

## NEEDLE EXCHANGE

## Slightly queasy about mixing issues

From I. L. Marsba, MRPharmS

I read the Broad Spectrum article about the ethics of needle exchange schemes (*PJ*, 17 August, p214) with much interest, as, I am sure, did many others. The author eloquently discussed the issue, and in the process gave us an insight into his own views on the subject. It is not my intention to decry any of his thoughts through these columns.

The only points I would make are that first, in any issue, it may seem as though a relatively simple decision will be arrived at by one person that will cause a profound ethical, perhaps insoluble, dilemma for another. Whether or not we agree with the decision of anyone formulating public health policy to provide a service, we should credit them with an appropriate amount of thought, utilitarian or otherwise, before the decision is made.

Secondly, I am always slightly queasy about mixing issues in any serious debate, in this case a comparison between the provision of nicotine replacement products to smokers and needles to drug misusers, especially when the issues are not discussed fully and a subsidiary one is merely mentioned as a thought provoker. This concept is usually less than well conceived.

I am sure that the article will continue to incite much lively argument.

Ian Marsba

Aseptic Services Unit  
Pharmacist/Teacher-Practitioner  
Department of Pharmacy and  
Pharmacology,  
University of Bath

## PRODUCT NAMES

## Potential for error exists

From Mr D. R. Kaye, MRPharmS

Note that the long-acting Lantus insulin has been launched in the United Kingdom (*PJ*, 10 August, p189). All pharmacists should be aware of the potential for confusion with

insulin lente, especially with hand-written prescriptions.

The Institute for Safe Medication Practice has reported two cases of errors in the United States associated with Lantus and lente being confused.

David Kaye

Swinton, Manchester

## EHC

## Understandable misconception

From Mr M. K. Atkinson,  
MRPharmS

Having read Penny Beck's reply to the Manchester EHC scheme's founder project managers (*PJ*, 24 August, p247) I feel unusually moved to add comment. Was this the Tesco store that was reported in the south of England via national media as providing the "morning after pill" free of charge?

Assuming that my memory and understanding are not defective, was the reporting an unexpected consequence of a publicised Tesco health care promotion or a misunderstanding by press and radio of what patient group directions are?

I am surprised that Ms Beck considers that the disproportionate focus on one retailer and the widely held public misconception that Tesco was solely responsible for the pilot schemes is anything but completely understandable.

Martin Atkinson

New Milton, Hampshire

## Should advice be broader than just health issues?

From Mr B. Shooter, MRPharmS

Last term while I was teaching one of the pharmacy practice groups at the School of Pharmacy, University of London, one of the students suggested that an imaginary 15-year-old friend of his family should be advised, on receiving EHC from him, that if she continued "in this manner" she would undoubtedly bring disgrace on herself, on her family and on her community and that "she should desist from it forthwith".

I suggested that some initial compliance advice would be

more appropriate and that pharmacists were health care professionals and should not apply their own moral values when counselling patients. A robust debate then ensued.

I have now had time to reflect on what the student said. I wonder if pharmacists have stood back from offering advice on moral issues for long enough.

Should our advice to patients now be broader than just on health related issues?

Barry Shooter

Romford, Essex

## REMUNERATION

## Staggering amount paid in bank charges

From Mr M. J. Stallion,  
MRPharmS

During a recent conversation with my bank manager, I was staggered at just how much I, as a community pharmacist, pay in bank charges to collect the Government prescription charge, be it in cash, cheques or debit cards, not to mention the time and effort involved.

This obviously applies to all the pharmacies in the land. Can anyone tell me just how much the Government allows us to collect this tax for them?

M. J. Stallion

Hove, East Sussex

C. G. HORRIDGE, financial executive, Pharmaceutical Services Negotiating Committee,

replies: Unfortunately the amount the Government allows pharmacy contractors is not separately identified as the Department of Health claims that it is included in the overall global sum.

## COMPLIANCE

## One-to-one advice is crucial

From Dr M. S. Mudbar,  
MRPharmS

I read with interest your article "How pharmacists can be recognised for helping patients stay on course" (*PJ*, 10 August, p187).

The concept of using modern technology to remind patients should be applauded, as I am sure it aids the compliance process. However, I believe that, as an industry, we often forget the power of pharmacists themselves and the trust the public place in them.

Our work with our Vantage pharmacists shows us that basic advice from a trained professional is key. At the point medicines are handed over, pharmacists need time to be able to talk to the patient and go through their medicines on a product by product basis.

