

THE RISKS OF SUBSTITUTION

Dr. Francis A. Davis, chairman of the Pottawatomie County Medical Society's legislative committee, noted: "If all the chemically identical medicines available for substitution were really the same, there would be no danger to our patients at all. But just as a diamond and a chunk of coal start with the same chemical composition, and wind up completely different, so do medicines.

"Those differences are enough to kill our patients or to cure them or to make them sicker or to make no difference at all. Substitution plays Russian roulette with our patients' health, and we just aren't willing to sit back and let it happen."

"One of the most serious instances," added Dr. Welborn, head of the campaign for the Pontotoc County Society, "concerned digoxin. In tests, equal dosages of different manufacturers' digoxin were absorbed at startlingly different rates. In some cases, myocardial infarctions and deaths resulted. Lanoxin avoids these troubles. And if I prescribe Lanoxin, I don't want a generic digoxin substituted. If drug substitution becomes law, I'll have no way of knowing what my patients eventually get."

The anti-substitution campaign ended with a two-hour movie, and the commercial breaks were used to answer viewers' questions on substitution. During a segment of the movie, moderator Orange Welborn, MD (third from left), confers with Francis A. Davis, MD, president of the Congress of County Medical Societies (fourth from left). The other panel members are J. B. Wallace, MD (far left), William Bryan, RPh (second from left), and Gordon Richards, RPh (far right). In the background, members of Dr. Welborn's office staff have telephoned questions from viewers. 135 were received.

"The quality of medical care is certain to deteriorate," says Dr. Davis, "if the physician's choice of therapy is subject to economic considerations over purely medical ones. In fact, the Judicial Council of the AMA has held that 'the physician has an ethical responsibility to assure that high-quality products will be dispensed to his patients. Obviously, the benefits of the physician's skill are diminished if the patient receives drugs . . . of inferior quality.' If a doctor cares about his patients and cares about the quality of medicine he practices, he *must* work to stop drug substitution."

DOES SUBSTITUTION SAVE MONEY?

Proponents of drug substitution say it would save substantial sums of money for patients, but Roy Kelly, MD, of Shawnee, Oklahoma, disagrees: "Studies have shown that generic substitution would save patients 1.7¢ on the dollar at most. And, in fact, in Saskatchewan, Canada, prescription prices rose an average 19% after substitution was enacted, probably because pharmacists' malpractice premiums went up so much. In Kane County, Illinois, doctors and pharmacists tried substitution. The experiment was ended after fifteen months, because patients didn't save any money."

