

2	Reducing Medical Accidents & Improving Patient Information
3	A Country's Health Care Expenditure
5	Graduate Diplomas for Continuing Education
6	Lessons from Nepal
10	Training Future Housewives is a Waste of Money

SMA NEWS

De-classifying Drugs

By A/Prof Goh Lee Gan

The subject of de-classifying drugs attracted two articles in the newspapers in January, one in the Straits Times and one in the Sunday Times.

The first (Straits Times, 8 Jan 2002) said that this "will help lower healthcare costs, as patients do not have to pay consultation fees to get medicines they take regularly." (Salma Khalik).

A subsequent Sunday Times editorial (Sunday Times, 13 Jan 2002) had this to say:

"Popular though this rendering is, it ought not to be how the public views the business of taking more drugs off the prescription list. The evaluation should strictly be a clinical one: Is a doctor's expert knowledge required to decide what drug treats which condition? Health professionals never tire of warning that even safe over-the-counter preparations (antacids, cold medicines, vitamins and minerals, laxatives) can be hazardous if misused. In short, self-medication can be ruinous. This is clearly the reason that in Singapore, two thirds of the 8,000-odd drugs available can be bought only with a prescription. Even if doctors here never write repeat prescriptions for a reduced charge, consumer safety should decide what drugs to declassify, not health-care cost." (Anonymous).

The Sunday Times editorial, I am glad to say, has got it right. The decision to de-classify drugs needs to be based on consumer safety. There are also other things beyond de-classifying drugs.

WHY PAY CONSULTATION FEES

There may be advantages to pay to see the doctor for a consultation, rather than self-medicate. They are as follows:

- Whilst OTC certainly has a place for acute minor symptoms, often it is not possible to know that the condition is minor until one has consulted the doctor; in chronic medical conditions, the need to see the doctor becomes even more important.

Consider the following excerpt from the ST article on 8 Jan 2002:

"Ms Julie Chiang, an Indonesian who has lived here for the past nine years, welcomed the move. In Singapore, she needs a prescription for a thyroid drug that she takes regularly. But, she pointed out, she can get it in Bangkok without one, saving her the consultancy fee."

Making commonly-used drugs available without a prescription could lead to lower medical costs, as patients do not need to pay a doctor an \$18 to \$25 consultation fee."

In the case of the above patient, there is a need for her thyroid condition to be monitored, to ensure that the dose of thyroid medicine is enough: too high or too low a dosage is not desirable. Other aspects in the consultation of the outpatient with a chronic medical condition may be of greater importance than drugs. These perspectives of health care delivery are not appreciated by many Singapore patients and not asserted enough by doctors;

- The self-prescribed medicine may indeed be needed but the duration/dosage is not appropriate;
- Another medicine may be needed: two look-alike conditions may not be identical. A case in point

is the rash. Rashes may look alike to the non-professional eye but they are not. To be able to differentiate two look-alikes is the result of professional training; and this sometimes baffles even the most experienced doctors. The importance is of course, the appropriate medication for a rash depends on the correct diagnosis;

- No medicine may actually need to be taken and therefore money could have been saved. The symptoms may be a manifestation of a problem of living that requires identification of the problem and appropriate counselling.

CHRONIC MEDICAL CONDITIONS

For chronic conditions, monitoring is needed to assess the condition and ensure that it is under control and whether complications have set in. One should therefore not save money by buying drugs over the counter. For instance, every diabetic needs a yearly checkup for complications and perhaps a quarterly check of the HbA1c. Timely laser photocoagulation for proliferative retinopathy discovered at the eye-check will save the patient from blindness besides signalling the need for more stringent control of the diabetic state. A persistently raised HbA1c is a red-flag for attention – it may be a signal ranging from inter-current disease to depression. To suggest that the consultation could be stinged will be penny wise, pound foolish.

