us would remember the furore that broke out in 2015 when Instagram removed the photograph of a young woman sleeping. Rupi Kaur, her face turned away from the camera, a bright spot of menstrual blood visible on her pajamas and on the bed. After protests followed the removal, the photograph was restored (5), but the fact remains that the spontaneous perception of a section of society had been that menstrual blood, if visible, is obscene, shameful, and vulgar. However, it is important to note that blood per se is not obscene; only blood emanating from specific parts of the female body, is. Anthropological literature is replete with observations about menstrual blood and the blood of childbirth considered dirty and polluting across several cultures (6, 7). While Kuntala Lahiri-Dutta (8) points out that there are cultures where menstrual blood is considered the life-force and thus pure, they are more of exceptions than the norm.

In a country where girls are forced to drop out of school upon reaching puberty because less than 10 percent of schools have gender-specific toilets and adequate water (8), taxing the sanitary napkin will have a markedly detrimental effect on schooling rates, even as the same government promotes the girl child and encourages elementary education. In a country where seven percent of rural women use sanitary napkins (8) while others use cloth or absorbent ash, etc., making bangles tax-free and taxing sanitary napkins makes little sense. It is well documented that several rural women, faced with unmet sanitation needs, suffer from reproductive tract and related infections (8). The question of gender intimately overlaps with that of public health.

Invoking the legitimate axis of cultural difference, Lahiri-Dutta points out that all women do not manage menstruation in the same way, adding that not all communities use sanitary napkins; in fact, constant use of napkins impacts women's health (8). However, against the reality that India shows up, I argue that sanitary napkins should first be made tax-free – actually, heavily subsidised in rural parts – and then, when they are abundantly available at cheap rates, let women decide if they want to use them or not. That will be a different story. But the bottom line for now is that taxing sanitary napkins grossly violates basic health rights, especially those of poor, rural women; it is an irredeemably gender insensitive and anti-public health move. One is certain the government exchequer will thrive without earning off sanitary napkins.

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The brand of generic prescriptions

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For some time now, a debate has been raging on the issue of generic drug prescriptions. Doctors are divided on this matter. Those against generic prescription cite possible poor quality and inadequate testing; while those in favour assert that the move would make cheaper medicines accessible to many more patients. The pharmaceutical industry attempts to introduce drug molecules that are safer and perhaps more effective. To enter the market each molecule would have been subjected to rigorous experimentation, at huge cost which needs to be recovered. The services of the industry are hence to be greatly appreciated, in spite of the criticism of the high pricing of their products.

The debate usually involves a two-sided scenario; with the prescribing doctors on one side and the industry on the other. Doctors assume that they are entirely responsible for the patients' welfare. The industry too assumes that it provides the best quality drugs in the interest of the patient. The role of the third stake holder, the patient, is taken for granted. The question is, should the patient not have a choice? Today, patients are far more well- informed than in earlier years.

The patients' right to make a choice of their own is supreme. Doctors are not in a position of patronage as we may think. We may just suggest options and help the patient make an informed choice. When different brands have the same amount of medication, but different pricing, the patient must have the autonomy to decide which one to buy. Let us also accept that, nowhere in the medical training course are doctors taught which brand is better or which brand to prescribe.

The behavioural psychology of prescribing has been mastered by the industry. It uses these methods to influence prescribing practitioners. Sometimes, it is the packaging, or the academic material they provide free, and at other times, medical representatives develop a personal relationship with the doctor. Thus, there is a conflict of interest and subconscious (or conscious) prescribing of certain brands, or all brands, of a particular company.

Prescribing generic formulations is a step towards empowering the patient community, without which the patient has no option but to use the prescribed medicines, nearly always expensive branded ones. Generic name prescriptions too raise other concerns. When we need to prescribe a combination of medicines, for example, a B-complex preparation or iron and vitamin preparation, the trade name makes it simpler.

Brand names present various problems. Some brands are withdrawn if the company merges with another one selling the same product, leaving patients confused as to why the drug is not available. Sometimes, patients insist on a specific brand name and the doctor may have prescribed an alternative one. Some clinicians argue that indeed a specific brand is more effective. This is generally not supported by any research study or evidence base; "Experience" they say. Apart from a specific brand being removed from the market, it may be unavailable with some chemists, or in some regions. Patients move from one doctor to another with their case notes and prescriptions. All doctors may not be aware of all available brands. The strength of the molecule could vary across brands, as also the cost.

Generic prescription has a significant benefit in terms of cost. Even if one is not available with a chemist, alternative brands can be offered. Patients too have the choice of the brand based on affordability. However, if only generics were made available, it would restrict the choice of medication. The prescription is in a language reachable to all doctors. It reduces controversial commercial concerns and conflicts of interest of the medical practitioner. Efforts must be made to establish standards in generic medicinal molecules through periodic evaluation by different laboratories. Making these certificates available on the internet helps the patient or family to judge the given medicine.

Hence, doctors should write prescriptions using generic names. At the same time, the government and the appropriate department would do well to invest in testing and quality assurance procedures of both generic as well as branded medications. Thus, we will have a new brand of generic prescriptions and medications!

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