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Sociological and Anthropological Perspectives on Pharmaceuticals: A Brief Review

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ABSTRACT: The present paper attempts to provide a brief overview into sociological and anthropological perspectives on pharmaceuticals. Anthropological perspectives have predominantly focused on aspects such as teasing out the everyday realities in which pharmaceuticals are manufactured, marketed and consumed; a 'biographical' approach to drugs, which documents the various rites of passages that pharmaceuticals undergo, the linkages between medicines and the processes of social transformations, the dynamics of evidence-based medicine and health care and the emphasis on a more 'critical' medical anthropology. Sociological perspectives on the other hand have predominantly dealt with the shift from medicalization to pharmaceuticalization, in addition to aspects relating to regulation, consumerism and favored a critical approach to the practices of pharmaceutical firms.

Keywords: pharmaceuticals, biography of drugs, medicalization pharmaceuticalization

INTRODUCTION

This paper attempts to provide a brief overview into sociological and anthropological perspectives on pharmaceuticals, predominantly in a Western context. Anthropological perspectives on pharmaceuticals by Western scholars were relatively scarce, till the eighties. Earlier studies on pharmaceuticals were essentially critiques of medicalization and the dumping of medicines by multinationals in the developing countries. (Hardon et al. 1991 as cited in Van der Geest et al. 1996: 154). Public health and particularly the World Health Organization's thrust on 'essential' drugs stimulated a resurgence of interest in the policy implications of earlier anthropological studies and initiating of new studies on the use of medicines in these countries. These studies were significant in terms of documenting the every day practices and local realities in which medicines were marketed and consumed, the marketing of drugs through formal and informal channels, the growing trend towards self-medication and the meanings attached to Western biomedicine in these societies. (Sachs, 1989; Nichter, 1980; Sachs and Tomson, 1994; Sacks 1976, as cited in Van der Geest et al 1996: 155).

EMPHASIS ON BIOGRAPHY OF DRUGS

The anthropological emphasis on the biography of drugs in the last two decades owes much to the contribution of Van der Geest et al (1996, Geest 1994, 2007). In their elaborate and detailed review discussion paper, they not only took stock of the nature of prior anthropological engagements with pharmaceuticals but their work also attempted to outline a theoretical and methodological agenda for the examination of the transactions and meanings of pharmaceuticals in terms of the life cycle or multiple stages and transformations-production and marketing, prescription, distribution, use and efficacy- they underwent, the different sets of actors-scientists, firm personnel, health professionals, pharmacists, consumers etc- who engaged with them in each stage, the varied social worlds they inhabited in this process and the different 'regime of values' (Appadurai, 1986) they embodied in each stage.

Anthropological engagements with pharmaceuticals have also focused on the links between medicines and processes of social transformation in terms of the ideology they embody, their latent power and ability to change perceptions of health and construct illness identities, mark social values and relations and simultaneously empower and render dependant their consumers. (Nichter & Vukovic, 1994 as cited in Geest, 2007:303).

THE DYNAMICS OF EVIDENCE-BASED MEDICINE

In recent times, anthropological inquiry into pharmaceuticals has also preoccupied itself with themes such as the dynamics of evidence-based medicine or evidence-based health care, the contribution and potential of anthropological critiques on political economy of health studies and ethical challenges posed by clinical trials on human subjects. Lambert's (2006) study on the set of practices and techniques for the appraisal and clinical application of research evidence, known in medical parlance as evidence-based medicine (EBM), is particularly interesting as it highlights how certain notions of

evidence in clinical practice are implicit in EBM itself. In particular, it highlights the overweening emphasis on quantitative and particularly epidemiological definition of evidence used in EBM and the neglect of patient narratives and social structural, cultural, political and economic dimensions in descriptions of research evidence as represented within EBM.

EMPHASIS ON A 'CRITICAL' MEDICAL ANTHROPOLOGY

Recent anthropological engagements, while being empirically grounded in the local context, have also strived for a more macro analytical approach, thus laying the foundation for a more 'critical' medical anthropology. Anthropological studies on pharmaceuticals and medicine in the last decade have also begun to evince a greater interest in the ethical dilemmas involved in clinical trials, the functioning of institutional ethics committees (IEC) and institutional review boards (IRB) and the methodological challenges that such studies pose for cultural anthropologists.

