

## Book Reviews/Comptes rendus

JILL A. FISHER, *Medical Research for Hire: The Political Economy of Pharmaceutical Clinical Trials*. Piscataway, NJ: Rutgers University Press. 2009, x + 257 p., index.

In *Medical Research for Hire: The Political Economy of Pharmaceutical Clinical Trials*, Jill A. Fisher observes that before 1990, over 80 percent of pharmaceutical research took place in academic medical centers. Yet by 2005, only about 25 percent was conducted in these settings (4). Academic sites have been replaced by a variety of companies seeking to profit from the conduct and management of clinical trials. A timely contribution to scholarship on an industry that has rapidly transformed itself, Fisher's effort critically examines the organization and implications of the privatization of pharmaceutical clinical trials in the United States.

Fisher situates the rise of the pharmaceutical clinical trials industry within the political economy of health care in the United States. Her interest lies in examining how medical neo-liberalism, characterized by the commodification of health, the body and health care, contributes to the construction of clinical trials as an alternative to standard medical treatment. To illustrate broad trends, Fisher draws on data from the industry's information clearinghouse, CenterWatch. However the bulk of her book is based on 12 months of fieldwork in the southwestern United States, centering on 63 semi-structured interviews conducted in more than 20 for-profit research organizations. Her analysis draws on interviews with a range of employees, including physician-investigators, research coordinators, monitors and research subjects.

In exploring the perspectives of those working within the clinical trials industry, Fisher highlights the contradictory nature of their roles. Physician-investigators pursuing contract research portray themselves as "entrepreneurial agents," yet become "pharmaceutical emissaries" in recruiting patients to follow strict protocols (35). Research coordinators struggle to meet the conflicting demands of for-profit research and care for research subjects. Monitors strive to mediate relationships between pharmaceutical companies and research sites in an environment where their authority is often undercut. Meanwhile, research subjects struggle to reconcile their rights with their needs in the context of a health insurance system that places health care beyond the reach of millions of Americans.

Fisher emphasizes the importance of structural inequalities in shaping who becomes involved in pharmaceutical clinical trials, and how. The feminized nature of the coordinators' and monitors' work is discussed, as is the devaluation of this work within the pharmaceutical industry. A chapter about the recruitment

of research subjects suggests that efficacy studies, which test the effects of investigational products on subjects' illnesses, now primarily attract white, middle class women (130), prized for their perceived "open-mindedness" and docility as well as their willingness to attend appointments during office hours (141-142). In contrast, studies testing the safety of products on healthy subjects disproportionately attract low income minority men (130). That women are less likely to enroll in this type of study may be due not to a lack of interest, but their failure to qualify. Many of these studies feature restrictions regarding women of reproductive age, which can extend to the exclusion of women of "childbearing potential" (130). Moreover, participation can involve lengthy in-patient stays at clinics, which are more difficult to balance with employment or care-giving responsibilities. Overall, Fisher's analysis of trial participation usefully highlights that the risks are unequally distributed not only between individuals, but between groups. So too are the benefits: should the medications being tested eventually reach the market, they will be unaffordable for many.

This book illustrates the strength of neo-liberal discourses of responsibility, altruism and medical progress operating within the industry and on its participants. As Fisher convincingly argues, these discourses serve to occlude the profit motive driving research and to obscure the lack of equivalence between care that involves treatment of medical conditions and clinical trials that involve administering substances to measure their affects. Whether Fisher's respondents believe the industry rhetoric, as she seems to suggest, or whether this is simply how they chose to present their work, is not entirely clear.

Fisher makes a compelling case for understanding the pharmaceutical clinical trials industry in the United States within the context of the country's health care system and the inequalities it reflects and produces. She argues that regulatory safeguards such as informed consent, grounded in liberal assumptions of an autonomous individual, offer limited protection in the face of structural inequalities that make clinical trials some people's only source of medical attention. The decisions of un- and under-insured Americans to participate in clinical trials emerge as severely constrained by their unmet health care needs. Fisher's findings underline the fact that research ethics must better address structural factors. She concludes that universal health care "may be the best defense in creating an ethical system of research and development" (215).

In the context of both the commercialization of pharmaceutical research and debates surrounding health care reform, Fisher has chosen an important subject. Her work is helpful in detailing the organization of a complex industry and the perspectives of those positioned differently within it. Given the prevalence of quantitative work on this subject, the qualitative approach she adopts offers valuable insights into the operation of clinical trials on a daily basis and their meanings for those involved. This effort is especially useful in highlighting the significance of social relations of class, gender and race in the conduct of clinical trials. It invites questions about the social construction of knowledge in this form of research and the implications for regulatory efforts in the United States and elsewhere.

Fisher's clear and succinct writing style makes *Medical Research for Hire* accessible reading for a broad audience. Unfortunately, interesting theoretical and methodological points are often consigned to endnotes, where they are not discussed as thoroughly as they might be. Thus while this work will be useful to those entering the field, those well versed in political economy scholarship in this area may find it less satisfying. Her book will be particularly appropriate for upper-year undergraduate and graduate students as well as for other readers seeking an introduction to the political economy of pharmaceutical clinical trials in the United States.

Alison Jenkins Jayman, York University

© Canadian Sociological Association / La Société canadienne de sociologie