was looking to “marry a doctor.” In the end, there is no clinical information being exchanged that might persuade a doctor to write a prescription of Zoloft, just an escalating number of favors, social exchanges, and resultant obligations.

Both movies help to remind us that the true role of the drug rep is, and always has been, to forge kin-like alliances between doctors and themselves, and by extension, the pharmaceutical industry.^{vi} The role of the drug rep is often trivialized as just handing out plastic pens, an activity that is very easy to prohibit, legislate, and regulate (both by the government and the industry itself).^{vii} However, Jamie and the high prescribing “Dr. Knight” exemplify the ultimate goal of drug reps: to develop deep social bonds with high prescribers. They develop what I like to describe as a “sales friendship,” a friendship based on a “win-win” corporate ethos, where both parties over time actually come to like one another because they end up getting what they both desire. Importantly, in a win-win situation both parties feel they are getting the better deal – gaining more out of the relationship than the other person (Applbaum, 2009). As a sales friendship evolves, reps and doctors will share stories, complain about colleagues, and even discuss intimate details of their lives. Dr. Knight shares this with Jamie as they socially “hang out” at a party:

...how the f*** am I to do good medicine on fifty patients a day... plus rounds, plus phone calls, with family f***ing idiots telling you you’re wrong; they looked it up on the Internet...? Insurance companies are dedicated to not paying you and big law firms are waiting just betting you are going to make just one mistake... [medicine] was a higher calling to make peoples’ lives better... look at me...

Jamie has become a confidant and is *paid* to take on this role (when necessary). His “friendship” with Dr. Knight develops because it benefits the subjective “bottom line” of both parties. This type of rep-doctor alliance can obfuscate and diminish their collective responsibility and obligation to the patient. The pharmaceutical needs of the patient should be at the center of this relationship, where a coherent evaluation of the risks and benefits of prescribing a drug should be exchanged. Yet, the patient can become secondary to other agendas: namely, to an alliance predicated on sales – a productive and mutually beneficial relationship that maximizes self-interests and personal gains in the form of money, expertise, and status.^{viii}

Side Effects takes a different angle by spending more time showing the viewer how pharmaceutical sales culture works behind-the-scenes, how managers and corporate personnel create a

competitive and pressurized sales environment (see also Fugh-Berman and Ahari, 2007; Oldani, 2002; 2004). Once Karly starts to have sales success through her forthright sales pitches, she is noticed by management. The corporation starts to gift and reward her sales efforts, both materially – with “bonus checks”, new cars and valuables such as watches – and through public recognition at company meetings in front of her peers. Along the way, Karly and her regional manager form their own kind of corporate alliance, both getting what they want from one another. As Karly continues to rise in sales, she becomes more ensconced in corporate culture, dressing the part by finally wearing business suits that meet with her regional manager’s approval. They shop together and have business dinners with Karly’s high prescribing doctors. The evolution of Karly into a “real” drug rep, allied with corporate managers and important high prescribing doctors impacts *other* friendships with her roommate and boyfriend.

As Karly’s personal life devolves, her corporate potential seems limitless. We travel this emotionally charged journey with Karly and are provided with some very accurate portrayals of “district meetings,” where reps gather with management to discuss how to increase their sales. We are given the language of pharmaceutical sales: a potent mixture of empathic healthcare slogans and motivational sales rhetoric couched within a general profit-orientated ethos. Reps are told by managers :

[we need to]... double the profits and double the growth... keep your fingers crossed for a really bad respiratory season... lots of pneumonia... lots of sinus infections... remember team our job is to ‘protect and prolong human life’... the Braden Andrew’s credo...

At one point Karly is singled out at a meeting for poor sales of “Glucadox” for diabetes when her manager says, “... are you on board here Karly? ...bottom line is that Glucadox saves lives... can’t put a price tag on the improved quality of life [that] patients will experience...” And later in the movie when managers and reps are strategizing for the market introduction of “Vivexx,” a fictional drug for depression that everyone is excited about, a fellow rep turns to Karly and says: “Last time we launched a drug like Vivexx, I bought my house with the bonus check!” The regional manager then tells the group of eager reps:

Regional manager: ...let’s make sure we are locked and loaded (*while gesturing as if she were loading a gun*) with the message... we need to hit the ground running... before we get started on ‘grinders’ (*rapid sales pitches given back and forth between two reps*), congrats to the comeback kid (*Karly, whose sales numbers are on the rise*)... What’s your secret?

