

PHYSICIAN – PHARMACIST COLLABORATION WITHIN THE PRIMARY MEDICAL ASSISTANCE IN THE COUNTY OF VÂLCEA

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Abstract: There is no proper constructive collaboration between the triangle physician – patient – pharmacist. It is necessary to find a way to bring closer those who, no matter how difficult it is to admit, are liable for the patients' life and health.

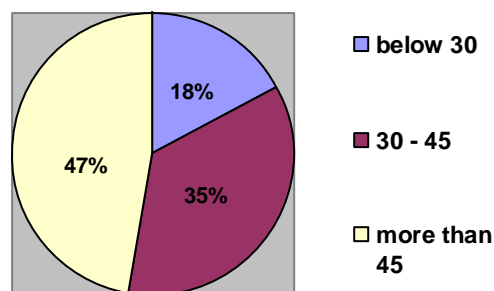
Keywords: pharmacist, family doctor, compensated and free drugs prescriptions.

Rezumat: Între medici și farmaciști nu există o colaborare propriu – zisă, constructivă în avantajul triumphiului medic – pacient – farmacist. Trebuie găsită o cale de mijloc care să îi apropie pe cei care sunt cei mai aproape de pacient, de viața și sănătatea lui, de care, până la urmă pe cât e de greu de admis, sunt ambii făcuți răspunzători

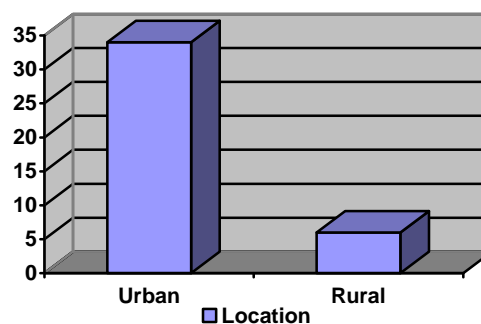
Cuvinte cheie: farmacist, medic de familie, rețete compensate și gratuite.

3. Location of the drug store: 34 drug stores were placed in the urban environment (85%) and 6 in the rural environment (15 %).

Picture no. 1. Distribution of the studied batch according to age



Picture no. 2. Distribution of drug stores according to their location (urban / rural)



INTRODUCTION

One of the weak rings of the chain that links a man's disease to its solution is the continuity of the possibility for a patient, who is seen by a doctor (the first would be the family doctor) to be able to procure the prescription needed, so that after treatment, to be able to cure himself.

PURPOSE OF THE RESEARCH

I studied the relation between doctors (especially, the family doctors) – and pharmacists regarding the patient's need for prescriptions.

MATERIAL AND METHOD

43 questionnaires were distributed to the pharmacists of the county of Vâlcea (urban and rural environment), each of them containing 11 questions (items), between November and December 2007. The pharmacists were asked to supply the questionnaires without signing them. Three questionnaires were not filled in for unknown reasons. So, it remained a number of 40 respondent pharmacists.

RESULTS AND DISCUSSIONS

- Regarding the question about the gender, 3 were men (7.5%) and 37 were women (92.5%).
- Regarding age, 7 were below 30 years old = 18%, 14 were aged between 30 and 45 (35%), while the rest of 19 were more than 45 years old, that is 47%.

4. Regarding the prescriptions issued by the family doctors, there was received and issued a percentage

a) between 50 and 70% prescriptions according to the drug store location (in rural and more in those placed in the neighbourhood of the family doctors' medical offices). The uncompensated prescriptions were issued more by the drug stores placed far away from the medical offices or near the patients' dwelling place.

b) the percentage of the prescriptions issued by the doctors of other specialities was of 30-40% regarding the majority of the drug stores (90%).

c) the percentage of drugs issued without prescription varied between 10 and 25% (higher for the drug stores that did not have medical offices in their neighbourhood).

5. Regarding the compensated and free drugs prescriptions issued:

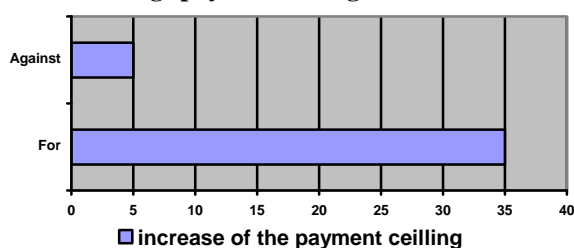
a) the family doctors issued 60 – 85% of such prescriptions;

b) the doctors of other specialities issued 15 – 40% of the compensated and free drugs prescriptions (more in the drugs stores placed in the neighbourhood of the speciality ambulatories).

