

## The Selfish Miracle

Sophia Vazquez

We are medicinal miracle-workers. We have developed countless life-saving drugs that allow those with less than perfect lives to live something more comparable to “normalcy,” but there is a caveat. Because it is the only thing that can save their lives, they are forced to pay anything and everything for it; they have no other choice. And as pharmaceutical company executives know this, they have allowed drug prices to skyrocket, especially in the case of insulin. In the last 20 years, the price for analog (synthetic made) insulin has increased by 1400%, despite there being no changes in the composition of the drug since 1996. But can the companies be blamed? Are we even capable of behaving altruistically to aid those who need it at lower prices, or must we employ a “soft-paternalistic” strategy to assure that prices are fair and sustainable within our economic values? The complexity of this issue comes from both the financial standpoint of capitalist incentives, and from a consideration that the high price corresponds to a just return for the work researchers and scientists put into a drug, as well as the process to make it. Ultimately, insulin should be accessible to everyone who needs it, and because we cannot be trusted to determine a fair price without government intervention, there must be a new schema for establishing insulin prices that acknowledges that with our market system we are not inherently altruistic.

Five percent of our nation’s population is at stake. Type 1 Diabetes affects 2 million people in the United States, meaning they are not able to naturally produce insulin, which maintains blood-sugar levels and allows people to successfully cellularly respire. Without it, they are at high risk for blood clots, diabetic comas, brain damage, among other diabetes-related health issues. So, when Frederick Grant Banting and Charles Best first discovered insulin in 1921, they believed it should be available for all. Selling the patent for 1 dollar to the University of Toronto, they hoped that their discovery would be used to help everyone who needed it. Today, a vial is sold for over 300 dollars, even though it costs between two and five dollars to produce that same vial, for we lack the regulations that can restrict or cap the price that the government buys it for, which theoretically is meant to uphold our capitalist values. But in reality the system is being manipulated in a way that stifles any competition, which would bring about fairer prices. The three “giants” of the industry—Eli Lilly, Novo Nordisk, and Sanofi—use loopholes in the system to extend and renew their patents by slightly modifying their recombinant DNA processes, which has allowed them to maintain control over 99 percent of the market for the past 90 years. We have brought this problem upon ourselves by stepping too far into our free market. Without any government pushback, insulin will only become more expensive, and the solution must come soon. This is not the time to “let it be,” but instead to intervene to help those who don’t have their voice fairly represented in the conversations that determine changes in the drug pricing policies that affect their lives.

However, the economic and theoretical implications of changing the way we approach medicinal industries must be taken into account, for it would greatly impact the process of drug development and research. The argument against federally intervening in the insulin industry is that it would be going against capitalist values of having a more laissez faire economy, where we allow prices to be consumer driven and drug companies to be owned and operated privately. So,

if the government were to interfere, it could come at the cost of allowing for the competitive market to establish prices.

Unfortunately, allowing the “invisible hand” to simply dictate a fairer price will not work in this situation, for the large companies that control the industry are manipulating and playing the system so that a generic, or biosimilar insulin market will never be created. They are working to ensure that their patents never expire, which effectively eliminates any hope for a competitor. However, another point often brought up is what the scientists and researchers deserve, and some argue that the profit they make is their due pay for all of the work put into the process. Bruce Patterson, a virologist, offered his take on the problem from his experience in the medical field, and as a diabetic. He admits that scientists don’t get enough recognition for their work, but that in some way it is “what they signed up for.” Patterson argues that most scientists enter the field for altruistic purposes, but can get lost along the way because of the battle between innovation and the cost of innovation. They only have the patent life to earn back all of the money that was put into the research for the drug, and hopefully make a profit. On the other hand, in this case specifically, companies don’t have a “patent life,” for they have found ways to extend them indefinitely, yet are still using the excuse of the supposed ticking clock.

To look at the issue from a different angle, take Mother Teresa and Bill Gates: both renowned as “altruistic” people. She devoted her life to helping others, and he has donated over \$35 billion to charity. But are any of their actions truly selfless? To most, it seems strange to think that donations or the sacrifices of Mother Teresa could be anything but selfless, but if we think of the potential for ulterior motives of their actions, such as legacy, a positive reaction, or wanting to make others feel better, what we would have called altruistic becomes selfish: they were purely pursuing what they wanted, and the “good” action was merely a result of it. Under these auspices, there are no actions that can’t be explained by an ulterior motive, making a selfless action impossible. We see this in the natural world as well with animal behavior. Animals act selfishly to continue their own genetic line, and therefore their actions can be explained by the strive for an increase in evolutionary fitness, or how well they are able to survive and reproduce in their environment. If they are to help another animal of close relation to them, we refer to their help as kin selection. This is a partial sacrifice of their own evolutionary fitness to help a family member, which ultimately furthers their own genetic line, for they have a common portion of their genes. Or, in the case of many bats and other animals that live in groups, a member of the group will act to help another, but with the expectation of being able to go to them in a time of need for them and receive aid. The behavior is called tit-for-tat and will only be displayed in species with strong memories, to ensure that the member who received help remembers the favor in the future. And to look more specifically at the business world, the point of creating a business is to be successful, which means making money. Businesses should not be at fault for their pursuit of profit, but the government does in turn have to sometimes check them to enforce fair business practices.

