

Doctors & Dispensing

Editorial note:

We reproduce the following letters which were published in the Straits Times Forum Page on 10 and 24 June 2004 respectively. We highlight the text that have been edited by the Forum Editor in the published letters.

10 June 2004

Dear Sir

We refer to Ms Salma Khalik's article "Separate docs from pills to stem abuse" in the Straits Times of 3 June 2004.

Her proposition is that doctors prescribe potentially addictive drugs because there is a financial incentive to do so. She further suggests that the current few punished by the Singapore Medical Council are the tip of the iceberg and that there are many others.

Her proposed solution to the problem is to remove the dispensing rights from doctors and give them to pharmacies.

The SMA begs to differ from Ms Khalik's revelation. As reported, it does not condone irresponsible prescription and dispensing of such drugs by doctors. Undoubtedly, the few punished recently may not be an exhaustive list but it is the belief of the SMA that they are the tip of an "ice-cube" rather than an iceberg **(deleted "as alarmingly raised by Ms Salma")**.

The SMA welcomes the recent remarks by the Acting Health Minister Khaw Boon Wan on this subject, when he upheld the principles of self-regulation by the profession as well as the fact that doctors in Singapore are largely an ethical group of people.

The SMA's belief is based on the following empirical observations:

- Drug companies that import and distribute such drugs have up-to-date records of what every clinic has been ordering in the past few years. They would also know which clinics have been ordering inordinate amounts of such drugs.

As responsible corporate citizens, these multinational **(deleted "pharmaceutical")** firms would have alerted the relevant authorities if they had noticed anything grossly abnormal **(deleted "and our enlightened authorities would have taken prompt action")**.

- In addition, the fact that sleeping pill addicts have to continually return to doctors who prescribe indiscriminately to get their supply of these drugs is testament to the fact that the vast majority of doctors are apprehensive – if not reluctant – about prescribing such drugs.

If the practice was widespread, then the errant doctors will stand out less as sore thumbs. If abuse by doctors was really widespread, then addicts can get their fix by doctor hopping.

24 June 2004

Dear Sir

Much has recently been reported about the abuse of sleeping pills by drug addicts, and how many of these addicts get their supplies from GPs. As this is a significant problem in our society, the Singapore Medical Association (SMA) would like to state its position.

Medicines are two-edged swords – they have the potential for relieving suffering or curing illness, but as bioactive substances, they can also be abused. Sleeping pills are important medicines to patients who need temporary help because of disturbed sleep cycles (e.g. jetlag and biological clock readjustment, or shift-work), unaccustomed stress (e.g. bereavement or psychological trauma), or treatment of psychiatric illnesses. However, by unhappy coincidence, they can also be abused by drug addicts seeking a high.

The SMA fully supports doctors who continue to use these medicines for legitimate medical reasons, but condemns those who knowingly make these medicines available for the purpose of abuse. When the latter occurs, the doctor's action will be judged by a panel of distinguished senior doctors, the Singapore Medical Council (SMC). The SMA, which is a totally separate body, fully supports the SMC in all its work, including bringing such errant doctors to justice.

Recent articles in the press may mislead readers to conclude that the problem of drug addicts abusing sleeping pills will be solved by stopping the few irresponsible GPs from prescribing or dispensing such medicines. Putting an end to dispensing when there is no medical justification is indisputably a good thing in its own right. But it will not stop the problem of abuse.

The same medicines will still be used, correctly, to legitimately help patients get over temporary problems. The prescription is based largely on trusting the history that the patient provides, as it is impractical to demand proof of many details like shift-work or bereavement during a consultation. Therefore, there is currently nothing to prevent an addict from lying about his history, and through serial consultations accumulating enough sleeping tablets to achieve a dose high enough for abuse. Indeed, it is telling that a full-page article in the Sunday Times (20 June) discussed the problem at length, but could not recommend any practical solution. The problem will thus persist to

◀ Page 6 – 10 June 2004

Indeed, it is the opinion of SMA that most doctors are cautious in prescribing such drugs as they are fully aware of the deleterious effects on patients.

