

Discussion Guide



When we purchase a product or use a service, we have the right to expect that what we buy is safe. And yet defective products and harmful services are common indeed, most of the cases in the courts today arise out of just such occurrences. And sometimes lawsuits over products and services result in cases that grip the public in a major way. These cases may attract attention because of the huge numbers of people involved, the novel areas of modern life they reflect, or simply the large amounts of money involved. LANDMARK CONSUMER RIGHTS TRIALS examines some of these unforgettable cases.



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INTRODUCTION

The Prozac Controversy

In the early 1950s, many medical professionals in the United States were alarmed by what they perceived as a growing incidence of mental illness. Twice as many people were being committed to mental hospitals as were being sent there 50 years before. Consequently, scientists were excited by the development of a new class of drugs used to treat mental illness drugs that promised to help mental patients without the need for expensive hospitalization. In 1954 a drug called chlorpromazine (sold under the brand name Thorazine) was approved by the U.S. Food and Drug Administration (see Vocabulary). It seemed to have a calming effect on patients, and within a decade 50 million people around the world were taking it. Ever since, drug manufacturers have been seeking to improve antidepressant drugs, which could cause various side effects, including tremors. One of the most promising new medications was the antidepressant fluoxetine, which was introduced by Eli Lilly in 1988 under the brand name Prozac. Early reports found that it had fewer side effects and that it made patients feel much better than anything they had tried before. Prozac was accepted more quickly than any antidepressant before it. But then reports started surfacing that some patients taking Prozac were feeling suicidal and others were committing violent acts, including murder. Nevertheless, it was difficult to determine whether the drug, which had helped so many— indeed, which had been taken safely by 15 million people—was to blame. The trial of Fentress v. Eli Lilly, in which a group of people charged that Prozac had caused one of their former coworkers to go on a death-dealing rampage, brought the issue into the courtroom. And given Prozac's popularity, the trial became one of the most important corporate cases of its day .

The Issue

A division of the U.S. Food and Drug Administration known as the Center for Drug Evaluation and Research (CDER) is charged with the task of assuring that safe and effective pharmaceutical drugs are available to the American people. Drug manufacturers submit newly developed products to the CDER , which puts them through a rigorous analysis process that includes a safety review. In deciding whether to approve new drugs, the CDER does not conduct research itself; instead it examines the results of studies done by the manufacturer. The CDER must ascertain that the new drug produces the benefits it's supposed to without causing side effects that would outweigh those benefits. Despite the government's best efforts, however, drugs can sometimes prove harmful after they are approved. Sometimes it is not until a drug is used by millions that we discover that there are a few rare individuals who are harmed by it. In other cases, critics blame insufficient testing by drug companies and inadequate review by the FDA. One of the most notorious cases of a dangerous drug was thalidomide, a medicine developed in the late 1950s to treat insomnia and morning sickness in pregnant women. It was soon learned that thalidomide could cause birth defects, and great numbers of deformed children were the result. Fortunately for Americans, the FDA did not approve the drug, which was being used in Europe, South America, Australia, and elsewhere. Nevertheless, the thalidomide scare underlined the need for vigilance in the drug approval process. And yet just in recent years, many drugs have been recalled after being put on the market, having been granted FDA approval. Among them were Rezulin (for diabetes), Seldane (an antihistamine), Ponidimin and Redux (for obesity), and the painkiller Duract. Nevertheless, the FDA has probably been under more criticism recently for its slowness in approving drugs that are already helping people in other countries. Balancing the need to ensure safety and the need to get potentially life-saving medications to the people who need them is a process that will probably never be perfect. The controversy continues.

Important People

Bowman, Angela — One of two receptionists working on the day of Wesbecker's attack. One of the plaintiffs.
Breggin, Peter — Psychiatrist and key witness for the plaintiffs. He says that Prozac can be a killer when taken by someone like Joseph Wesbecker.
Camp, Brenda — Former wife of Joseph Wesbecker who testifies for the defense about his mental problems.
Campbell, Mike — Shooting victim and one of the plaintiffs.
Coleman, Lee — Psychiatrist who prescribed Prozac for Joseph Wesbecker.
Duncan, Tammy — Juror in Fentress v. Eli Lilly.
Frazier, Charles — Head of the local printers' union.
Freeman, Joe — Attorney for Eli Lilly.
Fuller, Ray — Eli Lilly biochemist who discovered Prozac. Defense witness.
Gnadinger, Paul — One of the plaintiffs.
Gorman, Charles — One of the plaintiffs.
Gosling, Thomas — Defense witness and former Wesbecker coworker who testifies for the defense that Wesbecker had been making violent threats for years.
Granacher, Robert — Psychiatrist who performs a "psychiatric autopsy" on Joseph Wesbecker. Defense witness.
Griest, John — Defense witness who conducted studies of Prozac for Eli Lilly.
Hoffman, Bill — One of the plaintiffs.
Kramer, Peter — Psychiatrist and author of the book *Listening to Prozac*.
Lord, Nancy — Doctor and attorney who testifies for the plaintiffs.
Lucas, James — Friend of Joseph Wesbecker who testifies for the defense about Wesbecker's violent fantasies.

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