


On Moralizing and Hidden Agendas: The Pot and the Kettle in Political Bioethics

Robert M. Sade, Medical University of South Carolina

Henry et al. (2007) present a cogent analysis of the use of propranolol in preventing post-traumatic stress disorder (PTSD). They express a wide range of unanswered questions regarding this use of propranolol and criticize the report of the President’s Council on Bioethics (2003) on pharmacologic memory suppression on grounds of its obviously conservative agenda. The authors’ greatest concern is the “overmedicalization” of bad memories and the pharmaceutical industry’s encouragement and exploitation of this phenomenon. They argue their case clearly and persuasively, until their unjustified criticisms of the drug industry cast them in the role of pot to the Council’s kettle.

CALLING THE KETTLE BLACK

Recent years have seen an expanding literature asserting that bioethics discourse is essentially political debate, exemplified by symposia that have examined this question directly or indirectly from different perspectives, such as a symposium introduced by “Looking Forward in Bioethics” (Kahn and Mastroianni 2004) and “Bioethics as Biopolitics” (Bishop and Jotterand 2006).

Henry et al. (2007) recognize that bioethics committees appointed by presidents are essentially political, pointing to President Bush’s conservative President’s Council on Bioethics and President Clinton’s liberal National Bioethics Advisory Commission. They fail to recognize, however, that bioethical deliberation itself is fundamentally political, and they provide a clear example of political bias underlying bioethical discourse when they push their own hidden political agenda.

First, they criticize the President’s Council on Bioethics—correctly, in my view—for substituting metaphors and slogans for arguments and for presenting its intuitions as truths. The Council’s 2003 monograph, Beyond Therapy: Biotechnology and the Pursuit of Happiness, “has a deeply conservative moral agenda,” the authors state (Henry et al. 2007, 12). They go on to criticize the Council for basing its arguments on unsubstantiated hypothetical premises and for failing to raise concerns that are more realistic. They further criticize the Council for not specifying its conservative social and political viewpoint.

The authors discuss medicalization in neutral terms, giving several examples without judging them positively or negatively. They go on to describe a new process of biomedicalization by documenting “expansion of the diagnostic conditions of an illness,” which results in treatment of more symptoms in greater number of patients (Henry, Fishman, and Younger 2007, 12). They cite several instances of drugs prescribed to treat diseases within expanded categories, and observe that pharmaceutical companies advertise their drugs directly to consumers, sponsor disease awareness campaigns, and encourage physicians to prescribe their drugs.

Having established this factual background, Henry et al. (2007) embark on moralizing from their own hidden agenda. They reveal their political-philosophical underpinnings through innuendo and half-truth, providing little rationale and few arguments supporting their statements, a transgression they have just charged against the President’s Council on Bioethics. For example, they paint the pharmaceutical industry as a bête noire, using emotionally charged terms when they ascribe to drug companies “the ability to capitalize on human suffering and exploit insecurities and unhappiness in order to increase drug sales” (Henry, Fishman, and Younger 2007, 12). The authors in-
ply that there is something evil about making money while relieving symptoms of illness. They demonize drug companies for capitalizing on suffering and exploiting unhappiness. They fail to draw an obvious analogy with physicians, such as psychiatrists, who do the same thing: contribute to expansion of diagnoses and make money while relieving symptoms in unhappy and suffering patients. Are such physicians wicked, like drug companies, or, rather, are they providing a laudable service to fellow human beings? If the latter, perhaps the authors should be praising rather than vilifying drug companies.

The authors criticize drug companies for “re-branding” by altering chemical composition of a generic drug in order to obtain a new patent for a medication that has “fewer side effects or longer lasting effects” than the generic (Henry, Fishman, and Younger 2007, 12). They fail to explain why is it wrong to promote a drug with different effects from its precursor when physicians and patients are free to use the original generic or the new version, based on their own judgments of the new drug’s added value. The authors’ discussion of BiDil (isosorbide dinitrate/hydralazine) presumes, without argument, that BiDil-developer NitroMed’s (Lexington, MA) patent was somehow improper or immoral (Henry, Fishman, and Younger 2007, 12). They do not explain why it is wrong for a company to profit from a drug combination that it was first to formulate and that significantly improves survival of African-American patients with heart failure (Sade 2007).

In discussing the drug industry, the authors demonstrate a “deeply [liberal] moral agenda” without ever saying so, precisely the same offense, in reverse, that they ascribe to the President’s Council on Bioethics (Henry, Fishman, and Younger 2007, 12). In discussing a hypothetical propranolol re-branding, the authors complain, “What is seemingly a social question becomes defined in large part by the pharmaceutical company looking to sell more drugs” (2007, 12). They have just accused the Council of failing to “address or even acknowledge the profoundly important questions of who should make such decisions,” about which deeds are shameful, cruel, noble or heroic (2007, 12). Yet here, they fail to specify, other than referring vaguely to “a social question,” exactly who should make decisions about uses of drugs. Much of the expansion of diagnostic conditions is accomplished by physicians’ prescribing off-label uses of United States Food and Drug Administration (FDA) approved drugs, a practice that industry is legally prohibited from encouraging or even mentioning, yet the authors fail to address this important and relevant issue.

Throughout their discussion of industry, the authors imply that selling more drugs to make money, even when benefits derive from new uses, is immoral or wrong in some way, thus revealing thinly veiled hostility to capitalism and markets (Henry, Fishman, and Younger 2007, 12). More than two centuries ago, philosopher Adam Smith made this oft-quoted statement: “It is not from the benevolence of the butcher, the brewer or the baker that we expect our dinner, but from their regard to their own interests” (Smith 1776 [1981], 26–27). The idea that profit seeking, on balance, has strongly beneficial social effects is a fundamental tenet of economics. Several economists have won Nobel prizes for theoretical work based in part on this notion. Do the authors reject the idea that profit seeking is generally a social good? If so, they should give their reasons for rejecting it, or, at the very least, should mention the existence of that side of the debate.

The pharmaceutical industry is not perfect, and some criticisms are well founded. But it also has made vast contributions to human well-being. The authors cite the method of deliberation commonly used in bioethical discourse, balancing harms and goods, yet fail to use it as they accentuate the purported harms wrought by the drug industry without ever mentioning the enormous benefits it has created for hundreds of millions of patients who are ill or suffering.

I concur with the conclusion by Henry et al. (2007) that the concerns of the President’s Council on Bioethics (2003) justify neither blocking research into pharmacologic prevention of PTSD nor discouraging the use of drugs that prevent PTSD if they are found to be effective. Unfortunately, their well-stated criticism of the Council is weakened by their moralizing from an unstated liberal agenda, and by their gratuitous, unjustified attack on the pharmaceutical industry. The case they are trying to make would be more broadly appealing if they were to discuss it from a politically and morally neutral point of view. If they feel they must inveigh against the drug industry, they at least should disclose their own political agenda, use emotionally neutral language, and give reasoned arguments to justify their criticisms. ■

REFERENCES


