

**RIGHT OF PRESCRIBING AND SELF-
MEDICATION**

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Introduction

The pharmacist is uniquely qualified to intervene on the patient's behalf relative to the safe and appropriate use of over the counter (OTC) drugs. Non-prescription drugs contribute significantly to patient well-being and the overall public health if used intelligently and according to specific guidelines.

In most societies such as ours much emphasis is placed on individual freedom and so the right of an individual to self-medication cannot be denied. Yet the public must be adequately protected against the abuse and misuse of medicines.

In this dissertation the abuse and misuse of medicines was evaluated in order to see if self-medication in Malta was being practiced correctly. A Health Education Leaflet was designed to inform the public more about medicine use and the effectiveness of such a leaflet in improving the public knowledge on medicines was also evaluated.

The local scene sadly manifests the lack of an updated OTC list, and at present the formulary is very limited. Thus a 'Pharmacist Recommended List' was proposed from which the pharmacist can recommend and dispense medicines to the public. The pharmacist's feeling about performing a prescribing function was investigated.

Methodology

Survey 1

A. A survey was distributed to each of the 150 community pharmacists in Malta and Gozo in order to study the pharmacists' attitudes towards performing a prescribing function and to see if more clinical training is needed for this new role. This survey also examined the pharmacists' views about the proposed 'Pharmacist Recommended List'.

Questions were asked about -

- a) age and sex of the pharmacist;
- b) the awareness of pharmacist prescribing in certain USA states;
- c) whether pharmacists should be given greater authority to prescribe;

- d) whether this new role requires more clinical training especially diagnosis;
- e) whether the GP's workload would be reduced;
- f) the feeling of performing a prescribing function;
- g) reasons for positive and negative attitudes;
- h) the need for a 'Pharmacist Recommended List'.

B. A 'Pharmacist Recommended List' was formulated by comparing the local outdated OTC list with similar lists in other countries especially those of the United Kingdom and Scandinavian countries.

Survey 2

The aim of this survey was to assess the knowledge, extent and ability of the public to self-medicate safely and effectively. 100 people visiting four different pharmacies located throughout Malta and Gozo were interviewed. This survey also investigated the causes and extent of abuse in this field as well as factors which influence the public to resort to self-medication.

Survey 3

This survey was carried out among the same patients in survey 2 to determine whether a Health Education Leaflet enclosing certain general rules needed for safe and effective self-medication would improve such a practice in Malta and decrease any abuse in this field. The survey also investigated the public's knowledge of prevalent practices and beliefs among the local medicine consuming population.

Results

Survey 1

The most important results emerging from survey 1 were that:

1. Out of the 150 questionnaires distributed 98 were returned. 60% of these were from female pharmacists while 40% were from male pharmacists;
2. Only 30% of Maltese pharmacists were aware that pharmacists can prescribe drugs from a special formulary in certain USA states;

3. 80% of pharmacists in Malta agreed to the idea that greater authority to prescribe drugs was needed and the reasons given were that -
 - a. many people prefer to consult a pharmacist rather than a GP (14%);
 - b. pharmacists are well trained to diagnose and prescribe for certain common ailments (24%);
 - c. pharmacists are drug experts (33%);
 - d. although the law does not allow such prescribing it is still being done over the counter (9%);
4. Of those interviewed 70% thought that the GP's work load would be reduced by giving this new role to pharmacists;
5. The pharmacists' feeling about performing a prescribing function clearly indicated a general eagerness towards this new role, 41% were eager, 40% were somewhat inclined, 10% somewhat disinclined and 9% were reluctant;
6. The reasons given for such a positive attitude were that -
 - a. the pharmacist can help the patient (100%);
 - b. it allows the pharmacist to use his knowledge (91%);
 - c. it is one step forward towards a more influential health care role (60%);
 - d. it can save patients' money (30%);
 - e. it builds customer loyalty (73%);
 - f. management encourages this activity (12%);
 - g. it may increase the income (2%).
7. On the other hand reasons for a negative attitude included -
 - a. too much risk is involved (3%);
 - b. no difference is seen from OTC drugs (68%);
 - c. no time to engage in this activity (16%);
 - d. did not feel qualified for such a role (33%).
8. When asked whether a 'Pharmacist Recommended List' is needed and whether legislation governing OTC products needs to be reviewed, 88% of those interviewed felt there was a great need for such a list and for changes to occur in the law. 10% said that in

practice with or without such a list dispensing of such medicines does occur. 2% were indifferent.

On evaluation of the results it emerged that the OTC list was outdated and had not been revised since 1968 and thus the proposed 'Pharmacist Recommended List' was greatly needed. Also the majority of pharmacists interviewed felt a need to engage in this new role - that of prescribing drugs from such a list.

