

Bad cooking

Take a bunch of patients qualifying for treatment with a new drug and divide them into relatively homogeneous groups. Within each group, give the new drug to some of the patients and leave the others to one side, possibly with a sprinkling of placebo. Allow to simmer and test from time to time.

As soon as a difference emerges between the controls and the patients receiving the new drug, serve up immediately to a medicines agency, with a generous side-dish of targeted lobbying.

Keep an eye on the other groups and proceed in the same way whenever a new difference emerges.

Warning: If the recipe is successful, do not attempt to repeat it: the results may be less satisfactory.

Finally, get society to pick up the bill.

If you think it's irreverent to equate clinical assessment with simple cookery, take

a closer look at the clinical evaluation dossier on verteporfin (see page 7).

The indications were sliced up like salami. The first indication was granted on the basis of two concurrent trials that were pooled for analysis. The other indications followed on the basis of single trials, using patients excluded from the first two trials. In cookery terms: "making a meal from the leftovers".

When the quest for profit takes precedence over scientific evidence, patients are left with a bitter taste and society is left to pick up the bill.

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