Informing the patient

The need to provide patients with information has increased as more active ingredients have been made available for patients to purchase without a prescription. Speaking at the Annual Pharmaceutical Conference in November 1993, Dr Brian Mawhinney, the UK Minister for Health [1], stated that self-medication 'encourages people to be more interested in and committed to their own health, [and] it empowers individuals with greater freedom to determine for themselves what medicines they will use'.

This reiterates a theme of 'individual responsibility for health' which the current UK government has been keen to encourage. In the White Paper Health of the Nation (1991) [2] the government stressed the responsibility of the individual in improving his or her health and thus the health of society as a whole, and the importance of health information from a variety of sources (the media, the Health Education Authority, voluntary organisations and Health Service personnel) in educating people about their lifestyle.

The thrust of the government's policy is clear. First, by switching more medicines to over-the-counter (OTC) or pharmacy sale (P) from prescription only (POM) and encouraging patients to self-medicate, it is anticipated that the country's medicines bill will be reduced. Second, by encouraging patients to purchase their own medicine the need for a consultation with a general practitioner (GP) may be obviated when its main object was merely to obtain a prescription. GPs in the UK can now recommend a patient to purchase an OTC product—patients who pay prescription charges could obviously save money when the product is available at less than the prescription charge. It also reduces the health bill as less medicines are prescribed. But few doctors appear to recommend OTC products, many of which are considerably cheaper than the prescription charge, since approximately 89% of prescription items were dispensed free of charge in 1995.

These changes raise two major questions: first, where do patients get unbiased information about medicines for self-medication? second, where do doctors obtain information about the medicines which a patient may be able to purchase without a prescription, so they can advise their patients?

Free advice on medicines that are prescribable on the NHS is supplied by the Department of Health to a variety of sources, eg the British National Formulary, Prescribers Journal, MeRec Bulletin, Drug and Therapeutic Bulletin, etc; and by the pharmaceutical industry by means of the Association of British Pharmaceutical Industry (ABPI) Data Sheet Compendium. Despite this wealth of data, even in the area of conventional prescription medicines doctors may remain uninformed about the relative merits and/or risks of different treatments about which patients may raise questions. In antihypertensive therapy for men, for example, erectile impotence is very variable with spironolactone (5–40%); fairly common with thiazides (10–20%) and beta adrenergic blockers (10–15%) and these problems may be even worse when the latter two drugs are given together; but is much lower with prazosin and ACE inhibitors and may not differ much from the age related increase in male impotence in 50–60 year olds (Hendry 1995) [3].

As far as allopathic OTC medicines are concerned the doctor and patient have an information source on medicines which can be purchased for self medication in 'The OTC directory', the first edition of which was produced by the Proprietary Association of Great Britain (PAGB) [4], but no adequate reference source is available for consultation for herbal, homoeopathic, naturopathic, or traditional Indian or Chinese medicines which can be purchased in Britain and many of which are unlicensed by The Medicines Control Agency (MCA). Yet current government policies encouraging patient self sufficiency are driving some patients towards unconventional and even unlicensed medicines.

Where do patients obtain information about medicines?

In 1993, the Office of Health Economics (OHE) [5ab] surveyed the usage of various sources of health information, such as magazines and newspapers, radio, television, pharmacists and GPs, the relative value placed on these sources of information and the effectiveness of health information in altering behaviour and lifestyle.

All people interviewed in the OHE survey were asked details of the following:

- their usage of various sources of health information
- the relative importance of the various sources
- the influence of media coverage on attitudes towards screening, purchases from pharmacists, visits to GPs and lifestyle
- satisfaction with treatment/advice received from their GP.

J P Griffin, PhD, FRCGP, FRCPath, FFPM, Director, John Griffin Associates Ltd, Digswell, Herts; Former Director, Association of the British Pharmaceutical Industry (Formerly, Professional Head Medicines Division (now Medicines Control Agency) Department of Health)

Jane R Griffin, MSc, Senior Research Associate, Office of Health Economics, London
The survey found that although people of all ages obtained their health information from a variety of sources, the information that they valued most highly was that provided by the GP (Table 1). The percentage of people who relied primarily for health information on their GPs was highest among those aged over 55 (45%), and lowest among those aged under 24 (32%). This may be due to a greater traditional acceptance of a doctor’s authority and knowledge by the older age group, or that health information from GPs is less important to young people because they rarely consult their GPs.

