

Prescription for Survival: Redefining Big Pharma as Health Care Providers, Not Drug Pushers

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The pharmaceutical industry has an image problem – a big one. The public sees the industry as greedy (prescription drugs cost too much); too cozy with government (how else could regulators approve Vioxx and other discredited drugs?); indolent (introducing too many “me too” drugs rather than truly new medicines); and devious (using advertisements that imply trouble-free relief in a pill). And of course, experts such as Marcia Angell, author of *The Truth About the Drug Companies* (2004), have been biting in their criticism of industry practices.

There is doubtless some truth to these impressions of the industry, but even the most passionate critics among us must acknowledge that for more than a century (Aspirin was synthesized in 1897) pharmaceutical companies have produced diagnostics and therapeutics that enhance health and enrich life. From penicillin in the early-to-mid 20th century, to more contemporary drugs such as AZT/Retrovir (HIV/AIDS), Nolvadex (breast cancer), and Lipitor (cardiovascular disease), pharmaceutical innovation has reduced or eliminated the need for surgery and hospitalization; slowed or reversed the progress of a disease; and prevented a disease from developing.

Still, the criticisms remain and, if anything, are getting more strident. So, how to move forward? To be sure, the drug approval and monitoring process needs overhauling in the wake of revelations about Vioxx and Celebrex. And the veracity of claims that pharmaceutical companies are preoccupied with marketing life-style drugs rather than finding novel medicines needs to be tested. But we prefer to frame the criticisms as part of a more fundamental problem in our healthcare system. To most people it's obvious that we can't increase spending on technology and treatment indefinitely. We need a sustainable solution, the kind that can only emerge through a strategic rethinking of our approach to healthcare. Such an exercise will light the way ahead for both the pharmaceutical industry and healthcare agencies at the federal and provincial level.

Where should the next dollar of healthcare spending go – more R&D, more doctors, more hospitals and beds? This is really the only question that matters. And there is no easy answer. The process of trying to answer this question will however get to the heart of how we as a society allocate resources to improve the health and quality of life for the most people at a reasonable cost. We also believe that this process will help the pharmaceutical industry break through the strategic dead-end in which it finds itself. The industry needs a new business model – one that builds on its current capabilities and experiences – but one that addresses the very real disconnect between it and the public.

As a society, we need more R&D not less. Gene therapies and targeted medicines are expensive to develop, but hold real promise for curing or improving management of a host of diseases. At the same time, we also need to do a much better job of addressing the root causes of too many ailments – access to food and shelter; clean air, water and land; awareness of healthy lifestyle choices. This latter call-to-action might not seem as sexy as novel lab research and the treatment of people when they're sick, but we need to broaden our strategic line of sight on healthcare to include creating the conditions where fewer people get sick.

We challenge the public to look beyond both the criticisms of the pharmaceutical industry *and* the latest splashy ad for a new pain reliever. Without scientist-entrepreneurs willing to invest nearly a billion dollars on each new drug, we would not have the treatments and cures that enrich the lives of millions around the world. Nor would we be poised to realize the

potential of gene therapies and other novel approaches to disease management that are the future of medicine.

We also challenge the pharmaceutical industry to do more and better – both to polish its tarnished image and to promote wellness in our society. Why not support health literacy at the provincial and federal level, which would help spread knowledge, and provide a vehicle to tell the story of how medicines are developed and brought to market? But beyond better PR, we challenge the industry to rethink its business model. Yes, pharma should continue to research and develop new medicines, but the industry should also develop the business case for healthy living, which will go far to reduce the needs for so many of the “me too” analgesics and other therapies they are accused of foisting on the public. This could lead to an entire new range of business activities, which could help offset the inherent risk of their core business.

It is time to move beyond finger pointing and business as usual. We need systemic reinvention of our approach to health, writ large. This will require leadership – both from our elected officials and the pharmaceutical industry. New and innovative public policy is needed that reflects advances in the biomedical sciences and spurs novel partnerships between biotechnology and pharmaceutical companies, to say nothing of increased funding for academic labs. Meantime, pharma needs to stop what amounts to corporate triage and confront the need for genuine reinvention of its business model – and with it, a redefinition of the industry as bona fide healthcare providers, not drug pushers. Now that’s a prescription for survival.

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