

PHARMACEUTICAL PRESS

## Can cost of books be justified?

From Mr J. D. Jenkins,  
MRPharmS

I write as a retired member of the Royal Pharmaceutical Society who, like many of my colleagues, keeps abreast of pharmaceutical matters because I have a lifetime's interest and not because I am compelled to do so in order to maintain my status and self esteem.

What concerns me is the ever increasing cost of books published by the Pharmaceutical Press, in particular, the title 'Chronotherapeutics', issued this month. This is a subject that has interested me for many years and in my opinion is one that pharmacy should fully explore and use as an enhancement to our profession. This is an area where we can lead the way.

Although I recognise that the Pharmaceutical Press is a commercial organisation, and has to show a profit, I wonder how it can justify charging £75 for this latest book.

Surely the current pricing policy will discourage the purchase of such volumes and counter one facet of continuing professional development.

David Jenkins  
Leeds

CHARLES FRY, director of publications, Royal Pharmaceutical Society, replies: The Pharmaceutical Press provides financial support for many of the Society's activities. To achieve this it has to act in a commercially responsible manner and generate the greatest return on investment for the least amount of risk. A carefully considered print and price strategy is an essential part of this.

For individual titles, the print run and price decision is determined by a variety of factors including the size and nature of the market, competition and publication costs. Bearing in mind that the Society is not in a position to take great risks with its publishing, decisions are usually conservative. For some publications, particularly the more specialised ones, this may mean setting a price which is beyond the budget of most individual purchasers.

However we are well aware that the aim of the Society's publishing activities is not solely directed towards making a finan-

cial contribution. The provision of high quality information about and for the profession of pharmacy is also important. Within the commercial constraints imposed upon us we try to ensure that members are able to afford Pharmaceutical Press publications. To this end we frequently run special promotions to members, particularly for major publications such as Martindale. There is also an annual book sale offering substantial discounts on published prices. For those who are reluctant to purchase, the library enables members to borrow copies of books, including those of the Pharmaceutical Press.

EPIPEN

## Dangers need to be pointed out

From Dr L. Ridley, MRPharmS,  
and Mr S. G. Athey, MRPharmS

We write in response to two recent incidents referred to our hospital where a patient has not appreciated the dangers and consequences of accidental injection of adrenaline into a finger.

Our department has a policy that aims to ensure that patients are never given an EpiPen on prescription without first receiving clear verbal instruction on its use and a demonstration using the EpiPen trainer. We highlight the dangers of injecting adrenaline into the fingers or toes, ensuring patients are aware that if accidental injection occurs they should go immediately to the nearest accident and emergency department. A supplementary patient information leaflet is given.

Our recent experiences have demonstrated that in an emergency, it is the relative, partner or friend who administers the injection. They are rarely trained in the correct use of the pen. The package directions clearly describe how to activate the pen and administer the adrenaline but do not emphasise the importance of correct handling. Unless experienced, the operator cannot be prepared for the speed at which the needle fires when the activated pen is touched. Following accidental injection into the hand or finger and the adrenaline dose now wasted, it is unlikely that someone will take time to read the "warnings" section when the priority is to get the patient to hospital.

We would like to propose that action is taken through hospital pharmacy departments and primary care trusts. Doctors, nurses and pharmacists should avoid issuing an EpiPen to a patient unless they are satisfied that the patient or a relative can use the device correctly. Patients should be advised to ensure that anyone who may have to administer the pen is aware of the dangers of incorrect use.

We are planning to write to the manufacturers to ask them to revise their patient guide. We are also exploring alternative preparations available. We would like to hear from any other pharmacists who have had similar experiences with the EpiPen and whether they have taken steps to minimise risk of incorrect administration.

Lynn Ridley  
Stephen Athey  
Pharmacy Department,  
York Hospital NHS Trust,  
Wigginton Road, York YO31 8HE

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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.

## SELF-TESTING

## A reliable and reassuring facility

From Mr D. J. Morl, MRPharmS

The initiative of Andrew Harvey and other pharmacists in the Sheffield area in starting a controlled "in-pharmacy" pilot study of international normalised ratio self-testing (*PJ*, 16 August, p197) is to be applauded. It is clearly the case that there is considerable variation in the confidence levels demonstrated by medical and other health professionals towards the wider use of the CoaguChek machine and its reliability in the hands of the patient. It is to be hoped that the research, now beginning in Sheffield, will give a clear lead on the usefulness of the patient taking a responsible role in the management of their own condition and their ability to take regular readings of INR values. This should prove to be of considerable value at times when INR estimations show quite wide changes for no obvious reason

and could alert the patient to seek medical advice should a repeat test gave a similarly wild result.

My consultant at the Royal Brompton Hospital, nearing three years ago, drew my attention to the CoaguChek machine and its application. Following a "cardiac event" I had been put on to a regimen of treatment which included warfarin and routine hospital appointments to keep a watchful eye on my INR. My wife and I had planned a wide-ranging tour across the world and as parts of the world that we would be visiting did not thrill me with the thought of having needles stuck into me I asked what was the alternative? He arranged for me to have an introduction to the equipment and as a result I purchased a machine.

After having undertaken the trip without having to report to hospital for INR investigation it gave me confidence to continue as I have done for this past three years.

My GP has made it quite clear that he does not wish me to stop attending clinic and does not believe that he can adequately manage his anticoagulant patients on home testing alone. I

agree with that outlook but I am sure self-testing does mean that I should not have to visit hospital so often and waste hours of staff time as well as my own. It would seem a better use of time and finance, if a visit to the hospital was initiated by the patient, his pharmacist, or his GP when it was necessary.

Even though I still have to finance my use of the strips I will carry on with what I believe to be a reliable and reassuring facility and, who knows, perhaps one day I might persuade my GP to put the strips on a prescription for me!

D. J. Morl  
Chelmsford, Essex

## CPD

## Examples give rise to concerns

From Mr J. A. Tweed, MRPharmS

I find little support among my colleagues and friends for continuing professional development, as set out by officers of the

Society. The examples given by some members (*PJ*, 30 August, p262) give rise to some concerns. In particular the example from Dr Dewdney raises questions:

1. How will "Auto-numbering" help members of the Society or our patients?
2. Did he look at the "Help" menu in "Word" which gives instructions on using "Auto-numbering"?
3. With what will he fill the remaining 29 hours and 45 minutes of the year's CPD?
4. Who will police CPD, especially within the offices at Lambeth?

No doubt Dr Dewdney will attempt to justify the example as suitable CPD, but I am of the opinion that his efforts would be better focused elsewhere.

We do need to keep up to date in our education and knowledge but, I submit, this is not the way to proceed.

I cannot be alone in holding these views.

J. A. Tweed  
Burton Joyce,  
Nottingham

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