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Suicide, Serious Side Effects and Disclosures: What Do We Know About the Drugs We Take?

A. died by suicide after taking a hair-loss medication whose side effects include psychological distress. Warnings that appear in the package inserts of this popular drug abroad do not appear in Israel, and a diabetes medication that was pulled from shelves overseas continued to be sold in Israel for years. A *Shomrim* investigation reveals that regulatory failures in the Health Ministry, pharmaceutical-company conduct, and pressure on physicians are preventing critical information from reaching users.

By Yael Shani, in collaboration with [Shomrim](#)

"My husband was the most stable person—right down to his soul. He held a senior managerial position, was in good physical health, and never needed mental-health care," says A.'s wife.

About 10 years ago, A. began taking a drug called Propecia, and did so for only a week. That was apparently enough. Over the next 10 months, he struggled with depression and was treated by doctors and psychiatrists. In the end, however, he was unable to recover and eventually died of suicide.

In a letter he left, he wrote that, although he was unsuccessful himself, he hoped his actions would help other patients.

"We must stop this drug. Maybe I can save others," he wrote.

A was 49 years old when he died. His widow is currently heading up a case against Maccabi Health Services and the manufacturer of Propecia, pharmaceutical giant Merck Sharp & Dohme, MSD. At the same time, a class action lawsuit is under way against Merck.

Propecia is a generic version of a drug called finasteride, which is produced under different names and by a number of manufacturers worldwide. It was originally used to treat prostate enlargement in men, but over the years it has also been used as a hair-loss remedy. According to estimates, millions of people are currently taking the drug, including more than 100,000 in Israel.

A series of studies published over the years has shown that some of the possible side effects of the drug are severe depression and even suicide. As early as 2002, a study was published in which depressed mood and considerable anxiety were described in a third of patients taking finasteride. In some cases, depression developed after taking the drug for nine to 19 weeks and disappeared with its cessation. In two study participants, who restarted on the drug, their depression returned after two weeks.

In 2006, another study pointed out an increase in depression and anxiety in 128 men taking the drug. And in 2013, researchers found that the drug was associated with an increase in mental disorders. Two years after that study, A's husband took his own life.

More recent studies have confirmed such findings, including one by Harvard University that analyzed databases from 150 countries. Those researchers found a four-fold increased incidence of psychological disorders among those taking the drug.

In the lawsuit filed by A's estate, which is represented by the law firm of Jonathan Davies & Co., these side effects, for which there was evidence back then, were hidden for years, not even reaching the attention of doctors and patients in Israel.

"Recently, the European regulator examined the relationship between hundreds of suicides and the drug," says Jonathan Davis, a medical-malpractice expert, who, in addition to the personal lawsuit on behalf of A, has also filed a request to recognize a class action lawsuit, which argues that other men in Israel were exposed to the dangers of finasteride as well.

"The biggest difficulty is that the Ministry of Health has no tools to check pharmaceutical products for risks. Rather, their decisions are based on information provided by the pharmaceutical companies."

In various countries around the world, it took a while before the post-marketing research data found its way into the drug leaflets. In 2017, for example, the European Medicines Agency (EMA) added a warning to the consumer leaflet, and many member nations followed suit. Yet some nations were still not satisfied.

In France, a barcode was added to the product box for scanning (as exists on cigarette packs), pointing consumers to information about depression and suicide. In the UK, regulators decided to attach another leaflet to the drug, explaining the importance of monitoring the patient's mental state.

The European response was slower, and in Israel it is much slower. Only in 2020 did the Ministry of Health update the product leaflet and add a paragraph that the side effects also depression. However, the problem did not stop there, because it is not at all certain that the information in the leaflet comes to the attention of the patients.

"What's on the agenda is the issue of informed consent to a drug with risks to severe symptoms," argues A.'s widow. "If someone feels that their hair is more important than dangers to their health, at least he'll be informed of the risks. Both the doctor and the health plan would be tasked with warning the patient."

The long line of studies, as well as the decisions of the regulators, did not convince Merck's attorneys. In their defense documents filed in the lawsuits, the company claims that the evidence does not support a causal relationship between taking Propecia and an increase in the risk of ongoing psychiatric side effects, and that the studies done on the subject are "low quality."

"The information published by MSD Israel in the product leaflets was accurate and appropriate in accordance with the provision of Israeli law, was approved by the Ministry of Health, included the phenomenon of depression as a side effect obtained by way of case reports and included the information available in the same regarding the risks associated with taking the drug," the company wrote.

