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BOOK REVIEW

The Professional Guinea Pig, Big Pharma and the Risky World of Human Subjects.

R. Abadie. Durham and London: Duke University Press, 2010. 184 pp.

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If you are interested in studying the experiences of participants in clinical trials or conceptualizations of risk experienced by such participants, this a fascinating explorative read. Abadie provides us with a neat ethnographic study on the involvement of healthy paid human subjects in phase one clinical trials in the United States. It is the first ethnographic description of its kind, focusing on “sociocultural processes that transform bodies into valuable commodities as research subjects” (p. 18).

A strength of the research is the comparative analysis of data from HIV positive subjects who participate voluntarily in HIV treatment trials in later clinical phases. This allows Abadie to analyze experiences embedded in social inequalities and make an important contribution to our understanding of the political economy of medical research and the anthropology of the body, including its

commodification in different phases of clinical trial research.

Commodification of the body as a central theme of the book is dealt with from different angles and actors’ points of view. Innovatively, Abadie emphasizes that most healthy human subjects who self-identify as professional guinea pigs perceive their participation in clinical trials as a commodification of their body while they underestimate the concomitant risks their bodies are exposed to through trial participation. HIV positive participants, however, perceive themselves as patients and not as guinea pigs. They do not relate their participation to a commodification of their bodies.

The professional guinea pigs feel that the fact that they are paid for their time and participation means their service is a form of labor in the production cycle of a new product. This view is not shared by the pharmaceutical industry, which pays professional guinea pigs for their participation but does not use terms of employment or labor to define their relationship. As the author well describes, this is an attempt by the industry to operate outside labor laws, which poses several risks for the professional guinea pigs (p. 45).

Abadie discusses risk management using different theoretical approaches to

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illuminate professional guinea pigs' perceptions of risk. He touches on a political economy approach to alert the reader that professional guinea pigs are just one example of people who are exposed to disproportionate risk because of social inequalities.

The author's work would have been strengthened by more in-depth discussion of the labor relationship that professional guinea pigs enter when participating in a trial. This would have furthered the discussion regarding the commodification of the body and the ways that participants recognize their participation as a form of labor. Nevertheless, Abadie's study makes a good contribution to ethical discussions regarding social justice. Importantly, the study raises the question of the need to reframe trial participation as labor contracts that fall under labor law, which would provide professional guinea pigs with their respective rights.

The ethnographic setting of the book is Philadelphia, Pennsylvania. Philadelphia, as a central biomedical research locality, plays a crucial role in the sociohistorical development of the "commodification of human subjects participation in pharmaceutical clinical trial research" (p. 122). Abadie demonstrates that drug development needs several components to turn into a successful pharmaceutical industry with global outreach. He provides a concise historical contextualization on how an industry develops around its workers and becomes itself an attraction for people to move to its locality.

Healthy human subjects move to Philadelphia to become professional guinea pigs; they are part of the trial

community. Professional guinea pigs have experiences with procedures and are willing to accept the requirement to give up the control of their bodies for a certain period of time in return for an adequate payment. They are "the backbone of phase I clinical trials in America" (p. 5).

There are different reasons for a healthy human subject to enter clinical trials and become a professional guinea pig. For some, it was "a calculated choice that provides income and the flexibility to pursue other interests" (p. 43). These subjects from "anarchist communities" (p. 34) live a lifestyle that needs flexibility for community work, travel, and other interests. Anarchists desire to be outside the society while recognizing that they are indeed contributing to a capitalist framework through their participation and the need to make money, even under exploitative circumstances (p. 62). Abadie points out that professional guinea pigs are well aware of the exploitative working environment in the pharmaceutical industry, which is also true for other jobs. However, this labor activity allows them to continue with their lifestyle and strive for creativity outside the work place.

In comparison to professional guinea pigs, HIV positive participants are mostly poor black Americans who participate in the trial as "one more strategy for coping with the disease" (p. 118). They describe themselves as patients and are treated as such by the trial communities. It is a struggle for survival, not a lifestyle choice as for the professional guinea pigs.

Abadie provides strong ethnographic data on the HIV positive trial participants, which he eloquently contextualizes through a comparative analysis on the

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translation of risk, informed consent, ethical review boards, and other trial procedures.

The in-depth description of the complexity of the sociohistorical context in which professional guinea pigs and HIV positive human subjects experience their participation in trial research is the result of a comparative ethnographic study, which Abadie conducted between July 2003 and December 2004, and his approach relied on first-hand observations and data provided by his informants. He did not participate in a trial himself, which stimulated the search for alternative, more comprehensive data. However, he notes that his previous experience as a trial participant “facilitated” the project (p. 15).

The methodology section outlines clearly how every research step allowed different forms of data gathering. Abadie used diverse methodological tools for different actors, covering not only professional guinea pigs and HIV positive trial participants but also trial organizers and ethics review boards to gather sufficient data to understand the complexity of a clinical trial community. Although the analytic methods could have been made more explicit, this section is especially well elaborated for students interested in learning how to conduct medical anthropological research on clinical trial communities.

Overall, Abadie’s ethnography is easy to read and suited to be an introductory book on clinical trials for university students. The chapters provide in-depth descriptions of the sociocultural and sociohistorical context of the locality in which people experience being a human subject in a clinical trial and the historical

context of a trial enterprise that brings out the complexity of a trial community. Each chapter includes relevant literature, too. The ethnography is rich in case studies that illustrate well the experiences of professional guinea pigs and HIV positive subjects in trial participation. Finally, Abadie’s ethnography shows us that a trial community is more than just the participant and the researcher and that solving social inequalities around trial participation is not achieved solely by paying professional guinea pigs. Subjects need increased legal protection and ethical commitment from trial sponsors.