

THE INDUSTRY

## Conditions in the developing world could deteriorate

From Dr N. D Harris,  
FRPharmS

Umesh Patel in his letter “Lucrative me-too drugs a priority” (*PJ*, 10 May, p648) is taking an all-too-common, simplistic view of the pharmaceutical industry. Apart from the fact that “me-too” drugs provide a useful income flow to fund research, they also help to drive down prices, to everyone’s benefit.

More importantly, I have serious reservations about the way in which aid to developing countries, including non-profitable orphan drugs, is currently approached.

When an effective antimalarial vaccine is available and delivered in the fairly near future, I am afraid that no one will have done any real planning for the consequences. The fundamental problem is that defeating malaria and other infectious diseases, and providing clean water, safe and adequate food supplies, etc, will produce a dramatic increase in the demand for currently scarce resources. This is because the greatest impact will be on children and the elderly, who are the most vulnerable sections of any society. These groups are also the principal consumers of special medical and nutritional care.

Clearly, the preservation of life and improving its quality are highly desirable outcomes, but the increase in the proportion of young, fertile individuals in the population will inevitably rapidly

lead to a massive population increase, ultimately doubling every 20 years, if the demographers are right.

Unless there is a major investment in the whole infrastructure — doctors, nurses, teachers, houses, food supplies, transport, etc — simultaneously with effective administration of any public health measures, the only outcome will be even more people living in misery. Although this cannot be a reason to deny improvements in public health, it seems likely that the total investment required will be much greater than that of relatively simple measures such as malaria eradication and the provision of clean water.

I am a natural optimist, not a doom merchant, but unless we foresee the consequences of any intervention and manage change carefully there will be a desperate deterioration in conditions in the developing world — our present famines will pale in comparison. I have seen no indication of a debate on these issues or, notably, on how the resources will be provided.

*Norman Harris*  
Emeritus Reader in Pharmaceutics,  
King’s College London

## Defending the indefensible

From Mrs P. M. Armstrong,  
MRPharmS

I was appalled by what I saw on the recent Channel 4 documentary “Dying for drugs”. However, I was even more appalled by the

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Letters are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, previously. 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.

editorial comments in defence of the pharmaceutical industry in your issue of 3 May (p602).

We all know that the pharmaceutical companies make huge profits and, indeed, only concentrate their research in areas where they know that a "break-through" or a "me-too" drug in a large market will bring in large profits. To defend the exploitation of poor, sick people in developing countries was nauseating. Using victims of disease as guinea pigs for their new drugs and then denying them the life saving treatment they have been used to test is inhumane. We are supposed to be a caring profession. How can we in conscience defend the excess profits made by these companies, when so many sick people cannot afford the drugs that could make them well?

Of course, having clean water and better housing, cancelling debt and eliminating corruption would vastly improve the health of those people. This is a political requirement and not an excuse for the bully-boys to cream off more profits. The fact that GlaxoSmithKline could halve the price of Combivir in 63 countries the next day tends to prove the point against them and in no way shows any philanthropy.

It was ironic that the top news item on the facing page of *The Journal* said that 76 per cent of a 50-member panel of pharmacists believe that the price of emergency hormonal contraception in this country is too expensive for teenagers.

*Patricia Armstrong*  
Salisbury, Wiltshire

## E-MAIL

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

## MEDICINES MANAGEMENT

## Not a new discipline

From Mrs C. L. Cooke,  
MRPharmS

With regard to the letter from Peter Jenkins (P7, 10 May, p648), medicines management is not a new discipline for pharmacists, they have always had the opportunity for participation. The supply of medicines allows pharmacists to be actively involved in helping patients to get the best from their treatment — looking out for problems with compliance, side effects, understanding of drug regimens, interactions with over-the-counter products and other issues that perhaps patients "did not want to bother the doctor with".

Improved communication between community pharmacists, general practitioners and their practice staff, benefits all parties, particularly the patient.

*Catherine Cooke*  
Project Facilitator  
Medicines Management Services  
Collaborative,  
Bristol South and West Primary  
Care Trust

## THE REGISTER

## Why can I not use my maiden name?

From Ms J. Lindsay, MRPharmS

Today I received a letter informing me that I cannot use a different name at work from that which is on my registration certificate. The information was

based on the way in which I had filled in a census return.

This raised a number of concerns, not least being that many women today choose to retain their maiden names for professional use. I thoroughly object to the only option being that I should return my certificate and provide proof of my married name. Surely it is not beyond the wit of an organisation such as the Royal Pharmaceutical Society to recognise the rights of women who wish to retain their registration in their maiden names.