Karly: Just doing my job the best I know how.

Regional manager: ... (*continuing*) have [that] message locked and loaded... rehearse openers with [a real patient named] ‘Betty’... [For example, ask the doctor] ‘do you have any patients like Betty?... I’d like to tell you why [Vivexx] is the drug of choice [for depression]’... [Betty] was voted most likely to succeed, but depression got in the way’...

The camera then moves down the line of reps, standing face-to-face, repeating these lines over and over as they complete their grinders.

The irony for Karly is that as she approaches her self-imposed ending date as a drug rep, she begins to thrive within the culture of pharmaceutical sales. On an everyday level, she begins to “detail” products, strictly following the company’s format and ending sales encounters with an effective “close.” During a routine sales call, she solicitously inquires: “Can I count on you [writing prescriptions] for your next twenty patients?” The doctor responds earnestly to Karly’s hard sell: “You’ve convinced me.” She also begins to network important doctors in her sales territory (i.e., potentially high prescribers) by inviting them along with their spouses to share intimate dinners with her and her boyfriend for a softer, yet no less effective, sell. In another emotionally charged scene, her boyfriend, after attending one of these dinner programs, pulls away from Karly as they stroll down the street, telling her: “watching you tonight was a hard pill to swallow...thought we were on the same page...?” Karly reacts with hostility:

If it wasn’t for this industry... who would be researching cures for diseases... Some day you are going to be pretty damn glad that some big bad pharmaceutical company has invested [money]...[and] will give [patients] hope for their disease!¹⁶

Karly’s has entered a troublesome and unstable double bind for a pharmaceutical salesperson. She is defending an industry that she wishes to walk away from, and she has become truly “good” at a job that deep down she loathes.

Pharmaceutical Consciousness and Ethical Drug Reps

The global pharmaceutical industry has vast resources for sales and marketing and these movies are very good reminders of the old expression, “the more things change the more they stay the same”. Big Pharma still hitches its wagon to the efforts of drug reps to form alliances with script writers, from the busy community-based high prescriber to the ivory tower expert. *Making it social* sells products. The most successful drug reps intrinsically understand this, come quickly to this realization, or risk losing their jobs. *Side Effects and Love and Other Drugs* ultimately interpret the activities of being a rep as a soulless endeavor. Once, you gain the insight that Karly and Jamie eventually achieve, something like “pharmaceutical consciousness” emerges and you can no longer do the job in the same way. If you do, you have sold out to cold-blooded, corporate greed. In these movies romantic love is the antidote to corporate alliances, the “cure all” for these reps to find their own personal ethics and their path out of the industry.

Jamie, after exceeding sales expectations for Zoloff and Viagra, is offered a promotion by Pfizer. He chooses love (Maggie) and medical school (like his father and sister) and leaves the industry. The ethics of being a rep are never fully scrutinized. Instead, Jamie finds a new path in life after he discovers there are no pharmaceutical “magic bullets” available to cure Maggie’s Parkinson’s disease. At one point he uses his medical connections and social capital in vain as he tries to find an experimental treatment for Maggie. He also observes Maggie organizing groups of seniors to travel to Canada in order to purchase affordable medication, including her own Parkinson’s medication. He finally accepts that there is no cure for Parkinson’s, only symptom management; his life with

Maggie will be filled with hardship. In the end however, he has developed a personal ethic: he chooses love over drugs.

Karly makes a similar choice to leave the industry, but *Side Effects* places the ethics of selling pharmaceuticals on full display without glorifying or glamorizing the drug rep. The movie lays out more succinctly the human costs of selling pharmaceuticals at an individual level (Karly almost goes insane), while clearly showing what is at stake for patients.

