

Dispensing separation

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Everyone gets ill. Sometimes, the illness is self-limiting and does not require treatment. At other times, it requires diagnosis and treatment by a doctor. Diagnosis requires taking a history and a physical examination. Investigations to confirm the diagnosis are not uncommon. They can be laboratory, imaging or specific tests e.g. electrocardiogram (ECG).

Treatment is then prescribed by a general practitioner or specialist in a clinic. If the illness is more severe, treatment, which may be surgical or medical, has to be carried out in a hospital. The latter involves an operation. The former involves prescription of different treatments like medicines, diets, physiotherapy etc. Combinations of treatment modalities are not uncommon.

Many of the sick do not seek attention from scientifically trained health professionals but from traditional and complementary medicine (TCM) practitioners.

Many also treat themselves with medicines purchased from pharmacies or TCM shops without a diagnosis made. Such people seek medical attention when they have complications from their illness or the medicines consumed.

The issue of dispensing separation has been a subject of public debate recently. There have been voices from doctors and pharmacists but there has not been much focus on the implications for patients.

Prescribing

Prescribing refers to the action of a doctor who advises and authorizes the use of a medicine or treatment for a patient, usually in writing.

This is done after the doctor has made a diagnosis and a decision made on the most appropriate medicine for the individual patient, including the method of use i.e. oral, injection etc and treatment regime.

Doctors are responsible for their prescriptions and can be the subject of complaints to the Health Ministry and/or the Malaysian Medical Council and/or legal action particularly when adverse events occur.

Dispensing

Dispensing refers to the preparation and giving of medicine to patients.

The dispensing of medicines can only be done by pharmacists on doctors' prescriptions. There is no law that permit pharmacists to prescribe. This situation is the global norm because of differences in the training of doctors and pharmacists.

Patients get their medicines dispensed by in-house pharmacies in public and private hospitals or other stand-alone ones. The dispensing is usually done by a pharmacy assistant under a pharmacist's supervision.

The situation in the public sector clinics is variable. Some clinics have pharmacists while others do not. Dispensing is done by pharmacy assistants, nurses and/or medical assistants. There may or may not be supervision by pharmacists.

Dispensing in private sector clinics are usually done by clinic assistants under the direct supervision of the doctor or by the doctor personally. Doctors usually oblige when a patient requests a prescription to have it dispensed in a pharmacy.

Dispensing in private hospitals and clinics are regulated by the Poisons Act, Dangerous Drugs Act, Sale of Drugs Act and Medicines (Advertisement & Sale) Act. In addition, there are special requirements for pharmaceutical services in private hospitals and clinics under the Private Health Care Facilities and Services Regulations.

The dispensing separation ("DS") proposal involves doctors prescribing only and pharmacists dispensing only i.e. patients can no longer get their medicines from clinics. This is a radical change to the current time-tested system which has been commended by several health experts.

The implications of this proposal need to be considered.

Access to medicines

There is no issue about physical access to medicines in private clinics currently.

With DS, patients will get their prescriptions from the doctor and then get it dispensed by a pharmacy, which may or may not be in the vicinity of the clinic.

This would involve additional time and transport costs etc. The patient has to pay the doctor's consultation fees, the pharmacist's fees and the price of medicines. Would doctors reduce their consultation fees, as many currently do, in order to keep health care expenditure affordable? Would retail pharmacists waive their fees?

Patients may opt to go to hospitals for medical attention. The expenditure incurred will be higher in private hospitals and there will be additional load for the over-burdened public hospitals.

In short, the health care expenditure for each illness episode would increase.

There would also be delay in commencing treatment. This delay can be considerable especially when medical attention is sought, at night or public holidays, from 24 hour clinics. Whilst there are many such clinics in urban centres, it is almost impossible to find a 24 hour pharmacy in any city. In addition, delays may also occur if the medicine is unavailable at the pharmacy. If complications arise because of delay in treatment, who would be responsible – the prescribing doctor or the dispensing pharmacist?

Safety and quality

Patients may opt to omit purchase of prescribed medicines because of the increased expenditures and/or inconvenience. They may also opt to self-medicate or consume cheaper medicines, some of which may be counterfeit ones. These would impact negatively on their health.

A substitute medicine may be dispensed if the prescribed medicine is unavailable at the pharmacy, or if there is reason to reduce the stock of prescribed medicine that is available. How many times do retail pharmacists contact the prescribing doctor when a medicine is unavailable?

The patient would either have to go back to the prescribing doctor to change the prescription or locate another pharmacy which has stock of the prescribed medicine.

If the pharmacist dispenses a substitute medicine and there is an adverse event, who would be responsible – the prescribing doctor or the dispensing pharmacist?

Doctors have alleged delays in diagnosis and treatment consequent to the practice of dispensing by pharmacies without a prescription. It could be argued that these are just allegations. The reader can easily verify if their nearest pharmacy check patients' blood pressure and/or carry out blood tests for diabetes and high cholesterol, and then "recommend" certain medicines.

Patients' rights

It is often argued that there is DS in advanced economies like the United Kingdom, United States, Australia and Taiwan which Malaysia. What is not stated is that a large proportion of medicines in these countries is reimbursed through their National Health Financing Schemes, which is not the case with Malaysia. Even then, patients make out-of-pocket payments. There has been no mention of the situation in Singapore where there is no government subsidy for medicines and no DS at the primary care level.

Like should be compared with like and not like with unlike.

The Health Ministry's proposed Pharmacy Bill was to replace the Poisons Act, Sale of Drugs Act and Medicines (Advertisement & Sale) Act, and the Registration of Pharmacists Act. There was no mention of DS in its on-line engagement document. This alone raises questions about the validity of the conclusions made. It also raises questions as to whether there are other radical changes that the public and stakeholders have not been informed.

There is no scientific evidence whatsoever to suggest that DS will be any better than the current system in Malaysia.

On the contrary, any reasonable person would conclude that DS will impact negatively on the vulnerable e.g. the pregnant, mothers with sick children, senior citizens and the disabled.

The Health Ministry officials have to be reminded that policy has to be evidence based.

The choice of where to obtain medicines is the patient's right. Can the Health Ministry remove this right?

The Health Ministry's duty must surely be to put patients' rights and continuity of care first and not that of doctors, pharmacists or commercial organizations that have bought up numerous pharmacies.

Dr Milton Lum is a member of the board of Medical Defence Malaysia. This article is not intended to replace, dictate or define evaluation by a qualified doctor. The views expressed do not represent that of any organization the writer is associated with.

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