I believe that, at Vantage, we have taken this a step further with our medicines management programme by encouraging pharmacists to visit patients. This is easier than it sounds since most pharmacies offer a collection and delivery service. Here pharmacists are in an excellent position to call on patients, discuss their

## ADVICE FOR CORRESPONDENTS

Letters for publication can be posted, faxed, or sent by e-mail to [letters@pharmj.org.uk](mailto:letters@pharmj.org.uk) and should not normally be of more than 400 words. The Journal reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. Women correspondents should specify a preferred title otherwise "Ms" will be used.

Letters are accepted for publication on the understanding that they have not appeared anywhere previously including electronic media. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform The Journal at the time.

Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication will usually be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

medicines with them and gain a further insight into their lifestyle and social environment — all aspects key in the medicines management programme.

So, while I do not want to dismiss the use of modern technology — I think it is important — I do believe that the one-to-one advice from your local pharmacist, the establishment of a relationship, going that one step further by seeing them, is crucial to the compliance process.

**Mandeep Mudbar**  
Marketing Manager  
Vantage Pharmacy

## TYPE II DIABETES

## Early detection saves money

From Mr J. Benouaich,  
MRPharmS

It is all very well to worry about the expense incurred by more people claiming medical exemptions for payment of prescription charges on the basis of their “newly diagnosed” diabetes.

However the *MeReC Bulletin* (July 2002) says: “. . . it is likely that hundreds of thousands of people have undiagnosed type II diabetes.” If these hundreds of thousands of people remain undiagnosed, the cost of their treatment in the future when the complications of diabetes become irreversible, eg, stroke, renal failure, will be much higher than the cost of exempting them now when the damage is still reversible after early diagnosis.

To exempt or not to exempt certain people with diabetes from prescription charges is a question that has to be tackled, but “tracking” these hundreds of thousands of people with undiagnosed type II diabetes should be a priority. Big savings to the National Health Service will be made if the disease is detected early.

**Jacob Benouaich**  
Manchester

## E-MAIL

**E-mail correspondents are asked to give a postal address or membership number.**

## THE PROFESSION

## Pharmacists classed as “non-manual” workers

From Mr B. K. Wright,  
MRPharmS

I refer to an article “We are the Iworkers now, say middle class” published in *The Times* on 21 August in which MORI classified pharmacists as “non-manual” workers. As a pharmacist I object to this classification, which puts us two levels below professionals and one above workers such as lorry drivers and security officers.

This rating by MORI is disappointing and inaccurate, and I believe that as a profession we are not being accorded the status our level of expertise deserves.

I would ask the Royal Pharmaceutical Society, as our professional body, to address this issue with MORI and encourage it to reassess the old fashioned traditional class groupings and amend

them to reflect the changes in the level of expertise displayed by pharmacists as one of today’s health professionals.

I also urge the Society to intensify its promotional campaign to heighten public awareness regarding the importance of the pharmacist’s role and our reputation for high standards as drug experts within the multidisciplinary health care team.

I would hope that in the near future our role as first line health care professionals will be acknowledged by both the general public and organisations such as MORI.

**Barry Wright**  
Avoch,  
Ross-shire

## SEARCH THE JOURNAL

**The Pharmaceutical Journal’s website, Pj Online, contains a fully searchable archive.**

**Visit [www.pjonline.com](http://www.pjonline.com) to see how easy it is to use. The archive starts from August 1999.**

## Stifling of initiative and suffocation of innovation

From Mr R. Blyth,  
FRPharmS

The views of an eminent medical historian who died recently may be relevant to the present crisis facing the Royal Pharmaceutical Society. According to an obituary in *The Times* on 7 August, the burden of the work of Oswei Temkin, who died at the age of 99 years, was to emphasise the importance of ideas and that advances in medicine had been made by thinking doctors (as indeed, one could add, advances in pharmacy have been made by thinking pharmacists [aided, let us acknowledge, by thinking doctors on occasion] and advances in science by thinking scientists).

One of Temkin's heroes was Galen who claimed that the best doctor was a philosopher. As *The Times* said: "Oswai Temkin pursued and put into practice the implications of that claim."

