Roberto Abadie, The professional guinea pig: big pharma and the risky world of human subjects

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This book won the Sociology of Health and Illness prize in 2011. Interviewed in Network (2011, p. 15), Abadie explains how the professional guinea pig is ‘a very American phenomenon’, for in Europe, there are regulations preventing the frequency of participation in drug trials, this is not the case in America where participants can achieve annual earnings of up to $25,000. The pharmaceutical companies describe participants as ‘paid volunteers’, employing ‘a variety of semantic turns’ that ‘avoid referring to the commodification of the body in an attempt to maintain public trust’ (p. 9), whilst the respondents see themselves as workers paid to endure a form of mild torture. With experience, participants become less fearful of risks; the suggestion is that this is partly because they have come to rely on the income. Phase I trials carry a high risk, as they are of drugs never before tested in humans. Some types of trial are considered more risky than others, for example those that ‘mess up your mind’. Professional guinea pigs will occasionally take a higher risk if a trial is paying well.

Abadie also studied a more traditional group of participants, HIV positive members of the Community-Based Trial Organization, who were paid less than the professional guinea pigs and could not have earned enough to live on taking part in ‘therapeutic trials’. What they gained was the opportunity to find out more about their health status, maintain relationships with health care professionals, and access new forms of treatment.

This book would be a worthwhile addition to many reading lists. Chapter 3 provides a summary of risk theory suitable for most sociology students. Abadie’s study is a traditional ethnography, carried out in circumstances where the researcher is aware that his work might upset powerful people. The general reader will find this study accessible and absorbing, as will anyone with an interest in industrial sociology.

Abadie concludes that the American phenomenon of the professional guinea pig, and the hazardous working conditions they face, arises out of the conditions of globalisation and the casualisation of work. Specifically that:

The commodification of clinical-trials research and in particular of phase I studies exposes volunteers to new and unexpected risks resulting from continuous participation and also challenges major ethical principles and guidelines to protect human subjects in research. The shift from a captive population to a market-recruited population unfairly targets a particular socioeconomic group, creating a new type of captive and vulnerable population. This contradiction with ethical norms and regulations is masked by existing notions of an autonomous, free individual able to ‘contract’ in a way that previous groups of captive populations were not. This legalistic view of the encounter between the paid subject and the industry is incorporated into the informed-consent form, which has become a legal document that confuses and alienates research subjects. (p. 159)
Reference

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Aimed at front-line workers in health and social care, this book contains 10 chapters that are easy to read and follow. The contributing authors all have professional backgrounds. The first four chapters are concerned with putting forward a rationale for documenting information in health and social care settings, whilst the second part of the book focuses on how this is done. The book is largely concerned with the role of documentation in mitigating risk in care settings, especially for those involved in safeguarding adults.

The book reminds us of the crucial role documents play in care, with regards to the administration of justice and protection of vulnerable groups. Each chapter is followed by exercises and questions for readers to assess their understanding of the points covered, which is further assisted by a number of case studies.

Among the limitations of this book, which the authors acknowledge, is its failure to add anything new to what is already known about the risk management and safeguarding of adults. Rather the book merely draws together existing knowledge on the subject. Furthermore, the style of the book is simplistic, with little debate about the complex issues and conflicting demands faced by front-line staff providing care. Nothing is mentioned about how record keeping can result in less client contact. With most of the contributing authors from social work backgrounds, the language of the book has a strong leaning towards social care, rather than health. Yet it is, perhaps, a useful textbook for anybody starting a career in health and social care.

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Increasingly, the role of foresight in policy scenarios has an impact on the development, articulation and direction of policy. This book represents research-orientated work that explores the process of creating foresight. The book is based on an intensive