

## The Epidemic of Over-Prescribing

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It seems that every time you turn on the television lately, there are advertisements for prescription medications. Many list endless possible side-effects while others don't even say what the drug is for. One thing that almost all of them have in common though is where they tell the viewer to ask their doctor for a free sample right away. With the plethora of prescriptions available today and the enormous advertising campaigns that pharmaceutical companies use to promote their products, many people are being sucked in—oftentimes having numerous prescriptions, some of which they may not even need.

There are drugs on the market today for pretty much any ailment you may have, whether it is physical or mental. What seems to be happening with more and more frequency is that people will see an advertisement for a certain prescription drug and automatically think that they need it. In Thomas Szasz's Pharmacocracy: Medicine and Politics in America, he writes that "Patients suffering from discomforts can classify their feelings of malaise as disease and can try to convince others to accept their claims" (Szasz, 2003, p.7). Doctors, to the happiness of pharmaceutical companies, are over-diagnosing and as a result over-prescribing to their patients. This, along with the rising costs of healthcare as well as an increasing involvement in private healthcare by the government is creating many problems.

Szasz writes that, “prior to the nineteenth century, neither physicians nor patients had a precise idea about what was and what was not a disease...For centuries, self-medication with herbal remedies—principally opium, alcohol, and tobacco—constituted the suffering person’s main protection against illness and pain” (Szasz, 2003, p. 4). Today, there are prescriptions for everything. Pills for people who are shy and pills for people with sexual problems. There are prescriptions for people who are inactive and ones for people who are “too active.” Things that once were not considered out of the norm—like shyness and hyper, excitable children—are now being called social anxiety disorder and ADHD.

Although more and more people are seeking treatment in the form of prescriptions, with healthcare, you have a right to refuse treatment. This right could be becoming less defined however. As reported in *The Washington Times*, “President Bush’s little-publicized New Freedom Commission on Mental Health has proposed comprehensive mental-illness screening for all Americans” (Richman, 2004). If this plan was to pass, “Schools and doctors’ offices [would] become quasi-psychiatric monitoring stations” (Richman, 2004). The Commission recommends that every American be screened for mental illness whenever they go to the doctor’s office and that children be screened at school. Increasingly, mental health is being trumpeted as a public health issue, when it should remain a private one. This plan would result in many more involuntary commitments and prescriptions being given to American citizens.

Mental disorders are now being called diseases when in fact there are no tests to confirm their existence or not. Doctors instead rely only on the patient’s symptoms to make a diagnosis. One of the problems with the heavy influx of drugs to treat “mental

illness” is that different parties have different motives. Drug companies—who obviously want to make large profits—heavily market their products, oftentimes making people believe that they suffer from whatever the drug aims to cure when in fact they do not. With insurance plans, doctors may only get paid if they make a diagnosis. As Szasz writes, “The differences that divide these parties are matters of self-interest, not matters of fact or reasoning” (Szasz, 2003, p.31). He goes on to say that, “Classifying nondisease as disease serves the economic existential, and professional interest of the classifiers and is, to boot, socially expected of them” (Szasz, 2003, p. 37).

Szasz makes an interesting point when he mentions the economics of the drug market. Pharmaceutical companies encourage over-diagnosing since it will increase their profits. Their aim in advertising is to give the public the illusion that they can control their health care completely on their own (Szasz, 2003, p.40). Patients may feel that by going to their doctor and asking about certain drugs they are informed and taking charge of their health, but this may not be the case. Recently, there have been many reports about various prescription drugs having very severe health risks and having to be pulled off the market. The arthritis drug Vioxx for example, was shown to increase the risk of both heart attacks and strokes (New York Times, 2004). With so many new drugs emerging every year, it has yet to be seen what their long term effects may be. The Food and Drug Administration must work harder to review all prescription drugs on the market and conduct long term trials to make sure there are no serious health risks involved. There must be stricter regulations and testing procedures.

As reported in *Shape* magazine, another common problem with prescription drugs lately is that doctors are prescribing them for completely different purposes than what the FDA has approved them for. This is called prescribing “off label” and while it is legal it can often be dangerous and confusing to the patient and pharmacist. As Kathleen Doheny writes in her article, “When one woman's doctor prescribed Elavil (amitriptyline) for neck pain without explaining that the anti-depressant is used off-label for nerve pain, the patient wrongly concluded that her doctor thought her pain was ‘all in her head’” (Doheny, 2004, p. 108). Doheny recommends that the doctor write the reason for the prescription on the slip given to the patient in order to avoid mix-ups. Off-labeling does not seem like the best idea when lots of mistakes have been made because of it. Also, because most drugs have not been involved in long term studies, there is no way to know if taking something for a completely different reason than it is manufactured for is safe.

