

# For-profit medicine is what's ailing us, pair says

After years at *The New England Journal of Medicine*, a couple continues a crusade to change American healthcare.

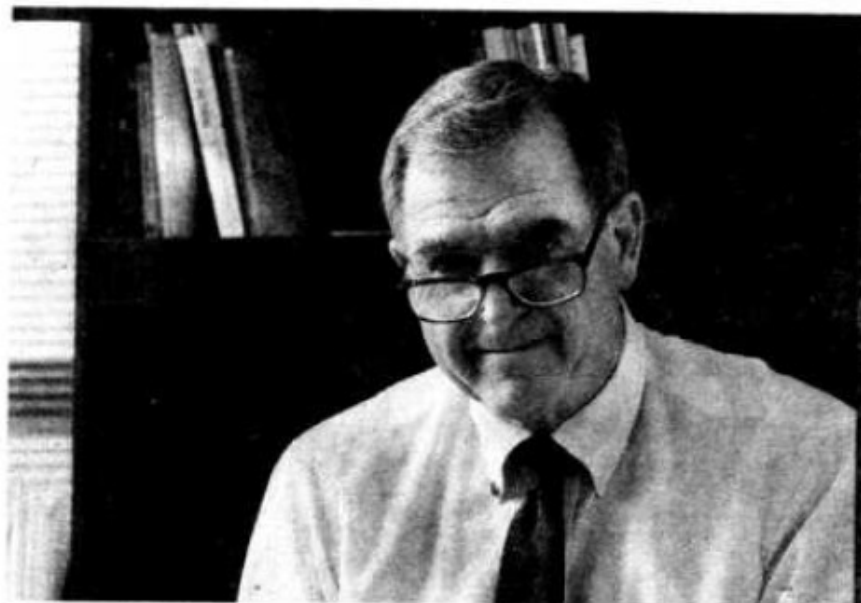
By Abigail Zuger  
The New York Times

CAMBRIDGE, Mass. — The old crusaders are getting just a little creaky: Dr. Arnold Relman, 88, has a hearing aid and the hint of a tremor. Dr. Marcia Angell, 72, has osteoporosis and arthritic hands. But their voices are as strong as ever.

Colleagues for decades, late-life romantic partners, the pair has occasionally, wistfully, been called U.S. medicine's royal couple — as if that contentious Tower of Babel could ever support such a topper.

In fact, controversy and some considerably less complimentary labels have dogged them as well.

From 1977 to 2000, one or both of them filled top editorial slots at *The New England Journal of Medicine* as it grew into perhaps the most influential med-



Dr. Arnold Relman in the offices of the *New England Journal of Medicine*. Relman and Dr. Marcia Angell, former editors of the journal, criticize the "commercial exploitation of medicine."

The New York Times

ical publication in the world, with a voice echoing to Wall Street, Washington and beyond. Many of the urgent questions in the accelerating turmoil surrounding healthcare today were first articulated during their tenure.

Or, as Relman summarized one recent afternoon in their sunny condominium in Cambridge, Angell nodding in agreement by his side: "I told you so."

"I've allowed myself to believe that some of the things I predicted a long time ago are happening," he said. "It's clear that if we go on practicing medi-

cine the way we are now, we're headed for disaster."

Their joint crusade, stated repeatedly in editorials for the journal and since expanded in books and dozens of articles in the lay press, is against for-profit medicine, especially its ancillary profit centers of commercial insurance and drug manufacturing — in Relman's words, "the people who are making a zillion bucks out of the commercial exploitation of medicine."

Some have dismissed the pair as medical Don Quixotes, comically de-

More on HEALTHCARE, 10A

# Healthcare

Continued from 9A

luded figures tilting at benign features of the landscape. Others consider them first responders in what has become a battle for the soul of U.S. medicine.

They met almost 50 years ago. He was a star of

were wed in a City Hall ceremony in 2009, a second marriage for both.