Only recently, following a decision by the EMA, which found a causal link between finasteride and suicidal thoughts, did the Ministry of Health issue a safety warning regarding suicidal thoughts as a side effect of Propecia.

Are doctors and health networks aware of the side effects, especially those that turn out only many years after the drug's market introduction? Do they take the time to keep patients informed of the possible effects? Do the drug companies disclose everything they know? Where is the regulator anyway?

Shomrim examines which hidden risks in the drugs you are taking are in fact brought to your attention.

“After the doctor’s diagnosis, he’s supposed to explain to the patient the benefits and risks in the prescription he wrote,” explains Prof. Eyal Schwarzberg, former head of the Ministry of Health Pharmacy Division, which regulates the registration, licensing and import of drugs.

“The doctor should be proficient in the drug and familiarize you with the side effects,” he adds. “As far as any new information that came to his attention, he should explain it to the patient. If there was a change in the product leaflet warning of anxiety and depression, he should re-examine the suitability of the prescription for you, such as by asking you about your mood.”

Is this what actually happens in the doctor’s office? Not necessarily. Shomrim obtained a recording of a conversation in which a doctor was asked about Propecia’s side effects. While he acknowledged some of them, when questioned about a potential link to depression, he reassured the patient there was nothing to worry about.

Patient: “I have a quick question about my son. Like me, he’s starting to go bald at 30, and he’s debating whether to take Propecia—finasteride. I’ve asked a few people, and one mentioned having erectile issues.”

Doctor: “That’s very rare. The chance of erectile problems is about 1 in 200. In other words, 199 people take it without any issues. And honestly, it’s easy to blame Propecia for things [he laughs]... Even if a problem occurs, stopping the medication usually resolves it.”

Patient: “Another person mentioned some, how should I say, mild depression?”

Doctor: “Tell him I’ve been taking it for 30 years and nothing ever happened to me.”

Patient: “And I can see it’s helped your hair.”

Doctor: “It preserved it for me. I’m 60, and everyone in my family is bald. I only started taking it at 35, because that’s when it became available here. I’ve been on it for 25 years. If the problem worries him and it’s important to him, he should take it without fear. Personally, I do recommend it.”

“The doctor should have a checklist in his head to ask the right questions and perform appropriate tests,” says Prof. Schwarzberg. “If he prescribes certain blood pressure medications to you, he should do a kidney and potassium test to see that no harm is done. I also think patients need to know what to ask. I don’t put all the responsibility on you,” he clarifies, “but you’re also not some kind of hamster that I’m force-feeding drugs. Just as you check what’s in the food you eat, so you have to ask why this drug was prescribed for you.”

As a regulator, do you have to make sure we know what we’re taking in our medicines?

“Of course. I update the leaflet whenever I feel it’s necessary, and after that the Ministry of Health is required to distribute it. But it’s important to distinguish between leaflets for doctors and for patients. The doctor’s leaflet is sent only to physicians, so if a new section is added—say, about a drug’s risk of suicidal thoughts—the doctor is expected to be informed. The patient leaflet, on the other hand, is published on the Ministry of Health website and included in the medication packaging. However, patients are not always aware when these updates occur.”

Prof. Mayer Brezis, former director of the Center for Quality and Clinical Safety at Hadassah, believes that the role of the physician is critical when it comes to informing patients about the risks of taking medications, but that this does not always happen.

“The doctor, under great pressure, dedicates only a few minutes to examination, diagnosis, and prescribing a drug. For example, with Propecia, the doctor should clarify that some side effects

are irreversible, affecting both sexual function and mood. It takes time to explain this in depth. But today's doctors are under so much pressure that they don't have the time or ability to keep up with the dozens of drugs they prescribe, let alone read the patient leaflet or its updates."

The doctor-patient interaction is only part of the problem. "The relationship between the pharmaceutical industry and regulators is complex," says Prof. Brezis. "For instance, it was only recently reported that, in recent years, 100 drugs approved by the U.S. Food and Drug Administration lacked clear evidence of efficacy."

"Often regulators approve drugs more quickly due to external pressures and the desire to have the medication available on the market, at the expense of collecting safety data," he explained. "Only in the decade following a drug's release do real data emerge regarding its efficacy and previously unknown side effects, which were not apparent due to insufficient exposure."

Prof. Brezis's statements are supported by numerous court rulings worldwide. Various sources interviewed for this article claim that the real scope of such cases is significantly larger than publicly known, as pharmaceutical companies often prefer to "quietly resolve matters" and settle outside court.

