

# Product names, proper claims? More ethical issues in the marketing of drugs

Søren Holm, Martyn Evans

## Abstract

**Objectives**—To analyse the explicit or implicit claims embodied in the proprietary names of pharmaceutical products.

**Design**—Linguistic and ethical analysis of proprietary names of pharmaceutical products marketed in the UK and in Denmark.

**Results and conclusions**—A number of drugs have names that allude to their indication or actions. Such names may be problematic, however, because they often promise more than the drug can deliver. Taking into account, firstly, the type of allusion and its degree of sophistication, and, secondly, the seriousness of the indication may help in identifying the most problematic drug names.

## Introduction

“What’s in a name? That which we call a rose by any other name Would smell as sweet.”

ROMEO AND JULIET II, ii, 43

We all know that names matter. The names of ordinary consumer products are often extensively field tested before a new product is brought on to the market. From such a perspective, Shakespeare’s greater attention to the object itself than to its name may be admirable—but it is not of much use to the marketing men, whose motto was better (though unintentionally) captured in Matthew Prior’s ode:

“The merchant, to secure his treasure, conveys it in a borrowed name....”

The naming of pharmaceutical products is an area that has been neglected in medical ethics. It is not, however, neglected by the marketing departments of pharmaceutical companies. There are rules of thumb for choosing these names—for example, keep them short with a first letter near the beginning of the alphabet—and some pharmaceutical firms also develop their own traditions—for example, Glaxo Wellcome seems to like names beginning with “Z” or “X”.<sup>1, 2</sup> Published papers about the naming of such products have mainly been concerned with either how to choose a good name and avoid a bad one,<sup>1, 2</sup> with simple safety issues such as prohibiting names that are too similar to each other,<sup>3, 4</sup> or with identifying cases where the same name is used for products with different constituents.<sup>5</sup> We have, however, been unable to find any papers looking at the ethical aspects of the naming of pharmaceutical products.

Many contemporary product names rely on associations with either popular or scientific conceptions of pathology and therapeutic action. But these same modern scientific conceptions invite us to be sceptical of the merely “declaratory” therapeutic action of carefully chosen product names. Pharmaceutical marketing is, of course, correct to affirm the psychological power of names. However, that psychological power does not confer therapeutic power, and it should not be used to invite unfounded beliefs in the likely efficacy of pharmaceutical products. In this paper we look at the connection between the names of drugs, the indications for their use, and their proved effects; and we point to some morally troubling types of naming.

## The meaning of the name

So long as the name of a drug has only a strictly conventional relation to the effect of the drug—that is, so long as it does not involve a tacit claim about the drug’s effect—then no moral problems arise. If, however, the name in some way makes suggestions about either the indications for the drug’s use or the drug’s action or effect then the name embodies a claim. The claim has a (tacit) meaning for either the patient, or the doctor, or both; and since we are talking about the result of marketing activities it would be naïve to suppose the meaning were not fully intended by the manufacturers.

In maintaining that a rose would smell as sweet by any other name, Shakespeare may have been observing that there is a purely conventional relation between the name “rose” and plants of the genus *Rosa*. That relation is devoid of implicit or explicit meaning (at least so far as it concerns the “therapeutic action” of being sweet smelling; the separate connection between the name and the colour is, of course, falsified in most actual roses).

However, it is important to remember that even if “rose” had meant “sweet smelling” Shakespeare’s point would nevertheless have stood. The class of sweet smelling objects is not restricted to those whose names mean “sweet smelling,” and this in itself arouses no moral interest. Moral interest is legitimately aroused, however, by the reverse question—that is, the question of whether the class of objects which are named “sweet smelling” is restricted to those which really are sweet smelling; and the same is true for other names embodying value terms. It is then straightforwardly of moral importance whether a claim about a valued action or effect is true.

## Names and indications

We looked through the *British National Formulary*<sup>6</sup> and the Danish equivalent, the *Lægeforeningens Medicinfortegnelse*,<sup>7</sup> and constructed the following initial classification of pharmaceutical trade names:

- The opaque (no meaning, conventional or otherwise; they are simply proper names)
- The chemical or pseudochemical
- Names referring to the producer of the product
- Names referring to indications for use
- Names referring to the actions of the drug.

This classification has some similarities to the classification proposed by Jack and Soppitt,<sup>2</sup> but ours is based primarily on the implicit or explicit message in the name.

