

LETTERS

Why should I not prescribe branded drugs?

A branded drug costs more than the same molecule available as a generic drug. Some state governments have issued instructions to doctors to prescribe only generic drugs, failing which punitive action may be taken against them. The intention appears to be good: to provide drugs to people at a low cost. However, this may act as a double-edged sword: making drugs available at a lower cost, but of an inferior quality. It is presumed that reputed pharma houses maintain stringent quality control of their products as their reputation is at stake. The same may be true of unbranded products also. But, the market is currently flooded with spurious or sub-standard drugs.

At present, the Drug Controller of India and those of the different states have limited manpower and facilities to check spurious or sub-standard drugs on a large scale. The reputed drug manufacturers maintain a vigil over the spurious drugs being sold as their products, to safe-guard their losses as well as their reputations. They will not be motivated to do this when drugs are provided only under generic names. Similarly, chemists may prefer to stock products from those manufacturers who offer big discounts. Thus, the choice regarding the manufacturer would be vested in the chemist and not in the doctor. I would give more weightage to the doctors' judgement. The authorities should devise some mechanisms to check these loop-holes to benefit the people.

Is the government equipped to enforce strict quality control on drugs? The answer is: probably not. My assessment rests on the following observations:

- Lack of manpower. There are only 47 Drug Inspectors in Rajasthan while there are 100-110 drug manufacturing units and 32,000-35,000 wholesale and retail chemists' outlets in the state. The situation may not be very different in other states.
- The poor work culture of people employed in such enforcement departments. Every one is aware of the market being flooded with synthetic milk, spurious ghee, *mawa*, and other edible products, in spite of the existence of such monitoring mechanisms.
- Can a government ensure that no person in the state produces any spurious drug or food product when its own machinery viz the public health and engineering department fails to provide its citizens with safe drinking water? I would not like to risk drinking the water supplied by the government. So I pay money for the water, which may or may not be safe for drinking, and purify it at my own expense. Why should I then risk prescribing a drug, if I am not sure of its quality? My patients' health and life, and my reputation, are at stake, not that of the chemist.

In case a drug is spurious or substandard, the patient would suffer harm. . For all this, the blame would be put on the

doctor. The onus of preventing the production of spurious and substandard drugs lies on the government. If a government cannot guarantee the production and sale of drugs of good quality, then doctors should not be compelled to prescribe only generic drugs.

There is absolutely no reason to doubt the government's concern to make affordable and safe drugs available for the economically deprived sections of society. But, again, the burden of ensuring the quality of drugs, or even food products, lies with the government. Moreover, the government should devise some mechanism to monitor and control the prices of drugs. I would like to suggest that being a welfare government; the state should forego its earnings from medicines in the form of different taxes on drugs.

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No dependable alternative to MCQs

The editorial by Drs. Prabha Chandra and Sowmyashree (1) revisits the vexed problem of the best method of selection of post-graduate medical students. The problems they cite are true of the selection process for undergraduate students as well. There is no doubt that the recommendations in the *Vision 2015* document of the Medical Council of India are unlikely to improve the situation. Unfortunately, this is true also of the recommendations made in the editorial.

The authors' suggestions are:

1. Use the marks obtained in the MBBS examinations. I have absolutely no doubt that this will become a major source of corruption. It is sad, but true, that many medical teachers are susceptible to bribes.
2. Aptitude test. This has the same defects. You will suddenly find that the offspring of influential doctors, bureaucrats and politicians (the persons who are now paying capitation fees), will suddenly all develop the correct "aptitude."

The methods used in other countries, cited by the authors, are premised on the existence of a more transparent, rights-based social system. In India, any system which depends on subjective elements like "aptitude" is prisoner to the persons who will administer these elements, and, alas, we cannot trust them. For the foreseeable future, the MCQ system, though it may not be good, is better than any other.

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Reference

1. Chandra PS, Sowmyashree. MCI's VISION 2015 and PG medical selection: continuing to produce square pegs for round holes? *Ind J Med Ethics* 2012 Jan-Mar;9(1):7-9.