The final scenes of *Side Effects* are the most compelling, because Karly realizes that her company (i.e., through managerial directive) is going to ignore clinical data which shows its new blockbuster antidepressant, Vivexx, causes more suicidal ideation in depressed patients when compared with placebo. The movie script parallels the suicidality controversies that surrounded the SSRI antidepressants in the late 1990s and early 2000s which led the US Food and Drug Administration to change the labeling of these products.^x The movie also hints at the now common practice of Big Pharma using contract research organizations (CROs) to complete clinical trials on a global scale (Petryna, 2009) and how these same CROs (as well as public relations companies) produce ghostwritten clinical articles that are “signed off” by influential clinicians. These ghostwritten articles tend to present “sanitized” side effects profiles for the drugs being studied (Matheson, 2008; Sismondo, 2009). In fact, we now know from several sources, including the US Food and Drug Administration, that between 1987 and 1999 the majority of drugs being promoted in the medical marketplace for the treatment of depression were supported by faulty data. Of the forty-two trials analyzed for these products during that time period, the majority were “negative,” meaning these drugs were essentially no better than placebo for treating depression. However, the industry, and in particular, drug reps, extensively promoted and publicized the few positive studies while the negative trials were hidden (see Angell, 2011 and Kirsch, 2010). Most disturbingly, we know from past, real world examples that pharmaceutical salespersons are often the last to know that the sources of information which they use to persuade doctors are actually corrupt or misleading (Oldani, 2009).

In *Side Effects*, Karly goes on a mission to buck this trend. She does her own research on the fictional drug Vivexx and forms an ethical alliance with a doctor whose own clinical trial was removed from the Vivexx’s cohort because he noticed dangerous side effects emerging in his pool of trial subjects. In the final climactic scene of the movie, Karly is about to accept a national sales award for being the top drug rep, when she instead introduces a woman to the audience who goes on to tell a familiar story. The woman explains to the befuddled audience of managers how her seemingly healthy husband (and father of two) killed himself shortly after being prescribed Vivexx. As the woman describes his downfall, the film cuts to images of her husband happily playing with their children. At the same time, Karly walks out of the meeting, throws the keys of her company car to a manager and, free of the shackles of Big Pharma, engages in a very long kiss with her boyfriend. The movie ends and we read on the screen that the pharmaceutical industry (at that time) spends “\$25 billion dollars a year marketing drugs and that *Side Effects* cost \$190,000 dollars to make” – a fictional drug rep is liberated!

Conclusion: The Pharmaceutical Paradox

The average drug rep is not on a mission to create a transparent, ethical sales milieu. Most have a family and bills to pay and look at pharmaceutical sales as a solid profession, with a great salary, that involves work with *other* medical professionals. Many community-based healthcare providers (and prescribers) view the activities of reps as “normal,” routine medicine, the way truthful drug information is disseminated and the way up to date pharmaceutical knowledge is gained.^{xi} This has been the consistent culture of pharmaceutical selling for at least half a century (Greene, 2004; 2007). These same script writers look at the drug rep as a ‘walking and talking’ P.I. (package insert) of their respective products, yet remain naïve to the ultimate goal of reps and their companies. *Side Effects* and *Love and Other Drugs* help expose the paradoxical nature of the pharmaceutical industry that drug reps embody. Reps are driven to sell products that must be both efficacious in improving human health *and* able to create company profits. These twin motives can work in concert, producing blockbuster products where everyone seems to win – the patient, the rep, and the company (e.g., Lipitor). Often however, it appears the drive for profit can have a net negative effect, for instance, when side effect data is suppressed from public view by Big Pharma, leading to the risky prescribing of drugs with serious, life-threatening side effects for patients (e.g., Vioxx and Paxil).

Pfizer during the 1990s created two company slogans that helped to motivate drug reps and are emblematic of this paradox. “We’re Part of the Cure” was a slogan repeated over and over to healthcare professionals by drug reps and reproduced for public consumption in advertising. However, internally, corporate managers and vice presidents repeated to reps (and Wall Street) the slogan “Number One by 2001” (i.e., to be the largest pharmaceutical company in the world). Pfizer produced the blockbusters Procardia, Lipitor, Diflucan, Zithromax, Zoloft, and Viagra all of which improved health to varying degrees and greatly increased profits. Yet, the company also produced the antibiotic Trovan, which, after vigorous promotion by reps, needed to be pulled from the market because it led to severe liver toxicity in patients and even death (Petersen, 2000).

