Over the counter and into trouble

My recent involvement in promoting CMA's *New Guide to Prescription and Over-the-Counter Drugs* had me hunting for drugs in the drug store. It was an invaluable experience for me as a physician. If you have not been in a drug store recently, then get to one STAT and walk down the aisles in your patient's shoes.

Over-the-counter drug packaging has been changing drastically, and physicians have not noticed. "Line extension" is here, and the brand names that are part of medical language are no longer the drugs that we think they are.

Line extension is when a drug company takes an old, well-recognized brand name, adds a number, a few letters or a phrase and applies the name to an entirely different drug. Some examples are Anacin 3, which is acetaminophen, and the drugs pictured in Fig. 1.

Drug packaging falls under the Food and Drugs Act. Of particular interest is section 9 (1) of the act, which states that "no person shall label, package, treat, process, sell or advertise any drug in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety."[1]

According to the Bureau of Pharmaceutical Assessment, the federal agency that oversees these drugs, line extension is legal. However, as a representative of the bureau pointed out, it is extremely difficult to change the guidelines for manufacturers unless there have been complaints and harm has been proven.

It seems that there have been no complaints. There is no consumer watchdog group to comment on the increasing number of similar names appearing on the counters.

Spend some time in the drug store soon. Imagine that you are the patient with high blood pressure whose physician just told her to "pick up brand X." Take a good look at the packages on those shelves. Do you feel confident that your patient will buy the drug that you recommend?

Fig. 1: Can you tell the difference? From left to right, Benadryl allergy formula contains diphenhydramine, whereas Benadryl decongestant/allergy contains diphenhydramine plus pseudoephedrine; Chlor-Tripolon regular contains chlorpheniramine, whereas Chlor-Tripolon N.D. (non-drowsy) contains loratadine and pseudoephedrine; Claritin skin itch contains loratadine, whereas Claritin Extra allergy and sinus contains loratadine plus pseudoephedrine.

Catherine Younger-Lewis, MD, CCFP
Contributing Editor
CMA Publications
Department of Health
Carleton University
Ottawa, Ont.

Reference
1. *Food and Drugs Act*, RSC 1985, F-27.

Consent for circumcision

I read with interest the article "Bioethics for clinicians: 1. Consent" (*Can Med Assoc J* 1996;155: 177-80), by Dr. Edward Etchells and associates. Unfortunately, the issue of consent for one of the most commonly performed operations in North America — the circumcision of infant boys — remains unclear.

A report by the Committee on Bioethics of the American Academy of Pediatrics casts doubt on whether a physician can ethically perform circumcision on newborns.[1] Neither informed consent nor patient assent apply because a newborn is not competent. Parental permission is acceptable only in situations in which medical intervention is clearly and immediately necessary. Nonessential treatment that can be deferred without substantial risk should be delayed until the child's consent can be obtained.[1] Clearly, neonatal circumcision is nonessential, and it is not recommended by the Canadian Paediatric Society.[2] Even if informed consent could be obtained, studies show that the consent process for neonatal circumcision is nearly always incomplete.[3,4]

Etchells and associates state, "Un-

← For prescribing information see page 117