## Patients vs. profits

Their editorial collaboration long predated the romance. In 1980, Relman, then three years into his tenure as editor-in-chief of *The New England Journal*, recruited his bright student to join him. That was also the year he launched his first editorial

the academic medical scene in Boston, a New York City boy who wanted to be a philosopher but had to make a living. She was born in Tennessee and raised in Virginia, worked in microbiology labs through college and after, then landed in medical school at Boston University, an older student and one of eight women in a class of 80.

In need of a student

salvo against profit-making hospitals and laboratories and other investor-owned medical businesses.

"We should not allow the medical-industrial complex to distort our healthcare system to its own entrepreneurial ends," he wrote; medicine must "serve patients first and stockholders second." Revisiting the subject in 1991, he deplored a "market-oriented healthcare system spinning out of control" with commercial forces influencing doctors' judgments and manipulating a credulous public.

He received an outpouring of response, including both hearty congratulations and accusations that he misunderstood market forces and was immensely naive to

project, she was referred to Relman, then a kidney expert with some data that needed analysis; that first collaboration was published in 1968.

"He was a rather forbidding person in those days," Angell recalled. A classmate once saw him greet her on the street and said, impressed, "You talk to him?"

She married him, but not for four decades: They

assume that money was not most physicians' prime motivation.

Many similar articles and a book later, Relman remains unswayed. "I happen to believe that doctors are not saints but not sinners either," he said. "They are sensible, pragmatic, decent."

In his ideal healthcare system, doctors would be salaried and organized into large multispecialty group practices similar to the Mayo Clinic and other private clinics; care would be delivered by a single-payer nonprofit system, financed by the taxpayers.

"You'd save an enormous amount of money," he said, much of it by eliminating the private insurance industry, "a parasite

More on MEDICINE. 11A

# Medicine

Continued from 10A

on the healthcare system."

Opponents say that he just doesn't understand how things work.

"Angell and Relman have a conspiracy theory regarding how industry operates," said their longtime critic Richard Epstein, a law professor at New York University who has a strong libertarian view on healthcare. "All they can talk about is greed."

"They understand medicine pretty well," he added. "The moment they start talking about industry — *oy gevalt!* They have a deep difficulty understanding the issues."

Angell has drawn a similar response for her intensely critical focus on the pharmaceutical indus-

try.

She traces it to the late 1980s, when manuscripts she edited for *The New England Journal* testified, she says, to the "new power and influence of pharma" over studies validating its products.

Instead of standing back while impartial scientists evaluated drugs, manufacturers were suddenly involved in every aspect of the process.

Angell says she vetted manuscripts that omitted any mention of a drug's side effects, and studies that were weighted to make a drug look good; she repeatedly heard about studies never submitted for publication because they made a drug look bad.

"You don't know what was suppressed," she said. "You don't know what was selected. You don't know whether the goal posts were changed" so that good six-month data was

offered for publication instead of bad one-year data. "You really don't know."

"I think it is genuinely difficult to know what to believe in clinical research now," she added. "There are a lot of grubs crawling around under there."

Both she and Relman roll their eyes at "those who choose to believe" that investor-run companies — including health insurers and drugmakers — may have a primary goal other than shareholder profit, no matter the corporate spin about higher motivations.

Industry defenders say that the giant expense of developing new drugs and bringing them to market justifies the hard sell.

"The pharmaceutical industry is operating under unbearable pressures," Epstein said.

Angell's most recent focus has been the microcosm of psychoactive

drugs. In a two-part series in *The New York Review of Books* last summer, she gave a sympathetic hearing to three books arguing that most drugs used to treat mental illness are ineffective and unnecessary, creating more problems than they solve.

She also trained a critical eye on the giant manual that governs psychiatric diagnosis, noting that many of the experts who define new psychiatric disorders have extensive connections with companies that make drugs for the disorders.



Dr. Marcia Angell, at her graduation from Boston University School of Medicine in 1967.