

1. THE DISPENSING OF MEDICINE IN PRIVATE CLINICS

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Unlike some developed countries, Malaysia like most countries in Asia depends on the doctor to dispense the medicine he prescribes. This system has served both the doctors and the patients well. It is both convenient to the patient, economical and allows less risk of mistakes, as doctors usually prescribe drugs he is more familiar with and thus kept in stock.

However, we must first distinguish between dispensing and prescribing. There should not be objections to doctors prescribing medicine but dispensing medicine is another thing altogether. Even in hospitals, dispensers and not pharmacists do the dispensing of medicine. The Pharmacist's role in the hospital is more a supervisory and advisory one in addition to making certain that supply of drugs is adequate.

It is true that doctors are not trained formally to do the manual work of dispensing but is it a procedure that really requires formal training? Doctors are also not trained in the simple management of his clinic either. My point is that I do not think such simple tasks need formal training. Any educated personnel with even a Form V education can be trained to dispense medicine. They must be taught to be alert and to relay to the patient the doctor's instructions accurately. They must be taught to check and double-check each time to make sure that the right medicine is being dispensed. The doctor must also take the trouble to explain to his patient before he or she leaves his consultation room. It is important to teach the dispenser how not to take any risk and to ask the doctor whenever he or she is in doubt. In most pharmacies, you can hardly see the pharmacist himself doing the dispensing either. As one of the readers of New Straits Times wrote: "It is a young salesgirl, often unable even to pronounce the names of the medications, who deals with you." The reader continued to write: "There will, of course, be a counter for prescriptions-only drugs. You would expect the pharmacist to man at least this. Instead, the salesgirl nips behind that counter and dispenses the drugs. And finally she gives you the pharmacological advice, that is, the cost of the drug!"

Some Pharmacists challenge that doctors have committed a significant number of prescription errors. They claim that these errors have been picked up by pharmacists during the process of prescription screening that is automatically carried out by pharmacists when they dispense a prescription. As discussed earlier, pharmacists usually leave the dispensing to their workers, and therefore they will also not be there to perform the task. Even if Pharmacists do the dispensing themselves, they will only still just fill up the prescription unless an obvious mistake has been committed. Even the doctor's own dispenser who is very familiar with that particular doctor's fancies will be a better person to pick up any mistake in a doctor's prescription and will just clarify with his doctor before dispensing the medications. It is more likely for the doctor's own dispenser who is familiar with his style and fancy to pick up any discrepancies than a dispenser in the Pharmacy. The Consumer Association claimed that there were too many medicines in the market and that many were complicated and might have weaknesses that doctors might not be aware of. This claim is unwarranted. Doctors only use drugs they are thoroughly familiar with, as they too are very concerned with its side effects and how his patients will respond to the medications. Here, the doctor's reputation is at stake and he will want to see his patients get better without any undue side effects from his medications.

The President of the Malaysian Pharmaceutical Society claimed that "some doctors prescribe the more expensive branded medicines even if generic ones are equally effective as they stand to gain some incentives by doing so". Most doctors prescribe non-generic drugs because they believe in using the original and not because of so call "incentives" being given. I and many of

my colleagues who use non-generic medicines, have not received a single so called "incentives". Many doctors choose non-generic drugs because they feel they are more reliable due to better quality control. The active ingredient is not the only important thing in making drugs. The base substance is equally important as it affects the absorption of the drugs and also its bioavailability.

I do not think many doctors have objections to Pharmacists dispensing medicine, a role they are certainly trained for, but at the moment it is just not practical for them to do so for some of the reasons discussed below:

1. The present attitude of many Pharmacists.

The pharmacists working in the private pharmacies must learn to be ethical and be willing to work as a team with and not against doctors. Some will have to stop practising like doctors. I was told that certain pharmacists even take BP readings and do blood glucose using glucometers and give advise to their clients which they are definitely not trained to do. It is not uncommon to hear from our patients that they have been buying scheduled medications from the pharmacists without a doctor's prescription. To illustrate this, recently I came across a patient who has been impotent for over a year due to taking a Beta-Blocker for hypertension bought regularly over the counter without a doctor's prescription. He has not seen a doctor and has been receiving this medicine from a pharmacist without a doctor's prescription for more than one year in spite of his impotency. There are also cases of patient with hypoglycaemia from taking anti-diabetic medication obtained from a chemist without proper advice from a doctor. These are just few examples. Over the counter sales of antibiotics surely is one of the reasons for the emergence of resistant strains of bacteria. It may be just the few of the pharmacists who are doing the damage.

