

Mass-production medicine

By

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By the early years of the 20th century, mass production processes were being refined. Soon, factories would produce thousands upon thousands of items inexpensively – from bottle tops, cola drinks, processed foods, to bicycles and motor cars. Suddenly, everyone could have the same thing!

These new industrial processes weren't restricted to consumer fare; they were also being introduced in the burgeoning petro-chemical industry, which would produce components to pharmaceutical drugs.

Now everyone could have a new bicycle – and a drug, too. Mass production created a new phenomenon – mass pharmaceuticals, the one-size-fits-all drug.

While the bicycle unarguably takes you from A to B, pharmaceuticals are supposed to deliver their own benefit. They have to suppress symptoms or, heaven forefend, cure. And this has to be demonstrated.

So, mass production spawned mass pharmaceuticals – which spawned mass medical science. To demonstrate the efficacy of the mass-produced drug, scientists needed a mass of people who would display benefits from taking the very same pill everyone else was taking. And, just to prove it really does work, they introduced the idea of a placebo, and nobody would be told what it was they were given.

Because of the elevated place that medicine holds in society, with its influence firmly established in the worlds of academia, politics and the media, the double-blind placebo mass drug trial quickly established itself as the gold standard of medical scientific rigour.

This was muscular science, true science; everything else was quackery and wishful thinking.

The trouble was – mass medical science wasn't delivering great results. Soon, it was enough that a drug could outperform a placebo by a few percent for it to be an enormous success. Often, results were stopped after just a few months of a trial – so what happened to the patient after a year or more? Nobody knew.

Sometimes the results were just awful. When they were, the trials weren't even published. Instead, they were put away into a filing cabinet, and this happened even when the researchers knew the drug was killing people.

Sometimes the results were 'doctored' – I wonder where they got the term from? – or academics were paid to put their name to research they hadn't written. Sometimes the whole thing was made up, and yet published in prestigious medical journals, nonetheless.

A GlaxoSmithKline executive famously let the cat out of the bag when he said at a private meeting that pharmaceuticals work only 30 per cent of the time.

Mass medicine helps some people some of the time, and nobody all the time.

What's gone wrong?

Mass production works fine when we deal with simple things: most of us are blessed with two legs to use the mass-produced cycle. However, our body 'inside' – the organs, muscles, immune system - is not simple: it is complex and dynamic. We are the sum of our genes, our environment, our diet, our disposition, and much else besides – and it's a constantly moving target.

Mix up that matrix, and its many variables, and you discover that each one of us is unique. There's nobody quite like you on the planet. As your own eco-system is unique, so any one disease – despite being given a general description, such as lumbago or asthma – has its own special expression in you.

Fascinating, but hopeless for mass-production medicine.

So far, so bad, but what is the alternative, our medical researcher might ponder. It's the only show in town. Everything else – alternative or complementary therapy – is non-medicine because it's just quackery, a placebo dressed up as medicine. It's just not science.

Let's quickly remind ourselves of our equation: mass production + mass medicine = mass medical science. In other words, *the science was invented to legitimise mass production processes for a mass market.*

Now let's look at the other equation. Genes+environment+diet+disposition = unique individual. *If each of us is unique, and changing, we cannot run a mass scientific trial and hope to get a consistent result.*

Yes, medicine – and I include all of medicine in this, alternative and allopathic – is scientific inasmuch as it looks for a cause/effect, even though – in a complex system – cause A can have effect Z.

But let's not confuse that with mass-production science. Medicine is a one-case-at-a-time process, a hit-and-miss blend of science, art and intuition.

This has always been the position of natural medicine, which has not been overly troubled by mass production processes. So the question is: do I want a medicine that thinks I, and my disease, are the exact same as everyone else's, or do I want one that recognises my uniqueness, and treats me as such?

Do I want a pharmaceutical drug that probably won't work – and because of its chemical toxicity may do me great harm – or utilise a therapy that probably will in time?

I might want a bicycle like yours, but I don't want your drug.