I challenge those who issued the letter to provide alternative options for those who do not wish to change their names on the register.

The fact that I am registered as a member unable to practise due to ill-health, and have done no meaningful work as a pharmacist since 1998, is presumably irrelevant.

*Jeanette Stafford (née Lindsay)*  
Glasgow

CHRISTINE GRAY, modernisation programme project manager, Royal Pharmaceutical Society, replies: I appreciate Mrs Stafford's concern, and would like to assure her that she may choose to use either her married or her maiden name in her professional capacity, and to be registered in that chosen name.

The Royal Pharmaceutical Society's Council has recently decided that there shall be a statutory requirement for a pharmacist's registered name to be the same as the one under which she or he practises, if applicable, or by which they are known. The purpose of this is to protect the public, by ensuring that pharmacists are clearly and accurately identifiable from the Register. It follows, therefore, that a woman pharmacist could not practise

under her married name, or use that name in any professional capacity (such as countersigning a passport application) while being registered under her maiden name, or vice versa. She would, however, as a married woman, be perfectly free to practise and be registered under her maiden name, as long as she did so consistently.

In seeking to strengthen the data collected to support maintenance of the Register the Society will be reviewing what information pharmacists are required to provide in the future — the collection of information about names, including abbreviated or anglicised names, will be considered as part of that process. At present, however, the Register simply needs to reflect accurately the name that is used in any aspect of professional life.

## CPD

## An inactive fool?

From Dr T. L. B. Spriggs,  
MRPharmS

Yesterday I received a letter from the Royal Pharmaceutical Society informing me of my username and password to enable me to keep my continuing professional development record on the CPD website. I was somewhat dismayed to read that my password was "group and fool". How encouraging! This must have consumed incredible hours of reflective practice by its originators. Could it by any chance have been conceived by the same crew that are attempting to classify me as "inactive" because I do not fit their employment strait-jacket?

*T. L. B. Spriggs*  
Cardiff

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## How will CPD work for those practising overseas?

From Mr A. J. Bourke,  
MRPharmS

I have been a member of the Royal Pharmaceutical Society but resident in Australia for 20 years. I receive my copies of *The Journal* by sea-mail, about 12 weeks after their issue date. As such I would normally be informed in mid-May that the Society values my contribution on continuing professional development and would like me to have shared it some six weeks previously. Personally I have no problem with the concept of CPD but given the opportunity I would have raised the following observations and questions:

- It would be unfair if, by virtue of membership of the Society, the CPD requirements compromise the ability of people registered

elsewhere to practise the profession where there may be no CPD requirements

- Will any provision be made to recognise CPD undertaken elsewhere?
- What will be the impact generally on the reciprocal registration arrangements with Australia and New Zealand?
- How will CPD requirements tie in with reciprocal arrangements with other European Union states? Will a pharmacist who is qualified in Poland, without undertaking any CPD, be entitled to register in Britain while a comparable British pharmacist is not?

Further, given timely notification, I should certainly voluntarily undertake CPD.

**Anthony James Bourke**  
Toowoomba,  
Australia

The position regarding continuing professional development for pharmacists practising overseas is mentioned in the Society section, see pp699–703. — EDITOR.

## Educate the public by making supplements P medicines

From Mr P. M. W. Clarke,  
MRPharmS

For years, government advisers have been telling us that vitamins and food supplements are harmless enough to be treated as normal items of commerce and sold by anyone willing to stock them. At last they are now saying that they may do more harm than good.

The fact that the products are not restricted to professional supervision means that members of the public, understandably, do not take precautions, and probably do not read the dosage leaflets.

Compared with most of the European Community governments across the channel, where health in the public domain is considered paramount, we in the United Kingdom take a laid-back, even careless, attitude, eg,

mad cow disease, foot and mouth disease, and failure to get all human over-the-counter medicines regarded as a special category.

Many years ago, when I was in charge of a pharmacy, I insisted that requests for an over-the-counter product, Entero-vioform, were referred to me so that I could tell the customer about reports of a serious ophthalmic side effect, subacute myelo-optico-neuropathy (SMON). A couple of years later the product was banned. I did the same thing with a type of vitamin supplement, high dose vitamin A in Sylvasun tan tablets. These were banned too, eventually.

The way to educate the public about potent medicinal products, or at least make them aware that they are not trivial, is by making them pharmacy medicines and by not allowing the manufacturers and supermarkets, for sheer commercial reasons, to get more and more medicines listed as "Grocery Store Lines".

**P. M. W. Clarke**  
Saumur,  
France