

editorial raises many of the complex issues related to the interactions between the pharmaceutical industry and physicians and presents some intriguing ideas.

We disagree, however, with Dr. Alpert's statement regarding excluding pharmaceutical samples from his national Internet-based registry "since these benefit patients." The available research on the topic of drug samples does call into question the practice. Studies have shown that the availability of drug samples leads physicians to dispense and subsequently prescribe drugs that differ from their initial preferred medication choice.<sup>2</sup> Often more expensive medications are chosen when less expensive, equally effective alternatives are available for therapy, thereby leading to increased costs and suboptimal prescribing patterns over the long run.

The American Medical Association endorses Dr. Alpert's view of supporting the voluntary "time-honored practice" of physicians providing drug samples to selected patients at no charge.<sup>3</sup> However, the American College of Physicians-American Society of Internal Medicine at least acknowledges the practice as a potential area of conflict and concern.<sup>4</sup> Furthermore, the use of drug samples by physicians, their families, and medical office staff illustrates how the system fosters access to physicians' offices and encourages a gift relationship.<sup>5</sup>

We applaud Dr. Alpert's stance and appreciate his tackling the controversial issue in the editorial. However, we believe physicians need to reflect on the use of medication samples for their patients.

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## The Reply:

I thank Drs. Warriar and Houghton for their response to my editorial. I am aware of the literature that suggests that drug samples given out to physicians influence their pre-

scribing practices. However, my personal experience has been somewhat different. I often start my patients with samples so that if they experience an untoward reaction, they have not had to spend money unnecessarily for a medication that they must then throw out. However, when I give a patient samples for an expensive angiotensin-converting enzyme (ACE) inhibitor, I usually accompany these samples with a prescription for the least expensive ACE inhibitor on their formulary, for example, lisinopril. I do this to make sure the patient can tolerate ACE inhibition before putting them on the product that will cost them the least. I also follow this practice when starting patients on beta blockade for heart failure. Second, some of my patients are on quite limited incomes. I often give these patients the full course of the expensive medicine from my sample cabinet thereby hoping to ensure compliance, something that probably will not happen if the patients had to pay for the medicines themselves. I teach this practice to my residents and students. Thanks again for responding to my editorial.

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## To the Editor:

I agree with the recommendation for public disclosure of transactions between physicians and pharmaceutical companies as a tool to avoid conflicts of interest.<sup>1</sup> I do take issue with the comment to exclude the provision of medication samples from the Internet-based registry. No matter if well intended, offering samples could well be a marketing strategy to increase sales of more expensive medications, and, as such, represents a potential conflict of interest. Assume a physician offers the purple pill esomeprazole (Nexium; AstraZeneca, Wilmington, Del) as a sample for empiric treatment of gastroesophageal reflux disease. When the sample is exhausted, the patient learns that Nexium costs \$4.67 per pill, but the generic over-the-counter omeprazole (Prilosec; AstraZeneca) costs \$0.64. Skepticism ensues when experts state that esomeprazole is somewhat more effective than omeprazole for healing erosions of the esophagus,<sup>2</sup> but no mention is made of any difference between the two in treating gastroesophageal reflux disease, a much more prevalent disorder. Skepticism increases when the name similarity between omeprazole and esomeprazole becomes apparent and when a coupon for a free trial offer of esomeprazole is located on the Internet ([https://www.purplepill.com/common/101.freecertificate\\_reg.asp](https://www.purplepill.com/common/101.freecertificate_reg.asp)). Finally, one must wonder whether esomeprazole, the stereoisomer of omeprazole, was manufactured because the patent had expired on omeprazole. With the above in mind, I recommend including the provision of medication samples as a public transaction between a physician and a pharmaceutical