- Accordingly, Ms Khalik's proposal to remove dispensing powers from doctors will actually, to some extent, absolve doctors from being wholly accountable.

This is because it will be much harder to find doctors guilty even if they exercise more laxity when prescribing such drugs as they now no longer have an obvious motive to over-prescribe. **(deleted "I do not gain financially by prescribing, therefore my prescription must be ethical.")**

The net result is that doctors will become desensitised to the issue of prescription of such dangerous drugs since they are now less accountable.

Prescriptions may become more readily available as doctors may think that now it is harder to find fault with them and the responsibility is shared with the pharmacies.

The utopian argument to this would be that doctors should exercise the same due standards of consideration and professionalism when prescribing such drugs whether they can dispense them or not, because they should have the interests of patients in their hearts.

However, for such an important issue, SMA would like to err on the side of caution and be realistic. Unfortunately, doctors are humans and have typical failings. Carefulness is commensurate with responsibility and accountability, just as Ms Khalik acknowledges that the removal of the profit motive promote more ethical behaviour.

On the other hand, it is very difficult to check if addicts obtain unsafe amounts of such drugs by pharmacy-hopping with more readily available prescriptions from doctors as there is no nationwide medication record for one person that cuts across all pharmacies and medical clinics.

As a result, if we go along with Ms Khalik's proposal, a new equilibrium may result whereby:

- Doctors, being not wholly accountable for prescription and dispensing, are desensitised to prescription.
- Doctors prescribe more readily.
- Addicts may now readily obtain prescriptions by doctor-hopping.
- Addicts may easily fill up these prescriptions unnoticed by pharmacy-hopping.
- Addiction rates go up.

The old adage still holds true: "if more than one party is responsible, then no one is responsible".

Indeed, most doctors do not profit by prescribing such drugs. In fact, they dread the situation when a patient comes in asking for such medications. It is an unwelcome hassle but because we, as trained professionals, recognise that there are situations whereby patients can benefit

from such drugs, we continue to prescribe them after very careful consideration.

Most doctors would welcome the division of rights as proposed by Ms Khalik **(deleted "concerning drugs that can cause dependence")**. However, until there is a nationwide system of monitoring consumption by a person when he doctor- or pharmacy-hops, the SMA, being an organisation that is grounded on the principles of patient advocacy as social responsibility, supports the position that doctors shoulder this onerous burden of controlling both the prescription and dispensing of drugs that can cause dependency.

(deleted "Indeed, we should be careful in what we ask for, lest we create even larger problems.")

Yours sincerely

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◀ Page 6 – 24 June 2004

one extent or another, even when no GP prescribes irresponsibly.

Addiction has affected some members of our society since the days Singapore was a British Colony. In recent decades, we have together as one society, battled abuse of opium, heroin and morphine, solvents in rubber glues, and synthetic drugs like amphetamines. As each substance becomes less available, the addicts turn to alternatives, the current one being sleeping pills.

The vast majority of doctors prescribe sleeping pills responsibly, to help patients who need these as medicines, while being very aware that these same pills can be abused by addicts. The SMA will gladly support any practical measures that will reduce the risk of abuse of sleeping tablets, which does not at the same time excessively compromise its availability to treat patients needing them for legitimate reasons. As doctors, we will continue to exercise great care when prescribing medicines that can potentially be abused.

But as prescription medicines are only one of many such substances that drug addicts turn to, it is important for all of us to acknowledge that the problem does not start, nor will it end, with the issue of sleeping pills and a few errant GPs. We should look beyond these, and remind ourselves that the problem of addiction can only be successfully combated by society, working as a whole. In doing so, the SMA will continue working together with the relevant authorities in dealing with this social menace.

Yours sincerely

DR LEE PHENG SOON
President
Singapore Medical Association ■