

Unfair and Biased Reporting

Dear Editor,

The Straits Times Health Correspondent Ms Salma Khalik is unfair in her sensational "think" feature article "Docs not swallowing the bitter pill". (*The Sunday Times*, 5 January 2005) It is so biased that it prompts us to question whether she has a hidden agenda.

It is an exaggeration to accuse private doctors for prescribing sub-therapeutic cough mixtures for "bad coughs" in order to force the patient to return for a "stronger drug". There are many causes of coughing. Certain cough mixtures contain opium derivatives which suppress the cough reflex and can be dangerous because they can convert a mild chest infection into a dangerous pneumonia. A "bad cough" will not respond to a "stronger drug" which by implication means a stronger cough mixture. The reputation of the doctor depends on the success of his/her treatments and recommendations by word-of-mouth from their former patients, and they will not risk it with sub-standard treatments since private medical practice is very competitive. It is insulting to compare Singapore doctors' prescription practice with the worse than a third world Mugabe's Zimbabwe's "sub-curative dosages or medicine".

Over the past one to two decades, reputable international proprietary drug firms have stopped importing many of their expensive but effective proprietary drugs. They cannot compete with generic drugs as their local market is small and the high registration fees per drug made it not worth their while. Fortunately, a large reputable Canadian generic drug firm, which shall be nameless, has replaced many of the drugs at a fraction of the cost of proprietary drugs, and is only marginally more expensive than other generic drugs. Most doctors prefer to prescribe its drugs. This is because should patients need to sue for serious adverse side effects, small generic drug firms will just close shop and disappear or re-open under a different name. We are prescribing more generic drugs as recommended by WHO, but only from reputable generic drug firms. There are some important new proprietary drugs whose patent rights have yet to expire, and if patients need them, there is no alternative but to prescribe them.

It is mischievous to smear private doctors because of the professional misconduct of the Grace Polyclinic doctors who sold sleeping pills, which is not condoned by the medical profession, and for which they have been rightly convicted.

Private doctors purchase drugs in bulk and are given professional discounts and bonuses by the drug firms. They pass on part of the savings to their patients in the form of lower charges for medicine and consultation.

The Straits Times Health Correspondent failed to highlight the fact that pharmacies mark up the prices of ALL drugs well above the MIM'S list prices (I did write prescriptions at the request of patients, but because of the higher prices at pharmacies, they did not repeat the requests again except those with relatives who are doctors and could obtain discounts), and both public and private hospitals charge in-patients

considerably higher prices for medicines.

Recently, a government hospital not only charged for FREE samples, but the drugs had expired! There are strict MOH rules governing dispensing which include among other data, the expiry date. What happens if the medication is in the form of syrup poured out of a one or two-litre stock bottle? If it were out-of-date, the patient would be none the wiser.

It is fallacious to claim that private specialists do not see acute patients. According to the proposal, they will be required to prescribe emergency treatment to their patients and write out prescriptions to be dispensed at pharmacies during their daytime opening hours. This means that private doctors must stock emergency medicines, but since the order is small, the cost of the drugs will inevitably be higher. Then the doctor will be accused of profiteering. Besides, there is the additional cost of carrying the drug stock, employment of a dispenser, and incurring losses when the drugs expire since the drug firms will not agree to exchange them because of the small purchase. It is unreasonable to expect private doctors to agree to such an arrangement – they would rather leave it to the pharmacies. And if pharmacies wish to monopolise dispensing, they must be prepared to open 24 hours daily, including weekends and public holidays, at town centres throughout Singapore, stock the whole range of drugs and be staffed by qualified pharmacists as required by law for controlled drugs, for the convenience of patients.

With a monopoly, pharmacies can fix the prices of drugs at will because there is no competition from private physicians. Do not ever believe that the pharmacies want to monopolise dispensing for altruistic reasons. They are in the business to make as much profit as possible for their shareholders. However, they must not shirk their dispensing duties during "graveyard" hours and expect private physicians to do it.

Is the public prepared to pay for much higher consultation fees and much higher prices for drugs, apart from the inconvenience?

By the way, in Singapore, pharmacists are confused with pharmacologists who are the ones specifically trained in the action of drugs, their side effects and incompatibilities. Classes of drugs with "similar" action are grouped together but not any one of the drugs in the same class is a suitable substitute for a particular patient. It is not simply substituting one drug for another if the particular drug is not in stock. It is only from experience that the physician or pharmacologist can recommend the appropriate drug. It is regrettable that some government and private doctors do not take the trouble to personally instruct patients on drug information.

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