

Brave whistle-blowers invariably suffer

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By Gordon Guyatt

Whistle-blowers beware, the anguish never ends.

While that isn't the subtitle that Miriam Shuchman chose for her recently published assault on Nancy Olivieri's reputation, it does capture the profoundly destructive effect that Shuchman's book could have.

Potential whistle-blowers - those who discover misbehavior, facts, or circumstances threatening to a powerful company or institution - face great risks. Industry and institutional responses are almost invariably a professional and personal attack on the whistle-blower.

In this regard, Olivieri's story is typical. An academic investigator at the Hospital for Sick Children and the University of Toronto, Olivieri uncovered evidence of ineffectiveness, and possible serious toxic effects of a drug she was studying. The drug, deferiprone, is an iron chelator designed to prevent the adverse consequences of iron overload in patients with conditions such as thalassemia. Olivieri felt that patients, and the research community, needed to be aware of her findings. Despite threats - and subsequent initiation - of lawsuits against her by Apotex, the company involved in moving the drug toward market, Olivieri proceeded to publish her findings. At the time the controversy developed, the University of Toronto was negotiating a large grant from Apotex. Instead of support from the university and hospital, Olivieri received harassment, including a highly publicized referral to the College of Physicians and Surgeons for research misconduct. The College ultimately vindicated Olivieri, finding her conduct "exemplary".

Shuchman's book replays the story, and a whole host of variably related events, in a manner that is extremely negative about Olivieri. The book focuses on Olivieri's putative limitations as a physician, a researcher, and a human being, apparently attempting to discredit her on all counts.

The response of Olivieri and her supporters to the book has been to focus on its reliance on unnamed sources and anonymous quotes, its inaccuracies, the continued controversy about deferiprone (which remains unlicensed in Canada and the United States) and evidence of Shuchman's bias.

Perhaps most striking in regard to this last problem is a letter to Shuchman from a patient quoted liberally throughout her book. The letter, copied to Olivieri with permission to circulate, includes the following:

"Dear Miriam: You've used a smoke and mirrors approach to spinning my statements to inaccurately portray Nancy by misquoting me, attributing quotes to me that I didn't make, omitting portions of my comments that would alter the effect, and taking these

comments out of context."

The suggestion that Shuchman is ready to twist the truth in what comes across as an attempt to pillory Olivieri is troubling. Nevertheless, the extent to which the book's message rests on inaccuracies and distortions is tangential to its essential destructiveness. That destructiveness lies in the context of two ongoing political debates in which the book's publication is set.

The first debate relates to criticisms the pharmaceutical industry has recently faced for a number of long-standing practices. These practices include extravagant gift-giving to potential prescribers of their drugs, large payments to experts in a position to make influential recommendations, withholding data from investigators involved in their research, ghost writing of manuscripts, and withholding and ignoring information concerning deleterious affects of their drugs.

The second debate relates to increasing threats to the academic freedom of university-associated clinicians and researchers. More and more, universities and hospitals are reliant on industrial partnerships, and donations from wealthy companies and individuals. This reliance has spawned a culture that puts an increasing premium on employees serving the institutional interests, an increasing intolerance of dissent and criticism, and an erosion of academic freedom. As a result, a number of clinician-scientists have brought their stories of actions against them by their hospitals and universities to the Canadian Association of University Teachers. CAUT has responded with a series of recommendations for strengthening academic freedom that medical schools have, so far, rejected.

These two debates share common elements. They reflect increasing corporatization of our society, and reactions against that corporatization. Critics are forcing large corporations and institutions to defend themselves against charges that their actions compromise the public interest. Naturally, those under attack have responded aggressively to defend themselves.

Public debates are often resolved at least as much by symbolic and emotional arguments and presentations as by evidence and logic. Nancy Olivieri, and her story, are powerful symbols of the pharmaceutical industry, universities, and hospitals acting against the public interest, and the possibility of heroic action by individuals to defend that interest. Shuchman's book represents an apparent effort to tarnish the luster of that symbol.

If Olivieri was biased and intransigent, then perhaps we are making too much of concerns about drug toxicity, and the industry's suppressing and ignoring toxicity. If Olivieri is a harridan, self-serving and nasty, then perhaps the same is true of other clinician-scientists claiming their academic is freedom is being violated. If that is the case, then our concern about the direction in which medical schools and their associated hospitals are drifting may be unwarranted.

None of us lead blameless lives. Nancy Olivieri faced a profoundly difficult choice in making her findings about deferiprone public. She courageously stepped forward, knowing she would suffer - and suffer she did. Would she have acted had she known that this suffering would include a highly public attack, on her integrity and concern for patients, years after the event?

Faced with the same situation, would you?