

virology and immunology and the philosophy of science that serve to demonstrate the depth of Patton's research in this monograph. Chapter four investigates "how Western representations of the national and sexual cultures of post-colonial Africa direct the international AIDS research and policy agenda". It begins by exposing three popular Western conceptions of African AIDS: (1) Africans will not use condoms; (2) they have such poor medical care that they cannot properly diagnose AIDS; and (3) in Africa, AIDS is a disease of poverty. Reading this chapter, one is reminded of the early debates over continental drift and environmental determinism and how scientists gradually altered their positions in the face of new evidence. When the West discovered AIDS in its midst, it quickly assigned the origin of this disease to places like Haiti and Africa, reasoning that such a malady could never have arisen in the "germ-free West". Africa is portrayed as so hopelessly poor that it is justifiable to run HIV vaccine trials which would never pass ethical muster in the West. Most of the contradictory racist perceptions surrounding African AIDS are exposed here.

The fifth chapter discusses the way in which people are educated about AIDS. According to Patton, there is an ethical structure to provision of health education that differentiates on the basis of low and high risk groups. The former are given information on the assumption that they have a right to know, and thus to protect themselves, while the latter are educated on the assumption that they have an obligation to know and therefore to protect the public. The educational problem is "attributable to homophobia,

sexism, the hyper-individualism of this generation, the financial cutbacks in educational institutions, the increased conservatism that heightens the fear that being positive about sexuality and non-judgmental about drug use will result in job loss, and the unspeakable pain at not being able to share our experience of the multiplicity of ways in which AIDS has touched, often devastated the lives around us".

The final chapter neatly summarizes the crux of the book's argument—that a failure to openly engage in discourse of AIDS as a medical, or health problem, detached from the emotionally and politically charged notion that it is a phenomenon associated in the West with being black, gay or a drug user, is as big a problem as the disease itself. Explicit within this book is a distrust of politicians, the media, and science, which cast the gay community as the paradigmatic representation and embodiment of AIDS. It is an indictment of government for failing to support community-based HIV/AIDS service organizations. It is also an indictment of the perpetuation of homophobia and racism in America. If you appreciate research that explicates all the facets of an issue in depth, *Inventing AIDS* is a model study. This monograph should be required reading for every professional person who is associated with AIDS, as well as students in the political, legal, and medical disciplines.

Department of Geography  
University of Maryland, Baltimore  
5401 Wilkens Avenue  
Baltimore, MD 21228, U.S.A.

ROBERT EARICKSON

**A Healthy Business? World Health and the Pharmaceutical Industry**, by ANDREW CHETLEY. Zed Books, London, 1990. 206 pp. £9.95 (paperback), £32.95 (hardback).

Andrew Chetley has written a history of the role of the pharmaceutical industry in world health over the past three decades or so. Those who know him will not be surprised that it is a highly critical history. Chetley is one of the most prolific and best informed writers monitoring the pharmaceutical industry, which he accuses of 'unhealthy practices', i.e. putting profits before health. He has written at least six more books on this topic, including *The Baby Killer Scandal* (1979) about the Nestlé affair and *Peddling Placebos* (1989) on the large scale marketing of useless cough and cold medicines.

For those who are not familiar with the history of the Pharma-industry's business in the Third World this book offers a wealth of information. For those who have followed the 'discussion' between the industry and its critics it may not contain much that is terribly new. For them the value of the book lies in its careful documentation of the most salient developments in the field, particularly the steps taken by the WHO, UNICEF, Health Action International (HAI) and the pharmaceutical companies themselves. Chetley's book is a worthy successor to the studies by Muller and Melrose which appeared in 1982. Melrose's *Bitter Pills: Medicines and the Third World Poor* in particular has been, and still is, a most useful overview of the problems of drug distribution in developing countries.

Chetley's line of argument is roughly as follows. He starts off with a discussion on poverty and deprivation as the main causes of ill-health in the Third World. Drugs alone can do very little to improve those conditions. He then describes how the role of the pharmaceutical industry, which looked promising at first, turned more and more problematic. The disaster with Thalidomide, a sleeping pill which left about

8000 children in 46 countries severely handicapped between 1958 and 1962, was one of the first and most dramatic examples of the alarming 'side-effects' of the expanding pharmaceutical industry. Similar events have happened since, often in developing countries where control over medicines tends to be deficient and registration of pharmaceutical abuse lacking. Chetley, with the help of critical health workers and consumer organisations in those countries, has succeeded in collecting substantial documentation on marketing practices which, from a medical point of view, are irrational and obnoxious.

About half of the book deals with attempts to set up policies to check the commercial proliferation of pharmaceuticals. It is the story of continuous fights and campaigns chiefly involving four parties: the WHO, national governments, the industry and consumer action groups like IB-FAN, IOCU and HAI, Social Audit and War on Want in Britain, HAIN in the Philippines, BUKO in Germany, and WEMOS in The Netherlands. Important episodes in that history include the baby foods campaign, the founding of HAI, the Essential Drugs List of WHO and the controversy over an international code on marketing practices for the industry. Chetley also presents brief case studies of the efforts in six countries to develop a policy of rational drug use: Bangladesh, Norway, Costa Rica, Peru, Kenya and The Philippines.