In many cases it is difficult to locate a name uniquely in one or other of the categories. We do not therefore claim that this initial classification is exclusive or exhaustive, and we are presenting here only a selection of interesting names in order to illustrate our discussion. We will see below that a further subclassification is possible which helps in assessing the moral importance of problems associated with the use of specific names.

**Opaque names**—The names of drugs in the opaque group seldom give rise to moral problems. If the name is devoid of meaning it cannot misrepresent the product.

**Names referring to chemicals or manufacturers**—Chemical or pseudochemical names, as well as those

Department of Medical Philosophy and Clinical Theory, University of Copenhagen, DK-2200, Copenhagen N, Denmark  
Søren Holm, senior research fellow

Centre for Philosophy and Health Care, University of Wales Swansea, Swansea SA2 8PP  
Martyn Evans, university fellow

Correspondence to:  
Dr Holm.

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that refer to pharmaceutical companies themselves, are also in most cases ethically unproblematic, partly because they are effectively opaque to the lay person. Names like Aramine, Colestid, or Hydrocortistab seem no more likely to entice anyone to impute specific actions to the drugs bearing them than do metaraminol, colestipol hydrochloride, or hydrocortisone acetate—the respective generic names from which the proprietary names are derived. In the same way, the over the counter paracetamol formulations Panodil, Pamol, or Setamol seem innocuous in a way that Alleve and Remedeine cannot be. Turning to company names, Duphaston (produced by Duphar), Dysport (Porton), and Sandostatin (Sandoz) seem not to have tacit meanings. There might be a problem with Wellferon and Sanomigran, which appear to imply certain benefits, but these only exemplify the more general problem of the associations of the names of certain pharmaceutical companies (Wellcome, Sanofi).

*Names referring to indications or actions*—The possibility of misrepresentation is much more apparent when the names refer to the drugs' indications or actions. Even in these groups most names are innocuous—like Sotacor for the  $\beta$  blocking agent sotalol, or Cerviprost for a prostaglandin used for cervical maturation. By contrast, one can ask whether the gonadotrophin releasing hormone Fertiral should even implicitly promise restored fertility, whether the indomethacin preparation Mobilan should suggest improved mobility by overcoming joint pain, or whether the intended success of prochlorperazine in counteracting vertigo should be telegraphed in advance through the brand name Vertigon. Again, does Serevent really ensure the peaceful resolution of the asthmatic's breathing difficulties, and is Selexid as selective and deadly towards its target bacteria as the name implies?

#### DAINGEROUS LIAISONS

The foregoing are single examples from some of the larger therapeutic groups; in some specific groups the dangerous liaisons between names and implied effects are more widespread. The group of anorectic agents are known to have a limited effect unless combined with rigorous diet regimens, but nevertheless we find names promising a lot more, including Mirapront (both miraculous and prompt?) and the Danish drug Letigen (literally "light again").

Exactly the same problem can be found in more important therapeutic groups. The hypnotics and anxiolytics include names like Librium (promising freedom), Serepax (peace and serenity), Euhypnos, Welldorm, and Stilnoct (all three offering a good night's sleep, with the last having useful if unintended echoes of the old carol *Stille Nacht*), Equanil (following which life may be faced with equanimity), and Tranxene (offering

tranquility). Given what is known about the long term effects of such drugs, it is to say the least morally problematic to name them in such a way as to imply only the desired effects. (It is possible that Stilnoct offers an exception on the alternative interpretation that the implied effects are actually those on the clinical carers after administering the drug liberally to their patients.)

Even more problematic are the relations between the names and effects of certain drugs in the neuroleptic and antidepressant groups. The first neuroleptic ever marketed was named variously Largactil or Largactin (according to country of sale) and evidently promises large amounts of an unspecified action. Later names have been more inventive, with a widely varying degree of specialised knowledge presumed in the allusion, which can be medical, literary, or even musical. For instance, it is unlikely that Sordinol worked as gently on the psychotic mind as did the sordini (mutes or dampers) on a stringed instrument, just as it is unlikely that Serenace really brings serenity.

Similar misplaced imagination can be found in the naming of antidepressants, where we find names like Allegron, Aurorix, Concoridin, Lustral, Optimax, and Surmontil. Are we really to believe that these chemical substances can help the depressed patient, respectively, to get back up to full speed, see the light, achieve inner harmony, brighten up, reach the summit, or surmount his or her problems? None of the implied actions would ever be allowed to enter a serious list of indications for use, and it is accordingly strange that they should be allowed in the names.

