There is another point I would make here. When the treatment is long-term, several refills of the same prescription probably will be required. Under a prescription, specifying the drug by name or by the name of its manufacturer, each new supply would have the same variables as the one before—coating, base, solubility, disintegration time, etc.—and could reasonably be expected to produce the same response from the patient. But, with a generic prescription, the refills could come from products of different manufacturers with different production methods and different quality standards, depending on whose products the pharmacist might have on hand when the refill was ordered. There could be, in this situation, changes in therapeutic response, which might mislead the physician in his diagnosis or alter the patient's progress. The effect simply would be to deprive the physician of a margin of control over this patient's treatment.

It may be that in certain instances and with certain drugs, there is no significant therapeutic difference among competing products. Indeed, they may have all been checked and found reliable. Moreover, I am aware of no limitation existing at the present time which prevents a physician from prescribing generically, if he so desires. I do myself, on occasion when I feel it is compatible with the best interests of my patient. But, if there is the slightest question in my mind, I prescribe only those pharmaceutical products with which I am familiar. If a pharmacist wishes to use another preparation, he would have to assure me that the product he was recommending measured up to very rigorous criteria. And, unless I had confidence in the pharmacist, and unless he in turn could assure me of his faith in the integrity of the manufacturer, I doubt that I'd permit my choice to be altered.

Chances should not be taken with any drug; they absolutely cannot be taken in the area of critical drugs. When, for example, I prescribe digitalis or nitroglycerin for my heart patients, I must know—beyond any doubt—the precise medicine that is being administered. Therefore, in every case, I will specify a product of demonstrated reliability, manufactured by a firm whose reputation I know and whose products I trust. There can be *no* other way. The range between a therapeutic dose and a toxic dose is too narrow for me to be able to sleep nights if I thought my prescription were being filled from a bottle bearing simply the generic label of an unknown or unfamiliar manufacturer or repackaging firm.

I would have nothing on which to base an evaluation of the medicine; of the care with which the raw materials were selected; of the quality controls exercised during production; of how products from the same manufacturer have performed in the past under given conditions; of what the manufacturer's reputation is for marketing drugs of proven potency, purity and safety. Indeed, if the drug has passed through the hands of a repackager and jobber, I have no way of knowing who the manufacturer is, and neither does the pharmacist in this situation.

The dispenser is obliged to use reasonable care in selecting a drug and no one doubts that 999 out of 1,000 do. But, under the conditions I have outlined, this is meaningless. An experienced salesman can separate quality from trash in such commodities as clothing on the basis of the feel of the material, the skill of the cutter, the fineness of the stitch. What can the pharmacist do? Look at the pills or capsules? There is hardly a clue here, since even the most vilely impure drug may look completely normal and pure. The pharmacist has neither the time nor the equipment to establish the potency and purity of medicine cloaked behind the anomymity of the generic name of its active ingredient.

An altogether different situation exists when the medicine bears the trademark identification of a reliable manufacturer, or, if packaged under its generic name, is identified as the product of a reliable manufacturer. For all of us—the physician, the pharmacist, the nurse—this has to be our most practical measure of trust. We know that the makers of quality drugs stake their reputations on, and are answerable for, the integrity of medicines carrying their names.

For very simple and direct economic reasons they cannot afford to be linked with shoddy merchandise. They have invested great amounts of effort and money in gaining their position in the drug field. With greater folly could there be than for them to risk it all through the distribution of even one or two inferior products? How long could they hope to remain pre-eminent in the eyes of the medical profession?