Survey 2

The results which emerged from survey 2 were that:

1. Of the population interviewed 83% were taking some sort of medication, 42% were taking non-prescription drugs, 24% prescription drugs and 17% both prescription and non-prescription drugs;
2. It was found that pain relievers were being excessively consumed. 62% were taking an analgesic product once a month, 12% more than once a month, 4% once a day and 13% once weekly;
3. Although the conditions for using such products varied slightly from one individual to another, headache was the predominant type of pain for which such products were taken (53%). 42% cited menstrual and muscular pain as a reason for taking such products;
4. Of those interviewed 62% did not experience any side-effects when taking an analgesic product, while 38% experienced stomach upsets as the main problem with analgesics;
5. Nearly half of the interviewed people (45%) did not know why aspirin should not be given to anyone and 18% thought it was a very safe drug to use;
6. When asked if cold preparations are taken to treat colds, 67% said they ignore the cold while 33% self-medicate and 4% realised they took more than the directions recommended. However 18% were not aware of the directions or just consumed one tablet to start and then consumed more later on;

7. 97% of those interviewed did not know or recall the printed caution on most cold medication packages;
8. Of those who self-medicated themselves 34% said these products made them sleepy but only 2 persons were aware that there was a caution label to this effect on the package;
9. Similar results were obtained for nose sprays. 28% used them and 3% used them more than directed;
10. When asked who would they consult first for certain conditions 57% reported that they would consult pharmacists for headache while 80% would resort to self-medication when suffering from diarrhoea for a day or two. 84% of those suffering from nausea and vomiting would seek the advice of a doctor;
11. The condition for which the pharmacist would not be approached is burning urination (3% only would go to a pharmacist) and earache is the condition for which the people interviewed would not self-medicate (6% only would self-medicate);
12. All respondents kept headache remedies at home while 76% had indigestion remedies, cough syrups (47%), external pain relievers (69%); 56% kept oral antiseptics at home;
13. The public was influenced by pharmacists (52%), friends (11%) and effectiveness of the ingredients (16%) when buying OTC products.

This survey showed that the public is misinformed and ignorant of many important facts with respect to self-medication. Misuse can only be eradicated with the institution of public education campaigns and by pharmacists fulfilling their role as health educators.

Survey 3 evaluated the effectiveness of a Health Education Leaflet in educating the public about medicines and their use.

Survey 3

The following results emerged from survey 3:

1. Nearly half of the population under study (43%) thought that a Health education leaflet such as that distributed would be

effective and could help the public learn more about medicine use. 26% said it was not very effective while 11% actually said it was a bad idea due to lack of time to read such literature when taking medicines. 20% agreed to this initiative to educate the public and said it was a good idea;

2. When asked if more education is needed on medicines and their uses, 21% were satisfied with the amount of education and 12% were indifferent. The remainder (67%) agreed that more education is needed and 21% cited leaflets as the best way to educate the public. 15% preferred verbal advice by the pharmacist and the other 17% considered TV as the optimum medium for the transmission of such information;
3. 48% defined a medicine as a drug which cures a disease or an ailment. The other half, either found difficulty in defining it (31%), or defined a medicine as an object bought from a pharmacy (12%) or as something prescribed by a doctor (9%);
4. When asked about the most appropriate storage place for medicines at home 68% reported storing them in the bathroom, 14% and 11% said their medicines were stored in the bedroom and boxroom respectively while 7% stored them in other places;
5. 37% disposed of finished or unfinished medicinal products in the dustbins, while 63% retained unused medicines indefinitely. 42% used these medicines exclusively when they suffered from a repeated illness and only 21% checked the expiry date on these medicines.

Conclusion

The role of the pharmacist in community health care is of considerable importance particularly in the light of the present concept of 'self-care'. In countries like Malta where self-medication is very predominant, OTC products are widely used and are highly regarded by the public who is often largely unaware of the scientific controversies over their relative safety and efficacy.

Considering the vast amounts of medicines consumed and misused, a public health campaign on the media with pharmacists' participation is needed and the concurrent utilizing of health education leaflets is

recommendable. These leaflets should be made available in every pharmacy and the participation of a pharmacist who is competent to deal with the presentation of knowledge to a largely misinformed public is necessary in the preparation of these leaflets. The public should be directed to ask their pharmacists about these leaflets, if they are well publicized. This would play a part in an 'Ask Your Pharmacist' campaign.

The proposed 'Pharmacist Recommended List' could help pharmacists dispense medicines to those who present themselves at the pharmacy with minor and self-limiting ailments. It is appropriate to consider the issue of expanded prescriptive authority for pharmacists today. The importance of the pharmacist as a health care provider engaging in clinical roles, in addition to distributing drugs, is increasing dramatically. The re-emergence of the pharmacist as one of the principal health care providers is long overdue. All trends indicate that pharmacists will be engaging in new and more sophisticated functions relative to drug therapy in the future.

The issue of expanded prescriptive authority for pharmacists must be approached in an orderly, evaluative fashion. Hasty statements or actions will not serve the best interests of society. Orderly transition and constructive evolution of pharmacy practice will occur if:

1. issues and concepts are approached rationally and with comprehensive fare thoughts;
2. benefits accrue to the public health that are cost-beneficial and cost-effective; and
3. pharmacists are competent to function at the required level.

It is time for the pharmacist to become more clinically assertive and 'prescriptively' involved. It is the skill and seriousness with which pharmacists fulfill this overall role, rather than whether or not they choose to prescribe, that is the critical issue for the profession.