

evidence of good industry science and no effective defence against the allegation that the system is fatally flawed.

Among the strongest elements of Sismondo's book is his analysis of the role of "key opinion leaders" (KOLs), based on interviewing 14 individuals identified as KOLs, as well as listening carefully to what industry and publication planning figures had to say about them. Sismondo traces the origin of industry's use of opinion leaders to 1950s sociology research commissioned by Pfizer and deliberately withheld from the research literature in order to give them a head start on their competitors. Sales representatives are key to identifying potential KOLs; the ideal is a bright and ambitious young doctor whose views are already sympathetic to the company agenda. The KOL can then be groomed through support for research, teaching opportunities, and positions on advisory boards. As Sismondo notes, "repeatedly being billed as a leading expert can give a person the status of leading expert" (p138). Doctors who feel they are having a constructive influence on industry practice might be disappointed with Sismondo's finding that information gathered from advisory board members "was thrown away when the checks were handed out".

Sismondo rather understates the case when he says "the KOLs themselves probably do not see all the ways in which they are managed by drug companies" (p130). I prefer his characterisation of KOLs as zombies, "animated bodies sent out to do pharma's bidding". The best KOLs are those who are unaware that they are anyone's creation, those who are mostly proud of the way that they made use of industry without any impact on their own ideas. The process is demeaning to both parties. Sismondo reports, 'The reps laugh amongst themselves: The most comical thing is doctors' attitudes. You will never hear a physician say, "This is influencing me." They are just so arrogant and naïve.' (p150)

The biggest trick of industry is to take away agency from someone who nevertheless gets the impression that their

agency has been increased. It can be readily appreciated that a KOL, speaking with personal conviction about a drug, will be a much more powerful marketing tool than someone who is overtly identified as a marketing representative. This is particularly the case where the KOL's primary message is not to prescribe a particular drug, but rather to include it as part of an overall package – for example, management of cardiovascular risk in midlife, where lipid lowering drugs are portrayed as just part of a health enhancing package of "lifestyle changes". Companies can be confident that even if the KOL advocates some lifestyle change or non-drug therapy as the primary intervention with a seemingly conservative approach of relegating drugs to second line, the default position for many doctors in the target audience will be to prescribe. A good example is the promotion of off-label use of antidepressants for young people. Sales representatives are not permitted to detail off-label drugs, but no such restriction applies to KOLs. Australian KOLs, with long-standing but not always obvious links to industry, have promoted increased screening for and treatment of depression in young people, strongly supporting a role for antidepressants but not pushing them as first-line treatment. Industry knows that by far the most common intervention for depression in general practice is to prescribe medication so the net effect of a depression awareness programme will be increased sales of antidepressants even if the KOLs are not advocating drugs as first-line treatment.

It is hard to understand the failure of intelligent well-educated doctors to recognise that if something is too good to be true, it probably isn't. KOLs manage to turn a blind eye to the way in which they are being exploited. As the late Mickle Nardo (See: <http://1boringgoldman.com/index.php/2012/12/21/hideand-go-see/>) wrote: "It's always funny when small children try to play hide-and-go-seek by covering their eyes, but when grown-ups do it, it loses its charm." *Ghost-managed medicine* is an antidote to such childish behaviour.

Pandemics as mirrors of society: The more things change, the more they stay the same

SAMIR MALHOTRA

Frank Snowden, *Epidemics and Society: From the Black Death to the Present*, Yale University Press, 2019, 682 pages, \$35 (hardcover), ISBN 978-0-300-19221-6.

"...concept of the king's touch to cure disease. King Charles II of England ... administered the touch to nearly one hundred thousand people during the mid-1600s." (p 31) In the 21st century, the touch of a godman can apparently make kidney stones come out

of the mouth, not of the patient, but of the godman himself!

