

Commoditizing Care and Governing Bodies: A Political Economy and Foucauldian Analysis of the Malayalam Web Series *Pharma*

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ABSTRACT

In this paper, *Pharma* is analysed under the two prisms of the political economy of healthcare and the notion of biopower of Michel Foucault. It claims that the series provides a critical portrayal of the pharmaceutical industry as a place of convergence between capitalistic imperatives and regulative power in the formation of medical practice and patient experience. By critically examining the text, the research proves the extent to which healthcare is being commodified such that “medicine becomes subordinated to the logic of profit and market expansion” (Harvey 45) and patients become consumers and sickness turns into economic potential. At the same time, the paper appeals to Foucauldian theory to demonstrate the way the pharmaceutical institutions employ control by using some veiled systems of surveillance and normalization, in which “power operates through the administration of bodies and the calculated management of life” (Foucault 140).

The plot line of the lead character, K.P. Vinod is examined as a zone of conflict among both obedience and disobedience, the internalization of economic and institutional forces. The paper also contends that the series brings out an inherent connection between capitalism and biopower, as “the modern state and market together function to regulate populations under the guise of welfare and progress” (Lemke 67). *Pharma* reveals structural injustices inherent to the healthcare systems of the present by anticipating unethical clinical care, predatory drug advertising, and taking advantage of patients. Finally, this paper makes the series one of the important cultural texts that, on the one hand, reflects on the commodification of care, and on the other hand, elucidates the extensive processes of control that dominate human body practices in late modernity.

Keywords: Commodification of Healthcare; Bio power; Pharmaceutical Capitalism; Medical Surveillance; Ethics and Institutional Power

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1. INTRODUCTION

The Malayalam web series *Pharma* directed by P. R. Arun can be singled out as an important cultural document of questioning the ethical and structural issues of the modern pharmaceutical business. Placed in the growing context of OTT platforms like the JioHotstar, the series indicates a larger change in Malayalam visual culture to become more realistic and socially commentative. In contrast to the traditional medical dramas where, in most cases, healthcare is romanticized, *Pharma* pre-empted the socio-political aspects of medicine, revealing the conflicts between the corporate profit and patient well-being. This changes in accordance with the digital media trend whereby narratives are more inclined to express institutional fact and systemic inequalities.

The emergence of OTT platforms has led to emergence of content that critically addresses issues of the real world allowing its creators to explore themes that might not be

possible in mainstream cinema. In this regard, *Pharma* is part of a research that challenges the meeting point of capitalism and healthcare. The series shows the pharmaceutical industry not just as a setting, but as one that has become a major force that has influenced the way medical practices are conducted and decision-making in relation to ethics. According to the arguments of the scholars of political economy, “the expansion of neoliberal policies has transformed public services into competitive markets” (Harvey 3) which is clearly dramatized in the series by the means of the aggressive marketing of drugs and the corporate strategies aimed at profit.

The research question that will guide the given study is to investigate how *Pharma* criticizes the pharmaceutical industry unveiling its economic and institutional logic. This paper will claim that the series reveals the commodification of healthcare in capitalism and at the

same time depict the way power works in medical institutions to govern human bodies and behaviour. Based on the theoretical framework of Michel Foucault, the paper examines the exercise of power in the “networks of surveillance and normalization” instead of the “direct coercions”, as it was described by Foucault (136), which was also present in the hierarchical control of medical representatives and practitioners in the narrative.

The paper takes a qualitative approach to the textual analysis with the elements of the political economy and Foucauldian theory that are merged to understand the main narrative factors, the path that the characters follow, and the representation of the institutions. Through placing *Pharma* in these contexts, the paper aims at revealing how modern media texts express and criticize the complicated nexus of capitalism, medicine and power in late modern society.

2. RELEVANCE OF THE STUDY

Pharma study is very topical in the modern environment, where healthcare systems in all the world are becoming more and more dependent on market-driven policies and corporate interests. The COVID-19 pandemic and the ensuing discussions on the allocation of vaccines, the price of drugs, and clinical trials have revealed how “healthcare is often shaped by economic and political priorities rather than purely humanitarian concerns” (Harvey 112). The series, in this case, can be viewed as a critical cultural prism through which one can analyze the ethical aspects of pharmaceutical procedures and the susceptibility of patients to such systems.

