

## Book Reviews

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Young, Terence H. (2009). Death By Prescription. Oakville: Mosaic Press.

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“Death by Prescription,” written by Terence H. Young is a personal account of his journey to find justice for his daughter Vanessa, after she died unexpectedly from an adverse reaction to the prescription drug Prepulsid. Throughout the book, Young attempts to make the reader aware of the dangers of prescription drugs by taking an advocacy approach to shed light on the malpractices of the healthcare sector, and the predominance of the pharmaceutical industry. By using his own personal experience as a case study, Young illustrates the struggles and turmoil he was forced to endure as he attempts to find the root cause of his daughter’s death. Through his recount, Young argues that Vanessa’s death, along with many others were highly preventable, and caused by the lack of policy to protect patients against the unethical practices of the pharmaceutical industry.

Throughout the chapters, Young uncovers alarming information from a myriad of sources as he builds his case against the drug manufacturer of Prepulsid (Johnson & Johnson), and Health Canada. Through his research, Young implicates the pharmaceutical industry as a whole (Big Pharma), and highlights the complicity of medical professionals. As Young “follows the money” to the source of neglect that caused his daughter’s death, he quickly uncovers the deeply intimate and intertwined relationship between Big Pharma and Health Canada. Through the exploration of this reprehensible relationship, Young asserts that Health Canada is responsible for his daughter’s death based their lack of accountability, and policies that prioritize the interests of the industry rather than those of the public.

In the case of Prepulsid, Young finds irrefutable evidence that Health Canada ignored expert advice to find a more effective way to warn doctors about the dangers of the drug (p. 123). He also uncovers that Canadian patients were not given the same black box warning (highest warning level) as their American counterparts (p. 124). As he searches for answers as to who is responsible for disseminating adequate safety warning, Young discovers the practice of “high-level finger pointing” within the industry. He likens this practice to “an auto manufacturer saying it was the dealer’s responsibility to warn car buyers about unsafe vehicles” (p. 79). Young argues that this common charade of passing the blame from regulatory bodies, to drug manufacturers, to doctors, truly demonstrates the lack of accountability within the flawed system that failed to protect his daughter.

As Young further exposes the true nature of Health Canada and Big Pharma’s unsavory relationship, he reveals information about how drugs come to be deemed “safe” and “effective.” He learns that Health Canada closed their own Bureau of Drug Research in 1997, forcing drug reviewers to rely on Big Pharma for information about safety and effectiveness; by 2005, sixty percent of the budget for drug reviews was paid by Big Pharma (p. 211). Young uses this example to point out the inherent conflict of interest between Health Canada and Big Pharma. On one hand, Health Canada is reliant on information and funding from this industry and on the other hand, responsible for regulating it. This unscrupulous relationship is confirmed again during the trial, when Health Canada is referred to as Johnson & Johnson’s “key customer” by Wendy Arnott (vice-president of Regulatory Quality, Medical and Linguistics at Janssen-Ortho Inc) (p. 285).

Young also highlights the absence of accurate record keeping about adverse drug reactions, and secrecy surrounding the issue. He finds that failure to report or track adverse drug

reactions is not only a common practice within the medical profession (for fear of liability), but also among Health Canada and the drug manufacturers. As Young explains, “it was an unspoken conspiracy of silence. Don’t ask. Don’t tell” (p. 73). Through his research, Young uncovers that since 1960, forty-one drugs have been pulled off the market but no one at Health Canada has kept a comprehensive record delineating the reasons why. He questions the logic of the Canadian Government’s decision to spend money tracking other notable disasters such as the Swiss Air Flight 111 plane crash while failing to investigate the causes of adverse drug reactions (p. 183). Ultimately, he attributes this exclusion to high levels of industry secrecy that favors corporate interests. This is supported by criticism from the Parliamentary Standing Committee on Health who denounced Health Canada in 2004 for “protecting Big Pharma ‘commercial interests’, and for not effectively protecting Canadians who take prescription drugs” (p. 266).

Young leaves no stone unturned as he turns his criticism to the complicity of the medical profession. He asserts that like Health Canada, the medical profession is also deeply influenced by the pharmaceutical industry. As he gathers more information about this objectionable relationship, he discovers that doctors rely on biased, first-hand information from drug representatives whom they trust, rather than from scientific literature. Furthermore, he uncovers that official information doctors are taught to rely on in their practices, such as the *Compendium of Pharmaceuticals and Specialties (CPS)* have been compromised by the influence of drug companies given that they fund the majority of the research (p. 222).

Young asserts that doctor’s reliance, and willingness to accept this information is due to the close relationships drug representatives build with doctors. He finds evidence of how the pharmaceutical industry begins marketing to doctors in medical school, and continues long after they become practicing physicians. According to the *Globe and Mail* “drug companies spent an

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estimated one billion dollars a year marketing to our doctors in Canada” (p. 219). As he continues to explore this topic, Young finds that the practice of developing loyalty through gift giving is not only extremely common, but highly accepted; “bribes that aren’t considered bribes” (p. 223).

Young also continuously exposes the unethical tactics and strategies of Big Pharma that prioritize profits over patient care. He learns these tactics go beyond medical professional and regulatory bodies, and speaks to the unprecedented and immoral nature of the pharmaceutical industry’s business practices. He affirms that drug manufacturers weigh the number of deaths from a drug against sales. He finds that this is especially true of “Blockbuster Drugs” that generate over one billion dollars in annual sales. Since these sales are the primary interest of the industry, Young asserts that any deaths resulting from these drugs (like Vanessa’s) are unashamedly seen as “the cost of doing business” (p. 63). To further demonstrate this point, he identifies many instances of “drug crashes” such as Vioxx, an anti-inflammatory drug that was voluntarily withdrawn off the market in 1998 after causing 56,000 deaths (p. 120).

Throughout the entire book, Young repeatedly discusses the impact Vanessa’s death had on himself, and his family. Young intimately describes the grieving process, and the immense burden (emotional and financial) that his family was forced to endure as a result of her death, and subsequent lawsuit. Ultimately, Young was forced to settle privately with Johnson & Johnson outside of court after six years of legal battles. As Young explains, “my family had suffered too much already” (p. 319).

While Young’s singular perspective could be noted as a limitation, it is important to recognize that this is simply the nature of autobiographical work. Additionally, he makes a remarkable effort to reconcile this challenge through the inclusion of conversations with a wide

assortment of industry experts and references to many academic studies. One way that Young could have strengthened this case would have been to consider the impact his social position may have had on his ability to effectively advocate about this issue. As former a MP, and a member of the upper-middle class he may have had more personal connections (social capital), and access to resources than individuals with less social privilege, especially those who belong to marginalized groups.

Although Young's legal battle ended in 2006, his crusade to find justice for his daughter has never ceased. As the founder of Drug Safety Canada, Young continues to advocate to protect Canadians from unsafe drugs through his ongoing battle to implement Vanessa's Law (Bill C-17) (Minsky). He wrote this book as a tool for educating the general public, and fighting for legislative change. In fact, in 2009 he sent it to every MP and Senator in parliament (p. 2). Although Young has mainly targeted these two groups, the audience of this book extends to academics, policy analysts, professionals, medical students and anyone planning to pursue a career in the healthcare sector. Overall this book was extremely informative and provided crucial insight into the shortcomings of Canadian health care policies and their heartbreaking impact on families.