Brand-consciousness has always perplexed me. I'm amused that people will fork over a king's ransom for a skimpy cotton T-shirt, embossed with a sequined brand-name logo, or $1,000 for a designer handbag that only serves to promote the manufacturer. More astonishing: somehow the purchase seems to engender a sense of pride.

On the other hand, displaying freebies with emblazoned brand names is an altogether different proposition that I understand well. Promoting the distributor of a handsome mug or a 2.0-GB thumb drive seems logical when you don't have to shell out the dough for the item. Whether or not I am professionally compromised by the pharma company's insignia on my fountain pen is not the subject of this article. There are plenty of editorials today debating whether clinicians have an ethical obligation to turn down an El Pollo Loco drumstick—a lunch brought in by the "medical scientist liaison" from a pharmaceutical company—or if they should accept an iPod gratis from a computer-networking company as a reward earned for sitting through a boring demo at a medical expo.

No, the purpose of this piece is simply to reflect on the societal obsession over brands and fondness for having or using anything new.

**STARSTRUCK**

I started thinking about the power of brands when I was standing in an elevator the other day, grasping my plastic blue-and-white Diprivan (propofol) bag. Two strangers I had joined in the elevator gushed ecstatically—as if discovering themselves in the company of a pop star—because I was toting a bag for "the drug" of the moment. Mind you, this is the bag that I have schlepped back and forth to work for years—carrying an assortment of throwaway journals and gym socks that won't fit into my laptop case—without ever inspiring a single comment. Turns out that the recent death of a celebrity by drug overdose had thrust my well-worn Diprivan bag into the limelight.

A little exposure goes a long way toward success, as marketers well know. Pinot Noir was elevated to prominence in central California's wine country by the popular movie *Sideways*, whereas poor, maligned Merlot was left in the vineyard dust. Moreover, the brand names of the hotels and wineries visited by the characters in this movie have become major draws for travelers seeking photo-ops and a sense of belonging, or what have you.

When it comes to recognition, a little publicity can lead to excitement over what previously couldn't generate a muscle twitch. Think: Portuguese water poodle. Names that were once deemed linguistically challenging (by some) are suddenly flicked off the tongues of the crowd after a tincture of airtime. What self-respecting person these days, who has not been living in a pharmacy basement, cannot pronounce Ahmadinejad and Blagojevich with aplomb? And look at the field of technology: If you haven't heard of apps and tweets and Web 2.0, you aren't … er … culturally hip. Like me.

**ALWAYS A STEP BEHIND**

Now I have to admit that I am generally a "late-adopter" with regard to most things. Although I'm a card-carrying member of the *e* -health club, trumpeting the benefits of evidence-based clinical content embedded within interoperable information systems (sexy stuff, eh?), I consider myself to be a little bit of a fraud at times. I purchased a Black-Berry just in the past month—only because I couldn't get cell coverage with a standard mobile phone at my home and because my company paid for it. My business colleagues breathlessly wanted to know if I had selected the Curve or the Bold or the Pearl or the Tour. I didn't know. I got a phone with the largest keys I could find, the shortest contractual period, and one that has been on the market for a few years with solid consumer ratings, and, no thank you, it does not have global positioning capability.

"Say it isn't so," they shrieked disbelievingly. "You didn't go for the GPS?!

These are people who don't read newspapers, can't subtract numbers without a calculator, and don't know how to open a garage door without a remote control device. Yet strangely, I seem to be the one who looks weird. On airplanes, where I spend a good deal of time for my job, I stand in the aisle and do DVT-prevention exercises every time the seatbelt light goes off while others remain crunched in their postage-stamp-size chairs for a five-hour ride doing Sudoku or fiddling with tiny-screened electronic devices. And I can't tell you how many times I've heard zealots in their seats hyping the virtues of Kindle to anyone who will listen:

"Amazing technology, gi-normously awesome. … Man, what a great time to be alive!"

**ME FIRST**

Being the first on the block to try something new, oh, being first, is huger than huge to some of my friends. I've probably been toiling too hard in the coal mines of health care publishing, but it seems to me that there are now fancier drugs than ever, with their esoteric mechanisms of action, sliding off the pharma and biotech conveyor belts. I guess there must be enough prescribers to keep manufacturer R&D churning and the Bunsen burners burning. I hear about these multisyllabic drugs at P&T committee meetings, and I continue to be surprised at how many docs are still jumping on the latest bandwagon, pressing for approvals or bleating their assent.

At our summer P&T committee meeting, I learned about a
HUMOR: What’s in a Name?

hot new medication available for a rheumatological condition. This drug just got baptized by the FDA this year, and already physicians are agitating for its immediate use on formulary. Our brave pharmacist–creators of the P&T committee agenda had recommended its use on a case-by-case basis for patients who cannot tolerate the tried-and-true drug for the condition, but no, the selection of rheumatologists in the room insisted it should be available on formulary. They yawned their way through the adverse drug reactions and acquisition-cost speeches of the pharmacy administrators and salivated over the drug’s conjugation pathway and its new potential “place in therapy.” They took a vote. All those cool folks in favor of adding Newbie to formulary? All those curmudgeons opposed? Cool won. To keep from refluxing, I stuffed a raisin bagel in my mouth, since I didn’t have my little purple pill handy.

Hey, maybe this rheumatological drug is the next best thing to low-fat cream cheese, but maybe it ain’t, and why the rush to formulary? Doesn’t anybody remember Phen-Fen or Rezulin? or Vioxx?

“Never be the first, never be the first to use a new drug,” I remember from med school pre-clinical teaching. Didn’t these other guys hear the same thing? Suppose not.

TRYING TO FIT IN

While waiting for my new BlackBerry to be programmed at the phone store, I stood in line next to a couple of 20-somethings who were storming that the latest model of the iPhone “sucked.” Finding that the funky touch screen was misbehaving, they were begging the customer service agent for a refund and a switch to another new model, but they were told they could get an exchange only for the current model. Yet the lesson wasn’t, “maybe we should have stuck to something that has been around a while, or maybe we should wait for some additional data.” These customers wanted to be the first, to own the first, to be among the early-adopting-Internet-browsing-camera-flashing-text-messaging-picture-swapping-ringtones-ring, mine-is-smaller-than-yours-is community.

My colleagues think I’m a dinosaur and mock my old laptop, which they call a battle-axe.

“Nancy, I’m going to get you a Mac one day soon and really improve your life,” one friend threatens. On learning that I still don’t have cable and DVD technology at home, he gave me a pitying, get-a-life look.

I guess I’m kind of a low-profile person who prefers not to have to explain myself in elevators, on the streets, or even in front of my colleagues. So I think I’d better retire the Diprivan bag. Fortunately, I have another sturdy pharma-issued tote, from an earlier era, in the back of my closet, one that I can dust off and take to work. In the interest of avoiding all of this unwanted attention, I think I’ll begin carrying around my Vagisil bag.