LETTERS

Prescribing generic drugs using a generic name: Are we teaching it right?

The Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, state that "Every physician should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational prescription and use of drugs."(1). Undergraduate medical students are introduced to drug nomenclature early on during their pharmacology course. They are told that generic name or, more appropriately, non-proprietary name (usually international non-proprietary name INN), is to be used while writing prescriptions. However, not enough emphasis is placed on explaining the nuances of the terms "generic drugs" (unbranded), "branded (innovator) drugs" and "branded generics", probably because they are not important in that time context. Subsequently these issues are usually never dealt with in an academic context. Generic drugs are produced by pharmaceutical companies once an innovator drug is off-patent. Innovator drugs and branded generics have unique brand names of their own while the latter is more economical to varying degrees since no clinical trials need to be conducted to establish its efficacy and safety. The Indian drug market is essentially composed of branded generics with huge price differences between some of them while branded (innovator) drugs and unbranded generics account for only a small percentage (2). Pharmacies and drug stores other than in government- run hospitals and clinics hardly stock unbranded generic drugs. When a prescription is received for an unbranded generic drug it is likely that the pharmacist would dispense his/her favourite branded generic instead. Even when unbranded generics are available there are concerns among the prescribers regarding the efficacy and safety of low cost generics. In such a scenario, asking doctors to prescribe using generic name only serves to avoid dispensing errors due to look-alike, sound-alike brand names and illegible prescriptions (nonetheless important). The emphasis placed on writing prescriptions using generic names in undergraduate education when neither the hospitals nor the pharmacies/drug stores indent (unbranded) generic drugs seems somewhat misplaced and probably demoralising.

In the United States, the emphasis is on prescribing generic drugs over branded (innovator) drugs because of the huge cost difference between the two. The percentage of branded generics in the market is not as high as in India. Moreover, the Orange book published by the United States Food and Drug Administration provides assurance to health professionals as well as the public regarding the quality of the approved generics (branded and unbranded) (3). It is imperative that the Indian health agencies ensure availability of unbranded generics in all places, at all times, and in adequate amounts. Also important is to ensure that suitable measures are taken to satisfy the general concern regarding the quality of such products. Unless this is ensured, we would not be completely justified in asking our students to write generic names in the prescription when we know that no such (unbranded) generics actually exist to be dispensed, nor is the pharmacist bound to give out the cheapest brand of a drug by law.

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Conversion therapy for homosexuality: serious violation of ethics

Across the world, homosexuality is gaining legitimacy; stigma and discrimination are gradually giving way to equality and inclusion. The situation in India is in stark contrast to these trends. In this country, homosexuality is an offence as per Section 377 of the IPC. The homosexual community is fighting for its rights and continues to suffer from intense stigma and discrimination. Their healthcare needs are not at all attended to; their sexual orientation is conceptualised as a socially deviant mental disease that needs psychiatric treatment (1).

Mr T, a 20-year-old male, was taken to a psychiatrist by his parents with the request that he be "treated" for his homosexual orientation. They viewed his sexual orientation as abnormal and deviant, and felt that it was a "disease" which should be "cured". They sought a complete medical evaluation of their son, followed by conversion therapy.

"I want my son to become a successful engineer rather than suffer on the streets like hijras," were the words of his father. He claimed that psychiatrists "treat" these "erring males" and reconvert them into normal males through hormone therapy and electroconvulsive therapy. He insisted that his son be provided with these correctional therapies.

Mr T was in the third year of his graduate engineering course. He had a very lively campus life – he was good at academics and was an active member of the dramatics club. He enjoyed directing plays and had represented his college in inter-college meets. He had become aware of his sexual orientation during his stay in hostel, when he had felt attracted to his room-mate. He would find guys attractive and was surprised to find that he

had never felt attracted towards any girl. He reported that he had fantasies and dreams about sexual encounters with only males. He had once had a brief affair with a girl, but it ended because he did not feel physically attracted to her. He also revealed that he had had anal intercourse with his room-mate and said he had thoroughly enjoyed it. He was distressed when his room-mate refused to continue with the relationship.

