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2000/017

Working Group on Prescribing

DISCUSSION PAPERS

WRITTEN BY

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UEMO Working Group on Prescribing

At its last meeting in Portoroz, the UEMO plenum agreed to establish a new working group, which would focus on the implications of prescribing restrictions on general practitioners in Europe and other related issues. Dr Terry John was elected as the Chairman of this working group and Dr Heinz Jarmatz as Rapporteur.

Several delegations have contributed ideas about the working group's remit. The suggestions have included the relationship between GPs and pharmacists and nurse prescribers, self-medication, quality of generics, retaining the GP's right to prescribe and cost-effectiveness. Dr Jarmatz has produced an extremely helpful paper (attached to this document as an annex) which sets out many of the major issues in this area.

It is clear that, as there are very diverse systems of health care within Europe, the issues related to prescribing are equally diverse and every country will have different priorities. It will therefore be important for the working group to concentrate on issues of common interest throughout Europe, so that it has a definite focus and can prepare a UEMO position statement which will be acceptable to the whole organisation.

The Chairman of the working group would like to propose the following common themes:

- **Responsibility** – achieving a balance between cost effective prescribing and the GP's clinical freedom. GPs are in the frontline, aiming to give their patients the most effective treatment available but working within a limited budget, and need support and clear guidance.
- **Resources** - conflict between providing the best treatment available and resource limitations. In the UK there has been a major debate on clinical prioritisation of new drugs and treatments, for example Viagra (sildenafil) and Relenza (zanamivir), both of which have been subject to enormous media attention and public demand, but for which GPs face prescribing restrictions as a result of their high cost.
- **Patient independence** – highlighting the responsibilities of GP, pharmacist and patient, particularly in situations where self-medication is the most common method of treatment.
- **Knowledge** – using information and evidence as a prelude to decision-making and prescribing.
- **Education** – ensuring that prescribing issues are included in undergraduate and postgraduate medical education so that the GPs of the future are prepared for the challenges which they will face.

Contributions on these themes, and any further ideas, will be welcomed, and all delegations are asked to send in their written comments before Monday 1 May, so that the working group can discuss the contents of a UEMO position statement at its first meeting in Florence.

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Working paper by Dr. Jarmatz for the UEMO "Drug Treatment/Prescribing" working group

Every country is having problems with rising costs in the health sector. Politicians are trying to pass on the resolution of these problems to doctors, thus creating tension in the doctor-patient relationship. The drug sector is characterised by the following basic facts:

- Drugs are indispensable for the function and role of doctors.
- Drug consumption is partly determined by factors which doctors cannot influence or are not responsible for.
- The pharmaceuticals industry engages in international competition with the goal of maximising sales and profits.
- The political sector is passing on the resolution of the problem of rising drug costs to doctors.
- This has now become a dilemma which threatens doctors' economic survival and from which they need to be freed.

From the point of view of Germany's general practitioners and family doctors, the following solutions are conceivable for freeing doctors from government oppression, while controlling expenditures in the drug sector at the same time:

- Sufficient data must be available to doctors to enable them to control their prescription activity.
- Sufficient health reporting must be available in all countries. To this end, the demographic development of the general practitioner's patient population must be analysed. For every doctor-patient consultation, the reasons for treatment must be described by a practical coding method. Drug prescriptions must permit comparison by way of a central pharmaceutical code number valid throughout Europe.
- The role of the general practitioner/family doctor as the coordinator of all doctors involved in the treatment of a patient must be strengthened, in order to monitor the range of drugs prescribed. To this end, it must be possible to create prescription documentation on an electronic storage medium. A chip-card would be conceivable for this purpose, on which the attending doctors can see previous or current drug prescriptions. A data carrier of this kind would store information on substances, quantities, prescription intervals, intolerance and side-effects.
- Budgets that define an upper limit for drug expenditures without taking treatment requirements into account are to be rejected. Instead, individual, practice-related guide values for doctors should be introduced, which are based on the doctor's individual treatment range.

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- The value-added tax on drugs should be reduced drastically in those European countries in which it is still high.
- The drug marketing system should be examined with the aim of eliminating intermediate stages that increase the costs. It should be considered whether doctors should be given dispensing authorisation for selected indications.

In order to increase the transparency of the European drug market, the names of new products and generic products should also state the active ingredient, in addition to the company name.

- Drug guidelines and drug legislation should be harmonised in Europe, taking special national conditions into account.
- Chemists should be required to specially monitor drugs dispensed for the purpose of self-medication.

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