PART IV: The solution

Introduction

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Some 90% of medicines prescribed under the National Health Service carry the manufacturer's brand rather than the generic name of the medicine; several brands differ only very slightly from one another. For any particular drug this results in a bewildering number of named varieties, besides the official one, which complicates medical teaching, medical publication, and medical practice. It is most desirable, therefore, to simplify this pharmaceutical Tower of Babel. The suggestion made by the Sainsbury Committee, which was not adopted by the Government, was that brand names should be abolished and that each medicine should have only one official name, after which the manufacturer's name could be added in brackets. This is an attractive idea in many ways and has had its advocates at this meeting. Official names are also relevant to safety; it is important for a medicine to be readily and universally recognized because related medicines may produce similar adverse effects. A remedy may be prescribed under its brand name without the prescriber realizing its identity; the brand name gives no idea of the family to which the medicine belongs whereas the generic name at least gives some idea of the type of medicine it is.

Nevertheless, it has been pointed out that it is not necessarily right to suppose that the active agent, to which only the brand name refers, constitutes the sole basis of the effectiveness of the drug; effectiveness of a medicine may also be a function of its pharmaceutical formulation. To what extent the active agent is available for absorption is influenced by a great variety of factors; crystal size, disintegration time, diluents, excipients and other pharmaceutical aids. The nature of these other substances which are added to the active agent, the manner in which this is done and the number and types of quality controls applied at each stage of manufacture can affect the therapeutic efficacy of the drug. Total quality control is, of course, a concept which strives to produce a perfect product by a series of measures designed to prevent errors at every stage in production. It is held by many here that the prescription of a well-known branded product, though it may be expensive, ensures that the medicine has a quality on which the manufacturer stakes his reputation. The differences between branded and generic medicines, it has been held, are not usually very great. Others do not agree with that. It is dangerous to assume that generically equivalent products are invariably equal in therapeutic potency to branded products though this difference is, perhaps, exaggerated. As the producers of generic medicines are not burdened by the cost of production, development and advertisement, and sometimes observe only the minimal required standards of quality control, their preparations are cheaper than branded ones. There is a good deal of discrepancy of opinion about the extent of the potential saving to the National Health Service were generic prescribing adopted. There are those who hold that even if there were a complete switch to generic naming there could not conceivably be a saving of more than 2% of the total cost of drugs to the National Health Service.

Price, if there is a real difference between generic and branded products, cannot be the only consideration. What is the cost of a life? John Ruskin put it succinctly: 'it is a mistake to pay too much but it may be worse to pay too little'. If you pay too much you may lose a little money but if you pay too little you might lose everything. That seems to be the dilemma arising from the discussion.