Nevertheless, the drug rep continues to be the everyday face of the industry – humanizing the exchanges and relationships that are necessary for the medical marketplace to function effectively and profitably. The centrality of the drug rep to promoting pharmaceuticals was present in a recent Lilly, Inc. advertisement in *Psychiatric News* for the SNRI Cymbalta (duloxetine HCl). The ad, running for several full pages, opened with a giant picture of a male pharmaceutical rep of presumably mixed ethnicity named Deyvehn (“Mr. Manners”), “a Psychiatry Specialty Senior Sales Representative” (Neuroscience Division). On the adjoining page was a kind of pledge: “I will make each visit as informative for you as possible... Remember to always say ‘thanks’... I will support your goal of doing what’s best for your patients... To find out more, speak with your Cymbalta sales representative...” The ad, perhaps a little bizarre and slightly over the top, forces us to confront the fact that the social capital drug reps generate still has real value for doctors and clearly the industry realizes that the power pharmaceutical salespersons wield translates into the writing of prescriptions.

Indeed, drug reps endure because they are trained, whether they even realize it or not, to constantly work to keep the power differential in their favor.^{xii} This is illustrated nicely through two scenes in *Love and Other Drugs*. When Jamie starts his first day on the job with his manager he tries detailing products to doctors in a hospital parking lot during a rainstorm. He tries to walk alongside them while holding a Pfizer umbrella, keeping them dry, and giving them a quick sales pitch. The scene ends with a not-so-nice doctor telling Jamie to leave him alone, while he grabs the umbrella. Jamie is left standing in a puddle, drenched and wondering what he got himself into – he had nothing of value for this physician – he has no power in this relationship. But Jamie persists, and later, towards the end of the movie, a more experienced Jamie is now selling the blockbuster Viagra and is handing out “free samples” to every potential high prescriber. Jamie is caught in a downpour in that same hospital parking lot. The previous, not-so-nice doctor spots him and calls him by his first name – “Jamie!” He runs to Jamie and shelters him with his umbrella. The doctor then awkwardly asks Jamie for samples of Viagra – “for a friend.” Jamie happily obliges this request (“say no more”) and they walk together to the hospital, almost arm and arm, with Jamie looking more like a colleague, or close friend, than a rep. Jamie’s persistence has paid off: doctors know him by his first name, and he has learned to be ‘a drug rep’ – trustworthy, a “friendly face.” He shows discretion, even empathy, and most importantly Jamie is there for a “no see” doctor (Oldani, 2009) – an anti-industry sort, who finally acquiesces to Jamie’s advances because of his own desire for a “magic bullet.”^{xiii} This doctor, like many others in the real medical market place, has made an unspoken bargain with a drug rep. He was sold something he never realized he was buying (Elliot, 2010: Chapter 3). At some point he may be asked to return the favor, or more realistically, he will simply start to write a few more scripts of Jamie’s products.

Footnotes:

- i See also David Healy’s (2012) *Pharmageddon* for an in depth analysis of this complex or system, where the pharmaceutical industry remains quite capable of maintaining a global hegemony of patented products despite robust criticism of their sales and marketing tactics from Healy and others, like Marcia Angell (2004).
- ii See “Money Talks” at <http://www.moneytalksthemovie.com/>, accessed March 20, 2012, and also “Bonsai People” at <http://bonsaimovie.com/>, accessed March 20, 2012.
- iii See a 2005 *USA Today* article for more details, http://www.usatoday.com/life/movies/news/2005-03-14-side-effects_x.htm, accessed March 28, 2012.
- iv Putnum describes social capital in part as “typically [consisting] in ties, norms, and trust transferable from one social setting to another.”[online:3] His vision concerns “civic communities,” where “at the core of this civic heritage are rich networks of organized reciprocity and civic solidarity... where trust lubricates social life.... Ultimately, this version of social capital is seen as a “public good.”[Ibid.] The form of social capital I am describing through the activity of drug reps takes on a corporatized (i.e., self-interested) nature within the medical/pharmaceutical marketplace.
- v An industry term for a licensed prescription writer, who writes a high level of prescriptions on a regular basis, or has the potential

