3. PRESCRIPTION AND DISPENSING

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1. PURPOSE

MMA, in the interest of good management practice of its members have produced and intends to produce position papers to make its stand on many issues. One of the important issues is the manner in which the functions of prescription and dispensing is undertaken by the practitioner. This paper is produced to remind the medical practitioners of their grave duty and obligation to the patients and to guide them to follow a systematic uniform method of notification to the pharmacist and or the dispenser and be able to substantiate the need for the prescription.

2. DEFINITION

The prescription is a notification from a medical practitioner to the pharmacist/dispenser, describing the manner in which he is to dispense medicines/drugs to a patient whom the medical practitioner is treating. The medical practitioner is expected to know the patient, know the condition, to know the drugs he is asking the patient to take and the effects or otherwise of the drugs on the patient.

3. PRINCIPLES OF PRESCRIPTION

1. Thorough knowledge of the illness.
2. The idiosyncrasies of the patient.
3. A thorough pharmacological knowledge of the drugs prescribed, its cost and other alternatives.
4. Whether the drug prescribed will have a beneficial effect on the patient.
5. The potential adverse reactions, side effects, drug interactions and the allergies caused by the drug.
6. A thorough knowledge of drugs taken before and currently on.
7. Whether the patient is pregnant, or is capable of being pregnant.
8. Whether the patient if female is breast feeding.
9. Whether the drug will have any effects on procreation activities.
10. A knowledge of the patients occupation.

4. LEGAL REQUIREMENTS

The practitioner should be conversant with the following:

1. The Poisons Act.
2. The Private Healthcare Facilities and Services Act 1998.
3. The Dangerous Drugs Act.
4. The Food Act.

5. DRUG AUTHORITY

The practitioner should know to whom to report to in case of:

1. Adverse Reactions
2. Drug Interactions
3. Allergies
4. Illegal Drugs/Unregistered Drugs.

6. COST

The practitioner is to be conversant with the comparative cost of drugs, their alternatives and their bio-effectiveness.

7. ADVERTISING AND PROMOTIONS

The practitioner should be aware of the various methods used in advertisements by pharmaceutical companies and to promote the use of a particular drug as against another.

8. PRESCRIBING AND DISPENSING

The uniform code of prescribing should include:

1. Date of prescription.
2. Name, address and qualification of the prescriber.
3. Name, address and registration number of patient.
4. Patient must agree to inform prescriber all medications currently and previously on.
5. All prescriptions to commence with "R", which is the abbreviation of "recipe".
6. "Sig" which is the abbreviation for "Signeteur" which in Latin means "Let it be so labelled" describes the manner in which the drug is to be taken or applied.
7. The trade, generic name, or compounded drugs or alternatives to be written on the container.
8. All measures to be metric.
9. Total quantity of each drug to be quantified, the number of times and days to be taken or applied.
10. The special expiry dates and special storage requirements to be specified.
11. Details of the effects, side-effects, non-compatibility with certain foods or drugs and allergies.
12. Instructions to report adverse reactions, allergies and interactions with food or other drugs.

9. DISCUSSION

Prescription of medicines is the prerogative of the medical practitioner whereas the dispensing of medicines is the practise of transferring the drugs prescribed to the patient. Only the medical practitioner can prescribe and this activity is within the proclivity and sole domain of the medical practitioner.

The care of the person involves many procedures. One of them includes the administration of drugs, medicines and inert elements. It is incumbent on the practitioner to be conversant not only with the patients condition as a whole but also with the pharmacological and therapeutic effects of the drugs prescribed, their minimum therapeutic dose, over and under dose effects, manner of taking and if taken wrongfully, their expected effects, their side effects and the drug interactions. Drugs are also prescribed in investigative procedures and their use falls in this category.

The medical profession clearly has a grave duty to refrain from prescribing inessential and unnecessary drugs and medicines. It will be prudent to admit that not all practitioners are conversant with all the available drugs in the market and therefore each practitioner should be conversant with a formulary of his own and only prescribe the drugs he thoroughly conversant with.

It should be remembered that each time a drug is prescribed and used by the patient, a risk is taken. Every detail of that risk should be known and the risk should be balanced with the benefit or otherwise to the patient.