Moreover, by interacting with the concept of bio power developed by Michel Foucault, the research demonstrates how contemporary institutions still govern bodies using medical technologies, information, and surveillance. The study, therefore, adds to the current debates of medical ethics, corporate responsibility, and population health, which is especially important at a time when the credibility of healthcare systems is becoming more and more debatable.

3. THEORETICAL FRAMEWORK

3.1. Political Economy of Health

Healthcare politics offers an important perspective on how medical practice and institutions are influenced by economic systems. Commodification, neoliberalism and profit logic are the key concepts of this framework and when combined, they elucidate how healthcare turned into a market-oriented enterprise rather than a service to the population. With neoliberalism, healthcare systems are more and more guided by the principles of the market, with efficiency, competition, and profitability becoming more dominant than accessibility and ethical responsibility. Neoliberalism, as David Harvey notes, aims to “bring all human action into the domain of the

market” (Harvey 3), which recollects healthcare as an economic transaction instead of a social service.

In this regard, commodification can be described as a process of turning health services, treatments, and even human suffering into items that can be purchased and sold. This transformation leads to a re-conceptualization of consumer patients and service providers in the form of doctors in a competitive market. The profit maximization logic is the reason that pharmaceutical companies are committed to revenue maximization by means of intense marketing efforts, patent protection, and drug market expansion. As a result, healthcare is no longer about curing but maintaining profitability.

The difference between healthcare as an industry and as a service is very important in this analysis. Although traditionally perceived as a social good that builds upon the ethical care, the contemporary healthcare system is becoming more and more a corporate business that is controlled by financial incentives. This change is seen especially in the area of pharmaceutical practice where drugs are made and sold according to the demand of the market and not the need of the medical students. Consequently, the political economy system shows how structural inequalities and moral hazards are deeply rooted in the structure of modern healthcare systems.

3.2. Bio power and Medical Surveillance

Another related conceptualization of bio power is that of Michel Foucault, who aims to provide a complementary view of power in terms of how it functions through the regulation of human bodies and population. Foucault maintains that contemporary power is not only repressive but productive and operates in subtle ways that influence behaviour, knowledge and social norms. According to him, bio power refers to the “power [that] takes charge of life... through the administration of bodies and the calculated management of populations” (Foucault 140).

In the healthcare setting, the bio power is applied in the institutional practices, which observe, categorize and govern individuals. Hospitals, pharmaceutical firms, and medical practitioners are the agents of this power that use surveillance and data collection systems to control the behaviour of patients. It is especially important regarding the so-called medical gaze, which is the process according to which medical knowledge objectifies the human body and turns individuals into clinical cases that can be studied and managed.

Not only does surveillance work by direct observation but it also works by internalized norms and expectations. Representatives and medical practitioners are monitored in terms of performance, and the patients are steered by treatment guidelines and diagnostic categories. It results in normalization whereby some behaviours and conditions are established as being acceptable or

pathological. According to Foucault, “disciplinary power normalizes the judgment”, (Foucault 183) making sure that there is conformity in the institutional structures.

Therefore, the bio power/medical surveillance framework emphasizes the ways in which authority in healthcare is upheld using diffuse and often unseen processes. It demonstrates that the exercise of control is not only based on coercion but also on the creation of knowledge, the organization of institutions, as well as the regulation of daily practices. Collectively, these theoretical approaches offer a holistic approach to the analysis of the intricate relationship between economics, power, and medicine.

4. HEALTHCARE AS COMMODITY IN *PHARMA*

The pharmaceutical industry is an ideal case of healthcare being run according to the dictates of market capitalism, in which profit overcomes ethical duty in *Pharma*. The series creates a pharmaceutical company as an aggressively profit-making organization that is not concerned about the well-being of patients but only aims to generate revenue. This can be seen in the portrayal of corporate worlds where success is gauged more by the amount of sales and penetration in markets and not by therapeutic efficacy. This kind of depiction corresponds to the thesis that the “health services are increasingly treated as commodities to be bought and sold in competitive markets” (Harvey 21) which highlights the neoliberal reorganization of healthcare systems.