Historian Frank Snowden's book, *Epidemics and Society: From the Black Death to the Present*, based on the author's lectures at Yale University, provides an excellent opportunity to compare Covid-19 with pandemics across two millennia, and to contextualise the similarities/differences of stakeholders' responses. In a captivating narrative, Snowden first equips us

with a basic understanding of diseases, puts us in a time capsule, and takes us back to visualise the horrors as they unfold microbes plundering humans, humans plundering humans. Demonstrating how pandemics were not “acts of god”; but a consequence of human action “every society produces its own specific vulnerabilities” asking probing questions, particularly with respect to 21st century “dress rehearsals” (SARS, Ebola), Snowden uses pandemics as mirrors for humanity.

Covid-19, occurring months after publication of the book, and the responses of societies to Covid-19, confirm the author’s worst fears, not only about our susceptibility to epidemics, (putting to rest mid-20th century proclamations about the world soon being free of infections), but also how we created additional problems due to a deadly combination of negligence, incompetence, and hubris. While cases/deaths continued to rise, economies crashed, joblessness peaked, and stock markets, shockingly, also peaked, the suffering of non-Covid patient remained largely ignored, creating what some called a “syndemic”.

A digression here: our institute, the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, founded in the early 1960s, had visionary forefathers. For instance, foreseeing the future importance of drug development, the pharmacology department had faculty positions for chemist, basic pharmacologist and clinical pharmacologist! On the other hand, they did not create a department of tropical medicine. Was the belief about victory over microbes so widespread?!

Snowden’s questions about factors (pathogen, morbidity, case fatality rate, symptoms, mode of transmission, age profile of victims) affecting pandemic outcomes are vital – how states respond to pandemics is a question he does not ask here. We can appreciate this question with the wisdom of Covid-19 hindsight as we saw how world leaders often faltered, to the detriment of populations and science, creating a leadership vacuum. This is perhaps a minor shortcoming in this brilliant book, although to be fair, he discusses this elsewhere –

Everywhere, major epidemics caught authorities unprepared, leading to confusion, chaos, ... economic activity halted, shops closed, and employment ceased, increasing the threat of hunger and economic ruin. (p 101)

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Public responses to pandemics were often severe stigmatisation, scapegoating, flight, mass hysteria, riots, religiosity, cults of saints, and witch-hunts. Scapegoating deserves special mention – foreigners, prostitutes, Jews, dissenters – were “stoned, lynched, and burned”. Snowden gives one particularly disturbing example of genocide when a British Army officer gave smallpox-infected-blankets to Native Americans “to reduce them”. (p 2)

Strained relationships among humans and “compromised standards of living that were ignored in more settled times” were severe consequences of pandemics. Socioeconomic conditions, laissez-faire policies, neoliberalisation, defunding of public health coupled with its privatisation, are recurring themes throughout. It is no coincidence that inequality, presently at the highest level ever, is being extensively discussed. Snowden even uses the almost prohibited-in-the-west “C” word, “What is the class profile of the sufferers”, soon bringing Marx, “philosopher for whom work and environment ... were all-important determinants of intellectual, spiritual, and physical health of laborers”. (p 232)

Besides poverty-related (cholera) and “democratic” (influenza) diseases, there were “aristocratic” (tuberculosis) illnesses, although tuberculosis soon became a poverty-related disease. Such a transition also occurred with Covid-19 – starting as a democratic illness among market-goers, it became aristocratic (flyers), ultimately ending up affecting the impoverished to the greatest extent (US data). It would be interesting to compare similar data in relation to “clastrovery” (class, caste, poverty) in India.

Snowden also explores the complex interplay of pandemics with war and ecological disasters, each positively feedbacking the other – the latter threatening existence as we enter a stage of irreversibility. He explains, how, combined together, these disasters impacted human lives, religion, arts, history, medicine, and science.