6. Regarding the pharmacists' complaints about prescriptions, the large majority, 87.5 % - 35 pharmacists signalled the illegible handwriting, while the rest of 12.5% - 5 pharmacists noticed wrong doses or codifications. Concerning the prescriptions issued by the doctors of other specialities, the majority of the pharmacists (87.5% – 35) signal the illegible handwriting, the non observance of the lists and of the diseases codes. That is why, many times the patient is sent back to the doctor who has issued the prescription, for the necessary corrections and many times the patients prefer to pay the entire sum of money for the respective drugs. These mistakes of illegibility are generally due to the lack of the time necessary for a "meticulous" prescription. The number of consultations is huge every day, the name of the basic substance should be written in Latin, as well as the common international name, in uppercase. The doctors hurry, commit errors and the pharmacists become uncertain of what to give to the patient.

7. Out of those 40 questioned pharmacists, 87.5 % - 35, pleaded for the increase of the payment ceiling of the compensated drugs or even its removal and only 5 pharmacists (12.5 %) were not in favour of the increase of the payment ceilings.

Picture no. 3. Pharmacists' attitude regarding the increase of drugs payment ceilings.

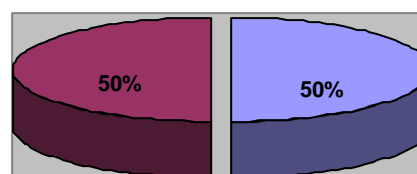


8. Regarding the problems encountered in the compensated and free drugs lists, the pharmacists noticed the following:

- Too frequent alteration of the drugs lists and their reference prices;
- Not all the doctors are aware of these lists or do not work with them, they do not know how to look for a drug correctly;
- Some of the pharmacists think that there should be only one list of drugs, that should include them all;
- Some of them consider the free drug lists for children and pregnant women as "heavy";
- The disappearance of certain drugs which proved their efficacy by the frequent requests from the part of the patients, was also observed.

9. By detailing the issue, when the pharmacists were asked whether the family doctors always write correctly the disease codes, 50% (20 pharmacists) answered YES, while the others 50% said NO. Why is it possible to write the diseases codes in the wrong way? (because of not knowing the existence of the disease code, because of the wrong placement, because of the hurry?)

Picture no. 4. Pharmacists' attitudes regarding the way of editing the prescription



■ write correctly ■ write incorrectly

10. The question was "Do you think it is necessary to have standard prescriptions for stupeficients and psychotropic drugs? It is about the green and yellow standard prescriptions presented in table II and III of the special law, which can be bought separately from the County Public Health Authority. Two thirds of the pharmacists do not find any utility of them, while the other two thirds consider them necessary for avoiding falsification, illegalities, and maybe for the reduction of the demand in case of the lack of standard prescriptions. But, for us, there is another concern; we have to buy them (they exist only in sets of 25), to maintain them locked and last but not least, to waste time filling them in.

11. Concerning the proposals relative to the relation between the pharmacists and the family doctors, 30 of the pharmacists (75%) wish a more closer and fruitful collaboration and communication in order to solve the problems together, to exchange information, pieces of advice, possible mutual meetings between family doctors and pharmacists, Health Insurance House. 10 of the pharmacists (25%) are against informing the patients, by the family doctor, on the drug prescribed, which bears the commercial name.

As a conclusion, the direct partners of the family doctors, for the good treatment of the joint patients, have a firm attitude towards the family doctors and their relation with these ones and there is the wish for a more intense collaboration between these two basic pillars in the filed of health..

The relation between physician and pharmacist should be improved through periodical lucrative meetings, continuing trainings and even through the accomplishment of on line communications between the family doctors' medical offices and the drug stores.

BIBLIOGRAPHY

1. Vulcu Liviu – "Sănătatea este un bun economic" – Ed. Univ. "L. Blaga" Sibiu 2005.
2. Dobrescu D – Compendium de farmacologie, Ed. Medicală București, 2001.