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INTERDISCIPLINARY PhD PROGRAM

TITLE OF THESIS: From Grass Roots to Pharma Partnerships: Breast Cancer Advocacy in Canada

TIME/DATE: 10:00 am, Tuesday, February 7, 2012

PLACE: Room C-301, Clinical Research Centre, 5849 University Avenue

EXAMINING COMMITTEE:

Dr. David Hess, Department of Sociology, Vanderbilt University
(External Examiner)

Dr. Susan Sherwin, Department of Philosophy, Dalhousie University
(Reader)

Dr. Ingrid Sketris, College of Pharmacy, Dalhousie University (Reader)

Dr. Paul Pross, School of Public Administration, Dalhousie University
(Reader)

Dr. Wendy McKeen, Department of Equity Studies, York University
(Reader)

Dr. Janice Graham, Department of Pediatrics, Faculty of Medicine,
Dalhousie University (Supervisor)

DEPARTMENTAL REPRESENTATIVE: Dr. Marina Pluzhenskaya, Interdisciplinary PhD Program, Dalhousie University

CHAIR: Dr. Ronald A. Leslie, PhD Defence Panel, Faculty of Graduate Studies

ABSTRACT

From Grass Roots to Pharma Partnerships examines the development, over a twenty-year span, of alliances between grass roots breast cancer groups in Canada and the pharmaceutical industry, and the implications of these relationships for pharmaceutical policy. I conclude that these alliances alter the advocacy content and style of the groups in ways that silence grass roots critique and support the policy goals of the pharmaceutical industry. I present my results in three parts. First, narrative accounts depict differing responses among breast cancer organizations to overtures from the pharmaceutical industry. These range from outright rejection of pharma funding to acceptance of complete funding. I label a middle stance “pragmatic ambivalence”. Second, I describe three features of Canada’s policy landscape that have been altered by the successive adoption of neoliberal policies which affect the character of patients’ movements. In the past thirty years, Canada’s healthcare system has adapted poorly to the dilemmas raised by a generation of new, expensive cancer drugs; the system of cost controls, drug approvals, and regulation of truth claims about drugs has weakened; and policies that restrict traditional opportunities for funding and critical advocacy have undermined the civil society sector. Third, I describe the gradual transition of the breast cancer movement over two decades, from small, local, independent groups to a national network of organizations, many of which rely heavily on the pharmaceutical industry for support. A series of case studies of projects carried out by groups and funded by the pharmaceutical industry illustrates subtle misrepresentations of the state of knowledge about new cancer drugs. These findings suggest that patient-centred breast cancer groups have the potential to contribute important knowledge from a users’ perspective to the understanding of drugs and to pharmaceutical policy. To do so, however, these groups need sources of funding and information independent of the pharmaceutical industry and these are sorely lacking. Policy mechanisms are needed to prevent patients’ groups from acting as cheerleaders for new drugs whose effects are still largely uncharted, or from becoming unwitting partners in a larger corporate agenda designed to gain approval and insurance coverage for industry’s new products.