Science-optimists among us might have been fooled by WhatsApp messages at the start of Covid-19 about closed religious places while hospitals remained open. However, as the pandemic grew, science was backstaged on social media, with ideological superstructures ensuring predominance of (pseudo)remedies, but Snowden tells us this is an old story (“upsurges in religiosity”). “Cures” (which led Sydenham to say that the best physician was the one who did the least), included quinine, herbal mixtures, viper flesh, lemon-flavoured water, exorcism, appeasement of gods, Astrology, stones, cannon firing! As none of these would have worked, it was not surprising that pandemics caused “intellectual disorientation, leaving people bewildered and frightened”. It is interesting to draw parallels with “cures” and higher rates of psychiatric illness (depression, anxiety, substance use, suicides) during Covid.

Pandemics led to the development of public strategies, often “draconian in direct proportion to the magnitude of the perceived threat”, but forming the basis of current approaches -

quarantine, contact tracing, isolation, marking/sealing of victims' houses. One problem with draconian measures was that people tended to hide their disease depriving the authorities of accurate data. This in turn led to states justifying "control over the economy;... movement of people; ... surveillance and forcible detention; ... extinction of civil liberties". Fascinating resemblance here, too.

As during Covid-19, some governments in the past instituted relief funds to compensate for lost wages, destruction of personal effects, funeral expenses, although we don't know much about their practical implementation. Another old strategy workforce (physicians, barbers, contact-tracers, attendants, gravediggers) recruitment, remained largely unutilised in the neoliberal-era-pandemic even though unemployment peaked.

Another analogy is the role of NGOs and international agencies working with profit-driven firms and being "instruments of soft power to promote US hegemony". Filling the blanks, we have the Rockefeller Foundation, the UN, DuPont and Monsanto the 1940s solution to the malaria problem became synonymous with US technology and DDT, denigrating the need to address poverty and environment as promoting socialism. Pharma industry comparisons are interesting too. When the results of the Salk polio vaccine were announced, pharma share prices surged, quite like today! Still, there was not so much stress on patenting, profit-making wasn't the sole/primary objective; the politician-pharma nexus was yet underdeveloped. Pharma today relies on government funds for research, pocketing the profits, at the expense of society. Snowden is not scared to bring back Marx, who predicted, "need of a constantly expanding market to nestle everywhere, settle everywhere, establish connections everywhere" (p 477), will have adverse outcomes.

The scientists' response to the current pandemic differs somewhat from the past – oversaturation of therapeutics, rush to publish, (the keyword "Covid-19" gave >75,000 PubMed hits on November 26, 2020), necessitating calls to flatten this curve. While we had *A Journal of the Plague Year* (1722), a book by Defoe, recounting one man's experiences of

the bubonic plague in London, we now have Coronaviruses, an open-access journal.

Although it is hard to find major omissions in the book, I would like to mention one – in the cholera story Shambhu Nath De's discovery of cholera toxin, key to our understanding of the disease and its treatment, and for which many believed he should have got the Nobel. Snowden discusses how the treatment of cholera, particularly oral rehydration solution, evolved – in my opinion this narrative is incomplete without De.

It is tempting to include other issues and similarities – the antivaccine lobby, violence against healthcare workers, woes of non-pandemic-disease-affected patients, conspiracy theories, pharma greed, slavery, fascism, racism, altitude therapy (think hill stations), child labour; but that would take up a whole issue of *IJME*. Quoting Hegel, psychoanalyst-philosopher Zizek writes in 'Pandemic! COVID-19 Shakes the World', "... the only thing we can learn from history is that we learn nothing from history, so I doubt the epidemic will make us any wiser." If Snowden writes a post-Covid edition, he might find he has little to add, we repeated all the past mistakes.

This is a book about politics, wars, arts, medicine, public health, and societies, interwoven in a complex network, under the shadow of pandemics.

Above all it is a history of today.

I will end with two quotes from the book:

One of the bitterest ironies of the 2013–2016 crisis is that the expense of combatting the epidemic is estimated to be threefold the cost of setting up a functioning health infrastructure. Such an infrastructure perhaps could have prevented the outburst altogether while providing access to care for other afflictions. Emergency response to contain a conflagration already under way is expensive, inefficient, and inhumane.

In the ancient but pertinent wisdom, salus populi suprema lex esto—public health must be the highest law—and it must override the laws of the marketplace.