

■ COMPLIANCE AIDS

Encouraging manufacturers to supply stability data

From Mr S. Eastham

At Boots The Chemists we support the view taken by Claire Church and Jane Smith (*PJ*, 21 January, pp75–81) that there are insufficient short term stability data available for medicines and we encourage manufacturers to provide fact-based data on this subject in the future.

Increasing numbers of patients receive medicines in compliance aids to help them get best use from their medicines and to reduce the likelihood of mistakes in administration. Carers of patients welcome the additional safety, security and compliance that such aids can bring to the management of medicines and have been known to make strong representations to pharmacists when a medicine is omitted from a compliance aid on stability grounds.

The experience that many pharmacists have gained though years of dispensing suggests that manufacturers sometimes take a conservative stance on the advice they give. Use of disposable systems eliminates cross contamination and sealed units also minimise moisture damage.

Given that an increasing proportion of prescriptions will be provided in the future to patients who would benefit from such aids, there will be competitive advantage, in the future, for the manufacturer who provides fact-based information on this issue. Boots The Chemists is willing to work alongside manufacturers to obtain the required data for sealed disposable systems and looks forward to manufacturers stepping forward with proposals to undertake such research.

Steve Eastham

Head of Professional Governance
Boots The Chemists Ltd

No place in modern practice

From Mr R. Wakefield, MRPharmS

I write with reference to Chris Toothill's letter (*PJ*, 28 January, p105) and the article on the stability of compliance aids (*PJ*, 21 January, p75). The issues raised have only confirmed my beliefs that our keenness to supply monitored dosage systems to patients has no

place in modern practice. Quite often we are asked to supply MDS to cover up shortfalls in care from the social services.

What is the answer? Is it to have the appropriate agencies take on the responsibilities rather than pharmacy? With the double edged sword of clinical governance and professional liability never far away I would be interested to hear the views of the National Pharmacy Association, Pharmacy Mutual Insurance, the Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society on what is effectively the use of products outside their product licences.

Richard Wakefield
Oldham, Lancashire

Pharmacists would benefit from additional stability data

From Mr J. Kitchen, MRPharmS

The article on the stability of medicines moved from original packs to compliance aids by Claire Church and Jane Smith (*PJ*, 21 January, pp75–81) provides rather more insight into the concerned legal mind of the pharmaceutical industry and the hide-bound bureaucracy that is European pharmaceutical legislation than it does help the practising pharmacist.

From the list it is apparent that some companies are more forthcoming with information than others and one is tempted to wonder whether, if the perception was that sales might be affected, the company stance may be different.

Before the introduction of the patient pack, the vast majority of dispensed solid dose forms came in tubs of various sizes, often in 1000s, to be dispensed into co-plastics or glass dispensing containers over an indefinite period.

Many of the products listed as "unsuitable to be placed into a multicompartiment compliance aid (MCCA)" from the manufacturer's advice are still packaged in bulk containers for dispensing in vials elsewhere in the world, including in the most litigation conscious North America. The formulations used by the pharmaceutical giants

in different countries usually remain the same because to do otherwise would require duplicate testing for stability, toxicity and pharmacokinetics, etc, which is massively expensive and unnecessary.

The article neglected to mention the differences between the various MCCAs although reference was made to the "Report of moisture permeability testing of

monitored dosage systems" (*PJ*, 1 January 1994, pp18–19). On the same page on that day in 1994 it was announced that the Royal Pharmaceutical Society was to "seek British Standard for monitored dosage systems". Now, 12 years on and we still await such a standard.

In selecting a MCCA system it is prudent to consider technical aspects including assurance that all

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component parts are suitable for pharmaceutical application and that, in the absence of any EU standard, that it complies or exceeds the relevant USP monograph. Responsible manufacturers of MCCAs have such relevant information available to their clients on request.

For its intended purpose the product should be completely disposable and provide good barrier properties to moisture, dust and, if applicable, light. Tamper evidence is also essential. The pack should be sealed in the pharmacy under the direct supervision of a qualified person engendering confidence of all concerned, including GPs and nursing staff, thus also raising the perception of the pharmacy as an essential part of the patient's primary health care team.

