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Medicine Dispensing in Malaysia: a Case for Separation of Roles

Mohamed Azmi Hassali[1*], Asrul Akmal Shafie[1], T. Jayabalan[2], Subish Palaian[1],

[1]Discipline of Social & Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, 11800 Minden, Penang, Malaysia., [2] General Practitioner and Consumer Activist, Penang, Malaysia.

Address for correspondence: azmihassali@usm.my

INTRODUCTION

From the historical time of apothecary, dispensing of medicines is considered as a professional obligation of the pharmacists.[1] While dispensing the medicines, the pharmacists come in contact with the patients and thus enhancing several professional roles that go beyond dispensing. In many countries, health professional other than pharmacist is not allowed to dispense medication. In Malaysia, which is a developing country in South East Asia, the doctors especially the general practitioners (GPs) are legally allowed to dispense medications.[2] The separation between prescribing and dispensing medicines will indeed be an enormous task to achieve as it involves various stakeholders and it is not only confined to community pharmacists and GPs. Traditionally, doctors have held on the practice of prescribing as well as dispensing and GPs in particular have served as a one-stop centre for patients needs. So, a lot of questions posed from certain quarters why to change something that seems to have worked well for many years? In considering the merits or demerits of a separation of roles, three issues need to be addressed:

1. Convenience It is very convenient to go to one centre where one not only receives treatment but also obtain medications. A separation of the services will entail going to two places - first to see the doctor and then to collect medications from the pharmacist. While it might appear that going to two places will inconvenience the patient, in fact this might not necessarily be so. Let us consider the example of a general hospital. One can receive the treatment in one room and still cross over to another block to collect the medications. By the same token, a pharmacy located close to a clinic will serve just as well.

2. Cost Another common misconception is the fear that medication would be more expensive if obtained from pharmacist compared to GPs. This fear is however unfounded as the risk of excessive pricing is actually higher with the present policy whereby the GPs play both prescribing and dispensing role. This means that the GPs would play the role of buyer and seller at the same time, at the expense of the patient. There is evidence that this would influence the GPs into expanding patient need (so called 'supplier induced demand') by prescribing unnecessary medication or promoting an unnecessary intervention that would consequently increase cost to the patients. In addition, it is well known that clinics cannot have an exhaustive list of medications. There are instances where prescriptions have to be written out by doctors for patients to purchase them from pharmacists which would have a competitively priced medications available. Furthermore, the use of generics will mean tremendous savings for patients as well as the country and this can be achieved without compromising quality.[3] The generic substitution policy is best carried out by the community pharmacists as medicines are the cornerstone of any medical treatment and pharmacists are trained to dispense medicines. Drug therapy and medicine-related illnesses cannot be managed and monitored effectively without pharmaceutical care

3. Safety By engaging two practitioners, there will be a good check and balance system to prevent any medication errors which sometimes could be fatal to patients. This is an important area that is recognized internationally and dispensing separation has become a norm in many developed countries

Any change in the dispensing separation policy should take the issues above into consideration. Further, in order to successfully implement dispensing separation, the following factors need to be closely looked into:

1. The need for rescheduling the current Malaysian poison list Currently, some of the medicines such as those listed for the treatment of diabetes e.g. Daonil® (Generic name: Glibenclamide) and Diamicron® (Generic name: Gliclazide) are being categorized as group "C" poisons which can be sold by pharmacists without a doctor's prescription. With the implementation of dispensing separation, it is imperative that more drugs

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from group "C" poisons are moved to group "B" poisons which can only be sold with a doctor's prescription. This move will help the doctors monitor their patient's health regularly as the patients need to go and see them for their prescriptions. In addition, the loss of income due to patients being able to buy their medicines from pharmacists without having to visit the GPs, a serious concern for GPs would be resolved.

2. The need for establishing a generic substitution policy There is a very strong regulatory mechanism for the safe use of generics in Malaysia. For instance, in the treatment of chronic heart diseases such as cardiovascular diseases, the regulatory authorities in this country require bioequivalence evidence that the generic products are comparable with the branded products for them to be registered for sale. It must be emphasized that one should not confuse counterfeit medicines with generic medicines as counterfeit products are available for both branded and generic medicines.

3. Establish the need for pharmacist-physician patient referral Related authorities with the Ministry of Health should establish a pharmacist-patient referral system to the GPs. Currently doctors only receive referrals from their medical peers. According to recent recommendations from the World Health Organization (WHO) and International Federation of Pharmacy (FIP), establishing such a system will help overcome the problems of some 'under-diagnosed' ailments in the community as some of the findings from initial screening tests that can be performed by pharmacists will be evaluated further by a medical doctor.

4. Provision of special loans for pharmacists The fourth factor that should be considered if dispensing separation is to be implemented in Malaysia is providing special loans to pharmacists to start their practice in rural areas. Currently, there is a huge disparity between the number of clinics and pharmacies in the rural areas. This will be a burden for patients to get their medications after consultation with a general practitioner if dispensing separation is implemented. The provision of special loans will be an incentive for pharmacists to start their practice in rural areas, and this has been proven in many other developed countries such as Australia and New Zealand.

We believe, there is room for implementation of dispensing separation in Malaysia, but, it is a question of right timing and appropriate policies. One of the problems in Malaysia is that doctors and pharmacists do not really appreciate each others professional roles. The perception that pharmacists are merely businessmen who try to act like doctors has to be changed as pharmacists are highly trained professionals in the rational use of medicines. Furthermore, with the changes in the current curriculum of pharmacy schools across the globe, pharmacist undergraduate training has becomes more patient oriented rather than product oriented. At most institutions across the world and Malaysia, medical specialists are also intensely involved in teaching clinical aspects of disease management to pharmacy students during their clinical years. Therefore, a mutual insight into each others professional roles is needed and any personal conflict should be avoided as it will mar the professional images of both professions. Few countries like Korea[4] and Taiwan[5] are successful in separating the dispensing from doctors. It is also the time for the Malaysian pharmacists to get the dispensing right separated from the doctors.

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