

## LETTERS

### Chain Drugstores and Cigarette Sales

The recent graphic feature on the front page listed chain drugstores as the top source for prescription drugs ("Top 10 Channels for Prescription Drug Distribution in 2007," *Vital Signs*, June 1, 2008, p. 1).

It is particularly ironic that these establishments also are a top source for tobacco products. Indeed, the United States is one of only a handful of countries in the world in which pharmacies are still allowed to sell cigarettes.

That all of the chain drugstores (including supermarkets and discount stores with pharmacies such as Walmart) continue to profit from the sale of cigarettes makes a mockery of the pharmacist as an ally in health promotion. Moreover, the chain drugstores have decimated independent pharmacies, virtually all of which had stopped selling cigarettes by the 1990s. Yet health insurers seem not to

care. They continue to give preferential treatment to chain drugstores over independent pharmacies.

Moreover, it seems that pharmaceutical companies do not seem to object to cigarettes being sold at pharmacies alongside medications.

I recently received a packet from CVS/Caremark purporting to educate me about "safe and appropriate drug therapy" in the management of coronary heart disease and including a pad of tearsheets for patients, entitled "Facts about Coronary Heart Disease." I filed this packet next to my recent photographs of the electronic billboard at one local CVS that alternately flashes, "We Accept ALL Medicare Rx Plans" and "Marlboro Carton \$30.49." Talk about getting 'em coming and going!

It is a hopeful sign, even though it is long overdue, that the cities of San Francisco and Boston are about to ban sales of tobacco products at drugstores.

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### Liability May Delay Vaccine Adoption

A front page article says that physicians may choose to delay adoption of combination vaccines because doctors are reimbursed based on the number of vaccines they administer, and that reducing the number of shots will reduce profits ("New Combo Vaccines Could Complicate Practice," July 15, 2008, p. 6).

The more likely reason to delay adoption of new combination vaccines is to

avoid financial "loss" because insurers have historically been slow to reimburse for new vaccines.

As a practical matter, adoption of combination vaccines is not so much a issue of loss of income as it is avoiding liabilities inherent in providing unreimbursed care. Physicians are well aware of this. In one case, researchers found that the reason that physicians delayed using a new vaccine was the fear that insurers would not pay for it (*Pediatrics* 2007;119:1-11). With the escalating costs of vaccines replacing vaccine invoices in the same manner as personnel costs for most practices, physicians will face tough choices about the vaccines they provide to their patients.

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### Uninsured Buy Luxuries, Not Health Care

I must respectfully disagree with Dr. Steffie Woolhandler and her opposition to consumer-directed health care ("Do High-Deductible Plans Coupled With HSAs Promote Underinsurance?" *Point/Counterpoint*, July 15, 2008, p. 12).

She attempts to prove that universal single-payer coverage is necessary, but ultimately never attacks the real issue as to why people are underinsured: personal responsibility.

As a family physician I can attest that where people place their spending priorities is a significant part of the problem. It is not uncommon to see families with \$200-\$400 cell phones, sneakers that cost as much as my suit, a nicer car than mine in the parking lot, cable television at

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Letters in response to articles in *FAMILY PRACTICE NEWS* and its supplements should include your name and address, affiliation, and conflicts of interest in regard to the topic discussed. Letters may be edited for space and clarity.

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