#### A survey of drug names

A more thorough study than is possible here would perhaps reveal more precisely where the marketing departments have concentrated their creative efforts. It would be important to establish this if, for example, there were a correlation between the marketers' tendency to imply indications for use and a clinical area in which prescribing habits are particularly fluid, or where no really effective treatments are available. The relative sophistication of the allusion might also suggest whether the drug is aimed at a more or less sophisticated target audience; and this could imply beliefs on the part of the pharmaceutical marketers about connections between specific illness groups and specific social groups. An analysis of allusive sophistication may, however, be problematic in some cases because a name with many layers of allusions will be more likely to appeal to both prescribers and patients (the so called "milles feuilles" phenomenon). Such multilayered names are therefore likely to be chosen by companies, and it may be difficult to tell whether one has uncovered all the possible allusions. Finally, it seems to us self evidently important to discover whether or not marketing departments are more cautious in proportion to the gravity of the clinical conditions at which their products are aimed.

A selection of the drugs produced by our survey is listed in the box. We classified them according to their allusive sophistication and the clinical seriousness of the condition for which the drug is used (table 1). We accept that we could be criticised for the crudity of our measures as well as for the paucity and unrepresentativeness of our sample. Moreover, we are making two assumptions. One is the obvious presumption that moral concern increases with the gravity of the condition. But we also make the more contestable presumption that concern increases also with the sophistication of the allusion: we suggest that the less obvious the claim, and the more it relies on a tacit appeal to specialist knowledge, the more it is likely to slip under the guard of the unwary. On these assumptions, therefore, the morally most troublesome names are those in the bottom right of the table.

Table 1—Products by seriousness of indication and mode of suggestion

Type of suggestion	Indication		
	Trivial	Moderate	Serious
Assertion	Givitol, Normax, Novaruca, Powerin, Regaine	Marvelon, Mercilon, Mobilan, Univer	Motival
Crude suggestion	Miraxid, Pacifene, Propain, Preferid, Securopen, Verrugon	Fertiral, Flexin, Tensium, Vertigon	Lustral, Optimax, Securon, Vivalan
Suggestion	Effico, Mildison, Miradol	Accuretic, Antabuse, Enduron, Harmogen, Migraleve, Rhythmodan, Somnite, Tranxene, Welldorm	Concoridin, Serenace, Surmontil, Trémonil
Informed suggestion	Equagesic	Atensine, Corgard, Dormonocot, Equanil, Tonocard, Volital	Allegron, Epilim, Glurenorm, Phasal, Symmetrel
Specialist suggestion	Donobid	Eudemine	Alineton, Moditen, Primacor

## A challenge for regulators

It is worth noting that an alternative analysis of names of prescription drugs might differentiate between the effects of a given name on a patient, whose psychological reaction concerns the likely appeal of the single drug already prescribed to him or her, and the effects on a prescribing physician, whose psychological reaction concerns the relative appeal of the names of the many different drugs from which he or she has to select.

From moral and regulatory points of view it is worrying that there are drugs on the market whose names imply indications, actions, or effects that are different from the drugs' real effects. Patients are likely to remember drugs more by their proprietary names than by their generic equivalents and typically have a highly limited understanding of pharmaceutical chemistry and therapeutics. At the same time most physicians, while enjoying this knowledge, are nevertheless unlikely to be able to recall the exact list of indications for a given drug. In this somewhat fluid context the value implications of proprietary drug names can obviously have a disproportionate influence.

We think it would be reasonable to require that no drug with a misleading name should be registered for sale. Even given the allusive imagination evidently available to the pharmaceutical industry, it cannot be an insurmountable task for regulatory agencies to "shadow" these efforts when checking the names of new products, or reviewing

## Key messages

- Drug names often contain implicit messages
- Good ethical reasons exist to question names that imply actions far beyond the known pharmacological actions of a given product

those of existing ones. Those who dislike regulatory suggestions of this kind must recognise that the alternative is to rely on the pharmaceutical companies' prescribing to their market-ing departments a daily dose of the promising—but as yet unproved—drug Ethicaid.

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- 5 Aronson JK. What's in a brand name? *BMJ* 1994;308:1140-1.
- 6 *British national formulary*. London: British Medical Association and Royal Pharmaceutical Society of Great Britain, 1995.
- 7 *Lægeforeningens medicinfortegnelse*. Copenhagen: Lægeforeningens Forlag, 1995.

## Drugs with allusive names

*Generic constituents, indications, and actions or effects suggested by the name*

*Accuretic*—Quinopril/hydrochlorothiazide (hypertension): accurately controls urea concentrations.