Another major feature of this commodification is the focus on sales goals and performance based on incentives. The protagonist K.P. Vinod, and other medical representatives are pressured to reach quotas ruthlessly, usually with incentives being such as bonuses, promotions and material rewards. These are mechanisms that promote unethical business practices, including overstating the effectiveness of drugs or understating their side effects. The series vividly reflects the use of marketing strategies such as gifting and sponsorships as well as persuasive communication as a way of influencing the prescribing habits of the doctors. In this regard medicine is not prescribed according to the clinical judgment but it is influenced by the corporate interests.

This is why the doctors are essential intermediaries in the system of this market. They are placed between the pharmaceutical companies and the patients and become channels through which the commoditized healthcare is offered. This role is problematized in the series as it creates a vivid depiction of how medical professionals are covertly co-opted into the logic of profit using incentives and pressures of professionalism. This trend can be viewed as a larger structural change whereby “the boundaries between medical ethics and market imperatives become increasingly blurred” (Lemke 54).

Patients on their part become passive consumers in this system. They lack agency power since they are dependent on the prescriptions that are driven by corporate interests and not necessarily by the medical need. The series brings out this weakness with climax scenes that show how the useless or even dangerous drugs are distributed, showing the human price of commodification. The very sickness has become a place of economic exploitation, with treatment based not on good care but on the bottom line.

With these elements of narration, *Pharma* provides a critiquing commentary on how the healthcare industry has become a commodity, revealing the compromising of ethics and systemic inequities that are created when profit is the default organizing logic.

5. STRUCTURES OF POWER AND CONTROL

Pharma is a case whereby power and control structures are deeply entrenched within the corporate/medical institutions that regulate the pharmaceutical industry. The series presupposes the way, in which hierarchical authority works in the corporate structures, especially the regulation of medical representatives who are the main agents of pharmaceutical distribution. These workers are placed in firm corporate hierarchies in which authority is passed down in an order of top-level executives all the way to field-level representatives to make sure that organizational goals are strictly met. This type of structure is an indication of what Max Weber defines as bureaucratic control where “the exercise of authority is based on rational-legal structures and hierarchical organization” (Weber 223), and thus institutional design normalizes obedience.

The pressure mechanisms used to control the employees are also enhanced by the use of pressure mechanisms like sales targets, performance appraisals, and the use of spies. Medical representatives are made to achieve unrealistic targets and their survival in the profession depends on the quantifiable results. This is in line with the concept of disciplinary power introduced by Michel Foucault, where “discipline produces subjected and practiced bodies through surveillance and normalization” (Foucault, *Discipline* 138). The surveillance in *Pharma* is not evident but is achieved by means of internalized expectations, performance measurements, and regular reviews, which results in self-regulation by employees. Normalization of these pressures makes people align themselves to the corporate goals without being coerced to do so.

In addition to employee regulation, the series also brings to the fore the regulation of medical knowledge and prescription practice. Pharmaceutical companies have an influence on the knowledge that is passed onto the doctors and tend to favour information that benefits them. Such selective circulation of knowledge is the expression of the power/knowledge nexus as stipulated by Foucault and “power and knowledge directly imply one another”

(Foucault 27). Corporations gain the ability to influence clinical areas by influencing the decision-making process of medical workers through the medical discourse, thus gaining control over the latter.

The doctors are the ones at the cross-point between the corporate and the patient interests and therefore, the doctors become important players in this web of control. Their prescribing decision is indirectly informed by incentives, promotional campaigns, and framing of information. It is also possible to explain this dynamic by the concept of hegemony suggested by Antonio Gramsci, where “the ruling class maintains dominance through consent rather than force” (Gramsci 12). In *Pharma*, physicians tend to think of their decisions as independent ones, but such decisions are conditioned by corporate pressures, which exemplifies the role of power, through consent and ideological conformity.

The ultimate outcome of institutional power in the series is that it influences decision-making at all levels, including corporate executives and medical practitioners. The merging of bureaucratic power, disciplinary policies as well as hegemonic control yields a system whereby ethical issues are subordinate to the requirements of an organization. Corporate goals are internalized by employees, market-driven knowledge by doctors, and patients are mostly not included in the process of making decisions. This networked form of power, as seen in this multi-layered form of control, does not exist at the heart of power but is spread out through the networks and operates through the normal practices and institutional norms.