It may be noted that Galen has been described as the last of the great classical physicians and as one who raised the art of healing from a rather discredited calling to the dignity of an honoured profession. In his works he codified the medical knowledge of the classical age and handed it on to future generations.<sup>1</sup>

I would contend that Temkin's conclusions are relevant to the present debate in pharmacy concerning the future regulation of the profession. Why do I take that view? Because I believe that advances are made in every profession by members of the profession, and not by lay people. Pharmacy is no exception. Developments in the profession, from Jacob Bell's time onwards, have been promoted by thinking pharmacists (aided from time to time by thinking doctors) — individual pharmacists within and outside the Council, on the staff of the Society and in the branches, and in practice.

The present enthusiasm on the part of the Modernisation Steering Group to embrace the dilution of the Council with lay people, as part of the new regulatory system, may stem from the

Council's 1997 Banks report with its radical proposal, now embodied in the Byelaws, whereby the secretary and registrar need not be a pharmacist. That change seems to have undermined Council members' belief in the value of pharmacists as exemplified repeatedly since 1997.

I would also argue that a profession will not achieve development through excessive regulation. As a business commentator said in *The Times* recently, over-regulation and high corporate taxation have become a millstone for companies [in Germany] such as BMW.<sup>2</sup>

For politicians and their civil servants, regulations may be a large part of their *raison d'être*, but for the common man they are a necessary evil to be promulgated advisedly. If politicians and the implementers of their policies were seen to be competent one might have greater faith in the outcome of their interventions. But, as the *Sunday Times* said recently, referring to Government computer program failures, no one allowed for the dead hand of Whitehall.<sup>3</sup> As *The Journal* seemed wisely to be suggesting last week, the Department of Health needs to tread warily with electronic transfer of prescriptions (*PJ*, 24 August, p236).

The present regulatory mania springs from the behaviour of certain individuals. But will regulations remove all incompetent practitioners or the mentally deranged whose unaccountable actions startle the nation from time to time? It seems unlikely. However, such hysterical reactions to events are no doubt examples of the well recognised political knee-jerk phenomenon. And the other political trap is the law of unintended consequences. The consequence of the present rush to regulate will be a stifling of initiative and suffocation of innovation.

Robert Blyth  
Milton Keynes,  
Buckinghamshire

### REFERENCES

1. Grier, J. A history of pharmacy. London: The Pharmaceutical Press; 1937.
2. Harrow, M. A grubby Wall Street affair. *The Times*, 17 August 2002.
3. Leading Article. *The Sunday Times*, 25 August 2002.

## Who is running the place?

From Mr D. I. Simpson,  
FRPharmS

You urge members to shake off their consultation fatigue and make their views known on the future of the Society (*PJ*, August 17, p202). That is a reasonable sentiment. But the problem is that those in control of the modernisation process do not seem to take the slightest notice of anything that members say. I have pointed out on several occasions — the last time being in a letter published in the 10 August issue (p190) — that it is wrong to claim that regulatory functions as defined by Kennedy represent the large majority of the Society's activities, and yet the same myth is repeated in an unsigned article from the "Society" in the *PJ* this week.

Time without number have members pointed out that the Society is a hybrid body with representational and regulatory functions, yet the latest consultation document on Council elections and membership (included in the 10 August issue) compares the Council only with the governing bodies of regulators.

One telling observation that can only be made by readers of the *Chemist & Druggist* (which has also published the Society's article) is that the same inappropriate word has been used in the article as in the recent letter from the chief pharmacist (*PJ*, August 3, p158). The chief pharmacist says that while the Council could delegate tasks it could not "abrogate" responsibility for them. The "Society" article, as published by the *Chemist & Druggist*, says: "The Council cannot abrogate its responsibilities by delegating them away." So it is now abundantly clear to me, if it was not before, that the modernisers are in cahoots with the Department of Health. (In the *PJ* article "abrogate", which means annul, has been edited to the more appropriate "abdicate".)

One further point — the article is represented as the Society's response to a statement put out by the Pharmaceutical Services Negotiating Committee, the National Pharmaceutical Association and the Young Pharmacists Group. How can it be the Society's response? The only decision that the Council has made so far is that the Society should contin-

ue as a representative and regulatory body. Who exactly is deciding policy nowadays?

Apropos, Mr Mallinson's apology for the Modernisation Steering Group last week (*PJ*, 17 August, p249), it would have been helpful if he had made it clear that he was a member of that self-same group. Mr Mallinson claims that people who held positions of authority within the Society quickly lose touch when no longer in office. I hope that does not apply to him, following his failure to gain re-election to the Society's Scottish Executive (*PJ*, 29 June, p936).