Both sexes and all age groups considered television, magazines and newspapers to be very important sources of health information. (Radio was not seen to be important by either sex or any age group.) A higher proportion of women (44%) than men (35%), of all ages, regard newspapers and magazines to be an important source of health information. This probably reflects the fact that the majority of magazines which include health columns are targeted at women. Most magazines aimed at men concentrate on specific hobbies or sports; however, many men do read women’s magazines, although they probably do not purchase them.

People from all social groups use several different sources to obtain their health information. But members of social group AB were more likely to use a wider variety of sources of information than members of social groups C1, C2 and DE. ABs may either consult their GPs less frequently than other social groups because they obtain more health information from newspapers and magazines, or, because they have access to more sources of written information than other social groups, they have less need to obtain it from their GP.

Poorer people (social group DE), who are most vulnerable to ill-health, are least likely to be influenced by media coverage of health problems in terms of lifestyle and behavioural changes [5].

The GP as a source of information

GPs are ideally placed to influence patients’ behaviour and overall, 80% of respondents were very or fairly satisfied with the treatment or advice provided by the GP (Table 1).

However, it is disappointing that they have less impact on the lower social group’s health behaviour since they are the people most in need of it. In a survey by Pendleton and Bochner [6] it was found that consultations with working-class patients (C2 and DE) present more communication problems than consultations with middle-class patients. The same survey found that not only were the same social groups receiving fewer explanations about their medical condition from their GP, but they were receiving shorter consultation time. (The lower social class women had 5 minutes with their doctor, while higher class women had 7.6 minutes. The comparable figures for men were 5.4 and 6.7 minutes.)

In a study of communication between GPs and patients in Oxfordshire, Makoul et al found that physicians were neither giving nor eliciting much of the information needed to help patients make optimal decisions about their treatment. In studying patients’ perceptions and behaviour, they found patients seldom initiated discussion regarding this information. In addition, patients often left the consultation with an illusion of competence, thinking they had received information that had never been discussed’ [7]. Clearly interactive discussion needs to be stimulated.

Table 1. Question – From which of these sources, if any, do you obtain your health information?

| Response                              | All  | 15–20 | 21–24 | 25–34 | 35–44 | 45–44 | 55–64 | 65+ |
|---------------------------------------|------|-------|-------|-------|-------|-------|-------|-----|
| Number of respondents                | 1194 | 132   | 78    | 229   | 203   | 169   | 148   | 234 |
| Percentages                           |      |       |       |       |       |       |       |     |
| Magazines/newspapers                 | 39   | 44    | 44    | 39    | 47    | 48    | 33    | 26  |
| TV                                    | 31   | 37    | 31    | 31    | 43    | 25    | 25    | 26  |
| Radio                                 | 9    | 3     | 6     | 11    | 11    | 9     | 9     | 10  |
| Leaflets in GP waiting room          | 14   | 20    | 15    | 16    | 18    | 14    | 9     | 7   |
| GP                                    | 38   | 30    | 37    | 34    | 34    | 41    | 44    | 45  |
| Practice nurse/health visitor/midwife| 7    | 2     | 13    | 11    | 7     | 7     | 6     |     |
| Pharmacist                            | 15   | 16    | 14    | 18    | 19    | 13    | 11    | 13  |
| Other health professional             | 6    | 3     | 8     | 8     | 6     | 7     | 7     | 4   |
| Friends or relatives                 | 19   | 32    | 23    | 22    | 20    | 20    | 18    | 7   |

Note: Columns do not add up to 100% as respondents were able to select more than one source of information.
The pharmacist as an information source

In 1986 Sir Kenneth Clucas’ Committee of Inquiry advocated greater involvement of the pharmacist with members of the public; personal involvement of pharmacists in giving advice on the taking of medicines; and a role for pharmacists in health education in cooperation with other healthcare professionals [8].