Therefore, *Pharma* provides a more subtle representation of the way power functions in the pharmaceutical industry by showing that control is perpetuated not merely via explicit authority but through subtle surveillance methods, production of knowledge and ideological consent.

6. BIO POWER IN PRACTICE: REGULATION OF BODIES

The bio power is best viewed in the control over human bodies in *Pharma*, where pharmaceutical practices are involved. Based on the concept developed by Michel Foucault, bio power can be understood as the means through which the contemporary institutions can control life through the management of bodies and populations. The series is a depiction of how the drugs are not only therapeutic tools but also a tool of control that regulates the functions of the body, its behaviours and health outcomes according to the priorities of the institutions and corporations. According to Foucault, “power takes charge of life... through the administration of bodies and the calculated management of populations” (Foucault, *History of Sexuality* 140), which is exactly dramatized

using the circulation and prescription of pharmaceutical products.

Among the most noticeable elements of this domination, there is the view of clinical trials and unethical experiments. The series reveals the vulnerability of the population in that it is often tested on as a guinea pig to test the new drug, without complete knowledge. Such practices are accentuating the imbalance of power between pharmaceutical companies and patients, as the latter are degraded to guinea pigs. This is the same dynamic that Nikolas Rose has characterized as the governance of life through the spectrum of biomedical interventions whereby “individuals are increasingly understood and managed in terms of their biological existence” (Rose 32). In *Pharma*, the body is turned into a risk calculating, experimenting, and money taking area.

The patients are, therefore, created as points of engagement and management as opposed to independent actors. Their diseases are classified, observed and healed in structures that are defined by the institutional interests. The series shows how patients are exposed to diagnostic regimes that subject them to classification and normalization of their conditions making them to be part of control systems. This is in line with the concept of a medical gaze wherein a body is objectified and broken down into symptoms and pieces of information. According to Foucault, “the body is invested with relations of power and domination” (Foucault, *History of Sexuality* 26) hence the role played by medical knowledge in the control of individuals.

In addition, the data and prescription, and diagnosis play a central role in governing populations. The pharmaceutical industry and health care organizations base their treatment procedures and marketing policies on data collection and analysis. Prescriptions turn into the processes of regulation of bodies, which defines not only what is taken but also how people perceive their own health. There is diagnosis, in its turn, which is a normalization tool, making what is health or pathologic. These processes indicate a larger system whereby “bio politics operates through the continuous monitoring and optimization of life processes” (Lemke 5).

These representations help *Pharma* demonstrate the mechanisms of bio power at the individual and collective levels where the bodies are turned into control sites and the population to objects of control. The series highlights the moral aspect of such practices and reveals how the quest of profit and efficiency may contribute to the exploitation and control over the human life in the name of medical advancement.

7. INTERSECTION OF CAPITALISM AND BIO POWER

The point of convergence between capitalism and bio power in *Pharma* shows the convergence of economic needs and regulatory forces that create a highly regulated healthcare space. The series illustrates that the pharmaceutical industry is not just a business venture but a location where profit making interests actively support the systems of bodily regulation as well as institutional control. Using the experience of political economy, in combination with the theory of bio power formulated by Michel Foucault, one can easily see that economic and disciplinary forces are not two separate realms.

Economic incentives in *Pharma* are demonstrated to enhance the processes of domination over medical practitioners as well as the patients. The unstoppable quest of profitability is causing the pharmaceutical companies to grow markets, add more depression on drugs, and make normal use of constant medical use. According to David Harvey, “capitalism is driven by the need to accumulate through the expansion of commodified domains”, where the biological life is turned into a financial commodity (Harvey 87). In this regard, the body turns out to be a location of value extraction not only by selling medicines but also by conducting clinical trials, data collection, and long-term treatment course.

The pharmaceutical business hence becomes a very important location where profit and power meet. Corporate organizations do not just sell drugs, they manipulate medical knowledge, control the prescription patterns and define the acceptable treatment. This is in line with Foucault, who states that “power and knowledge directly imply one another” (Foucault 27), as far as the economic interests are incorporated in epistemic organization. In *Pharma*, medical knowledge is linked to the corporate interests and thus allows the pharmaceutical companies to control the healthcare givers as well as the patients.

