However, it is most likely there has been no effect because of the limited number of cases in highly diverse areas. Empirical evidence on the effect is needed and further research will provide it.

How do we ensure that the strategy will not be used to move drugs to first line treatment?—The informative material provided to general practitioners and patients should clearly state that it is not the intention to move drugs from second to first line treatment. Perhaps the authorities should review the wording to make sure. Nevertheless, since general practitioners can prescribe whatever treatment they want, it will not be possible to enforce compliance with the spirit of the strategy, only to recommend it. The concept can (and probably will) be misused occasionally and turned into a cheap marketing ploy. But cheap marketing will be easy to detect, and if the price is raised or the clinical data supporting the product are insufficient, it will have a boomerang effect on the company. Companies need to present a good case.

What will happen if the strategy is used for a more costly drug that is no better than others in its class?—This situation is a perfect example of why the rational pharmacotherapy equation (box 1) is such a useful part of the concept. Because price is part of the equation, higher priced products cannot justify using a no cure, no pay strategy as they would not meet the guideline for rational pharmacotherapy.

Who would be responsible for monitoring and reporting on the effectiveness of the therapy?—Each case needs its own system for reporting effect. However, it would be appropriate to use a procedure for monitoring effect similar to that used in phases III and IV clinical trials of the drug. For example, with a drug to treat hypertension, the general practitioner monitors blood pressure and for a drug to treat erectile dysfunction, patients report the effect based on experience.

Who should be reimbursed in the event of ineffectiveness?—All payers (individual patients and insurers, whether public or private) will get their money back. If this does not happen, the concept will not work as rational pharmacotherapy.

How do we ensure that companies are not rewarded if the product is ineffective?—It is well known that even if something does not work or performs poorly, some people will not report these failures even if money is involved. This is a serious problem and the only solution is motivation.

Conclusion

Widespread use of no cure, no pay policies must be the optimal goal from the perspective of insurers and other healthcare funders. Not only do they get their money back for ineffective drugs, but the concept also promotes the idea of the right pill in the right mouth because it encourages therapeutic evaluation and thus change of ineffective treatment.

The biggest barriers to expansion are the possibilities of misuse as cheap marketing and thus the reservations of healthcare staff and politicians about the concept. Indeed, more evidence is needed and a good debate on the pros and cons would be helpful. Practical and ethical guidelines would also be required. A no cure, no pay strategy creates a win-win situation for the authorities as well as the drug industry, and thus

patients, because in a competitive environment only the best drugs will win.

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Contributors and sources: CM is an associate professor of social pharmacy with focus on lay understanding and use of modern drugs such as lifestyle drugs and pharmacogenetics. The experiences and expert views expressed also derive from the academic thinking and research prefacing the author's practical role as the architect of a no cure, no pay initiative.

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Endpiece

Sensible advice for disorders of the imagination

Disorders of the imagination may be as properly the object of a physician's attention as those of the body; and surely they are, frequently, of all distresses the greatest, and demand the most tender sympathy; but it requires address and good sense in a physician to manage them properly. If he seems to treat slightly, or with unseasonable mirth, the patient is hurt beyond measure; if he is too anxiously attentive to every little circumstance he feeds the disease. For the patient's sake as well as his own, he must endeavour to strike the medium between negligence and ridicule on the one hand, and too much solicitude about every trifling symptom on the other.

Gregory J. *Lectures on the duties and qualifications of a physician*. London: W Strahan and T Cadell, 1772:24

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