SOCIOLOGICAL PREOCCUPATIONS: SHIFT FROM MEDICALIZATION TO PHARMACEUTICALIZATION

In the context of sociological preoccupations with pharmaceuticals, these have primarily devolved around the themes of medicalization and pharmaceuticalization, regulation, consumption and consumerism and expectations and innovation. The term 'medicalization' has been traditionally been deployed by sociologists in a value-neutral sense as the transformation of something into a medical matter. Studies of health and illness, in the seventies pointed to the increasing authority assumed by biomedicine in the social construction of disease and its treatment, with the role of the pharmaceutical industry receiving marginal attention, save for a sole study by Illich[1], which focused on the side effects of drugs but reserved its critique for 'over reliance' on drugs and medical practitioners. In the early eighties, Braithwaite came out with a blistering critique of fraudulent practices, including negligence and bribery, of pharmaceutical firms with respect to drug safety testing.[2] His later work (1993), which highlighted the internationalized nature of corporate crime in the pharmaceutical sector, is extremely relevant in terms of demonstrating how organizational complexity within the firm is more contrived than inherent, the subtle and sophisticated forms of law evasion practiced by firms in terms of dumping of substandard drugs or unapproved drugs in developing countries and well-orchestrated strategies pertaining to clinical testing involving the identification of different and strategic locations for early testing, marketing and final approval. Braithwaite essentially emphasized on a legal-pluralist transnational framework, grounded in consumer and professional activism and stringent regulatory control at local, national and international levels, in addition to harmonization of regulatory standards on pharmaceuticals to prevent misconduct by pharmaceutical firms.

Going back to the issue of medicalization, a few studies have highlighted how, in the present context, while the definitional centre of medicalization remains with physicians and health care professionals, the industry constitutes one of its primary drivers (Conrad 2005, 2007, Conrad and Leiter 2004 as cited in Williams et al 2008). Other studies (Moynihan 2002, Moynihan and Henry 2006) have been more stridently critical of the industry and asserted that rather than the notion of 'medicalization', notions such as 'pharmaceuticalization' and 'disease mongering' may be more valid in the present context, given the growing use of pharmaceuticals for diverse purposes which extend beyond the realm of the medical in the society.

These critiques have highlighted how the industry deploys several strategies which include utilizing physicians, health care professionals, media, academicians, other pressure groups and even consumers to skillfully manufacture new 'diseases' instead of drugs and taking recourse to direct-to-consumer advertising to market its products.

In this process, the media, academicians and even consumers have also emerged as key players in shaping both celebratory and critical discourse on drugs depending upon its newsworthiness and in the drive towards medicalization. These studies also point how direct to consumer advertising has extended the relationship between drug companies, physicians and consumers in ways that are a rehearsal of the early twentieth century period when drug companies had a more direct relationship with consumers.

CRITIQUING PHARMACEUTICAL FIRMS' PRACTICES

In this context, a few scholars like Sismondio (2004), have emphasized on the need for studies of the industry to distinguish between genuine research and commercial promotion and in the process, define a terrain in which medical practitioners, firms and regulators and consumers can clearly distinguish between ethical and unethical practices, in an environment where pharmaceutical firms often present prospective authors with draft versions of their research to ensure favourable reports.

Similarly, Fishman's (2004) study highlights the crucial role of clinical trial researchers as mediators between pharmaceutical companies and patients in the context of the commodification of female sexual dysfunction (FSD), a medical condition under construction and an open terrain where claims are staked through alliances between

1 1975 *ibid*: 814.

2 Braithwaite, J. (1984). Corporate Crime in the Pharmaceutical Industry. London: Routledge.

researchers, companies and clinicians in the process of the defining of the condition requiring treatment and validation of treatments for that condition. What is interesting about her work is the examination of medicalization as a feminist issue.

Rasmussen's study (2004), in examining the burgeoning intimacy of firms with academia, highlights how the invoking of science and the utilization of scientific connections by pharmaceutical firms for rhetorical purposes thrived on the internal competition among academicians in research areas which were cutting edge, intellectually exciting and at the same time held tremendous economic promise. Healy's (2004) expose of ghost writing in the pharmaceutical industry is essentially an insider's account of pharmaceutical firms' subtle and often hidden hand in influencing the production of favourable accounts of their drugs, the disconnect between authorship of medical literature and the research that produced them and the gap or moral disconnect between the norms of conventional scientific authorship and the norms governing authorship of commercial medical literature.

Greene's work (2004), a historical account of marketing practices and the evolution of salesmanship in pharmaceutical firms in post-war America, examines the strategies through which, firms succeeded in investing drug salesmanship with the legitimacy of a 'professional service', generating widespread acceptance for their presence in clinical spaces and shaping contemporary interaction between physicians and sales representatives. His work is significant in terms of providing insights into corporate and clinical logics and the role played by these early sales representatives in laying the foundation for the systematic process of pharmaceuticals promotion in the contemporary period.

