

# Real innovation

“Innovate”, “innovation”, “innovative”... these words are so overused that they have become almost meaningless. In practice, they are at best applied to new products but often simply to existing products disguised as something new. This phenomenon is in evidence in many industrial and commercial sectors, including the pharmaceutical sector.

In healthcare, the all-purpose term “innovation” would be better replaced by the expression “a tangible advance for patients”, which is far more explicit and less misleading. What is the point of new products or inventions that do not help provide better care for patients? They undoubtedly keep the wheels of business turning. But could that not also be achieved by offering patients better healthcare?

The current system for stimulating pharmaceutical research and development does not encourage a patient-centred approach. It allows pharmaceutical companies to protect their new products with patents, and to sell them at high prices that bear no relation to the benefit provided to patients. The very serious limitations of this system are now apparent. New drugs, described as innovations, are increasingly unaffordable, yet they generally offer no tangible advance for patients, or only for a few patients.

Focusing on the question of price, the pharmaceutical industry seems to have succeeded in convincing society that, by its very nature, “innovation” will be more expensive. This strange view of innovation serves corporate interests rather than those of patients and society as a whole.

Increasing numbers of institutions are calling into question the system currently in place for stimulating pharmaceutical research and development. For example, according to the Organization for Economic Cooperation and Development (OECD), this system is neither the only nor the best possible model: “The pharmaceutical innovation and pricing system has, in the past, delivered many health gains to the population. However, there is no reason to believe that this will inevitably continue in the future” (see our review on pp. 130-135).

Several national and international institutions are suggesting that the flaws in the current system can be remedied, at the very least by finding a solution to the exorbitant prices charged for new drugs. More radical proposals envisage alternative systems, in which the funding of research is “delinked” from the sale of drugs, to ensure that new drugs that are useful for patients are also affordable.

In summary, what is needed is to give serious consideration to, and study, devise, test and apply, new methods: in other words, real innovation.

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