

Dispensing drugs in general practice – when is it ethically justifiable?

Dr. A: In South Africa, as well as in other developing countries, doctors are legally allowed to dispense medications from their surgeries. Are there any moral grounds, if any, for them to dispense medications to their patients?

Dr. B: What are you getting at? This is one privilege that family practitioners enjoy and are not willing to relinquish in the face of rising medicine costs in this country. Before you go further, it is important to establish the legal requirements for dispensing medications.

Dr. A: The legal requirements are quite clear. These include a dispensing license from the Health Professions Council, sound pharmaceutical knowledge of drugs dispensed, adequate and safe storage space from the elements, good stock control, proper disposal of expired drugs, provision of facilities to compound and proper patient record-keeping of dispensed drugs.

Dr. B: You have mentioned a number of legal requirements for dispensing medications. But in reality, who is responsible for making sure that they are adhered to?

Dr. A: This is the function of the same council, which issues dispensing licenses to family practitioners. I think that you are getting into muddy waters on this very important issue. Let us look at case scenarios to help us unravel this conundrum.

Dr. Dogma, a family practitioner, lives in an urban town, where he is licensed to and dispenses medications to his patients. In this town, there is a chemist. What arguments might he give to justify his dispensing practice?

Dr. B: He might make the following common justifications:

- As a family practitioner, he is concerned with "total" patient care. "Total" patient care implies holistic care and dispensing medications is a part of this care (or)
- He is concerned with "optimal" patient care. It is troublesome for his patients to travel to the chemist in town. Therefore, he dispenses medications to avoid the inconvenience to his patients (or)
- He dispenses because it is legal.

Dr. A: You have highlighted some common justifications that I wish to challenge with the following questions:

- a. What does "total" patient care and "optimal" patient care really mean?
- b. Is what is "legal" always "ethical"?

Let me give you another scenario. Dr. Do-Little, another family practitioner, has his practice in a rural area. He is licensed to and dispenses medications to his patients, as there is no chemist within a fifteen-kilometer radius of the practice. Can he ethically justify this practice of dispensing too?

Dr. B: Yes, of course. He might come up with the following justifications:

- There is no chemist within a reasonable distance, therefore he dispenses to his patients (or)
- It is inconvenient for his patients to travel far (or)
- As a family practitioner, he is concerned with "total" patient care and dispensing is part of the "total" patient care.

Dr. A: Interesting justifications. I have my arguments against your response to this second scenario in the form of the following questions:

- a. What is a reasonable distance for patients, if they have to collect their medications away from a surgery?
- b. How do we know if a patient is inconvenienced when medications have to be collected at a far away chemist?
- c. What does "total" patient care really mean?

Dr. B: I see that you have cornered me with a number of fundamental questions on dispensing medications by family practitioners. It seems that we have to identify situations when it is ethically justifiable to dispense. Do you have any ideas since you started this discussion?

Dr. A: I can only identify three situations when it would be ethically justifiable to dispense in family practice, namely – where there is no chemist within a reasonable distance, emergency situations and when the medications are dispensed at cost price to the patients.

Dr. B: The last situation is a tough choice for family practitioners to make. The financial incentives to dispense medications are very strong and it would need a complete overhaul of the way in which medical aid companies remunerate doctors for services rendered to patients, or what fee-paying patients want from their doctors. What you have just proposed as ethical grounds for dispensing medications sound unrealistic and unachievable in this country.

Dr. A: Remember, we are still in a transition phase with

health care reforms in South Africa and this is a unique opportunity to correct the mistakes of the past and present. We need to agree on the following:

- a. Dispensing medications to patients may be legal, but what is legal is not necessarily moral or ethical
- b. The Health Professions Council needs to review criteria / requirements for dispensing medications when granting licenses to doctors. In fact, all doctors should reapply and be reassessed for compliance with the Council's requirements on dispensing
- c. Medical aid companies should consider payment at cost price for drugs dispensed by doctors to justify the continuation of this practice
- d. Pharmacists have to be more proactive in setting up chemists in rural areas and townships.

Dr. B: Food for thought!

Dr. A: That's the idea.

Prof. Gbayega A Ogunbanjo MBBS, MFGP(SA), M Fam Med (Medunsa), FACRRM

Dept. of Family Medicine & Primary Health Care, Medunsa South Africa

Dr. Donna Knapp van Bogaert MA, MBA, M. PHIL Applied Ethics (Biomedical & Business) (Stell)

Department of Anat. Path, Medical University of Southern Africa (MEDUNSA), Pretoria

Press Release

International Experts for SA Sports Medicine Congress

The 10th Biennial Congress of the South African Sports Medicine Association will be held at the Spier Estate in Stellenbosch from February 9-11, 2003. The timing of this congress will coincide with the Official Opening and start of the World Cricket Cup and will overlap with the 2nd World Congress of Science and Medicine in Cricket, which will also be held at the Spier Estate.

FIMS, the International Sports Medicine Federation, will be holding their Executive Meeting in conjunction with the SASMA Congress, and international opinion leaders from the cricket medicine fraternity and from FIMS will participate in the SASMA Congress as guest speakers.

The SASMA Congress academic programme will include scientific paper presentations, poster presentations and workshops on topics of clinical significance. The following international speakers have already been confirmed;

- Karim Khan - co-author of the best-selling textbook Clinical sports Medicine.
- Prof Roger Barlett – Director of the Centre for Sport and Exercise Science at Hallam University, Sheffield.
- Dr Sandy Gordon – National Chair of the Australian College of Sports Psychologists
- Dr Paul Hodges – Associate Professor in the

Department of Physiotherapy at the University of Queensland.

- Dr Sam Headley – Associate Professor of Exercise Physiology at the Springfield College in Massachusetts
- Prof K M Chan – President of the International Sports Medicine Federation
- Prof Walter Fontera – Secretary General of the International Sports Medicine Federation

For further information contact;

The congress organiser:

The Marketree on
tel 083 753 2937,
fax 011 896 2979,

e-mail excelsol@mweb.co.za
OR

The congress secretary:

Miss Desiree Sellner on
tel. 031 201 6653,
fax 031 201 6653,

e-mail info@sasma.org.za
OR

Visit the SASMA website www.sasma.org.za

LEARN
QUESTION
DEBATE
SHARE



S.A.
Family Practice
The Only One You NEED to Read!

Be Proactive, be Professional, get Involved with your Future!
Join the South African Academy of Family Practice/ Primary Care
CALL PENNY BRYCE ON 011-807 6605