The Gresham law

The majority of medicines which were invented and launched on the market during the last 30 years are not better, or not more effective, or presenting a relationship benefit/risk upper to pre-existent medicines which have the same indications. Besides, they are more expensive than medicines which they are intended to replace. However they are the object of an intense commercial promotion with the doctors to incite them to prescribe them. They are de facto bad medicines. They are even worse if their benefit/risk is lower than that of the older medicine that they replace.

These bad medicines, as the bad currency on the market, chase away good medicines. After a legal delay of fifteen years, these medicines falls in the public domain and they can be produced and sold in the form of generic medicines, but that does not change at all their character of bad medicines. There are among the generic medicines an increasing proportion of bad medicines

This observation is one of the sources of the movement begun ten years ago by Princeps, in favour of essential medicines, collected in a restricted list[1] intended for 95 % of the patients. This list must be inevitably completed by a complementary list intended for the staying 5 %. It is a question, as one can understand it, which necessitates a lot of operations to focus the prescriptions on medicines so essential as air, water or food who must be identified well by the doctors by the pharmacists and by all the healthcare professionals. But also by the patients and their families and in a more general way by all the citizens.

On these conditions it does not seem necessary to eliminate from the market by the legal action other medicines that those which are really dangerous. Quite naturally, since essential medicine collected in a widely consensual list available to all will be clearly recognizable, the others will appear for what they are:
- *Useful for patients' minority*, they will appear on the additional list;
- *Still under studies*, they will be reserved for the patients included in clinical trials;
- *Useless*, they will be prescribed and paid off as they are, but today less and less, until gradually they do not occupy any more on the market than a marginal place, while waiting for to fall into oblivion.

This bad medicine has to stop chasing away of the market those among whom the presence and the use is essential in the health of the sick.
The sooner the better.

Jean-Claude Salomon

[1] Such a list was established by a workgroup of the French National Society of Internal Medicine and by a group established within the National College of the General Practitioners Teachers. This new list in France is intended to be regularly updated by a progressive implication of an increasing number of participants. To preserve her meaning it will have to remain restricted and escape the influence of all the pressure groups. Thanks to what it will keep the priority objective which is the preservation of the interest of the patients.