**Title : The brand of generic prescriptions**

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**Abstract:**

This article looks at the ethical aspects of prescribing generic medications versus brand medications.

**Key words**

**brand - generic - prescriptions**

Main text of article

Recently, a debate and discussion on the issue of generic drug prescriptions had come up in several media. Doctors were divided on this matter. Rules from MCI were quoted for and against such a provision. Different interpretations were made. Some said, a doctor can write brand name as well as generic name, as the order doesnot say – “do not write brand name”. Others said, many brand named medications are in fact generic. The antagonists of generic prescription cited arguments that these drugs suffer from quality and they have not gone through required rigorous standards of testing. Patients’ safety is a priority, they said. The protagonists for generic drug prescription hailed the move. They said that it will help patients to get medicines at much cheaper prices.

We respect the R & D of the leading pharmaceutical industries that lead to introduction of drug molecules that are safer and perhaps more effective. To enter the market each molecule would have been subjected to rigorous experimentation, with huge costs, which need to be recovered. The services of the industry are hence to be greatly appreciated, albeit the criticism of high pricing of their products.

The debate often addresses a two-sided scenario; doctors who are prescribing on one side and the industry that is producing on the other side.    Doctors assume that they are entirely responsible for the patients’ welfare.  The industry too assumes that they provide the best molecule in the interest of the patient. The role of the other stake holder, the patient, is taken for granted.  The question is, should the patient not have a choice?  Today, the patients are far more informed than in the yester years.  Accessibility to technical information and increasing transparency on professional procedures have become possible with the internet and smart phones.  At times, we have this experience of a patient remarking on a highly technical matter and as physicians we may see ourselves in uncomfortable positions.

The patient is supreme about making a choice of their own. The newly approved mental health care act also emphasises the need for their rights.  Doctors are not in a patronising position as we all think.  We may be just suggestive in some matters and help the patient make an informed choice. When different brands have the same amount of medication, but different pricing, it is the patient's autonomy to decide, which one to use or buy. Let us also accept that, no where in the medical training are doctors taught about which brand is better or which brand to prescribe. The prescribing behavioural psychology is mastered by the industry. They use these methods to influence the prescribing practitioners. Sometimes it is the packing, sometimes it is the academic material they provide free, and at other times, the medical representatives develop a relationship or friendship with the doctors. Thus there is a conflict of interest and subconscious [or conscious] prescribing of certain brands or all brands of a certain company.

Prescribing generic formulation is a step towards empowering the patient community, else the patient has no option other than to buy and use the prescribed medicines, nearly always the branded ones, that is costlier. During medical training, graduates are trained about the generic product only.

About eight years ago a friend assembled a Pentium – 5 desk top computer for personal use. The components were purchased from different vendors. The assembled computer performed as well and is in use even today.  However, a couple of branded ones for use in the work place had to be discarded within 4-5 years as they were not serviceable. The cost of the assembled one was as small as a half of the comparable branded one.

Patient’s can make a choice and will learn the way the society guides them.  As doctors, our role apart from the diagnosis, prescribing the (generic) drug is needed.  Generic name prescriptions too carry other concerns. When we need to prescribe a combination of medicines, for example, a B-complex preparation or iron and vitamin preparation, the trade name makes it simpler. There are other combinations as well (antipsychotic and antiparkinsonism medicines).

Yes, we need to write the medicine as a pharmacological (generic) name.  Educate, if needed, that the patient can make a choice at the druggist if he/she cares for the branded one. We, as doctors, need not give testimony to any particular brand or any pharmaceutical company.

Many trade-name drugs are withdrawn or the company may do so if it merges with another one selling the same product. Patients have a confusion why this drug has not been available. There are other irritating situations. Patients, at times, insist on a specific brand name and the doctor may have written an alternative one.  Some clinicians argue that indeed a specific brand is more effective.  This is mostly not supported by any research study or evidence base; “experience” they say. Writing a brand name has other problems; apart from a specific brand being removed from market, this may be unavailable with some chemists and even so in some geographical regions. Patients move from one to another doctor with the notes and prescriptions. All doctors may not be aware of all brands. The doctors could refer to the available drug indices. Some patients consider this as a reflection of ignorance on the part of the doctor. The strengths of the molecule could vary across the brand-named medicines. The cost of a given medicine too varies widely from one to another brand; sometimes by a factor of 2 or 3.

Generic prescription has a significant benefit in terms of cost. Even if this is not available with a chemist, alternative brand names can be offered. Patients too have the choice of the brand based on their affordability. But if only generics were made available, it would restrict the choice of the medication. The prescription is in a language reachable to all doctors. It reduces controversial commercial concerns and conflicts of interest of the medical practitioner. Efforts must be made to establish the standards of the generic medicinal molecules. Periodic evaluation by different laboratories with certification can be one step. Making these certificates available on the internet helps the patient/kin to judge the given medicine.

In summary, doctors should give prescriptions using generic names. An electronic way of generating the prescription to be transferred to the patients’ smart phones and even the chemist/druggist can be of immense help for record-keeping as well as convenience to patients. At the same time the government and the appropriate department could do well in investing on testing and quality assurance procedures of both generic as well as branded medications. Each drug should pass the rigorous tests of all laboratory standards. Easy availability of these drugs that may even include home delivery could go a long way in popularizing the generic drugs. Thus, we will have a new brand of generic prescriptions and medications!