The need for the pharmacist as a source of information on medicines has increased in view of the recent changes in the legal status of certain medicines which were previously only available on a doctor’s prescription (prescription only medicine (POM)) to being available for direct purchase over the counter by patients without a prescription from the pharmacist (OTC); examples of such compounds include: H$_2$ receptor antagonists for dyspepsia and heartburn, topical acyclovir, imidazole antifungals, hydrocortisone cream, sodium cromoglycate eyedrops, and some non-steroidal anti-inflammatory agents. While the Royal Pharmaceutical Society of Great Britain has endorsed this information role, it does not yet appear to be a role that is recognised by the public as being fulfilled.

Although 66% of consumers believed that it was the pharmacist’s job to give general health advice on minor ailments, only 45% had ever sought advice from their pharmacist. Of those who had never asked the advice of a pharmacist, the majority (78%) said it was their doctor’s job to give health advice and over half (53%) also said that pharmacists would not know enough about their health, clearly valuing the continuity of care provided by the GP [9].

Moreover, in June 1994 the Consumers Association Magazine Which? [10] reported that products were often sold without any attempt being made to find out what the medicines were wanted for, or to advise on their use.

The magazine’s overall conclusion is: ‘A rule which allows medicines to be sold without a prescription but only in pharmacies makes sense only if supervision really does protect consumers. Failings in this supervision are all the more serious because of the growing number of medicines being approved for pharmacy sale.’ Commenting on the profession’s desire for a bigger role in advising on minor ailments and for a better armamentarium of effective medicines, it goes on: ‘We have doubts about how well they would take on a more demanding rôle.’ [11]. To these criticisms the Royal Pharmaceutical Society responded vigorously [12].

Two similar surveys were subsequently conducted with similar findings. For the BBC Radio Programme You and Yours transmitted on 21 December 1995, the BBC sent a reporter into 40 pharmacies asking for various pharmacy medicines by name. In the January 1996 issue of Which, five researchers were sent into each of 10 pharmacies, either asking for a pharmacy medicine by name or asking for help with a particular condition. Commenting on the survey for BBC’s You and Yours programme, Dr J Collier (editor of Drug & Therapeutic Bulletin) said ‘if pharmacists were not carrying out their duties then they should be monitored to ensure that they did’. In both surveys the supposed patients were not given appropriate advice and several potentially life threatening drug interactions which were drawn to the pharmacy’s attention were ignored [13,14,15].

A recent survey by Gallup [16] was more encouraging about a role for pharmacists. One thousand people were surveyed and 27% stated they would rather go to a pharmacist than a doctor because it was quicker and easier, 58% preferred to treat themselves for minor ailments, 26% would consider using a ‘natural product’ and 41% said they would ask the pharmacist whether there was a cheaper OTC alternative to a GP script. However, 47% felt there was not enough information available on the side effects of medicines.

Patient information leaflets

In 1989 the European Commission [17] published a proposal for a Council Directive on the Labelling of Medicinal Products for Human Use and on Package Leaflets [COM (89) 607 Syn 2341]. This proposal, which has now been implemented as a Directive (92/97 EEC) [18], makes it compulsory for all new medicines launched after 1 January 1994 to be accompanied by a patient information leaflet. The same Directive requires that information leaflets should be phased in for all existing products. Patient information leaflets will have to contain all relevant information for the patient to be able to use the product safely, to be aware of the indications, precautions, warnings and side-effects of the product. Patient information leaflets have to be vetted by national regulatory authorities.

There is a limited range of excipients to which patients may react adversely. It is important that any of these in a product should be indicated clearly on the packaging.