The final chapter is devoted to recent developments, some of which cause concern, for example the financial constraints at the WHO and changes in the WHO leadership which threaten the organization's Action Programme for Essential Drugs. The 'Bamako Initiative', strongly supported by UNICEF, is also discussed. This proposal to finance primary health care through the sale of drugs is having an impact on a growing number of developing countries. The reactions are mixed. Some believe it to be a realistic step to make health care more sustainable; others

have criticized it for different reasons, varying from technical-financial critique to concern about poor people's inability to pay for health care.

Chetley also observes a few positive signs, a change of attitude in the industry which has become interested in doing research on tropical diseases and seems to be more open toward creating conditions which guarantee a rational use of their products. The following quotation from the International Federation of Pharmaceutical Manufacturers Associations is illustrative: "If the exciting potential of the new anti-malarial drugs and vaccines is not to be wasted, their use must be fully integrated into comprehensive and sustained programmes of malaria control alongside education, training, surveillance, vector control, and within a larger framework of primary health care" (p. 132). Rhetoric or a new policy? Chetley gives the industry the benefit of the doubt and concludes with the optimistic note that the industry seems to be moving gradually towards a more responsible attitude in the production and marketing of drugs, not because it has become philanthropic, but because it has realised that in the long run such a policy is better for business. Chetley welcomes this new awareness of "enlightened self-interest". Another well-known critic of the industry, Charles Medawar has no objection: "If the industry were producing drugs which people needed, and if the industry were promoting them responsibly, I wouldn't for a moment argue that it shouldn't make money out of that" (cited on p. 144).

Will that be the outcome of ten years of bitter fighting: the industry and its critics moving a little closer together? But the fight is not yet over. The critics are advised to

concentrate . . . their energies on dialogue with the new managers of the health-centred companies whom they would like to see grow while bringing increased public pressure on the drug-centred companies" (p. 144). WEMOS' report *Exposed: Deadly Exports* gives less reason for optimism. It provides results of a survey of drugs banned or withdrawn in one or more EC countries which in 1988 were for sale in the Third World. More than 75 products are listed, including pain-killers (the largest category), antibacterials and irrational combination drugs. WEMOS calls for stricter export legislation based on the principle of Prior Informed Consent by the importing country before the products may be exported from a country in which they are unlicensed.

Chetley's book is both thorough (with extensive notes and an impressive bibliography) and easy to read. It contains an elaborate index which makes it possible to use it as a reference book and provides a useful glossary of common drugs with information on how they work and what their possible side-effects are. In a Note on Terminology the author—with tongue in cheek—makes the following remark about the term 'drug': "The best definition of a drug is given by Dr Gunter Lewandowski of Ciba-Geigy: a drug is a substance plus information." That's what the whole book is about.

*University of Amsterdam*  
Spui 21  
1012 WX Amsterdam  
The Netherlands

SJAAK VAN DER GEEST

**Too Old for Health Care? Controversies in Medicine, Law, Economics and Ethics**, Edited by ROBERT H. BINSTOCK and STEPHEN C. POST. The Johns Hopkins University Press, Baltimore, 1991. pp. 209, Paperback £13.50, Hardback £36.00.

What a provocative title The present reviewer must declare an interest. He is 77 years of age and suffers from moderately severe and frequent angina. He has been advised that had he been ten years younger he would have been referred for bypass surgery and valve replacement. It must be stated however that the decision against surgery was based on risks rather than on health care priorities.

This book consists of nine essays by eleven contributors with an impressive record of publications and experience in the field. They are mostly senior and there is an apparent lack of generalists among them which has led to little emphasis on increasing risks of procedures and operations with advancing age. The essays are all based on American data, health care and economics but there are cost comparisons with United Kingdom, Canada and elsewhere. In any case the same principles apply. Not much effort has been made to avoid repetition between the various essays and there is a certain sameness about them. Valuable data are presented and there are good quotes from other writers. The references are comprehensive and the index good. The language is such that no special knowledge of medical terms is needed for comprehension.

Changing attitudes to the elderly over the years and in different cultures are described. Interesting demographic data are declared or quoted: "Americans aged 65 and older, about 12% of our population, account for one third of the nation's annual health care expenditure"; "30% of Medicare funds are annually expended on the 5-6% of Medicare insureds who die within the year"—is it worth it? Do older

persons "have a duty to die and get out of the way?" But the majority of the funds expended are not for dramatic technological interventions. A large proportion is spent on Nursing Home care. "Medicare costs for persons aged 85 and over may increase six-fold by the year 2040" "All citizens should know ahead of time what categories of care will and will not be provided in the different stages of their lifespan".

The legal position in the U.S.A. is set out in chapter 5 and the important distinction is drawn between 'scarce' and 'expensive'. Chapter 6 argues against the view that the provision of hospicelike care rather than life sustaining cures meets the obligation of society. In chap. 7 arguments are cited against the view attributed to Callahan—that there is a natural lifespan say to the age of 80 before which attention should be paid to the quality of life but after which expensive medical technology would not be allowed. Indeed, in the preface, the editors declare that "the authors of this volume . . . are unified by the principle that it is wrong . . . to forbid life-saving care to older persons". This view is reiterated in the last chapter and though rationing of scarce resources is often necessary it should not be based purely on age. The author draws the distinction between allocation and rationing and prefers aged-based allocation to age-based rationing. We are reminded that the elderly deserve consideration because it is they who during their active lives have provided for the research and the technical advances. The conclusion is that care should be given on the basis of the individual's clinical condition.

*Professor Emeritus of Medical Education* A. S. DUNCAN  
*University of Edinburgh*  
*Edinburgh EH8 9YL*  
*Scotland*