One solution to the problem of over-prescribing is to just let every medication be over the counter. Although this may seem outlandish and have some obvious drawbacks, it would let people really take charge of their own healthcare. People might not be as eager to obtain medications that they told themselves they needed if they were readily available and did not require a doctor's approval. Because of the serious risks of abuse that selling prescription drugs over the counter would have though, it probably would not be the best solution. A much smaller way to deal with the problem might be to simply not allow prescriptions to be advertised; not on television, not in print ads, and not hanging on the walls of waiting rooms in doctor's offices. That way, people that legitimately felt that they had a problem that needed treatment would go to their doctor

and have a serious discussion about the benefits and the risks of the product instead of going in and saying that they wanted to try such and such drug.

My mother, who works as a pharmaceutical technician, sees the effects of over-prescribing every day at work. She says that people, especially the elderly, will come in and look completely zoned out and refill orders for dozens of prescriptions. Some seem to become dependent on their medications and others even begin to abuse it—demanding refills weeks before one is due. Others will come in to the pharmacy and ask about medications they have just seen or read and ad for. Now some people really do need to be on lots of medications, but many do not. In fact, as Maryann Napoli writes in an article in *Health Facts*, “Nearly 8% of the ambulatory medical care visits made by elderly people resulted in at least one inappropriate drug prescription, according to a survey reported in *Archives of Internal Medicine*” (Napoli, 2004, p. 4). The survey, conducted by the U.S. Centers for Disease Control and Prevention, “identified pain relievers and central nervous system drugs as making up the largest share of the inappropriately prescribed medicines” (Napoli, 2004, p. 4). The risk of having an inappropriate drug prescribed is double for women and high for any visit in which multiple drugs are prescribed.

Since many elderly people do not go out much, they probably see advertisements for scores of different prescriptions on television or in magazines and newspapers they are reading that encourage them to ask their doctors about this new “wonder drug.” They may not be entirely sure what the medicine is for, or what the medical or mental problem

the drug is for is. Again, if drugs were not allowed to be advertised, this problem would subside.

In *Pharmacracy*, Szasz writes that, up until the mid 1900s, the U.S. government, “played no role in civilian medicine” (Szasz, 2003, p. 133). This drastically changed after World War II however. Some striking figures to illustrate the fact that the federal government is becoming more and more involved in medicine, along with encouraging citizens to become more involved as well are that, one, “Between 1960 and 1996, total ‘national health expenditures’ rose about 2.5-fold, from 5.1 percent of the gross domestic product to 13.6 percent, while ‘federal government expenditures’ on health rose more than sixfold, from 3.3 percent of the GDP to 20.7 percent” (Szasz, 2003, p. 134). And two, “Between 1960 (before Medicare and Medicaid) and 1998, public expenditure per capita on health care increased more than 100-fold, from \$35 to \$3,633” (Szasz, 2003, p. 134).

It is very evident, especially under the current Bush administration, that the federal government wishes to have a big say in everyone’s day to day medical practices. While there could possibly be some advantages to this, such as better quality care and a wider array of available services, private healthcare is exactly that—private. With big companies—like pharmaceutical companies—ties to the government, there is no doubt that the public is being encouraged to obtain more prescriptions in order to increase profits. Bush’s current proposed plan to test every citizen for mental illness is something that seems to be taken right out of an Orwellian “Big Brother” type concept. Since there are no tests that give actual, physical proof of “mental disorders”—the mind after all is

not a physical entity—then the doctors administering these tests will be making diagnosis' based on their opinion alone. Thousands if not millions of people will be given prescriptions, the majority probably against their will. Rambunctious children will no longer be allowed to be themselves; instead they will be given Ritalin or Adderall and turn into someone else.

America clearly has a problem with prescription medication and something needs to be done about it right away. Doctors should be required to take courses about proper prescribing techniques and there should be more information available to consumers about prescriptions. Just like in the past when optometrists were not allowed to advertise because it was feared that many people who did not need glasses would think that they did, and just like today how it is still to a large degree considered unethical for lawyers to advertise their services; pharmaceutical companies should be banned from advertising their products. Doctors will still prescribe the medicine and people will still take it, but it will become something that some people truly need instead of something that some people *think* they need.

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