Our business is medicine
It seems so straightforward someone is ill and needs medicine. We’re in the business of supplying medicine, so obviously we should let them have medicine. It seems simple, or is it?

Actually, no. It isn’t simple. There are all sorts of things to take into account. And we have to be really careful, as the recent media investigations into the legality and ethics around selling medicines has shown.

The easy part?
Perhaps the easiest part of our job is to supply a medicine on prescription. After all, the doctor takes the responsibility, doesn’t she?

To a large extent, she does. The pharmacist also takes responsibility, because he needs to make sure that the medicine given is appropriate and not dangerous for a particular patient, and that the pharmacist’s assistant has taken the correct medicine from the shelf.

So what is a prescription?
Gary Black’s article on prescriptions made me realise that we tend to think of a prescription as just another piece of paper. We forget that it is actually a legal document, so it’s important to recognise what the law requires.

The difficult part?
One of the things that has been in the media a lot recently is the sale of schedule 2 medicines, particularly those that are potentially dependence producing.

One of the things I find particularly difficult when I work in a pharmacy is the fact that so many consumers march into the pharmacy and demand certain products.

I know that consumers are better educated now than ever before. I know that responsible self medication is an important part of taking responsibility for one’s health. I also know that there is a really good reason for putting some products into Schedule 1 or 2, rather than leaving them unscheduled.

It isn’t just about the dependence producing potential. These substances are perfectly safe if used appropriately and with due caution and respect. Besides, not all Schedule 1 and 2 substances care likely to cause dependence.

One of the major reasons for inclusion of substances in these schedules has nothing to do with dependence, or even with the substance itself. It has to do with the nature of the condition.

Most schedule 1 and 2 substances are used to treat minor self-limiting conditions. So surely the condition will go away by itself, and the medicines are only useful in treating the symptoms?

This is where professional knowledge and expertise comes in. It’s really important to speak to the patient and to make sure that the medicine being bought is appropriate to the patient’s condition.

Is that cough really just a nuisance? Is it a sign of something more serious? Could it be TB? What about congestive heart failure? Or is it a side effect because the patient is taking an ACE inhibitor?

What about that pain? Surely it isn’t right for pain to last for days or weeks or months? Does it mean that there’s something more serious that needs attention?

Does the patient buying a multi-ingredient product for flu know that it contains an analgesic? Is she likely to take an additional pain killer?

These are the questions that we must ask ourselves before we sell a packet of pain killers, or a bottle of cough mixture.

So supplying Schedule 1 and 2 products isn’t just a simple matter of having the consumer ask for a particular product and our ringing up the sale. We have professional and legal responsibilities, and we must do what we can to make sure that the patient’s health is not compromised by injudicious use of self-medication.

Continuing Professional Development
Are you remembering to keep your portfolio up to date? I hope that you are making use of the suggestions in Expand your Portfolio.

The Pharmacy Council has indicated that it intends introducing mandatory CPD within 5 years. Wouldn’t it be good to know that you’re ahead of the pack? Get out your reference books and start reading! It’s worth the extra trouble - and it benefits your clients.

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