

**Review of Pharmacy Remuneration and Regulation  
Submission #15; 22-Aug-2016; John Buchanan**

**Response to "Review of Pharmacy Remuneration and Regulation Discussion Paper July 2016"**

I am interested in making a response to the Discussion Paper from my background of 45 years in medical practice, initially as a Consultant Physician, and more recently as a Consultant Psychiatrist over the last 30 years. The invitation to respond provides a useful means for me to express some of the difficulties and issues which have been of concern to me over many years.

I will respond in the context of the questions set out in Appendix A – Questions by context.

**Re pharmacy remuneration for dispensing**

*Q 26 Should there be limitations on some of the retail products that community pharmacies are allowed to sell?*

I would put the view, as the discussion paper implies, that it is extremely confusing for patients if non-evidence-based “therapies” are sold alongside prescription medicines. The whole area of over-the-counter preparation availability is a problem issue that in my opinion the Therapeutic Goods and Administration (TGA) does not deal with satisfactorily. My understanding is that the Australian community spends as much on “supplements and vitamins” as it does on prescription medications. It would appear that the vast majority of these “supplements and vitamins” are not of any demonstrated clinical benefit. From a medical point of view, the advertising of them is in fact laughable – so often one hears “preparation X *may support* the function of your thyroid/prostate/liver/whatever”. There is also an abundance of preparations which supposedly promote “detoxification”, when it appears that the majority of the community does not understand that a person's liver and kidneys are the built-in detoxifying organs of the body, and that other so-called “detoxification” is physiologically laughable, and essentially means that the community is being ripped off.

As well as the waste of money, it is of concern to many medical practitioners that patients use such supplements and vitamins, etc. in an attempt to self-medicate, which is often an unhelpful step, because it means that they avoid presenting for a proper medical assessment of whatever their difficulty is or symptoms are. I appreciate that some people will make an argument made on “choice”, but that is of little merit when one considers that the preparation chosen is mostly of no benefit at all, and creates the comforting illusion for people that they are actually treating themselves in some useful way.

It is apparent, from the standpoint of the medical practitioner, that the vast majority of people in the community have a very limited understanding of the way their body works, and are vulnerable to being preyed upon by manufacturers of preparations which have no physiological or pharmacological benefit. I have on occasions written to the manufacturer of some of these preparations, particularly when patients have experienced side-effects from them. When asked to provide some evidence of benefit, the responses are waffly and medically meaningless.

*Q 35 Are there non-medicine related services that pharmacists can or should provide to*

*consumers?*

There are some difficulties at the interface between pharmacists and patients/consumers. I have had numerous complaints by patients over the years of pharmacists interrogating customers about why they have been prescribed certain medications – eg particularly antidepressant medications, and sometimes tranquilliser medications (often medically necessary for severe psychiatric illness) when a pharmacist knows absolutely nothing about a person's history. I have had patients complain to me that they were interrogated at the pharmacy counter in front of their neighbours, and have been asked very personal and private matters about their personal history which is nothing to do with the pharmacist. If a pharmacist has some issue with the prescribed medication, they should contact the medical practitioner concerned, and not interrogate a patient in front of the general public.

I have represented the RANZCP in discussions with the Pharmacy Guild, and been assured verbally and in writing that the Guild would take some action. What I proposed was that if a pharmacist wanted to discuss some private matters with a customer, the person should be taken to a separate and confidential area of the pharmacy where there can be a discussion in private if necessary.

I raise this issue because if pharmacists were to conduct any “non-medicine services”, it would need to be conducted in a private area of the pharmacy. Most retail pharmacies are not set up in a manner which would be appropriate. Furthermore, if things such as people's blood pressure are measured or vaccinations are given, there is an issue that arises about communication with the patient's GP. The Australian healthcare system is set up with the medical General Practitioner as the “gatekeeper” and cornerstone of the medical system such that referrals are required from a GP for patients to see a specialist, so that the GP can be the first port of call and assess the patient first. This is necessary because many patients' initial symptoms of illness are vague – eg. fatigue, insomnia, general malaise, etc. etc. There is a need for proper questioning about medical symptoms and examination of the patient to clarify in what direction any investigation should proceed.

The risk of pharmacists measuring people's blood pressure, for example, is that hypertension is only one of the cardiovascular risk factors, and the other factors would often be ignored if the pharmacist just took blood pressure, and the person goes away “reassured”. Such a process diffuses the role of the GP in being the “conductor of the orchestra” which is a most valuable part of the Australian healthcare system. I might contrast that with the American system where a patient can turn up to any specialist directly, and does not require a referral from a GP, hence there is no initial assessment of the overall person, and a patient may have multiple medical specialists who may not ever communicate adequately with each other.

My experience of poor communication from pharmacists would lead me to believe that any services relevant to primary care which were provided by a pharmacist, would not be communicated adequately to the patient's GP.

*These comments are relevant also to Q 38.*

### **Consumer experience**

*Qs 115, 116, 117 & 118 re vitamins and complementary products*

I believe it is extremely misleading to the public for complementary medicines to be sold in the same retail environment as prescribed medication is dispensed. It puts these preparations on an equal footing when there is little evidence for the effectiveness of the vast majority of complementary medications.

My preference would be for these two kinds of preparations to be sold in completely different sections of a retail pharmacy. Additionally, it is my view that people buying vitamins or complementary preparations should be warned, both by signage and by written handout, that there is little evidence for the effectiveness of the vast majority of these medications.

Manufacturers should be asked to provide a statement of the scientific evidence for their products to be handed to customers at the point of purchase.

I trust these comments are of use to the Panel.

Yours sincerely,

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