- to be a high prescriber. Over the last decade the data mining of prescribing habits has become more sophisticated and can be accessed more quickly enabling drug reps to track the changes in prescribing on a weekly basis. “Script tracking” has become a numbers game where reps are rewarded for moving a doctor from a quintile of “1” (low prescriber) to a quintile of “10” (high prescriber).
- vi See Greene (2004) for a historical perspective of the drug rep starting in the 1950s and see Levi-Strauss (1964) and Godelier (2011) on alliance theory within an anthropological context.
- vii In 2004 most likely in response to government and regulatory pressure, PhRMA (Pharmaceutical Research and Manufacturers of America) produced a thin monograph called the “PhRMA Code – On Interactions with Healthcare Professionals,” which spelled out what types of interactions and gifts were acceptable by drug reps (see www.phrma.org). It is important to note that not all pharmaceutical companies belong to PhRMA. Forest Pharmaceuticals is not a member and is a notoriously aggressive marketer of products through its fieldforce of reps (Kirkpatrick, 2000). See also Brody and Light, 2011 on how aggressive marketing by Big Pharma across a range of medications has consistently undermined patient safety and public health).
- viii Reps and doctors that enter into this sales friendship/alliance can both gain from the relationship. Reps can win awards, more bonus pay, and corporate recognition/status, while doctors can achieve local expert status or become part of a national network of company-paid speakers.
- ix See Goozner (2004) for a dissection on research and development funding by Big Pharma to bring novel pharmaceuticals to the market. Goozner is successful in showing that the “\$800 million dollar pill,” a sum used by the industry in the early 2000s to indicate the cost to bring one new pharmaceutical product to market, is largely a myth. Most of Big Pharma’s budget is spent on marketing products, in particular, spending money to expand markets (and medical indications) for new products after approval by the US Food and Drug Administration.
- x See also Ramchandani (2004) and Meier (2004) for extended commentary.
- xi Many readers may take issue with this statement, and in particular, those clinicians working within academic medical centers, where the critique of Big Pharma has been more robust and the activities of drug reps more scrutinized and regulated. However, my ethnographic experience over the last decade continuously reveals that community-based doctors and their clinical staffs still value and “believe in” the drug rep. In particular, they value the free samples, corporate-sponsored patient educational materials and subsidized prescription programs for underprivileged patients, information on “new” products, and free food. Additionally, many academic medical institutions continue to “ban the rep” from the halls of hospitals and clinics, yet cultivate deeply rooted commercial interests between clinicians and the pharmaceutical/medical device industries, which have created serious conflicts of interests and more risky outcomes for patients (see *Milwaukee Journal-Sentinel’s* Featured Investigation entitled “Side Effects: Money, Medicine and Patients” (<http://www.jsonline.com/features/health/99478824.html>, accessed, April 1, 2012). In general, academic institutions may be more cynical towards reps than the average community-based doctor, but can also be quite naïve to how the system works (see Oldani 2009 for a discussion of the “naïve no see” and formulary/protocol entanglements with Big Pharma).

- xii I would like to thank Tim Krahn for highlighting the power dynamics between doctors and drug reps during comments on a previous draft.
- xiii It is well known within the industry that if you can sell a doctor on using the product on him or herself or a family member they will soon write scripts for their patients. Pfizer in the 1990s embarked on a serious effort to sample doctors with “Z-Paks,” a free course of the antibiotic Zithromax in a easy-to-use blister pack. Doctors began to ask reps for “a free course of therapy” for themselves and relatives. Zithromax became a blockbuster shortly after this campaign started (Oldani, 2004).

References:

Angell, M. (2011). The Epidemic of Mental Illness: Why? New York Review of Books. June 23, LVIII(11): 20-22.

Angell, M. (2004). The Truth About Drug Companies and How They Deceive Us. New York: Random House.

Applbaum, K. (2009). Getting to Yes: Corporate Power and the Creation of a Psychopharmaceutical Blockbuster. Culture, Medicine, and Psychiatry. June, 33: 185-215.

Brody, H. (2007). Hooked: Ethics, the Medical Profession, and the Pharmaceutical Industry. New York: Rowman and Littlefield Publishers, Inc.

Brody, H. and Light, D. (2011). The inverse benefit law: how drug marketing undermines patient safety and public health. American Journal of Public Health, March 101(3), 399-404.

Elliot, C. (2011). White Coat Black Hat: Adventures on the Dark Side of Medicine. Boston: Beacon Press.