Popular weight-loss injections, **Ozempic** and **Wegovy**, have become extremely popular worldwide, and in Israel in recent years. Yet their side effects are far less discussed. In February of this year, a class-action lawsuit was filed in the Lod District Court against manufacturers **Novo Nordisk** and **Eli Lilly & Company**. Plaintiffs allege that certain side effects were concealed from consumers in Israel, including thyroid cancer risk and suicide risk. One plaintiff claims she suffered a mental health crisis after using Ozempic: she lost 20 kg in the first year of use, but in January 2022 she was admitted to the emergency room following a suicide attempt and was diagnosed with depression. After discontinuing the weight-loss injections, her mental condition reportedly improved.

In recent weeks, the court rejected a request for interim relief, which sought to compel the companies to publish the side effects listed in US patient leaflets, but not in Israeli ones. "Ozempic was originally intended to lower blood sugar in diabetic patients," explains attorney David Chen, who filed the class-action. "The US consumer leaflet, as required by the FDA, included a warning regarding thyroid cancer risk, while the Israeli leaflet did not, nor did it include other side effects such as depression and suicide."

The pharmaceutical companies are expected to submit responses soon regarding recognition of the class-action lawsuit. In the meantime, the manufacturer of Ozempic moved to consolidate this litigation along with another suit filed about a year and a half ago, concerning the drug's link to bowel inflammation. This followed a 2019 FDA update to Ozempic's US label, adding a warning about potential bowel obstruction when combined with insulin. The judge rejected the request.

Drug changed, 330,000 patients not informed

Another incident occurred roughly 15 years ago. The composition of the drug **Eltroxin**, used to treat hypothyroidism, was altered without informing patients. At the time, approximately 330,000 patients in Israel used the drug.

The change was approved by the Ministry of Health and reported only minimally to health networks and treating physicians. In the months following the change, many patients suffered side effects such as hair loss, insomnia, and high blood pressure. Subsequently, a team at the Ministry of Health found that "there is a causal link between the introduction of the new formulation to the Israeli market and increased reports of side effects." Later, a class-action lawsuit was filed against the manufacturer **Pfizer**, and in 2018, the parties reached a settlement, recognizing the company's "duty to inform," with total compensation set at 45 million shekels.

“In the case of Eltroxin, they simply responded slowly and didn’t process the information in time,” says Prof. Schwartzberg. “Today this would have been caught earlier, especially thanks to social media discussions, it probably would have surfaced. Following the incident, I established a Risk Management Department in the Pharmacy Division, responsible for reporting side effects.”

Emails reveal side effects

Another globally known case involves the drug **Vioxx** by pharmaceutical company **Merck**. In 2001, a study published in JAMA warned that Vioxx could cause heart attacks, yet Merck continued to claim the drug was safe. Shortly after, the company reversed its position and, in 2004, voluntarily ceased marketing the drug.

That year, a class-action lawsuit was filed in the Tel Aviv District Court against Merck Israel. A decade later, a settlement was reached in which Merck contributed 19 million shekels to build a pain clinic at Ichilov Hospital. For the first time, internal emails between the company’s chief scientist and the CEO were revealed, showing that as early as 2000, Merck had prior knowledge of the cardiovascular risks.

On March 9, 2000, Merck Laboratories president Dr. Edward Scolnick emailed the CEO, acknowledging that a company study confirmed cardiovascular risk associated with Vioxx. In another email dated April 12, Dr. Scolnick admitted that Merck did not know the cause of the dramatic discrepancy in cardiovascular events. This implies that the continued marketing of the drug was done with knowledge of the risks.

“In other words, four years before Merck removed the drug from shelves, it likely had evidence that the drug caused heart attacks and strokes,” says attorney Avi Weinrot, who filed the class-action in Israel. “I claimed then that they sold us a drug that could kill, but they did something even worse. Their drugs didn’t just kill—they caused strokes in some people. And the problem with strokes is that people often live for decades afterward, with paralyzed limbs and no control over bodily functions. Patients lost their dignity—all because of a painkiller.”

Another example involves the diabetes drug **Avandia**, long considered a popular treatment. Marketed in Israel from 1999, it was used by around 30,000 patients. In 2007, a scientific journal revealed that it increased the risk of heart attacks by 43%, resulting in bans in the US and Europe, and later in Israel. In 2007, an Israeli patient filed a lawsuit against the manufacturer, **GlaxoSmithKline**, alleging that the company concealed the risks and distributed the drug with leaflets that had not been updated since 2000, contrary to Ministry of Health regulations. The judge questioned why the company did not update the leaflet to reflect risks already known in the medical world. The company eventually settled, formalized as a court judgment.