Where patients get their medicines dispensed in manufacturers’ packs (which in Europe is all countries except UK and Ireland), the receipt of the information leaflet should present no real problem. However, in the UK, where a considerable number of prescriptions are still dispensed from bulk packs which are broken down by the community pharmacist and supplied in small, brown bottles with computer-printed sticky labels, the problem of getting adequate information to the patient in the form of the manufacturer’s patient leaflet is not so simple. Providing bundles of leaflets with bulk packs to be handed out to the patients by the pharmacist has medicolegal implications [19]. The current moves in the UK towards dispensing in original patient packs which will include patient information leaflets is to be welcomed. (It is not generally realised that generic products too will in
the future be dispensed with patient information leaflets).

Such information, while being clear enough to ensure that patients have sufficient information to take their medicine properly, also has to cover the manufacturer for any potential claims that may arise under product liability legislation and this may conflict with the needs for conciseness. Information overload can be counter-productive in compliance terms.

Sweden, the Netherlands and the UK have produced compendia of patient information leaflets, as well as compendia of data sheets. In Sweden these have been sold to the general public through book stores and chemists and have been bought in large numbers. The ABPI Compendium of patient information leaflets 1995–96 [20], which is the second edition, is now an excellent source for both doctors (to whom it is distributed free of charge with the Data sheet compendium [21]) and for patients. It is important for the doctor and the patient to appreciate that both the data sheet and the patient information leaflets are vetted and approved by the UK Medicines Control Agency.

At present the Medicines Control Agency is proposing to abolish the need for companies to produce a data sheet and use instead the more detailed summary of Product Characteristics (SPC) which have to be submitted to regulatory authorities by EC legislation. The MCA therefore proposes that the SPC will be circulated to doctors and dentists for newly marketed products before the product is advertised or promoted, whether the product be a prescription only, pharmacy sale or general sale product. (Data sheets for older products which will have no SPC will continue for the present).

Patient information leaflets should accommodate themselves to the average reading age of the British public which is stated to be about 9 [22] (Alderson 1994), and this is no easy demand. It is made even more difficult by the Audit Commission’s report A prescription for improvement—towards more rational prescribing in general practice [23], in a section on communication with patients, which draws attention to the particular problems of giving adequate information to people from ethnic minorities, some of whom cannot read leaflets even in their own languages. It is not possible to supply, or reasonably to expect the manufacturer to make available, patient information leaflets to cover the whole range of language groups (over 400) that live in the UK alone, and this remains an unresolved problem.

Summary

1. Patients value most the information provided to them by doctors. Doctors do not seem to be able to get messages across as satisfactorily to lower social groups as to higher social groups, since they give less time per consultation and fewer explanations to working-class patients; they are the ones that are least influenced by health advice [24] and would benefit most from being given more time and attention in consultations.
2. The community pharmacists have made great play on becoming a major information source for the public but have not yet succeeded in this role.
3. In today’s society individuals will have to take greater responsibility for their own healthcare. Patients must therefore actively demand more information from their doctors and pharmacists in order to make decisions.
4. Doctors and pharmacists must recognise that patients are often unaware of what they need to know. Patients’ intelligence must never be underestimated or their knowledge and understanding over-estimated.
5. The manufacturer has a major role in providing information by means of the patient information leaflet which must be in terms that can be understood and influence the patient’s health behaviour. Written information is the only information to which a patient can repeatedly refer to reinforce messages given by doctors or pharmacists. Written information is however of most value to social groups A and B and is less appreciated by other groups.

