

Letter from Chicago: Nonsenserine

At times a well cut suit and an expensive car seem to be the indispensable ingredients in a successful medical practice. For how can a doctor impress his patients if he wears a ragged suit and arrives in a beaten up car? How likewise can three dollars' worth of pills be as effective as the neighbour's elixir that cost 10 times as much?

Yet it is hard not to feel sorry for the manufacturers of Nonsenserine. They spent millions developing the drug, millions more to pass the rigorous tests demanded for approval by the Food and Drug Administration. Their patent half expired at approval, they spent millions more on advertising. They gave away callipers and note pads, sent doctors to Florida, promoted single drug issues in green journals, made videotapes and slide shows, hired lecturers to give grand rounds, had press conferences, and bought television time, as well as sending mountains of pizza to the residents at the hospital.

It must be said that Nonsenserine is not effective or it would not have been approved by the Food and Drug Administration. In its antibiotic form it spares only the germs that can develop resistance with a vengeance. Nonsenserine for asthma or for sleeplessness are elegant variations, deservedly popular. Antihypertensive Nonsenserine allows once daily monotherapy,

sometimes has fewer side effects, and avoids some biochemical aberrations of great theoretical interest. Too bad that Nonsenserine costs 10, 20, or even 100 times more than other drugs that have served the public well.

Here indeed lies the capital difficulty. Residents satiated with science and pizza now use Nonsenserine as the first line drug on millions of patients. General practitioners use Nonsenserine because they have forgotten the other names. For some professors Nonsenserine is their major research interest. Some support their entire research effort by grants from drug companies. Then few doctors know the cost of what they are prescribing.

But meanwhile the patient is doing fine on Nonsenserine and nobody wants to change a winning team. Only the hospital finance officer, pondering over the hospital budget, has developed alopecia from tearing out his hair in utter despair. Recently he has also had hallucinations, seeing light at the end of the tunnel. He has heard that the patent on Nonsenserine is about to expire and he hopes to balance the budget soon.

He is wrong. For slow release Nonsenserine is waiting in the wings. It dissolves slowly, acts gently, smoothly, avoiding the ghastly pharmacodynamic peaks and troughs that

characterised the dark ages of the short acting pill. Compliance will improve. It even costs a bit less than three regular pills—but still 20 times more than a similar once highly advertised drug that has fallen into strange oblivion. Why not at least try the cheaper drug first and switch later if need be?

But this is not to be. At the hospitals the pizzas keep on coming, the doctors would rather prescribe cadillacs than beetles, the administrator is too busy treating his alopecia and hallucinations. But now there is heartburn in congress and a new law will enable states to haggle with companies selling drugs for welfare patients. The negotiations will be tough. The industry will fight hard and then agree to give a discount, congress will retreat a bit and then declare a victory. The drug makers will wail in despair, but they will survive, and continue to sell mountains of profitable long acting Nonsenserine —
GEORGE DUNFA, *attending physician, Cook County Hospital, Chicago, USA*

