

Letters to the Editor

A CASE FOR USING GENERIC DRUG NAMES

To the Editor:

With so many new drugs regularly coming into clinical use, it is often confusing when they are referred to by their trade names. After a few years of postgraduate medical training in the United Kingdom, I moved to the United States and started my internal medicine residency. My first day, I was called to the intensive care unit (ICU) to evaluate a patient with chest pain. After clinical assessment, I diagnosed the pain as musculoskeletal, not cardiac, in origin. I prescribed Paracetamol.

"What is that?" The nurse inquired. To which I replied, "Paracetamol, just plain Paracetamol." All of the nurses in the ICU claimed they had never heard of this drug. I was surprised when my supervising resident hadn't heard of Paracetamol either. I felt frustrated,

"Nobody here has heard of Paracetamol!?" Finally, exasperated, I asked my resident to suggest something simple for this patient's musculoskeletal pain. He recommended Tylenol.

"What is Tylenol?" I wondered aloud. The nurses overheard me, said they knew what Tylenol was, and gave it to the patient.

Later I overheard the nurses complaining, "This year we have terrible interns. There is one who wants to prescribe Paracetamol, which we all have never heard of, and he himself has never heard of Tylenol!"

I am glad that this was not an emergency situation. "Paracetamol" is a household name in the United Kingdom, as much as "Tylenol" is in the United States. Wouldn't life be much simpler if we all called it "acetaminophen"?

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