2. There are not enough Pharmacists throughout Malaysia.

There are too few pharmacies in the country. Most are concentrated in busy town areas. At the present moment, clinics grossly outnumber pharmacies even in urban areas in this country. If pharmacies are given the mandate to dispense, I do not think they will be able to cope. Furthermore, there is hardly any pharmacy in the rural areas. For example, in Sydney, where pharmacists do the dispensing, pharmacy outlets outnumber the clinics. There, the pharmacist also personally does the dispensing. "Chemists" as they are called there, can be found almost everywhere and there is usually more than one in most major streets. Moreover, the working hours of the "Chemists" are much longer than the clinics as they are usually opened till late at night and in some places they also offer 24 hours service. This should be the case in Malaysia before the MOH can consider allowing pharmacies to dispense medicine.

3. Patients will end up paying more due to extra middleman profit.

Here, we doctors must also be fair to the public by not making extra income from sales of medicine. Medicine should not be charged more than its retail price. The small percentage above cost will be enough to compensate us for our overhead in dispensing the medicine such as loss from non-returnable expired goods, storage expenses (especially loss of bank interest & rental of space), payment for dispensers and for keeping stocks. Claims that consumer can save if they purchase the drugs from Pharmacists is a fallacy. Public should not be confuse between the consultation fees and the cost of medicine. To avoid such confusion, doctors should try to separate the consultation fee from the cost of medicine to be more transparent so that the patients will know exactly how much they have to pay for the medicine.

4. The inconvenience of travelling to another venue to buy the medicine prescribed by the doctor.

In Malaysia, we have a good system that is very convenient for the patients. After seeing a doctor and then having to search for a pharmacy to buy the medicine is very impractical in this

country. The patients will have to go through again the ordeal of finding a parking space, walk to the chemist, wait for another period of time before getting the medicines they need.

5. Extra waste of time in travelling and waiting for the medicine.

This applies even more if the patient needs the medicines urgently.

6. Pharmacists not having the drugs the doctor prescribed and thus more delay and inconvenience to the patient.

Every doctor has his own favourite medicine, which they use more often mainly because they are more familiar with and have better faith in that medicine. The doctor's own dispensary will definitely have in stock the medicine the doctor uses. If the patient goes to a pharmacist and is told that certain medications are not available, the patient will have to go back to the doctor for a change of prescription. Doctors may be forced to use another drug, which the doctor may not be thoroughly familiar with. Alternatively, the patient will have to go hunting for a pharmacy that carries the medicines the doctor prescribed.

7. The inability to find a Pharmacist after office hour.

Is the pharmacist willing to open 24 hours just for a few emergency prescriptions at night?

8. The brand of the particular medicine the pharmacist has in stock may not be acceptable to the doctors who prescribed it. He may doubt its potency and reliability.

Not all the brands of medicine are as reputable as being claimed. For a drug to be up to mark, the base substance is also important and will affect absorption and the shelf life of the drugs. Some local manufacturers do not use the same base substance as the original patented drug and thus although the amount of active substance is the same, the potency and duration of action may differ, so may the shelf life of the drug. Here stringent quality control is extremely important. This is the main reason why I still prefer to use patented medicine.

The doctor's main role is to diagnose and treat. Treatment includes giving the appropriate medicine to the patient. Therefore doctors should not give up their right to dispense medicine. To avoid confusion regarding doctor's charges, doctors should separate consultation from medicine. MMA has been encouraging doctors to itemize their bill so that patient will know the cost of medicine. The MMA now feels that it is now time to make it compulsory for doctors to itemize bill for more than RM25/- by legislation.

At the moment, it is important that the Malaysian Pharmaceutical Society and MMA should work together to come to a healthy compromise. All the above points should be worked out with a reasonable solution in mind. The Pharmacist must stop playing doctors, they must never dispense Scheduled B drugs without the doctor's prescriptions, they should co-operate with the doctors fully and be willing to ring up the doctors to discuss prescription they may need to alter. Until all these can be agreed upon doctors should not agree to give up dispensing medicine as it will be more beneficial to their patients if they dispense medicine themselves. They know what to dispense and what to tell the patients regarding the medicines they have prescribed.

The role of the pharmacist in hospitals including private hospitals is very different from the private pharmacies as the pharmacy department is under the control of the doctors. The pharmacists also have very close rapport with the doctors working in that hospital. Moreover, usually it is the dispensers rather than the pharmacists who dispense the medicine in hospitals.

What the pharmacists need is to have a good leader who can work with MMA to come to a solution. The problem should be discussed in an intelligent manner considering all the aspects that will affect the two professions as well as the consumers. I think most doctors will not mind sharing dispensing with the Pharmacists. This will also save us from storing too many different

drugs and will give the Pharmacists some share in the managing of our patients but the pharmacists must stand on the right grounds and perspective. Before this can be done, the above problems must be looked into carefully and the only way this can succeed is for the Malaysian Pharmaceutical Society to have a well-balanced leader who is willing to come to terms with us by fruitful discussions. When the time is right for the pharmacist to do the dispensing, it has to be implemented in stages.