Fugh-Berman A. and Ahari, S. (2007) Following the Script: How Drug Reps Make Friends and Influence Doctors. PLoS Med 4(4): e150. doi:10.1371/journal.pmed.0040150

Godelier, M. (2011). The Metamorphoses of Kinship. Scott, N. (Trans.). New York: Verso.

Goozner, M. (2004). The \$800 Million Pill: The Truth Behind the Cost of New Drugs. Berkeley: University of California Press.

Greene, J. A. (2007). Prescribing by Numbers: Drugs and the Definition of Disease. Baltimore: The Johns Hopkins Press.

Greene, J. A. (2004). Attention to ‘Details’: Etiquette and the Pharmaceutical Salesman in Postwar American. Social Studies of Science, April 34(2): 271-292.

Healy, D. (2012). Pharmageddon. Berkeley: University of California Press.

Kirkpatrick, D. D. (2000). Inside the Happiness Business. New York Magazine, May 15:37-43.

Kirsch, I. (2010). The Emperor’s New Drugs: Exploding the Antidepressant Myth. Basic Books: New York.

Levine, B. (2008). Psycho-Pharmaceutical Industrial Complex. Z Magazine October, 21(10): 28-31.

Levi-Strauss, C. (1969). The Elementary Structures of Kinship. Bell, J., von Sturmer, J. and Needham, R. (Trans.). Boston: Beacon Press.

Matheson, A. (2008). Corporate Science and the Husbandry of Scientific and Medical Knowledge by the Pharmaceutical Industry. Biosocieties 3: 355-382.

Meier, B. (2004). Medicine’s Data Gap, New York Times, <http://www.nytimes.com/2004/06/21/business/medicine-s-data-gap-journals-quandary-medical-journal-quandary-report-drug.html?pagewanted=all&src=pm>, accessed June 27, 2012.

Moynihan, R. and Cassels, A. (2005). Selling Sickness: How the World’s Biggest Pharmaceutical Companies are Turning us all into Patients. Vancouver, CA: Greystone Books.

Moynihan, R. and Henry, D. (2006). The Fight against Disease Mongering: Generating Knowledge for Action. PLoS Med 3(4): e191. doi:10.1371/journal.pmed.0030191

Oldani, M. (2009). Beyond the Naïve “No-See”: Ethical Prescribing and the drive for Pharmaceutical Transparency; Physical Medicine and Rehabilitation 1(1): 82-86.

Oldani, M. (2004). Thick Prescriptions: Toward an Interpretation of Pharmaceutical Sales Practices. Medical Anthropology Quarterly 18(3): 325-56.

Oldani, M. (2002). Tales from the ‘Script’: An Insider/Outsider View of Pharmaceutical Sales Practices. Kroeber Anthropological Society Papers, Spring (87): 147-176.

Petersen, M. (2000). Unforeseen Side Effects Ruined One Blockbuster, New York Times, <http://www.nytimes.com/2000/08/27/business/unforeseen-side-effects-ruined-one-blockbuster.html>, accessed September 12, 2012.

Petryna, A. (2009). When Experiments Travel: Clinical Trials and the Global Search for Human Subjects. Princeton: Princeton University Press.

Putnum, R. D. (1993). The Prosperous Community: Social Capital and Public Life. The American Prospect, No. 13 Spring, <http://epn.org/prospect/13/13putn.html>.

Ramchandani, P. (2004). Treatment of Major Depressive Disorder in Children and Adolescents (Editorial). British Medical Journal 328:3-4.

Reidy, J. (2005). Hard Sell: The Evolution of a Viagra Salesman. Kansas City, MO: Andrews McMeel Publishing, LLC.

Sismondo, S. (2009). Ghosts in the Machine: Publication Planning in the Medical Sciences. Social Studies of Science, April 39(2): 171-198.

van der Geest, S., Reynolds-Whyte, S. and Hardon, A. (1996). The Anthropology of Pharmaceuticals: A Biographical Approach. Annual Review of Anthropology 25:153-178.

Wazana, A. (2000). Physicians and the Pharmaceutical Industry: Is a Gift Ever Just a Gift? Journal of the American Medical Association 283(3):373-380.

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