To that point, the excerpt from McCarty’s Journal takes on our instinctual connection between business and morality, suggesting that business selfishness is not the same as greed. Pursuing profit isn’t necessarily unethical, but could be seen as self-interested. It doesn’t have to come at the expense of one’s moral values if it is not vicious selfishness, and as the article repeatedly states: “Business isn’t charity.” If it doesn’t have requirements of beneficence, it can’t be

ignoring requirements, and businesses do not have said requirements. Therefore, the pursuit of profit is not a moral violation. We are self-interested, which is not a fault, but when it grows to be unchecked vicious selfishness, we end up with issues like the insulin price crisis. It is better to know and accept the truth of our nature and rework society to be fair and functional accordingly.

So when we can no longer look to the common man to do what is best for the population, we look to our elected leaders to enact rules that we must then follow. We gave individual companies and the free market a shot in this arena, but at the end of the day it is the patients who are being harmed, and there has to be some change. Because our government is meant to protect and uphold our constitutional rights, shouldn't that include basic health services? Are we entitled to fair health care from the government? Within the pursuit of happiness and our right to life, health should fall in the category of what the government should be managing and aiding the population with, whether it be by providing health care, or simply inserting itself into situations where the common person is being manipulated. Colin Hector's article takes on the possible solution of "soft paternalism," which relies on the accepted premise that humans choose things irrationally or systematically, but that we could "nudge" them to choose in favor of the general good. This concept "allows people to still make bad choices," but defaults at the "good choice," so it requires a conscious effort to choose otherwise. It specifically analyzed the possibility for nudging to combat obesity by simply changing the way we perceive food. For example, switching the nutrition facts to go on the front of containers, and having the amount of sugar, fat, and sodium be color coordinated like stop lights where red means a great amount, amber for greater than what is recommended, and green for healthy. Simple things like this surprisingly have instant positive effects, and could be used for insulin as well. If the government were to set the price at which they would buy insulin from the major companies at a lower price, and require the companies to submit some sort of reasoning behind their drastic price increases, there would be much less change because there would be no sufficient evidence for the increase in prices. Or if we were to take the example of other countries' governments that cap the price at which they will buy insulin from companies, allowing them to sell to others at lower prices, we would see positive results just as they do. Or, why not subsidize insulin? We currently subsidize the meat industry, making a burger that should cost thirteen dollars cost us only five. Furthermore, we subsidize milk as well, aiding the farmers and creating the low prices at which we buy our everyday cartons. So, clearly, we have a precedent for subsidizing things that the population needs at lower prices, and if we are subsidizing things like the meat industry, it seems ridiculous not to do the same for a medicine that is life-saving to 2 million people. The priority should be in favor of what is necessary, and if there is an argument for over-subsidization, what should be cut should not be the drug that determines life or death for so many.

One of every four diabetics ration their insulin, forced by our fractured system to systematically deprive themselves of what they need to survive. It is the same as forcing someone to hold their breath for 2 minutes; not having insulin is a threat to one's life, and our current insulin industry plays off of the necessity of the drug. From the beginning, insulin was meant to be used only for saving lives, not making a profit. However, understandably, those who continue to develop and improve the insulin industry deserve fair compensation for their work and dedication, but not to the social cost of 1.6 million lives each year due to ketoacidosis or insulin deficiency-related problems. Our stagnant attitude towards this growing crisis must be changed, which means changing the level at which the government intervenes. Whether that be in the form of

subsidizing the industry as a whole, following the lead of other countries in creating a price cap for the major giants of the industry, or employing a soft-paternalistic approach that defaults at a fair price, something must be done. Yes, it may be complicated, but simply putting our legs up and claiming our hands are tied by capitalism is unproductive and unnecessarily costing people their lives.

#### Works Cited

Patterson, Bruce. Interview. Telephone, CALIFORNIA. March 17, 2020.

Gale, Edwin A M, and John S Yudkin. "COMMENTARY: Politics of Affordable Insulin." *BMJ: British Medical Journal* 343, no. 7823 (2011): 566. Accessed March 27, 2020.

Hector, Colin. "Nudging Towards Nutrition? Soft Paternalism and Obesity-Related Reform." *Food and Drug Law Journal* 67, no. 1 (2012): 111-22. Accessed March 27, 2020.

McCarty, Richard. "Business and Benevolence." *Business & Professional Ethics Journal* 7, no. 2 (1988): 63-83. Accessed March 27, 2020.

Priced Out: The Impact of Rising Insulin Costs: Hearings Before the Energy & Commerce Oversight and Investigations (statement of Diana DeGette).

Weekend Edition Saturday. "Insulin's High Cost Leads to Lethal Rationing." Written by Bram Sable-Smith. Aired September 1, 2018, on NPR.