Pharmaceuticals Policy and Law 8 (2005,2006) 115–117
IOS Press

Forum on the challenges related to the chain of responsibility in the efficient use of medicinal products in the EU

It would be in the best interests of Health Authorities and patients if there was an improvement in the effectiveness of the chain of decisions that are entailed in the efficient use of medicinal products. The final result depends on the relationship between several factors.

This Forum seeks to address these factors, in order to identify the solutions which, at the moment, different healthcare systems have in place and to discover the official opinion of various health authorities, professional associations and qualified professionals.

On each of the points the invited authors are required to briefly, but precisely, describe the state of affairs in their own country and, to provide a freely expressed personal opinion regarding the situation and offer suggestions for future improvements. There are some brief questions addressing the various points in order to explain in further detail the desired content. However, these are not exhaustive and are certainly not a limit to related matters. The aim is to present a perspective of a convergence of solutions on fundamental issues, respecting the idiosyncrasy and autonomy of national healthcare systems.

The related points set out the central debate and the different collaborations should respond coherently to those same variables.

Amongst the factors highlighted in specialist literature, the most common are the following:

1. Having a system of authorisation for the release into the market of high demand commercialised medicinal products, which truly guarantees that all are safe, efficient and of high quality.

Is the current system adequate? Is there a need for future changes? Are there too many medicinal products on the market? Should old medicinal products be revalued?

2. The coordination of a pharmacovigilance system to detect adverse reactions and to evaluate the general and mass use of new medicinal products, their real and comparative efficiency.

What modifications would need to be introduced to improve the pharmacovigilance system? Is it necessary to introduce follow up compulsory clinical trials after the release onto the market of new medicinal products?

3. Having an educational system requiring high qualifications for the training of healthcare professionals in the field of medicine and, in particular pharmacology.

Is healthcare professional's training satisfactory in the area of pharmacology? How could the system be improved?

4. Having continuous training programmes available to healthcare professionals within their work responsibilities, either when self-employed or when salaried employees.

What measures are available in your country to facilitate continuous training? Any suggestions?

5. Organising consultancies in work time for the doctor-patient relationship to have sufficient time to make a diagnosis or an indication of a precise diagnosis.

How much time do doctors dedicate to making a diagnosis according to specialist studies? Are professional associations satisfied with current practices?

6. Having clear and precise rules to establish a patient's detailed medical history that justifies the diagnosis and as a consequence of which, the pharmacological or other type of prescription.

Are there precise rules in your country on the establishment of medical histories?

7. Within the context of the EU, free movement of patients and services is essentially imposed to achieve a harmonised model of prescriptions. The prescription should contain the administrative details of the patient, the doctor, the system and patient's healthcare insurance. However, not every country in their model prescriptions includes the obligation to include information on the diagnosis as the base for the pharmacological prescription. Nevertheless, patient associations require that the diagnosis accompanies the prescription, with the exemption of exceptional cases. This is the formal legal expression of the doctor-patient relationship.

What is the situation in your country? Would you support a Community initiative to establish a European model for prescriptions?

8. All citizens should have a global healthcare card that includes not only administrative details but also a complete medical history and a log of each time they visit a doctor. The card would serve as a link between the doctor and the pharmacist to enable better pharmaceutical dispensing and to increase patient information.

Do you consider there is a need, at EU level, to have a global healthcare card?

9. Healthcare systems must assure a personalised and protocolled pharmaceutical dispensation as a complementary element for the efficient use of medicinal products. In other words, the pharmacist should personally receive the patient, consult their healthcare card, in order to know their medical condition and next actions, to be able to proceed with their professional pharmaceutical responsibilities and proceed to dispensation. This stresses the importance of abiding by the standards of the use of medicinal products.

Do you consider that the personalised and protocolled dispensation can improve the efficient use of medicinal products?

10. In order to maintain the chain of responsibility, it is necessary to count on the active involvement of the patient, who needs to take responsibility and comply with the rules of the prescribed medication.

When the patient returns to the doctor, the doctor should evaluate the results of the prior prescription, which terminates the cycle and, the system will have all the information to auto evaluate whether the system in place is truly efficient.

What is your personal opinion on the level of responsibility assumed by the patients for their own treatments?

Is it necessary to have an auto evaluation of the doctor to ensure the results of the prescribed treatment?