*Akineton*—Biperidon (parkinsonism): tackles your dyskinesias or dystonias.

*Allegron*—Nortriptyline (antidepressive): gets you back up to full speed again.

*Antabuse*—Disulfiram (substance dependence): defeats abuse.

*Atensine*—Diazepam (anxiolytic): no (more) tension.

*Concordin*—Protriptyline hydrochloride (antidepressive): restores peace and harmony.

*Contrapain*—Ibuprofen (over the counter analgesics): against pain.

*Corgard*—Nadolol ( $\beta$  blocker): guards your artery walls or your heart.

*Donobid*—Diflunisal (weak analgesic): give twice a day (dono bis in die).

*Effico*—Tonic: "most efficacious in every way."

*Enduron*—Methyclothiazide (oedema, hypertension): the power to keep you going.

*Epilim*—Sodium valproate (epilepsy): limits epileptic episodes.

*Equagesic*—Ethoheptazine citrate (non-opioid analgesic): brings you back to an even temperament.

*Equanil*—Meprobamate (anxiolytic): face life with equanimity.

*Flexin*—Indomethacin (inflammatory joint pain): Flex those joints.

*Givitol*—Ferrous fumarate (compound iron preparation): homophone for "give it all."

*Glurenorm*—Gliquidone (diabetes mellitus): glucose restored to normal.

*Harmogen*—Piperazine oestrone sulphate (hormone replacement therapy): generates harmony.

*Lustral*—Sertraline (antidepressive): Puts a shine on your day.

*Marvelon*—Combined oral contraceptive: no comment necessary.

*Migrave*—Combined non-specific analgesic/antiemetic for migraine: relieves migraine, alleviates migraine

*Mildison*—Hydrocortisone (inflammatory skin disorder): mild and gentle touch.

*Miracid*—Pivampicillin (antibiotic): miraculous in killing.

*Mobilan*—Indomethacin (joint pain): get mobile again.

*Moditen*—Fluphenazine hydrochloride (antipsychotic): modifies (or moderates) the patient.

*Motival*—Compound antidepressant: motivates you.

*Normax*—Co-danthrusate (laxative): restores you to normal (and does so maximally).

*Novaruca*—Glutaraldehyde (warts): homophone for "no verruca(s)"

*Optimax*—Tryptophan (antidepressive): be optimistic about a maximally optimum outcome, or, "Cheer up!"

*Phasal*—Lithium carbonate (mania, manic/depressive illness): puts you "back in phase"; attends to divergent phases.

*Preferid*—Budesonide (inflammatory skin disorder): your first choice every time.

*Prepulsid*—Cisapride (impaired gastric motility): the driving force.

*Primacor*—Milrinone (congestive heart failure, short term treatment): first class for the heart.

*Propain*—Paracetamol/codeine/diphenhydramine (over the counter analgesic): take it for pain.

*Provera*—Medroxyprogesterone acetate (contraceptive) – proven results

*Regaine*—Minoxidil (hair stimulation in male pattern baldness): get back what you've lost.

*Rhythmolan*—Disopyramide (cardiac arrhythmia): restores (modulates) your heart rhythm.

*Securopen*—Azocillin (infections): Safety first.

*Serenace*—Haloperidol (antipsychotic): brings serenity.

*Somnite*—Nitrazepam (insomnia): sleep at night.

*Surmontil*—Trimipramine (antidepressive): surmount life's hurdles.

*Symmetrel*—Amantadine hydrochloride (parkinsonism): redresses hemiplegic or other one sided imbalances, restores symmetry.

*Tonocard*—Tocainide hydrochloride (ventricular arrhythmia): tones your heart.

*Trancopal*—Chlormezanone (anxiolytic): offers tranquillity.

*Tranxene*—Clorazepate dipotassium (anxiolytic): again, offers tranquillity.

*Tremonil*—Methixene hydrochloride (parkinsonism, tremor reduction): get your tremors down to nil.

*Univer*—Verapamil hydrochloride (vasodilator): to be prescribed everywhere, always, for everything.

*Verrugon*—Salicylic acid (for warts): verrucas gone.

*Vertigon*—Prochlorperazine (vertigo): vertigo's gone.

*Voltal*—Pemoline (childhood hyperkinesia): brings movement back under voluntary control; improves (controls) willpower.

*Welldorm*—Chloral hydrate (insomnia): no comment necessary.