

The opinion of Prof. Dr. Benito del Castillo García in the “Forum on the challenges related to the chain of responsibility in the efficient use of medicinal products in the EU”

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1. The system of authorisation

In a developed health system, such as the Spanish, where Social security covers practically all individuals, and which belongs to the EU, all medicinal products are of high quality, effective and safe. The present system therefore seems satisfactory, and there seems little need for change.

However, politicians are concerned at the cost, and so there is a marked increase in generic drugs. In my opinion too many similar generic medicinal products are available.

I also consider that some old medications should be reassessed to ensure their safety, quality and comparative effectiveness.

2. The coordination of a pharmacovigilance system

I think it is necessary to introduce some modifications in the pharmacovigilance system, involving community and hospital pharmacists more actively, and also those of the industry. Clinical trials should be increased and subject to continuous follow-up.

3. Educational system

I consider it fundamental to increase the pre-degree teaching of Pharmacology, especially in the Faculty of Medicine courses. At present this teaching is in the post-graduate degree as well as extra-university and this is not satisfactory.

4. Continuous training

Continuous training programmes are available but should be intensified for all healthcare professionals (doctors, pharmacists, nurses, etc.). The question remains whether it should be compulsory or voluntary. It is indispensable, since therapeutic innovations advance, fortunately, very quickly.

Continuous training programmes should be more widely available either on virtual or mixed/semi-virtual programmes so taking advantage of computer advances and telecommunications.

5. *Doctor-patient relationship*

Too little time is devoted to the patient, both in general practice and by consultants, due to pressure of work. Laboratory data should be computerized and sent to the prescriber to speed up and improve results.

6. *Medical histories*

I believe that Spain already has clear rules to establish patient's medical histories.

7. *Harmonised model of prescriptions*

The laws and European directives recognize the free circulation of goods and people, and in consequence the patient is entitled to have (direct or indirectly) all the information on his/her health and treatment. In Spain this situation is not very clear. I would support a European model for prescriptions.

8. *EU global healthcare card*

Everything that results in speed and efficiency, improves the information that the patient supplies to the doctor and allows the Pharmacist's important contribution to be increased will benefit the patients and public health. A global healthcare card, for the whole of the EU, is one such measure

9. *Personalised and protocolled pharmaceutical dispensation*

If Pharmacists have all the information on the patient, they will be much more effective and will help to improve the patient's health. Active (i.e. personalised and protocolled) dispensation would help avoid many errors. Using the pharmacist's professional training and abilities would benefit the patient and the state's economy, thanks to the more efficient use of medicinal products.

10. *Involvement of the patient*

The level of responsibility that the patient can assume is usually limited by his/her education level. In this process the double intervention of the doctor and of the pharmacist is fundamental. The doctor's auto evaluation is always needed to ensure the results of the prescribed treatment, as is that of the Pharmacist responsible for giving advice and for dispensation of the medicinal product to the patient.