

Translated from *Rev Prescrire* July/August 2006; 26 (274): 481

## The new charlatans

In May 2006, in Paris, France, a pharmacist made an error while compounding a slimming preparation based on a thyroid extract. About 20 people were hospitalised due to overdose and one person died (see page 183).

As with all medication errors leading to serious adverse effects, this type of incident should make us all sit up and take notice: not only patients, pharmacists and the healthcare authorities (see page 198), but especially prescribers and professional medical organisations.

‘Obesiologists’ who take advantage of the gullibility of the public and continue to prescribe harmful drugs with symptomatic effects are quite simply charlatans – quacks – who must be taken out of the healthcare circuit in order to prevent them from causing harm.

But how to define charlatanism in this day and age?

Might it have a role in the ‘restless legs syndrome’, even though this is an officially approved drug indication, backed by opinion leaders, rating scales, and dedicated websites (see page 173)?

Regrettably, this is just the latest addition to a long list of conditions that have been conjured out of thin air, based on mild symptoms, in order to create a lucrative new market. As a result, patients are subjected to unjustifiable adverse effects...

Is this the new medical paradigm, and have healthcare professionals become mindless, short-sighted prescription machines who are more than happy to see their patients taking drugs with little efficacy — for one or another

largely fabricated syndrome — but whose adverse effects are perfectly real?

There was a time when incoherent approaches to treatment could be likened to a butcher’s chart representing a patient’s “choice cuts”, each specialist looking after a particular slice, and GPs trying to stick the pieces together.

Now, it is each prescriber’s brain (GPs and specialists alike) that is compartmentalised, leading to tunnel vision: ‘a drug for each (pseudo) illness, and an illness for each drug’.

Charlatanism in all its forms, be it old style or sophisticated, must be stopped. It is time to give priority to high-quality prescribing, patient management, care and follow-up, through a well-coordinated healthcare system that serves the best interests of patients and healthcare professionals alike.

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