The dependence of the market forces and the medical authority is also shown in the term of the doctors who are the mediators in this nexus. It shows how market logic is permeating the professional practice as a result of a mixture of scientific knowledge and corporate influence on their clinical decisions. This relation can also be interpreted with the idea of advanced liberal governance in the works of Nikolas Rose in which “individuals are governed through their freedom, shaped by expert knowledge and market rationalities” (Rose 57). Although doctors seem to be independent, they are part of the system that subtly makes their decisions to correlate with the interests of pharmaceuticals.

More importantly, the convergence of capitalism and bio power in *Pharma* shows that the control exists in both economic and biological aspects. The growth of the market requires the control of the bodies, and the control

of the population creates the new possibilities of gaining profit. Such a cyclical connection provides the continuation of the two systems which makes it harder and harder to resist. The series highlights the fact that in such circumstances, healthcare turns into the field where life itself is controlled by a set of financial appeals, as well as official power.

Finally, *Pharma* provides one of the most interesting criticisms of this convergence, demonstrating that commodification of healthcare and regulation of bodies are not two independent processes but rather they are interdependent and defining processes of modern medical practice. Revealing this intersection, the series provokes one to take a more critical look at the moral and political consequences of a system in which human life is both something that is cared about and something that is controlled.

8. CHARACTER ANALYSIS: K. P. VINOD'S TRAJECTORY

K.P. Vinod (portrayed by Nivin Pauly) is an important character who plays a critical role in the series and through which the show addresses the intersection of capitalism and bio power. His path is not only individual but quite structural, and it is how persons are created, moulded, and probably changed as they are processed in the structures of power. In the beginning, Vinod is presented as a dreamer of a medical representative who is willing to venture into the pharmaceutical sector in the hope of achieving economic security and career achievement. By so doing, he turns into what Michel Foucault would refer to as a subject constituted by power, in which case “individuals are both the effects and vehicles of power” (Foucault, *History of Sexuality* 98). Vinod is not therefore an outsider to the system but a part and parcel of the system.

During his journey through the corporate world, Vinod picks up the logic of the corporate world. His ethical system is reorganized to focus on targets, incentives and performance measures, which makes his actions consistent with the profit motives of the company. This internalization indicates the smooth working of disciplinary power, whereby external control gets substituted by self-control. He starts to quantify his value in terms of sales, and he uses persuasive methods and does not think about the moral aspect of his job. This phenomenon is echoed by the ideological interpellation proposed by Louis Althusser, in which “individuals are hailed into subject positions that reproduce dominant ideologies” (Althusser 174). In this regard, Vinod is an ideological subject that continues the system he lives in.

Nevertheless, the story presents a slow transformation when Vinod starts being more conscious of the results of his behaviour. His previous compliance is interfered with by his experience with patients who have been affected,

witnessing malpractices in the pharmaceutical industry, and the apparent human price of such malpractice. This awakening experience may be interpreted as a disruption in the process of ideological conditioning, when the subject is starting to pay critical attention to the order of things that surround him. The increasing unease in his case is the indication of the boundaries of capitalistic rationality as well as the bio political control, which shows the tension of the systems in which profit is more important than life.

The fact that Vinod moves towards resistance is a big change. He starts doubting the company orders and the moral soundness of the business, which places him in opposition to the same order that used to identify him. This opposition, however, is a dangerous one, because the system is created to subdue the opposition and to keep the conformity. His resistance depicts the possibility that Foucault describes as the existence of resistance where there is power (Foucault, *History of Sexuality* 95) where power relations are never absolute.

Finally, the path that Vinod follows is a criticism of both the bio power and capitalism. The first complicity shows how people are influenced by economic and institutional pressures, and the second resistance shows how people can act ethically in a limited setting. His transformation is not demonstrated as full and successful in the series, but it is rather complicated and unfinished, which is the challenge of breaking the systems that are deeply rooted in the daily life. Via Vinod, *Pharma* anticipates the human aspect of structural criticism and how power is exercised through people as they strive to oppose it.

9. RESISTANCE AND ETHICAL BREAKDOWN

The theme of resistance in the context of *Pharma* is closely connected to the theme of ethical breakdown, as it indicates the deep constraints that a person experiences when challenged by the institution that is extremely endemic. Although the plot anticipates instances of rebellion, it also highlights the fact that any form of rebellion is limited by the structures of the system that value profit, power, and control over ethical responsibility. The pharmaceutical world in which the series is set, functions in the form of a system of corporate and medical influence whereby any opposition that is meaningful is hard and risky.

