estimated in increasing the use of generic drugs may consider banning physicians from accepting food and beverages in the workplace. Any potential interventions should be targeted toward older physicians, internists, and those in solo or 2-person practices.

Our study has several limitations. First, because of social desirability bias, our results likely represent a lower-bound estimate of the actual frequency of physicians prescribing brand-name drugs at the patients’ requests. Second, we were unable to adjust the result for the frequency with which physicians were asked by patients for a specific brand-name drug. Finally, our study was not able to examine whether a brand-name drug was actually dispensed at the pharmacy, given that some states have laws that allow pharmacists to substitute a generic for a brand-name prescription.

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EDITOR’S NOTE

Systems-Level Interventions to Improve Value in Prescription Medication Use

There is immense excess cost associated with using brand-name drugs when equally efficacious generics are available. For unclear reasons, a large proportion of physicians are reluctant to opt for the more cost-effective choices, especially if patients request brand-name drugs. Campbell et al find that social factors appear to influence medication decisions. Such situations call for systems-level interventions to overcome the irrational cultural practices. In this case, large, closed health systems with pharmacy benefits and managed formularies use pharmacy-level decision making on drugs, once the physician has made the decision on the appropriateness of the medication. These systems also allow for physician override when appropriate. Such systems-level interventions have immense potential to increase value in prescription medication use.

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RESEARCH LETTERS

Patient Knowledge and Understanding of Radiation From Imaging

Health risk from medical radiation exposure has generated controversy in recent lay and professional publications.1-3 Data examining what patients know about radiation from commonly performed imaging, such as computed tomography (CT) and single photon emission computed tomography (SPECT), are limited. The purpose of this study was to survey patient knowledge and understanding of radiation from CT and SPECT scans.

Methods. This prospective survey study took place at a large academic medical center. From February through December 2011, randomly selected patients presenting for nonurgent outpatient CT and cardiac SPECT scans were surveyed.

The 16-question survey contained 2 sections (eFigure; http://www.jamainternalmed.com). Section 1 assessed knowledge and perceptions about health risks and benefits from CT or cardiac SPECT. The last question of section 1 asked patients if the scan they were about to undergo exposed their body to radiation. Only if patients responded “yes” were they instructed to continue