International Perspectives

Prescribing—Some Sense But Much Insensibility

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Most consultations in family practice end with a prescription for medication. Yet there is much uncertainty over the nature and efficacy of the whole exercise of prescribing.

My interest in the subject has been heightened recently by a number of books and papers that I have been reading. My friend Phil Lee sent me his fascinating book *Pills, Profits, and Politics*,[1] in which the authors use their past experiences of the HEW Task Force on Prescription Drugs to show that each US citizen receives, on the average, over ten prescriptions annually at a cost of around $5 for each prescription.

In England we have had publications from our Department of Health and Social Security (1977),[2] a booklet by Peter Parish and his colleagues from Wales (1976),[3] a paper from Sir Richard Doll's unit at Oxford (Skegg et al 1977),[4] a *Compendium of Health Statistics* from the Office of Health Economics (1977),[5] and a fantastic book, *Health Care: An International Study*, edited by Robert Kohn and Kerr L. White[6] when they were both at Johns Hopkins. This latter is the report of a World Health Organization study of health care in 12 cities, six in North America, one in South America, and five in Europe. Among the topics studied was the use of medications.

From these readings the following facts emerge. The rate of prescribing has gone up by over 25 percent in the past ten years in Britain, but the costs have escalated 20 times. Each person receives six prescriptions in a year at a cost of $2 per script. This means that each general practitioner prescribes away $30,000 of public money a year, while his own annual remuneration is less than $20,000.

For our population of 50 million people we prescribe each year 40 million antibiotics, 38 million prescriptions for tranquilizers and antidepressants, 20 million for sleeping pills, 15 million for diuretics, 7 million for antihypertensive drugs, 20 million for cough mixtures, 10 million for antacids,

and 8 million for laxatives.

Lest one imagine that these hugh amounts of medications consumed are a peculiarly British phenomenon, Kohn and White's book soon puts the matter in a different light. They found that at any time 60 percent of the populations surveyed in the 12 areas were taking medications: 27 percent were prescribed and 33 percent nonprescribed (self-medication).

The highest rates of medication were found in Canada and the United States with a mean rate of almost 70 percent. The top rate was in northwestern Vermont with 35 percent of the population taking prescribed medications and 40 percent taking over-the-counter drugs on the day of the survey.

The rate in Western Europe (Liverpool, England and Helsinki, Finland) was 57 percent (26 percent prescribed and 31 percent nonprescribed). The lowest rate was noted in Eastern Europe at 30 percent (18 percent prescribed and 12 percent nonprescribed).

All of us in family practice know well how difficult it is *not* to prescribe for our patients; it is quicker and easier than long explanations on why medicines should not be prescribed. The great problems that I see are that we know far too little about the efficacy of all the drugs that we prescribe. What are the benefits of the psychotropic drugs that we prescribe? Do we really need to prescribe so many antibiotics? Can we be more selective with antihypertensives? Why is it that 59 percent of children and 31 percent of adults in Helsinki take vitamins? Why do 60 percent of adults in Eastern Europe take analgesics?

These questions show the need for critical, analytical, clinical trials—in family practice under family practice conditions—of drugs that we seem to be using so freely.

References

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