He felt comfortable about his sexuality, but was finding it difficult to gain peer acceptance. He was ridiculed for not being straight, and was at times mocked about being feminine. He had started feeling distressed due to this social ostracism and had started contemplating changing his sexual orientation.

This index case mirrors the unmet needs of homosexual people in India. The mounting societal pressure makes the sexual orientation extremely distressing as society views homosexuals as sinners/criminals. The verbal and physical abuse often results in a deep sense of internalised stigma, which has adverse consequences on mental health. Further compounding the pressure is the repeated pestering by parents and relatives to undergo conversion/reparative/re-orientation therapy. The American Psychological Association has proscribed against conversion therapy, stating that its harms far outweigh its benefits (2). Nonetheless, psychiatrists continue practising it in some form or the other. These forms range from counselling, psychotherapy, conditioning, hormone replacement to electroconvulsive therapy (3).

Homosexuality is currently understood as a variant of normal human sexual orientation (4). The sexual orientation of a person is currently understood to be determined by a complex interplay of biological, psychological, cultural and social factors, and to a great extent, is innate and immutable. India has yet to formulate guidelines for the management of people with a homosexual orientation. The basic principles of biomedical ethics cannot be ignored while providing any form of psychiatric treatment. Conversion therapy violates all four basic principles of biomedical ethics. Trying to change the sexual orientation of people against their wishes is a serious breach of their autonomy as homosexuality per se does not cause any life-threatening risk to justify overriding the principle of autonomy.

Coming to the issue of non-maleficence, conversion therapy is known to adversely affect mental health in terms of generating feelings of shame, which can further aggravate negative affective states such as depression and anxiety (2). Since conversion therapy is not an evidence-based therapy and does not provide any benefit to the person, either in terms of providing success in change in sexual orientation or any other psychological benefit, it does not fulfil the principle of beneficence (2).

The use of conversion therapy further enhances stigma in people with a homosexual orientation and compounds their perception of discrimination. Hence, the forceful application of therapies for change in sexual orientation violates the principle of justice.

While the law in India is still taking time to provide this marginalised section of the population with its due rights, it is the duty of psychiatrists to provide homosexuals with support and care with a view to enhance their acceptance of their sexual identity and engender positive coping skills. If the treating psychiatrist adopts an approach of unconditional acceptance rather than setting the goal of changing sexual orientation, it can go a long way towards enhancing the self-determination and adaptive coping and strengthen the self-identity of the hapless person (2).

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The choices we make as teachers

"She wasn't like you...wasn't like any politician I've ever known."

Ethan Kanin, Secretary of State about US president Allison Taylor in the US serial, *24*

When an ethical dilemma arises, the choices we make decide our ethical concerns and moral position in a given situation. In the TV serial, *24*, the US president faces such an ethical dilemma when she has to either cover up for her daughter's crime or get her arrested. She is torn between the role of a mother and that of a President. She chooses her sworn duty to protect the country and has her daughter arrested. She gives precedence to her duty as the President of a country over her mother's role.

We encounter such ethical dilemmas in our lives. I was working as a professor in one of the medical schools in the Caribbean region. The medical school in the Caribbean offers courses in pre- and para-clinical subjects and after the completion of these courses, the students are sent for clinical rotation to a medical school in the USA. After successfully completing the clinical rotation, they undergo internship and then they are awarded their degree in medicine.

When I taught at the medical school, I enjoyed the confidence of the students. I found that the contract between the Caribbean medical school and the medical school in the USA had been cancelled and, therefore, the students could not complete their clinical rotation. To gain the confidence of the students and to circumvent the situation, the management asked me to bring my son to the School as a pre-medical student. They said they would waive the fees and he could graduate from the school. I informed my son in India about the possibility of being a medical student in the Caribbean island. My son was very happy and informed all his friends and family about joining the pre-medical school in the West Indies.