MCCAs never have, and never will be, a perfect solution to the problems of all patients and their carers but for a substantial number they provide an invaluable support, often enabling a degree of independence otherwise not attainable. The provision of such a service can be rewarding because of the dialogue that necessarily occurs between the pharmacist and his patient. A large number of colleagues have been carrying out medicines use reviews, albeit without the acronym, and current paperwork over past years and many have experienced a large number of good outcomes from such "informal" dialogues with patient, prescriber and carer.

The professional judgement of a pharmacist regarding the suitability of the final dispensing container, taken in the light of knowledge that patient and their individual circumstances, balanced with relevant stability data over the expected life in service of the pack, can only be to the profession's and the patient's benefit.

The lack of support shown by the drug companies to the pharmacist at the sharp end may increase reluctance to provide MCCAs for individuals without considering the overall domestic situation. This will lead to carers being forced to adopt their own "systems" (such as a number of open dishes to contain tablets — or ash trays from personal experience) and places any judgements regarding suitability, stability and risk to the patient firmly upon those least qualified.

I agree with the conclusions arrived at and am sure that all pharmacists would benefit from some additional stability data including the kind of packages, and

the names by which the product is known by in other markets would be helpful in the summary of product characteristics.

John Kitchen
Buckley, Flintshire

■ PHARMACEUTICAL INDUSTRY

Article's comments unfair to industry

From Mr M. Harvey, MRPharmS

The tone and thrust of Harriet Adcock's article, "Clinical developments" (*PJ*, 7 January, pp23–6) is myopic.

As is usual in pharmacy journals, the review fails to give credit to the thriving industry of researchers and marketers in the pharmaceutical industry, some of whom are pharmacists.

Without the efforts of the drug industry, pharmacy would be poorly served indeed — do you not agree?

When will proper partnerships with industry be recognised and when will the industry be given affirmations of its value instead of carping comments like Dr Adcock's? Phrases like "catapulting new products" and "trumpeting" advances are unacceptably emotive and insulting to the careful work-up of all new products before application for approval and licences.

The tone of the article is anti-industry and it need not be. There is no attempt to evaluate the potential benefit of products developed to aid the suffering of patients with illnesses that are being researched by professionals in the pharmaceutical industry.

All the changes being brought about in front-line services would be scarcely relevant without a thriving and productive pharmaceutical industry.

Mike Harvey
Chichester, West Sussex

■ EUTHANASIA

Prospect of pharmacist involvement raises anxiety about supply

From Mr S. J. Lewis, MRPharmS

I am writing to express my dismay at the prospects of pharmacists supplying "medicines" that may in fact be used to terminate people's lives. As a Christian pharmacist, as well as a church pastor, it is

incompatible with my beliefs to end someone's life. Surely our aim as pharmacists is to provide medicines to improve the health of patients and to make their lives, however long or short, as pain-free as possible. I trust that my fellow pharmacists will ensure that we do not embark on a slippery slide towards euthanasia.

Simon Lewis
Hove, East Sussex

■ OVERSEAS PHARMACISTS

High retention fee — not justified

From Mr R. Smedley, MRPharmS

In *The Pharmaceutical Journal* (21 January, p74), John Crellin (from Canada) and Malcolm Fowler (from Australia) complained about the retention fee for retired pharmacists living overseas. Members resident in Great Britain pay £60 while members living overseas pay £106. Surely the increased cost of posting *The Pharmaceutical Journal* does not justify this difference. Since *The Journal* is available online we could be given the option of not receiving it by mail. The cost to the Royal Pharmaceutical Society would then be little. The answer given by the deputy secretary and registrar Philip Green did not answer the question put by the above correspondents.

Roy Smedley
Northland, New Zealand

■ THE COUNCIL

Transparent changes to Council's fees

From Mr M. A. Walker, MRPharmS

I hope that our elected members of the Royal Pharmaceutical Society's Council will take account of John Balmford's recommendation (*PJ*, 14 January, p39) that fees paid to Council members are approved by members of the Society at the Society's annual general meeting.

Most members of the Society do not begrudge paying Council members a decent attendance allowance and expenses to cover any absence from their employment, etc. However, if members of the Society are excluded from the approval process then conspiracy theorists will have a field day.

Our elected Council members spend a great deal of time working for the benefit of members of the Society. Let us encourage them to continue doing so, in a fully transparent manner.

Mark Walker
Oxford

Broad spectrum

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