JOURNAL OF CLINICAL RESEARCH BEST PRACTICES

Vol. 11, No. 5, May 2015 "Happy Trials to You"

"Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy"

Melinda Cooper and Catherine Waldby, 2014, 296 pages, Duke University Press, $24.95

Review by Norman M. Goldfarb

"Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy" looks at the market for labor in clinical research (as well as fertility and stem cells, not covered in this review) through the lens of Marxist economics. Although much of the book will give clinical researchers heartburn, the industry is free to publish counter-arguments.

The book offers observations that range from astute to infuriating:

> Decisive for understanding the enigma of labor is Marx's insistence that the determination of "socially necessary labor time" is the outcome of ongoing political struggles. It follows that there is no "law of value" in the sense of some transcendental or natural equilibrium regulating the relationship between price and labor. The calculation of the price of labor must be understood as historically contingent yet fully operative as an instrument of discipline… Marx insists that the determination of the value of labor is a political decision, the outcome, that is, of ongoing conflicts between labor and capital.
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> …the transformation of labor relations depends on radical political critique rather than juridical reform, and social protections do not engender but follow in the wake of such disruptions.
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> …the nature of the capitalist labor relation itself…crucially depends on the exposure of certain bodies to uninsured risk.
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> …we understand "informed consent" as an enabling regulatory condition for the market in clinical labor, one that has evolved alongside signal 20th-century developments in labor law and social insurance to define the specific form of "unequal exchange" that governs commercial transactions in the clinic.
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> …we would argue that patients who participate in Phase 2 and Phase 3 studies are often involved in a less immediate, although no less coercive, form of labor relations that we would call "work for health care"… In this case, their motivation of participating in a clinical trial comes from…a lack of health insurance… it comes closest to the peculiar method of coercion associated with "workfare" regimes, where welfare recipients are required to work in exchange for social benefits or health care.
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> The guaranteed benefits of social insurance are here replaced with the aleatory [random] and competitive returns of a double-blind trial on an experimental new drug.
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> Later-phase trials are increasingly dependent on the growing numbers of underinsured, chronically ill patients who can access medicines only if they also agree to engage in clinical trials. Under post-Fordist [i.e., mass production] conditions of generalized labor informalization, clinical trial work is contingent labor par excellence — work that is defined by the "freedom" to bear risks of the most visceral kind.

> Whereas Fordism sought to eliminate the industrial accident from the unionized work process, the controlled production of unexpected events — or accidents — was always intrinsic to the clinical trial.
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> One study of African American drug users engaged in paid HIV prevention trials found that participants considered recruitment in pharmaceutical trials a less risky option than stealing or trading sex for drugs, both of which might lead to incarceration.
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> Nonwhite women, Fisher notes, are routinely excluded from [later-phase trials] because of their perceived unreliability.
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> While the relocation of clinical trials to the private sector has no doubt cut the cost of clinician salaries, it seems that the deskilling of clinical investigators and study coordinators has also contributed to the inefficiencies of the clinical trial process.
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> The recruitment of suitable human subjects now rates as the major cost incurred in the clinical development phase of new pharmaceutical drugs.
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> ...the discipline of bioethics is barely more than two decades old…

The book has some significant limitations. For example, it does not offer a method to calculate fair compensation for the services of study participants, although it points out that study subjects are providing services the entire time an experimental drug or control is in their bodies. Nor does it seriously consider the motive of altruism. It cites sources as old as 2000 as evidence of current trends. The chapter about rapid growth of clinical research in China and India misses the fact that, according to FDA statistics, the number of studies peaked in 2009 in India and in 2010 in China. (http://www.accessdata.fda.gov/scripts/cder/BMIS/index.cfm?fuseaction=Search.ShowAdvancedSearchForm)

The book consists of eight chapters:

- A Clinical Labor Theory of Value
- The Historical Lineages of Clinical Labor
- Fertility Outsourcing
- Reproductive Arbitrage
- Regenerative Labor
- The American Experiment
- Speculative Economies, Contingent Bodies
- The Labor of Distributed Experiment

The book is available in bookstores.

Reviewer

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