Douglas Simpson  
Beckenham, Kent

## Governance over democracy

From Mr J. R. Martin,  
MRPharmS, and others

We notice from the pull out section in your issue of 10 August that the Royal Pharmaceutical Society's Modernisation Steering Group proposes under Section 8.1 that the current "voluntary" code of conduct for Council members becomes compulsory. This would give the Council the power to remove from their properly elected position any member who refused to sign the code.

We have used inverted commas around the word "voluntary" because we notice on p199 of the same issue that Sultan Dajani has decided that he has had to sign the code in order to be allowed to carry out large elements of the position to which he was elected. The Council has stopped him effectively representing the members that elected him. His freedom of speech has been to all intents and purposes suppressed; that the Council should wish to cause that is a worrying sign.

The steering group proposes to allow the Council not only to bind Council members to the code, but also to remove any who are believed to be "hindering" the work of the Council. Presumably anyone who ventures a difference of opinion and so causes debate or any slowing up of, or moderation of, the latest imposition from any steering groups, committees, or Council (presenting its otherwise unified front) could be labelled a hindrance.

The steering group and the Council would quote corporate

governance as the necessary driving force behind this proposal; however, in this case it would come at the expense of democracy within the profession. No one wishing to put forward a new or different view to the current incumbents would bother to stand for election as they would be removed as soon as they attempted to make those changes. No radical member, having been elected to the Council, would be able to represent their electorate. This code would be yet another move away from the representation of pharmacists by the Council and towards their regulation. If anyone doubts this scenario, simply look at the Council's current handling of the "voluntary" code which has been swift, drastic and without appeal.

Sadly, both history and biology tell us that any organism or organisation which cannot respond to external change when it occurs, dies. We would be sad to see the profession of pharmacy go that way. The only acceptable and sustainable policy for a continued democratic Society is to allow each member to state their positions and opinions without censure or hindrance from the Society. Simi-

larly, once elected, they must be allowed into all the positions open to any elected Council member and not prevented by other members who have no more mandate than any other.

**Jonathan Martin**  
Wallingford, Oxfordshire  
**Nigel Simmons**  
Huntingdon, Cambridgeshire  
**John Young**  
Cumbernauld, Lanarkshire  
**Peter Schofield**  
Cambridge  
**Barbara Martin**  
Southampton  
**Yvonne Coats**  
Hereford  
**Maurice Hickey**  
Forres, Moray  
**Anne Misbon**  
Laurac le Grand, France  
**Andrew J. Williamson**  
Campbeltown, Argyll  
**Martin Bennett**  
Sheffield  
**Christina Lowe**  
Swansea  
**Michael Embrey**  
Chorley, Lancashire  
**Mike Williams**  
Solihull, West Midlands  
**Tony Schofield**  
Jarrow, Tyne and Wear

**Gavin Miller**  
Secretary, Young Pharmacists  
Group  
**Noel Wicks**  
President, YPG  
**Michael Embrey**  
Vice-Chairman, YPG  
**Mark Walker**  
Treasurer, YPG  
**Jahn Dad Khan**  
Working Parties Co-ordinator,  
YPG  
**Dean Rhodes**  
Southampton  
**Tricia Summers**  
Tiverton, Devon

ANN LEWIS, Secretary and Registrar, Royal Pharmaceutical Society, replies: The Council's code of conduct was introduced in April 2000. Such codes are a normal requirement for bodies such as the Society that perform functions of a public nature. From the outset, the Council's intention was that the code, although initially introduced on a voluntary basis, would be incorporated into the Byelaws once it had been informed by experience, and become compulsory (*PJ*, 20 May 2000, pp752-55). This proposal is not new. The Modernisation Steering Group,

in its discussion paper on elections and Council membership, is simply seeking views on whether any further changes are needed to the ways in which Council members may be removed from office beyond the provision of a mandatory code of conduct.

Your correspondents' concerns focus on the ability of a Council member to express his or her views when these differ from Council policy. The Council's code of conduct makes provision for this while also ensuring that Council members explain the reasons for their collective decisions. Again, this is not new: it is the incorporation of the long-established "Guthrie convention" into the code.

The Society recognises that an organisation, or a profession, that cannot respond to changes in its external environment will not survive. That is why the Society is continuing to update its corporate governance framework and is undertaking a programme of reform to ensure that pharmacy has a modern, effective regulatory and professional body, able to continue to meet its responsibilities to the public and the profession.