References

1 Mawhinney B. Address to Annual Pharmaceutical Conference. Department of Health Press Statement, November 1993.
2 Department of Health. Health of the nation. (Cm 1986) London: HMSO, 1991.
3 Hendry WF. Iatrogenic damage to male reproductive function. J R Soc Med 1995;88:579–84.
4 Proprietary Association of Great Britain. OTC directory 1994–95. London: Proprietary Association of Great Britain, 1995.
5a Griffin JR. Health information and consumer (Briefing No. 30) London: Office of Health Economics, 1994.
5b Griffin JR. Introduction of health information and the consumer. Ed Jane R Griffin. Report of a symposium held Nov 1994. London: Office of Health Economics, 1996.
6 Pendleton DA, Bochner S. The communication of medical information in general practice consultations as a function of patients’ social class. Soc Sci Med 1989;14A:681–685.
7 Makoul G, Aronstam P, Schofield T. Health promotion in primary care—physician patient communication and decision making about prescription medicines. Soc Sci Med 1995; 41:1241–54.
8 Clucas K. Pharmacy. (A report to the Nuffield Foundation.) London: Nuffield Foundation, 1986.
9 Department of Health. Consumer expectations of community pharmacists. London: HMSO, 1991.
10 Consumer’s Association. No prescription necessary. Which? June 1994:38–41.
11 Pharmacists do not supervise P sales well enough, says Which. (Comment) Pharm J 1994;252:761 and 768.
12 Royal Pharmaceutical Society. Society mounts substantial PR response to Which report. Pharm J 1994;252:805.
13 Editorial. Consumer’s Association to oppose all POM to P switches. Pharm J 1996;256:89.
14 Editorial. Pharmacists ignore professional guidelines claims. Pharm J 1996;256:98.
15 Editorial. On the hunt. Pharm J 1996;256:3.
Informing the patient

16 UK script charge debate simmers. Scrip 1995;2058 (8 September):3.
17 European Commission. Council Directive on the Labelling of Medicinal Products for Human Use and on Package Leaflets [Co M (89) 607 Syn 234]. Brussels: EC, 1989.
18 European Commission. Council Directive 92/97: Packaging and Labelling of Medicinal Products. Journal of the European Community, 1992.
19 Griffin JP, Sharp JR. Editorial: Original pack dispensing. Br Med J 1987;294:724-5.
20 Association of British Pharmaceutical Industry. Compendium of patient information leaflets 1995-96. London: DataPharm Publications Ltd, 1995.
21 Association of British Pharmaceutical Industry. Data sheet compendium 1995-96. London: DataPharm Publications Ltd, 1995.
22 Alderson P. As plain as can be. Health Service J 19 May 1994: 28-9.
23 Audit Commission. A prescription for improvement towards more rational prescribing in general practice. London: HMSO, 1994.
24 Hall C. Vulnerable groups least influenced by health advice. Independent 1994 May 16.

Address for correspondence: Dr J P Griffin, Quartermans, Digswell Lane, Welwyn Garden City, Herts AL7 1SP.

Health risks to the health care professional

Edited by Paul Litchfield

Over one million people work in the National Health Service, making it the largest employer in Europe. However while most major employers monitor the health of members of their workforce and actively promote their well-being, occupational health care has developed only slowly and patchily in the NHS. Moreover many health care workers, often imbued with a sense of their invulnerability, have frequently paid little attention to their own health and safety at work. They may thus be exposed to significant risk from the wide range of physical and psychological hazards prevalent in health care.

There is increasing awareness of the need to protect workers against viral agents, allergens and resistant strains of bacteria — while many of the employment factors influencing mental ill-health, which accounts for up to 30% of sickness absence in the health service, have only recently been recognised.

The perception that health care is an industry in which health risks to employees may be both underestimated and poorly understood led the Royal College of Physicians in association with the Faculty of Occupational Medicine to organise a conference on which the edited and updated papers contained in this book are based. It will be of value both to those who work in the health service and to those who are responsible for their health and well-being: managers will also find useful guidance when establishing occupational health services for their staff.

Contents

PART 1: Chemical and biological aspects: Human immunodeficiency virus ◆ The viral threat: Hepatitis B ◆ Hepatitis C ◆ Tuberculosis ◆ Allergic respiratory disease

PART 2: Mental health aspects: Burnout and alcohol problems ◆ Depression and suicide in doctors and medical students ◆ Organisational stress in health care workers ◆ Organisational stress — strategies for management ◆ Doctors in crisis: creating a strategy for mental health in health care work (based on the Ernestine Henry Lecture)

Price £16.50 (including p&p), £22.00 overseas. ISBN 1 873240 95 3. Paperback book
Obtainable from the Royal College of Physicians

Royal College of Physicians in association with the Faculty of Occupational Medicine