Producing Pills, Constructing Obesity:
Intersections of Research, Industry and Care in a Clinical Trial

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The increasing costs of pharmaceuticals is a well known problem for health care officials and public health care in general. The enormous growth of the pharmaceutical industry is a major aspect of the contemporary economy, society and health care systems. The contributions and changes it has made to economic growth, biomedical research, and welfare and health is considerable. Considering the scope of the problem and the size of the pharmaceutical industry, surprisingly little social scientific research is interested in examining the ways in which the pharmaceutical industry is continuing its expansion into new fields. This is in part due to difficulties to gain access to pharmaceutical archives and areas where pharmaceutical actors are, but also perhaps due to a tendency to see pharmaceutical production as an area of interest for economists and management studies research. Such studies have mainly focussed on issues such as market competition, state regulation and firms' strategies to increase profit. Little attention has been given to cultural or social processes, interrelations and practices involved in the type of work involved in pharmaceutical production. In order to understand the processes behind pharmaceutical production, however, an analysis of heterogenous actors' local practices and discourses is important and necessary.

The most expensive and large-scale phase in pharmaceutical production is the later parts of clinical trials, so called "phase III" and "phase IV" trials, where substances are tested on a large group of research subjects having the particular disease or condition in question. An often dominant view of pharmaceutical production, from the point of view of the actors involved, is that it follows specific stages: pre clinical, clinical and marketing. The linearity of this view is contested by researchers in the field of science, technology and medicine studies (e.g. Oudshoorn 1993, 1994). Oudshoorn suggests that clinical trials "not only function as testing procedures for the selection of drug profiles but also as major devices in bringing the relevant groups of actors together". Thus, clinical trials serve to link their drugs to their audiences, and "cultivate a loyal clientele in the medical profession" (Ibid.). Thus, it is difficult to distinguish where and when research ends and marketing starts. A clinical trial is also situated in a concrete health care situation, and is there used as a part of the care given, implying an equally difficult distinguishing of health care from medical research.

In coming to terms with this complexity of a clinical trial, bearing in mind that it is a site where different orientations of industry, research and the clinic intersect, an analysis of the pharmaceutical industry from an economic or management perspective is not enough. The organization of pharmaceutical research today, does not benefit from an analytic separation of "economic", "social" and "scientific" aspects, since the different practices of each are intertwined. This line of reasoning has led to the establishment of new terms such as "Biomedical TechnoService Complex, Inc." (Clarke, et. al. 2003), connoting the changes that have taken place in the production of scientific knowledge and the production of

pharmaceuticals as well as the alledged blurring of borders between industry, research and the clinic.

My case study is of a clinical trial on a weight loss pill, performed in an obesity research clinic at a university hospital in Sweden. In my case study, I do not emphasize the blurring of these borders, but rather the ways in which the heterogenous actors, through discourse and practice, reproduce borders in a changing context. My study shows *how* borders are redrawn, by *whom* and in what specific *situations*. This is done through analysis of the local practices and discourses in this intersection of the axes of industry, research and care. In fact, I show how actors keep up the boundaries between research, industry and care through their different practices and discourses. This boundary work (Gieryn 1999) is seen as part of a larger context, namely the relationship between two processes in society. One is the process of increasing commercialisation of science in the universities, and the other the increasing biomedicalization of health (Clarke et al 2000). The overall aim of the project is to analyse the interrelations between these processes through the lens of the case study.

I have conducted participant observation during a total period of three months between January 2001 and December 2002, as well as interviews with 20 persons at different levels surrounding the trial. Various written material has also been analysed, such as the extensive clinical trial protocol and written material from a spin-off company managing clinical trials at the university hospital. The research will result in a doctoral thesis during the winter 2004/2005.