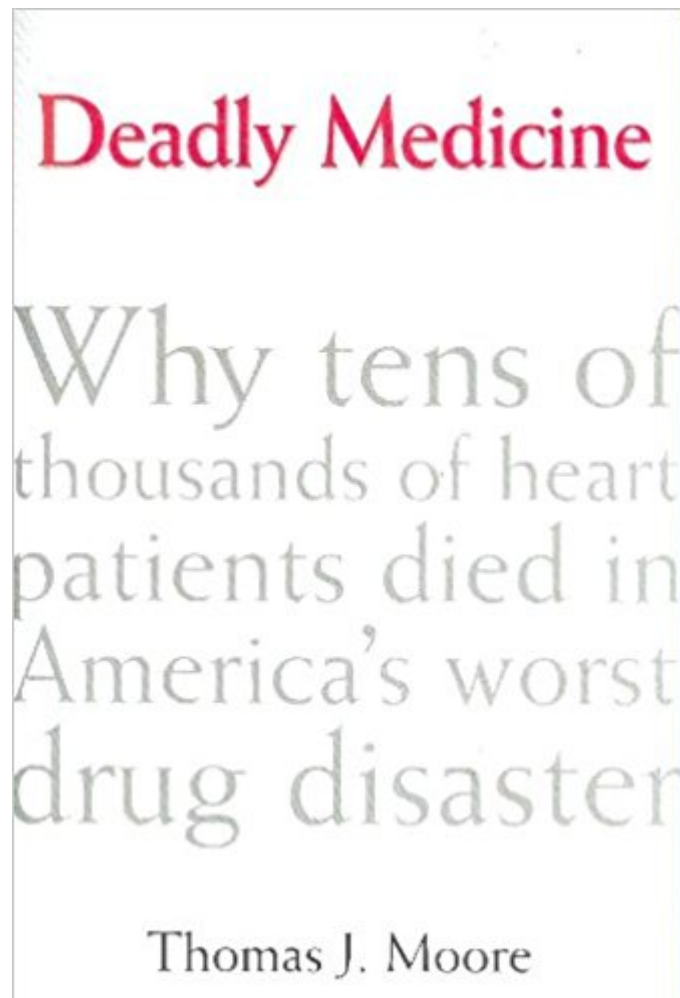




The book was found

Deadly Medicine: Why Tens Of Thousands Of Heart Patients Died In America's Worst Drug Disaster



Synopsis

Reveals the research reports that cited unusual patient deaths that occurred while testing the heart drug Tambocor and traces how the unsafe drug, and several like it, were released anyway, resulting in the deaths of thousands. 60,000 first printing.

Book Information

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Customer Reviews

In 1989, tens of thousands of people died from a medical mistake, and yet few Americans know the story. This book presents the well-researched facts, which knowledgeable people don't dispute. Still, the story just doesn't move anyone. There is no blood. The deaths were usually sudden, with no chance for lingering sympathy. And there is no single villain. Our traditional society is not able to handle this type of tragedy. Since 1989, the story has repeated itself with other medicines and our society still does not know how to respond. More people need to read this book.

I'm so glad I had read this book when my doc ordered this med (Tambocor) for me. As a matter of fact, as far as I can tell, every FDA approved drug out there deserves the same skepticism and hesitation on my part. I did take 3 doses of the med and had a horrid reaction at home alone. At least I knew how bad the reaction could be and that there was no antidote. I quit the med and prayed to survive the reaction.

Couldn't put this book down as I learned more about how the Food and Drug Administration processes New Drug applications and how the tension between safety and the desire of

pharmaceutical companies and doctors to get new drugs is not always resolved on the side of safety.

a must read.

good read

Important -- everyone should read it.

Ralph Moss wrote an excellent review of this book in the Spring 1997 edition of the *Cancer Chronicles*. I am writing only to put his review into context. There have been many books written describing the shortcomings of medicine, particularly those questioning claims of the efficacy of medical intervention. These include Robert Mendelsohn's *Confessions of A Medical Heretic*; Richard Taylor's *Medicine out of Control*; Ivan Illich's *Medical Nemesis*; the New Medical Foundation's *Dissent in Medicine*; Samuel Epstein's *The Politics of Cancer*; Ralph Moss' *Cancer Industry and Questioning Chemotherapy*; Ulrich Abel's *Chemotherapy of advanced epithelial cancer - a critical survey*; *What Doctors Don't Tell You's Cancer Handbook, What's Really Working*; and Neville Hodgkinson's *AIDS, the failure of scientific medicine*. (I have also published two papers questioning the efficacy of surgical treatment of cancer in *Medical Hypotheses*.) These together support and explain the claim in the editorial in the *British Medical Journal* of October 1991 (Vol 303: 198-99) "Where is the wisdom...? The poverty of medical evidence" that "Only about 15% of medical interventions are supported by solid evidence... This is partly because only 1% of the articles in medical journals are scientifically sound". Thomas Moore's earlier (1989) book *Heart Failure* describes the poor record of treating heart problems with bypass surgery, balloon angioplasty and drugs to lower serum cholesterol. Moore's more recent book homes in on particular drugs such as those used to treat arrhythmia. With deaths from heart disease accounting for more than 40% of all deaths these two books on the inefficacy of treatments for heart problems fill an important gap. As a scientist I found the section explaining how "surrogate endpoints" are used instead of actual therapeutic benefits to test efficacy particularly useful. It explains why so many claims for the efficacy of chemotherapy are invalid. It is a pity that the book is now out of print.

This is an excellent account of the effects of allowing marketing of Tamnbocor (flecainide) as an anti-arrhythmic based on "surrogate" intermediate endpoints. Later there was recognition that in fact

the drug was associated with increased cardiac death rates when a "gold standard" randomized controlled trial was undertaken. It also shows the problematic relationships between the payment and support of academic researchers into drug effectiveness and the drug firms, many of whose products have been life saving and life transforming. A very well balanced book and very enjoyable reading. The author erroneously describes RA Fisher as an American Genius which would irritate the very English (& later Australian) Cambridge professor of Genetics!

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