

29 March 2008

PRESS STATEMENT

ON

MMA OPPOSES THE SEPARATION OF THE ROLE OF PRESCRIBING AND DISPENSING BY DOCTORS

This is with reference to the report in the News Straits Times today on “Doctors to be disallowed from dispensing medicine”.

The Malaysian Medical Association (MMA) wishes to **oppose** this move by the Ministry of Health to make pharmacists the sole dispensing agents in the country even if there are sufficient pharmacists in the country in the future. Currently based on the Ministry of Health statistics 2006, the pharmacist-population ratio in the public sector is 1:29,966, the private sector 1:7,828 and the total ratio is 1:6,207.

The MMA feels that the public should be left to decide from where they want to get their medications, either from a doctor or a pharmacist. In helping them to make such a choice, the public need to have all the facts regarding the present position, their advantages and disadvantages and the costs to them as individuals and a community, if the system is to be changed.

The doctor's main role is to diagnose and treat and this treatment includes giving the appropriate medication to the patients. Therefore, doctors cannot give up their rights to dispense medicine. To avoid accusations that doctors make profit from dispensing medicine, the doctors are already separating consultation fee from cost of medication. While the MMA's recommended fee for consultation is RM30 for minor ailments, doctors, generally offer a package consisting of consultation fee and medication for less than RM30. The MMA has been encouraging doctors to itemize their bills above RM30 so that patients will know the cost of medication.

Pharmacists should not be allowed to prescribe medications without a doctor's prescription. Currently, there are cases of pharmacists prescribing, for example, anti cholesterol, anti hypertensive, diabetic and other medicines to the public. This is not ethical. *“Many doctors usually dispense the more branded and expensive medicines simply because they get incentives and bonuses from the drug companies”* is a totally irresponsible statement and very unethical. The brand of a particular medicine that the pharmacist has in stock may not be acceptable to the doctors who prescribed it. The doctor may doubt its potency and reliability. Not all the brands of medicine are as reputable as being claimed. For a drug to be up to mark, the base substance is also

important and will affect the absorption and the shelf life of the drugs. Some local manufacturers do not use the same base substance as the original patented drug and thus although the amount of active substance is the same, the potency and duration of action may differ, so may the shelf life of the drug. Here stringent quality control is extremely important. This is the main reason why most doctors still prefer to use patented medicine, not because we want to gain profit or get incentives as accused.

If the role separation takes place prematurely, patients would face the inconvenience of having to travel to another location to buy the medicine prescribed by the doctor. In Malaysia, we have a good system that is very convenient for the patients. After seeing a doctor and then having to search for a pharmacy to buy the medicine is very impractical in this country. The patients will have to go through another ordeal of finding pharmacists and waiting for another period of time before getting the medicines they need. Extra time is wasted in traveling and waiting for the medicine and this is especially felt by senior citizens, mothers with babies or young children, the disabled and those who are very ill.

If there is to be a change, it should be made gradually, beginning with the larger towns and perhaps pilot studies should be considered so that problems that arise can be ironed out.

In the meantime, both the professions together with the Ministry of Health ought to try their best to look at this problem objectively and solve it amicably, keeping in mind above all, the interest of patients whom we are all here to serve.

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