Anti-diabetic drugs

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Summary

The dual nomenclature for drugs is confusing from the medical practitioner's point of view. Multiple medications containing the same active drugs are available for prescription. Standardization of these preparations is urgently required.

A SUBJECT is not only judged by the accuracy of its nomenclature but its future development often depends on the terminology it has acquired. No other branch of medicine than pharmacy has managed to encumber itself with a dual nomenclature of which one half is composed of nonsense-words and the other of names which convey very little of the chemical or biological properties of the agent. The dual terminology is of course a reflection of the conflict of interest between the medical practitioner and the pharmaceutical industry. The medical aim is to have at its disposal a battery of highly effective drugs; the pharmaceutical interest is to discover new drugs to satisfy this need and then to sell them at a profit to recover the costs of research, clinical trials and sales promotion. It is the latter activity that creates the problem.

For example five drug firms are attempting to market the useful long-acting preparations of insulin (combined with zinc or protamine). It can therefore be prescribed under twenty-one trade names. This naturally leads each drug firm to mount a costly operation to persuade the medical practitioner to prescribe their product in preference to others. The techniques used are those of high-pressure salesmanship, with repetitive advertisements, free gifts, sherry parties followed by film shows for junior hospital doctors, repetitive visits by representatives of the firm. It has been estimated that the British Drug Industry in 1965 was spending £15m per year or

14% of sales on these marketing methods. It is difficult to see how the expenses for this are justified since in most cases of competition between firms the product is identical (or can be made so) and no benefit can be expected for the patient whichever brand is chosen. By prescribing drugs as their approved names this aspect of wasteful and unproductive competition between drug firms would be abolished.

It is asserted that trade names allow a drug firm to establish and maintain the loyalty of doctors and patients to a drug and thereby recover the costs of research and development even after the patents expire. For example the patents on another useful hypoglycaemic drug, diabinese, are due to expire. This enforces the drug firm to mount another set of costly operations to persuade medical practitioners to prescribe by the trade name so that they can retain their market. Again the expenses for this have to be met by profits from the drug.

A possible solution to this aspect of market competition between drug houses is to separate the discovery, experimental pharmacology, manufacture and clinical trials of a drug from the sales to, and education of the medical profession. The latter function could be taken over by something like a National Pharmaceutical Laboratory which would extend the role of the Committee on Safety of Drugs by being responsible for maintenance of drug standards (including bio-availability), evaluation of clinical trials and, of most importance, to keep doctors informed of the appearance and efficacy of new drugs by publication of its own Journal. This would then leave the drug firms free to perform their really vital role of discovery and manufacture of new therapeutic agents rather than to persuade the medical profession to use varieties of old drugs with new names.

Discussion

Professor Beckett argued that if there was to be only one product available, with the present patent law, it must be the branded product. This would result in the elimination of generic products alto-

gether, and Dr Galton agreed that one name, trade or generic, would be a great advantage.

Mr R. G. Ringrose, Abbot Laboratories, wondered why, if only one long-acting insulin preparation was

needed, so many were used in diabetic clinics but Dr Galton insisted that most patients could be controlled by a single product. Pressed by Mr P. G. Croskin, Abbot Laboratories, he agreed that if a manufacturer could produce a better long-acting preparation, it should be made available. He also agreed with Dr R. Royds, Senior Medical Registrar, Whipps Cross Hospital, that porcine and bovine varieties of insulin were useful alternatives in the event of allergy.

Dr Galton agreed with Professor Turner that oral preparations were not so simple and that different bio-availabilities were associated with different brands; he stressed that he had used long-acting insulins only to illustrate the argument for reducing unnecessary and wasteful competition.

Mr J. G. Roberts thought that competition was always good; the doctor should be taught to resist and select. Mr C. C. B. Stevens also favoured competition; he thought Dr Galton's scheme represented a pipe-dream which had been tried and failed. A few years ago, he had investigated the manufacture, distribution and sale of pharmaceuticals in Czechoslovakia where everything was nationalized and there was no competition. He was surprised to see large production lines of tablets which resembled western products even to the extent of trade names. The managing director told him that elimination of competition had led to deterioration of quality, the use by doctors of products imported from other East European countries and a return to trade marked products.