

Power and dependence



It is a truth universally acknowledged that if a public figure sticks his neck out in print, some bright young activist will write a paperback expounding the error, and the book will become a bestseller.

In this case, the public figure is Professor William Asscher, chairman of the Committee on Safety of Medicines, who once wrote, "Drug regulatory authorities should be immune from political and public pressure and above all from the pressures of action groups." The bright young activist is Charles Medawar, son of the late Sir Peter Medawar, who has made a career of sounding the cause of the downtrodden consumer. The book is *Power and Dependence: Social Audit on the Safety of Medicines*.^{*} Medawar uses the history of psychotropic drug prescribing to illustrate three assertions. Firstly, doctors have a universal tendency to overstate the benefits and understate the risks of prescribed drugs. Secondly, consumer pressure groups have initiated improvements in prescribing prac-

tices more effectively than the scientific community or government regulatory bodies. Thirdly, the secrecy surrounding drug licensing and monitoring of adverse reactions in this country is unacceptable.

Much of the book is a historical account of how alcohol, opiates, cocaine, chloral hydrate, bromides, barbiturates, and benzodiazepines have each in turn been hailed as safe, effective, non-addictive, and the "antidote" for dependence on its predecessors. In six chapters on the rise and rise of benzodiazepines in the 1970s, Medawar depicts clinical science at its worst and corporate commercialism at its most ruthless. Editorials from eminent medical journals now read like the dogmas of a cult religion and manufacturers' advertisements like an excerpt from *Brave New World*.

In their heyday, benzodiazepines appeared on 30 million prescriptions a year in Britain. Yet in its first 13 years of operation, the yellow card system attracted only eight reports of benzodiazepine dependence. This fact (and the deduction by the Committee for the Review of Medicines in 1980 that the problem therefore hardly existed) supports Medawar's contention that the official channels for monitoring adverse drug reactions were—and probably still are—dangerously ineffective. Surveys by *That's Life* and

Woman's Own uncovered more possible adverse reactions to benzodiazepines in a few weeks than the official bodies did in three decades.

The fact that so called investigative journalism has fanned the flames of "benzohysteria" is not, says Medawar, a reason for suppressing public debate. He argues persuasively that the consumer activist, erring on the side of fault finding, is necessary ballast against the professional (who errs on the side of paternalistic complacency) and the government official (who errs on the side of bureaucratic inertia). None is impartial; open dialogue among them all is essential. In Britain, the Medicines Control Agency (which grants licences for new drugs) and the Committee on Safety of Medicines (which monitors reports of adverse drug reactions) operate with a secrecy that would be illegal in countries with freedom of information laws.

Medawar is no amateur. *Power and Dependence* is emphatically not a sensationalist "drug scandal." It raises legitimate questions about clinical freedom, about the infrastructure for licensing and monitoring prescription drugs, and about official secrecy. In today's climate of "informed consumerism" the time is ripe for the curtain to rise on a wider debate.—TRISHA GREENHALGH, *general practitioner, London*

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Rags to riches

In his monologue on menstruation, the comedian Ben Elton asks his audience what it would be like if men had periods. He imagines W G Grace speaking at a cricketing dinner. "There I was," he roars, "halfway to the wicket and what d'you think—MY PERIOD STARTED!" His point is that if mensens were masculine they would not be taboo.

After 20 years of talking to women about their periods, I should hate to menstruate. The human ovarian cycle is one of Nature's more heartless practical jokes. Sheep come into season once a year; rabbits are induced ovulators, but only women (and a few monkeys) have to cope with monthly incontinence of blood. I would resent carrying a handbag, queuing for inadequate toilets, and smiling through my uterine contractions.

Because I'm male I don't menstruate, and the same applies to most MPs and civil servants. This is why the government thinks it is reasonable to tax the menstrual flow. As if 37 years of monthly bleeds were not misery enough, HM Customs and Excise charge value added tax (VAT) on sanitary protection.

How much profit does the state make from menstruation? A packet of 40 sanitary towels

costs £3 to £5 depending on the brand. A woman who uses a whole packet each month will spend £40 to £65 a year. With over 13 million menstruating women in Britain, the market could be worth £500 million a year, but the manufacturers of tampons give a more conservative estimate of £179 million—VAT on this figure amounts to over £30 million a year.

On current prices the average woman will pay about £100 tax on her periods during her life. A woman who consults you with genuine menorrhagia, however, will pay considerably more. A packet of 20 regular tampons costs about £1.74 but a packet of 40 super absorbent tampons costs £3.49. If you take a detailed history of menorrhagia you will find that some women pad themselves up with a tampon and more than one towel in order to go to work. Even if your patient ends up with a hysterectomy the state will still have made a profit from her disorder.

Services that are exempt from VAT include those of doctors, dentists, and opticians, and—perhaps less predictably—betting and gaming and the provision of credit. Zero rated items include the dispensing of prescriptions, aids for handicapped people,

food, books, newspapers, houseboats, and children's clothes. The list gives an endearing insight into what the well educated British male considers important. Condoms, needless to say, are taxed at the full rate. AIDS, which has made condoms respectable, might change this, but can anything stop civil servants sniggering about sanitary towels?

Women don't complain because it isn't done to make a fuss about your periods. Women who reach positions of influence don't want to lose face by talking about menstruation, and in any case such women are usually comfortably off and postmenopausal. The sums are trivial—£30 million doesn't buy much nowadays—but the principle isn't. It is disgraceful to tax menorrhagia.—JAMES OWEN DRIFE, *professor of obstetrics and gynaecology, University of Leeds*

