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Editor
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Dear Editor,

Vanessa Fuhrmans' January 24th article, *Doctors Paid to Prescribe Generic Pills*, highlights troubling episodes where health insurance companies have made payments to physicians to promote the use of generic pharmaceuticals. This is just the latest example of insurers intruding on the patient-physician relationship in an attempt to direct patient care towards the least costly alternative.

As a practicing neurologist, I can attest to the real world clinical implications resulting from the arbitrary switching of medicines. While a generic version of a named-brand pharmaceutical may offer an acceptable treatment option, physicians should make that determination on the basis of their professional expertise only when it is in the patient's best interest. To have the invisible hand of the insurer seeking to interfere with the physician-patient relationship not only raises troubling ethical issues it also may lead to adverse health consequences.

A case on point is in the treatment of patients suffering from seizures or epilepsy. While there are name-brand and generic versions of many anti-seizure drugs, the so called "window" for substitution is very narrow. Many variables, such as the patient's blood levels affect the appropriate dosage which is critical to proper care as too low of a dosage may lead to a dangerous break through seizure or too high of dosage can cause toxic side effects. When a health insurer creates a financial incentive for the physician to make a switch from one prescription drug to its generic counterpart, it also creates a risk that the patient may respond differently.

The judgments necessary in the practice of medicine should be left to physicians. Insurance companies ought to focus on achieving cost savings through promoting incentives for the insured to lead healthy lifestyles. They should not be interfering with the physician-patient relationship by offering physicians financial incentives to limit access to medicines.

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