

The Queen's former doctor has called for an urgent public enquiry into drugs firms' 'murky' practices. Dr Aseem Malhotra is a consultant cardiologist and Professor Sir Robert Lechler is president of the Academy of Medical Sciences.

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Interview with Aseem Malhotra and Sir Robert Lechler.

Mishal Husain: A group of senior doctors including the Queen's former physician is raising concerns today about the influence of the pharmaceutical industry on the NHS. The six doctors include Sir Richard Thomson who also served as president of the Royal College of Physicians and who says we need a public inquiry into the way that the effectiveness of drugs is assessed. The group of doctors is led by the consultant cardiologist Dr Aseem Malhotra who is with us in the studio now. Good morning.

AM: Good morning Mishal.

MH: You say that we have in this country an epidemic of mis-informed doctors and mis-informed patients.

AM: Absolutely, Mishal, I think the first thing to say is we have a complete healthcare system failure where we are prescribing too much medicine and the root cause behind this problem which is resorting as you say and I have said an epidemic of mis-informed doctors and mis-informed patients is biased funding of research, so that is research that is funded because it is likely to be profitable not beneficial for patients, biased reporting in medical journals, biased reporting in the media and commercial conflicts of interest.

MH: These are very sweeping allegations to make. What is your evidence because there are always going to be links aren't there between interested parties, so for example drugs companies and doctors they might attend the same meetings and go to the same things because that is their work.

AM You are absolutely right, Mishal, and that is why I think we need to take a step back and look at this as a whole system problem issue because all of these things at every level are being influenced by commercial interests, that's the way the system is, but it is resulting in a lot of harm so let me just give you an example. The FDA now reports over 120,000 deaths, 2014 because of adverse drug reactions which has tripled in a decade (Michelle: right, that is in the United States). That's in the United States, um, Peter Gotzsche co funder of the Cochrane Collaboration recently did an analysis in the BMJ looking just at psychiatric medications and his estimate was half a million deaths being caused because medications that are over prescribed and this is in the USA and Europe combined, European Union. Um.

MH: So you don't have evidence to back up what you are saying as far as the UK is concerned.

AM: Oh no there is extensive evidence, I mean the thing is we have seen very recently, for example, there was an investigation done by the BMJ that actually showed that, um, one of the drugs we have been using in the last few years in good faith which is the blood thinning drug call xxx oxiban (*couldn't get the name: riveroxiband?*), that the device used in the original trial published in one of the major medical journals was faulty basically giving, casting huge doubts onto the outcome of the trial but, Michelle, just to say, um the evidence on this in terms of in the UK we know about a quarter of hospital admissions in the elderly are because of adverse drug

reactions, one in three over the age of 75, if you are elderly and you fall you fracture a hip then a quarter of those patients will die. This is a major issue.

MH: Well, and drugs companies and others would say that there are always risks when you take medication. When you have spoken out before for example about the use of statins and you have been concerned about widespread use of statins when you, um, you wrote a piece about this in the BMJ in 2014 in which you said the side effects of statins occurred into 18-20% of people that research was flawed and later acknowledged as flawed so you have been wrong before when you have spoken

AM: Mishal,

MH: about the risk

AM: I am very glad you raised that point, I am very glad you raised that point because we have written an editorial recently with Simon Capewell the vice president of the Faculty of Public Health actually on the overall data on statins since then

MH: Right, but..the 20% % figure was withdrawn

AM: That 20% figure was corrected absolutely right but actually I will be honest with you now it was actually probably an underestimate. In fact actually the side effects in terms of, the side effects that interfere with the quality of life may well be higher and I will just tell you why..

MH..No..Are you going to...I want to talk to Professor Sir Robert Lechlin in a moment.

AM: Sure

MH: about this but if, I presume if you believe differently you will put forward evidence for that in a subsequent piece.

AM: Well there has been, actually, emerging evidence from the last two weeks. Michelle de Lorange a cardiologist in France has actually even suggested now that the whole evidence base behind statins themselves is very questionable even for efficacy in all patients groups.

MH: All right. Well Professor Sir Lechler is also here in the studio. He is the President of the Academy of Medical Sciences. Now you at the Academy have been asked by the Chief Medical Officer to look into this, this same issue of the influence of,of, actually really the evaluation of drugs. Is there a problem?

RL: What I would say is the doctors in this country are trained to practice evidence-based medicine, and to indulge in evidence-based prescribing and I think the medical profession does that. Um, are we perfect at doing it, no we are not, so are there some occasions when drugs may be over-prescribed, probably so, certainly antibiotics, we now recognise were excessively used and we are now very careful about that because of antibiotic resistance. There is a very good illustration of an in-course adjustment. But the notion that there is a great culture of over prescribing I don't recognise and of course there is no incentive to over prescribe, there is no reward for prescribing drugs in this country fortunately. So I think the key is to always be rigorous about evaluation and we are very fortunate to have NICE, the National Institute for Health Care and Clinical Excellence which is a very rigorous evaluator of evidence but the Academy has launched into a piece of work now to see how society evaluates evidence, because it needs a public debate.

MH: But society can't

RL: And this is the way we are going to do it.

MH: But how can society evaluate evidence? We want a decent rigorous system where the system evaluates.

RL: Well I think the system does but some of the data coming out is confusing. I think statins is a very good case in point; there have been confusing messages coming out about statins and some of the risk benefit analyses are quite subtle. So I think that we do need a public dialogue and the public should decide at what level of risk it is sensible for them to medicate, er, or not. So I think.. it does need a public debate and the Academy's piece of work is looking at that, it is looking at risk, um, it is looking at conflict of interest and how best to manage that to avoid bias, um and it is also going to look at how to communicate risk more effectively.

MH: What about the influence, or perhaps over influence or undue influence of the drugs industry on the NHS? For example if you look at the sorts of drugs that are developed that, the accusation that more money is put into the development of drugs that are more profitable rather than perhaps more ordinary but much needed drugs like antibiotics.

RL: Mmm. So of course, pharmaceutical industries will tend to go where there is a profit margin to be made otherwise they will not be able to afford to make the drug, I think that is understandable and so there is huge unmet need, and we all need to work together to get drugs developed in the right places but what I would say which is a very important point I think is that it is vital that the academic world and the pharmaceutical industry and the biotech industry and the NHS work together to deal with the unmet need, I think rather than any suggestion that it is bad for collaboration with industry it is essential there is collaboration with industry in order to develop better drugs for those unmet needs.

MH: Professor Sir Robert Lechler and Dr Asseem Malhotra thank you both very much.