Israeli whistleblower: asbestos in talc

One of the best-known cases of concealed information involves **Johnson & Johnson** and the presence of asbestos in talc. Lawsuits have been ongoing since the early 1970s. The first to discover asbestos in talc and raise the alarm was an Israeli chemist, **Aviam Alex**, who studied in New York. “I wanted to do a PhD,” he recalls from his Herzliya home balcony.

Alex retired several years ago, but memories related to Johnson & Johnson remain vivid. “I met Prof. Seymour Levin, a chemist who suggested I investigate asbestos in talc for the company. They wanted to know if it was present and how often, hoping for a simple solution. In return, I received a scholarship for my PhD,” he recounts.

Within months, he discovered asbestos was present in talc randomly. “I proved the whole thing was contaminated with asbestos,” he recalls. Meanwhile, a lawsuit was filed in Missouri by a

woman claiming she developed cancer from talc use, but Alex was unaware of this. “When I informed him of my findings, Prof. Levin requested all the data, leaving me with nothing. He informed me that my scholarship was being cut and that I was essentially fired.”

Years later, Alex was called to testify against the company. “All the newspapers ran headlines calling me the whistleblower,” he says, laughing.

What do you think of the company’s behavior?

“That they don’t really care about people. It’s all about money.”

“Without big corporations, there would be no drugs”

Prof. Schwartzberg rejects the claim that public health is entirely in the hands of profit-driven corporations: “Without these corporations, there would be no new drugs. Pharmaceutical companies are subject to much stricter regulation than other corporations. Can the system be improved? Maybe. But patient health literacy is a complex issue. For example, I think the leaflets attached to medications are problematic—they contain a huge amount of information. People don’t read them because the amount of information is overwhelming. We often considered digitizing them in the Ministry of Health to make them more accessible, but even then, it’s challenging.”

Prof. Brezis agrees that the pharmaceutical industry plays an important and vital role in public health but also claims part of the problem is that regulation of pharmaceutical companies is not strong enough.

“It’s good that there’s a drug industry that brings us new drugs, sometimes truly life-saving, making the difference from decades ago in heart disease and cancer. Today, the progress is undeniable,” explains Prof. Brezis. “You wouldn’t want to live in the former Soviet Union, which didn’t produce a single drug for 80 years. But there are costs.”

“We need strong regulation because in healthcare there is no inherent quality control and there’s a market failure,” emphasizes Prof. Brezis. “If you buy a baguette in a bakery and it’s spoiled, you know immediately and can act. In healthcare, the user is the patient who doesn’t know everything the manufacturer, doctor, or pharmacist knows. They are at a disadvantage, and competition is limited—there isn’t necessarily another bakery to go to. The solution is a tough regulator, which unfortunately doesn’t always happen.”

Suicide is preventable.

If someone you know is in crisis and at risk of suicide, do not hesitate—talk to them, encourage them to seek professional help, and emphasize the importance of doing so. Help them reach professionals in the community or national support services:

- ERAN (Israel) – phone: 1201
- SAHAR – <https://sahar.org.il>
- WhatsApp: 052-8451201

The Ministry of Health responded:

“The Ministry is responsible for registering and granting import and marketing permits for drugs. It continuously monitors the safety of approved drugs in Israel, including Propecia, and updates drug leaflets according to the latest clinical data. This process is carried out according to rigorous international standards. To make information accessible, updated leaflets are available on the Ministry’s website and notifications are sent to medical teams, including through professional publications.

Updated leaflets are also included in the drug packaging, and doctors have a professional duty to update patients. Before taking any medication, the user should carefully read the leaflet. According to law, the responsibility to initiate updates of leaflets rests with the product's registration holder. After reviewing the information, the Ministry decides if updates are necessary and instructs the registration holder. Regarding Propecia, the leaflet was updated in 2020 to include information on depression, suicidal thoughts, and anxiety, even though this information did not appear in the American leaflet.

Regarding Eltroxin, this was a global event, which led to the establishment, in 2012, of the Risk Management Department in the Pharmacy Division, tasked with improving monitoring of side effects, transparency, and information accessibility. The Ministry continues to supervise and track reports on side effects and drug safety events and to update the public.”