With respect to pharmaceuticalization, recent sociological studies have identified several processes at work, including new opportunities for the mediation of pharmaceuticals which bypass the traditional doctor-patient route such as direct to consumer (DTC) sales, the internet and cyber-space culture and the domestication of pharmaceuticals consumption in everyday life, which have forged new links between the corporate world and the private world of citizens in terms of consumer willingness to adopt new medical technologies as solutions to everyday life problems. (Williams et al 2008).

Recent studies (Fox et al 2007, 2005) have, however, focused on the users of pharmaceuticals as knowledgeable and reflexive actors capable of informed choices in consultation with professionals. Recent government policies in certain countries have begun to conceptualize patients as experts and exhort professionals to develop a 'partnership' with their patients. Another study (Stevenson, Leontowitsch and Duggan, 2008), which examined the processes by which consumers of over the counter medicines engage with pharmacists has shown how pharmacist-consumer interactions did not decrease the value of pharmaceutical expertise and how consumers' acknowledged information asymmetry in relation to pharmacists but treated transactions related to over the counter drugs in a vein similar to other commodities purchased in retail outlets. Other studies have focused on the collective actions of patients and users to represent their interests in self-help groups, patient advocacy groups and health social movements. In a similar vein, Jones (2008: 929-43) has focused on the processes through which health consumer groups in the United Kingdom disclose and manage links with pharmaceutical companies in the context of their growing involvement in the policy process. Her study examines claims about the industry's engagements with these groups in an attempt to capture the groups' policy agenda. Her findings reveal how common interests help to sustain the dialogue between these groups, highlight the coincidence of aims between the two groups and the perception of inevitability of collaboration and tacit support for policy guidelines to manage conflicts of interest.

Recently, studies conducted under the 'Tracing Pharmaceuticals in South Asia: Regulation, Distribution and Consumption' project[3], deploying methodological techniques such as anthropological field work with archival and interview-based research, have also attempted to examine the conditions that make possible the continuing inappropriate use of medicines in South Asia. The project, based on the premise that phenomena such as pharmaceutical products must be understood as parts of global assemblages which have significant cultural and symbolic meanings, highlights the understanding of the processes that lead to iatrogenic disorders and attempts to offer an improved understanding of policy in this field.

The examination of the different dimensions and processes shaping medicalization and pharmaceuticalization is a common strand underlying all the above-mentioned studies, framed within anthropological and sociological perspectives, in addition to a preoccupation with academic integrity and the ethical dilemmas posed by the complex alliance between firms, medical practitioners, clinicians and academicians.

REFERENCES

1. Appadurai, Arjun. Ed. (1986). The Social Life of Things: Commodities in Cultural Perspective. Cambridge: Cambridge University Press.
2. Braithwaite, John. (1984). Corporate Crime in the Pharmaceutical Industry. London: Routledge.
3. Braithwaite, John. (1993). "Transnational Regulation of the Pharmaceutical Industry," *Annals of the American Academy of Political and Social Science*, Special Issue on White-Collar Crime. 525:12-30.

3 A project (2006-09) funded by the Economic and Social Research Commission (ESRC) and DFID, United Kingdom, carried out by researchers in Nepal at Martin Chautari and in India at the Centre for Health and Social Justice, in collaboration with the University of Edinburgh.

4. Fishman, Jennifer, R. (2004). "Manufacturing Desire: The Commodification of Female Sexual Dysfunction," *Social Studies of Science* 34(2):187-218.
5. Fox, N.J., Ward, K.J. and O'Rourke, A.J., (2005a), "The 'Expert' Patient': Empowerment or Medical Dominance? The Case of Weight Loss Pharmaceutical Drugs and the Internet," *Social Science Medicine*, 60:1299-309.
6. Greene, Jeremy, A., (2004). "Attention to 'Details' Etiquette and Pharmaceutical Salesman in Postwar America," *Social Studies of Science*, 34(2): 271-292.
7. Healy, David. 2004. "Shaping the Intimate: Influences on the Experience of Everyday Nerves," *Social Studies of Science* 34:219-45.
8. Jones, Kathryn, (2008). "In Whose Interest? Relationships between Health Consumer Groups and the Pharmaceutical Industry in the UK," *Sociology of Health & Illness* 30(6):929-43.
9. Stevenson, Fiona A, Leontowitsch Miranda and Duggan Catherine, (2008). "Over-the-counter Medicines: Professional Expertise and Consumer Discourses," *Sociology of Health & Illness* 30(6):913-28.