DRUGS MAY NOT BE THE ANSWER

The point that the answer to a problem is often not drugs but other



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Reducing Medical Accidents and Improving Patient Information

SMA recognises the importance of promoting patient safety and patient consent. In the work of the SMA Ethics and Complaints Committees, it is clear that many of the complaints arose out of the fact that patients were not clear about what was being done for them and these then led to disputes of the results. Indeed, promoting patient safety has always been a big issue and this has attracted attention all over the world. With the release of the two reports, "To Err is Human: Building a Safer Health System" in 1999, and "Crossing the Quality Chasm – A New Health System for the 21st Century" in 2001 (reviews for both reports are available in the SMA News August 2000 and January 2002 issues respectively) by the Institute of Medicine in the United States, it is clear that promoting patient safety must be seriously looked into.

In Singapore, the idea of a workgroup to look into the promoting of both patient safety and understanding for a truly informed consent was mooted at the Medical-Legal Society's annual seminar, which was held from 27 to 28 October 2001. The credit for such a workgroup must go to the different stakeholders who share a common vision. Members of the workgroup include SMA, the medical defence organisations (MDOs),

TABLE I

TERMS OF REFERENCE OF THE WORKGROUP ON REDUCING MEDICAL ACCIDENTS AND IMPROVING PATIENT INFORMATION

1) To review:

- the situation in Singapore and worldwide (US, UK, Malaysia, New Zealand and Australia) with regard to patient dissatisfaction, adverse outcomes, complaints and medical litigation in Singapore;
- the quantum of award for damages in the medical legal cases in Singapore and worldwide, as well as to explore the place of mediation;
- how medical risks and accidents can be reduced; and
- the place of a satisfying doctor-patient relationship, doctor-patient communication and adequate information provision, in the reduction of complaints and medical litigation.

2) To recommend:

- a practice guideline that could be introduced to healthcare providers to promote adequate information provision and a satisfying doctor-patient relationship as measures to reduce medical litigation; and
- the quantum of award for damages in the medical legal cases, as well as to explore the place of mediation in Singapore.

and various lawyers from the Law Society and legal firms. Clearly this issue will be of great interest to the public, users and providers of healthcare in Singapore.

In the workgroup that is being set up, the SMA Council has also invited representations from the medical defence organisations, the Medico-Legal Society, the Law Society, and various legal firms. The terms of reference for this workgroup are given in Table I. The workgroup hopes

to be able to complete and submit a private report to the SMA Council and MOH, as well as to the Attorney General Chambers and other interested organisations, such as CASE.

This workgroup will look at patient safety and informed consent from the provider's perspective. We also understand that MOH will be setting up a separate workgroup to examine the subject from the user's and public's perspective. ■

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◀ Page 1 – De-classifying Drugs

non-pharmacological measures can be illustrated by a real case in point. I have a patient who complained at first of disabling vertigo, then splitting headaches (CAT scan negative), and more recently, a severe epigastric pain (scope showed some inflammation, H pylori negative, and no ulcer). This patient has some problems of living. So my prescription to her husband is this: drugs are not the answer nor are expensive consultations, for that matter. She needs to sit down with him and the step-daughter to talk about many things in their lives.

EDUCATION ON MEDICATIONS

In America, the de-classifying drugs movement was actually initiated by drug manufacturers to get a bigger market share and they won FDA approval to do so. This move of de-classifying drugs is also given a cryptic synonym of "Rx-to-OTC Switch". It has spawned a whole book industry on educational materials for medications. More sound education on medications is needed in Singapore.

TAKE HOME MESSAGES FOR THE PATIENT

Every doctor in Singapore has a duty to

disseminate three take-home messages to the patients whom they see:

- The reason for seeing the doctor is more than just to obtain drugs, it is also namely, to find a diagnosis, opinion on investigations and how to manage the problem;
- It may be penny wise and pound foolish to buy medications instead of seeing the doctor; and
- It is a *caveat emptor* – the patient needs to make sure he or she is properly educated, by self-reading or asking knowledgeable people, about medications before trying to self-medicate. ■