The boundaries of resistance can be seen through how institutional structures take in dissent and counter the dissent. When employees challenge unethical acts, they are likely to be marginalized or threatened, and this is where power comes in to ensure stability in the system. This is in line with the postulations of Michel Foucault that “power is everywhere... because it comes from everywhere” (Foucault, *History of Sexuality* 93) and that indicates that resistance cannot be easily elusive of the networks it aims to fight. In *Pharma*, even rebellion is put

in place by surveillance, economic dependence, and professional vulnerability, and resistance is a dangerous and lonely task.

Going against the corporate and medical authority involves a lot of personal and professional dangers. The series also depicts that those who seek to speak out against malpractice are punished by losing their jobs, being ostracized, and intimidated in the courts. This relationship is an indication of the greater truth of institutional power, in which power is not only sustained by formal means, but also by fear and coercion. The resistance stakes are not only ethical but also existential since people have to balance their moral beliefs with their existence in the system.

Whistleblowing is a highly significant resistance, but it is presented as full of uncertainty and repercussion. Individuals who attempt to expose the truth are placed in the role of ethical actors and vulnerable subjects, who have to balance the need to take action and the dangers of reprisals. The series underscores the fact that whistleblowing interferes with the smooth running of institutional power, yet the fact that such interferences are usually kept in check or subdued. This is what Giorgio Agamben calls the state of “bare life” where those who defy authority are deprived of protection and are subjected to violence in a systemic manner (Agamben 8).

The issue of justice is also very ambiguous in the story. Exposure and accountability may happen, but not inevitably result in the systemic change. Rather, the series implicitly recommends that justice under such structures is biased, conditional, and very prone to being compromised. This vagueness highlights the inability to get ethical resolution in the systems that are controlled by the imperatives of capitalism and the bio political control.

Finally, *Pharma* does not offer a solution but a complicated and unclear process. It shows how ethically doing the right thing is frail in institutional structures and begs important questions of whether justice can exist in a system whereby power is widespread and self-perpetuating.

10. CONCLUSION

This paper has explored *Pharma* in the overlapping contexts of political economy and bio power and shown how the series presents an interesting critique of the modern healthcare systems. It has claimed that *Pharma* reveals the commodification of medicine in neoliberal capitalism where profit-making becomes the order of the day to transform healthcare into a market-oriented enterprise. At the same time, the analysis has demonstrated how power works within medical institutions to control bodies, behaviours, and knowledge, which is also a reflection of the knowledge that Michel Foucault has as he notes that power takes charge of life

through the administration of bodies and the controlled management of populations (Foucault, *History of Sexuality* 140). The combination of these frameworks demonstrates that the economic and institutional influence is closely interwoven in the development of the contemporary medical practice.

The series is in a way a strong commentary on the pharmaceutical industry, making it a domain where ethics is often made subservient to the corporate. By portraying violent marketing tactics, top-down authority, and the victimization of defenceless patients, *Pharma* highlights how healthcare systems may perpetuate inequality and do harm under the control of money and power. Meanwhile, this emphasis on personal paths in the story especially that of K.P. Vinod, brings out the human aspect of these structural problems, as it shows how one internalizes and rebels against the systemic forces.

Pharma is a significant cultural text, which intersects between media studies, political economy, and medical humanities in terms of contributing to the discussion of medical ethics and medical power. It provokes the moral consideration of ethical obligations of pharmaceutical companies, medical practitioners, and government agencies. The series, by anticipating the conflicts between care and control, contributes to a better comprehension of the functioning of modern healthcare as the convergence point of economic demands and bio political control.

The research also presents great opportunities in the way of further research. The comparative analysis with other medical dramas, not only in Malayalam but also in the international context, might help to identify how various cultural industries express the same ethical issues.

Furthermore, the analysis of the actual-life pharmaceutical scandals and the series can help gain more information about the connection between the representation and the reality. These questions would also shed more light on the implications of what *Pharma* is critiquing and make it more relevant to the modern scholarly and socio-political discourse.

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