



Bad Pharma: How Medicine is Broken, and How We Can Fix it

By Ben Goldacre

HarperCollins Publishers. Paperback. Book Condition: new. BRAND NEW, Bad Pharma: How Medicine is Broken, and How We Can Fix it, Ben Goldacre, Ben Goldacre puts the \$600bn global pharmaceutical industry under the microscope. What he reveals is a fascinating, terrifying mess. ***Now updated with the latest government responses to the book*** Doctors and patients need good scientific evidence to make informed decisions. But instead, companies run bad trials on their own drugs, which distort and exaggerate the benefits by design. When these trials produce unflattering results, the data is simply buried. All of this is perfectly legal. In fact, even government regulators withhold vitally important data from the people who need it most. Doctors and patient groups have stood by too, and failed to protect us. Instead, they take money and favours, in a world so fractured that medics and nurses are now educated by the drugs industry. The result: patients are harmed in huge numbers. Ben Goldacre is Britain's finest writer on the science behind medicine, and 'Bad Pharma' is the book that finally prompted Parliament to ask why all trial results aren't made publicly available - this edition has been updated with the latest news from the select...



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Medicine is broken: the plane flies, but it crashes much more often than it needs to. And I genuinely believe that if patients and the public ever fully understand what has been done to them – what doctors, academics and regulators have permitted – they will be angry. On this, only you can judge. We like to imagine that medicine is based on evidence, and the results of fair tests. In reality, those tests are often profoundly flawed. The people you should have been able to trust to fix these problems have failed you, and because you have to understand a problem properly in order to fix it yourself, this book contains all that you need to know. So, to be clear, this whole book is about meticulously defending every assertion in the paragraph that follows. The first is a focus on “trust” or even “as a worst case” false reassurance for well documented problems. The academy has already announced that its work “will explore how evidence that originates from different sources (e.g. randomised clinical trials and observational data) are used to make decisions about the safety and efficacy of drugs and medical interventions.”² But we should remember that evidence based medicine, in its true modern incarnation, has a relatively short history and that when randomised trials were first introduced they were often regarded as a transgressive, expensive, unnecessary, and unwelcome challenge to medical authority.¹⁴ The public is increasingly aware of the shortcomings we collectively tolerate in the evidence base for clinical practice. *Bad Pharma : How Medicine Is Broken, and How We Can Fix It*, Paperback by Goldacre, Ben, ISBN 000749808X, ISBN-13 9780007498086, Brand New, Free shipping `Bad Science' hilariously exposed the tricks that quacks and journalists use to distort science, becoming a 400,000 copy bestseller. Now Ben Goldacre puts the \$600bn global pharmaceutical industry under the microscope. What he reveals is a fascinating, terrifying mess. Ben Goldacre is Britain's finest writer on the science behind medicine, and 'Bad Pharma' is the book that finally prompted Parliament to ask why all trial results aren't made publicly available - this edition has been updated with the latest news from the select committee hearings. But instead, companies run bad trials on their own drugs, which distort and exaggerate the benefits by design. When these trials produce unflattering results, the data is simply buried. All of this is perfectly legal. In fact, even government regulators withhold vitally important data from the people who need it most. Doctors and patient groups have stood by too, and failed to protect us. Instead, they take money and favours, in a world so fractured that medics and nurses are now educated by the drugs industry. Patients are harmed in huge numbers. Ben Goldacre is Britain's finest writer on the s This represents a new kind of medicine, and delivering informed choice that reflects differing patient preferences will require wholesale structural improvements in how we gather and communicate research evidence. The current data on statins have many avoidable shortcomings. Important questions on comparative efficacy, and efficacy in different risk strata, have never been adequately answered.^{2 3} We still do not know the difference, for example, in mortality benefits and side effects between high and low dose atorvastatin treatment in the ‘