Correspondence

Government proposals on prescribing

DEAR SIR

Concern has been expressed by the medical profession and the pharmaceutical industry over recent Government proposals to restrict the number of drugs available on NHS prescriptions. Much emotion has also been generated and this has obscured some of the issues involved. Let us consider some of the less controversial of these.

First, a total drug bill of £1,400 million a year, of which £120 million is spent on the treatment of symptoms of minor self-limiting conditions, is an apparent cause for concern. Secondly, the availability of more than 17,000 different products that can be prescribed, a figure that has doubled during the last 25 years, cannot make therapeutic sense. Thirdly, it is widely acknowledged that there is much overprescribing and irrational prescribing and it appears that we as doctors have been unable to keep our house in order.

True, there has been a decrease in prescribing of barbituarates and diazepam, but in the case of diazepam this has been partly offset by an increase in prescriptions of other benzodiazepines. As insufficient action has been taken by the medical profession, the Government has decided to take things into its own hands. This echoes what happened in the past when, as a result of irresponsible prescribing of drugs of abuse by a minority of doctors, it became necessary to introduce legislation against prescribing these dangerous drugs.

It is the responsibility of Parliament to decide on behalf of the taxpayers how it distributes the contents of the public purse and therefore how much it is prepared to spend on drugs. As individuals we may have opinions on the political implications of introducing a restricted list of drugs, but our responsibility as doctors is to advise the Government on the likely medical consequences of its action.

The Government's proposals will affect patient care, postgraduate education and research. Patients might be deprived of drugs that offer advantages over those included in a restricted list. Much postgraduate education, whether in the form of support for symposia, congresses or journals, will no longer be financed by the pharmaceutical industry. As practically all major pharmacotherapeutic advances have come from industry, research is likely to suffer most of all and any Government action that jeopardizes this could have disastrous long-term consequences.

No decision that the Government takes will satisfy everyone, but the following could offer a compromise. If there must be a restricted list, it should at least include: (i) those established generic compounds upon which most valid research has been carried out and which are used as the yardsticks against which new compounds are compared; and/or (ii) any new drug that shows not marginal or questionable but unequivocal advantages over standard reference compounds in at least two or three meticulously conducted trials with strict methodology. These advantages may be greater efficacy or less unwanted effects; they may be pharmacokinetic or pharmacodynamic.

The Rt Hon Norman Fowler, Secretary of State for Social Services, stated in the House of Commons: 'Clearly I will need to consult with the profession and the industry on this [the restricted list] to ensure that we do not accidentally exclude from NHS use a drug which is essential.' The above proposals should help ensure that no such drug is excluded.

The decision of the DHSS to appoint a body of independent publicly named experts to decide which compounds should be included and which should be excluded from the restricted list is clearly essential. It is hoped that representatives from many specialties and non-clinical as well as clinical disciplines (including statisticians) will be added to the team. It is hoped also that objective criteria such as those recommended above will be applied and that an appeals procedure against apparently unjust decisions will be established.

The economics of the pharmaceutical industry and its relationship with the Government is extremely complex and these recommendations will in no way answer all the criticisms that have been directed towards the Government's proposals. They should, however, be acceptable if only for the following reason. The Government will not appear biased against any particular pharmaceutical firm or parent country and will show that its decisions are based on objective evidence rather than opinion. The drug firms that have produced the best goods will reap their just rewards and some of their profits can be ploughed back into education and research. There will be greater incentive for innovation rather than producing 'me-too' drugs and investigators will concentrate their efforts on more intensive research into a limited number of compounds rather than spread their efforts thinly over numerous products. The restricted list will lead to more rational prescribing and will be in keeping with the time-honoured principle of learning the art of using a few drugs well rather than flirting with every one that appears on the market. Finally, patients, whom we are all here to serve, will be prescribed the best available treatments.

J. GUY EDWARDS

Department of Psychiatry
Royal South Hants Hospital
Southampton

https://doi.org/10.1192/S0140078900001516 Published online by Cambridge University Press