INVITED EDITORIAL PREFACE

Rational Usage of Medicines through User-Driven Healthcare

Vijay Thawani, VCG Govt. Medical Science & Research Institute, India
Jane Fitzpatrick, University of West England, UK
Anupama Sukhlecha, M. P. Shah Medical College, India

REJUVENATING RATIONAL USAGE OF MEDICINES THROUGH USER-DRIVEN HEALTHCARE

Invited Commentary by Vijay Thawani, VCSG Govt. Medical Science & Research Institute, India

We, as healthcare professionals profess to be catalysts of change. We contribute to agendas to frame policies, fund programmes, plan projects, take teaching-training initiatives to usher in the new era of improved health services but in our efforts we often exclude the views of the end users. While the input invested is enormous, outputs reflect little noticeable change. In my view this holds true for all the initiatives in popularising rational use of medicines, which unfortunately pays least attention to the beneficiaries. While we continue to sound our trumpets and beat our drums about having done service to the profession and science by contributing to rational use of medicines, it hardly makes any difference to the patients because we continue to ignore the voices of those who should be our paramount interest.

The patients have so much faith and belief in the medical fraternity in developing economies that a medic is respected and revered as demi-God. However in failing to address the power dynamics and provide patients with information and education, the patients are unable to make informed decisions about their care. Whilst there are a few isolated efforts towards patient empowerment this practice has not been scaled up to meet the needs of the patient population. We forget that it is the patients’ disease, their suffering and they lose earning in the form of their daily wages due to disease. In our part of the world, the patients are not able to exercise informed choice because they lack information and resources to seek alternatives. The accepted patient Doctor relationship assumes that attending doctors’ control the clinical decision making process. It is not an accepted aspect of practice to engage with the patient in their care. Patient empowerment is abysmally low and pathetically ignored because patient rights are yet unheard of. Some, from the endangered species of medical activists are engaged in good work to raise the awareness levels, filing court cases in desperation but such attempts are few and often futile.

The industrial grease ensures that interest of pharmaceutical companies indulging in
manufacture of irrational medicines is protected unabated at the cost of patient population. Any sane person will understand why such irrational products are permitted to be produced in the name of medicines but our Governments have pathologically skewed sights.

The kingdom of pilldom has so many irrational, inefficacious, hazardous, doubtful efficacy, and medicines of questionable safety that our therapeutic armamentarium appropriately matches the phrase “remedy is worse than malady”. Irrational medicines are allowed to be popularised through mass media with unmatched zeal and fervour that these promotional gimmickry easily nets a gullible population. There are no effective filters and checks, previews and sanctions, censors and restrictions for the pharmaceutical industry which pumps in more budgets on medicine promotion than research & development. The pharma industry surely is more worried about health of their coffers than the health of citizenry.

Governments come and go, the rulers continue to change, new alliances come to govern, but none has shown any dedicated concern to work in patient interest, because the will to do that is lacking. Because the common sense for common cause is missing, the nonsense has become more common and we see burgeoning rise of irrational formulations as the years fly by. The scenario makes us think if we are really growing with the times or our agonies are increasing, due to increasing irrational use and production?

As medics, we who take Hippocrates oath are the worst hypocrites, who do not stand up to offer our shoulders for the movement of rational use of medicines. Rather we are party to irrationality, apathetic, indifferent and insincere to our service towards the end users. The inertia is so profound that every change is resisted, is slow to come but I live to experience the long overdue and belated dawn of rationality which will be ‘user-driven.’

RATIONAL USAGE OF MEDICINES

Invited Commentary by Jane Fitzpatrick, University of West England, UK

The World Health Organization argues that rational approaches to the use of medication requires that patients receive medications based on clinical needs, in doses for their individual requirements, for the required period of time, and at a cost affordable to them and their community (WHO, 2011).

The development of evidence based practices in the processes of developing rational approaches to the use of medicines is complex. These include:

- Practitioner knowledge and experience in:
  - history taking and examination to inform accurate diagnosis
  - prescribing including appropriate drugs, adverse drug interactions, managing contraindications and co morbidities
  - acquisition of medications
  - administration of medicines
- Patient knowledge of how and when to take medications both for over the counter and prescribed medications.
  - access to professional advice
  - access to medications including in easy reach within their locality and at affordable cost
- Organisation of medicine approval and supplies on global, regional, national, regional and local levels.

Drawing on research from the early 1990s until 2004 Reich, Wirtz, Leyva Flores, and Dreiser (2004) demonstrated with reference to experiences in Mexico that the issues of developing rational usage of medicines are complex. They highlighted four policy-related problems namely’ irrational prescribing, harmful self-
medication, inequitable access, and frequent drug stock shortage in public health centers’. They recommended that in order to address these issues that two priority issues needed to be addressed these being the ‘irrational use of medicines and the inadequate access to medicines’ (Reich et al., 2004).

In 2011 The World Health Organization reports that the irrational use of medicines continues to be a global problem. WHO estimates that more than 50% of medicines are prescribed, dispensed or sold inappropriately. In addition at least half of the people taking them do not take them as recommended. They go on to report that this overuse, underuse or misuse of medicines ‘results in wastage of scarce resources and widespread health hazards’ (WHO, 2011).

Irrational use of medicines include: polypharmacy, that is use of too many medicines per patient inappropriate use of antimicrobials including in inadequate dosage, for non-bacterial infections; over-use of injections when oral formulations would be more appropriate; failure to prescribe in accordance with clinical guidelines; inappropriate self-medication, often of prescription-only medicines; non-adherence to dosing regimens (WHO, 2011).

Rational approaches to the use of medicines require those involved in striving to ensure that their practices enhance the experience of the patient rather than compromise their health. There are hurdles encountered at every stage of these processes. Some relate to the knowledge base of the practitioner whilst others are encountered during the phrases of procurement and deployment. In developing world contexts these are compounded by lack of dissemination about the efficacy of treatments, lack of local access to professional advice, poor governance and logistics in delivery.

- Development and use of national essential medicines list
- Establishment of drug and therapeutics committees in districts and hospitals
- Inclusion of problem-based pharmaco-therapy training in undergraduate curricula
- Continuing in-service medical education as a licensure requirement
- Supervision, audit and feedback
- Use of independent information on medicines
- Public education about medicines
- Avoidance of perverse financial incentives
- Use of appropriate and enforced regulation

Sufficient government expenditure to ensure availability of medicines and staff (WHO, 2011).

Additional resources on achieving these recommendations can be accessed via the WHO webpage on the rational uses of medicines (WHO, 2011).

This issue of the International Journal of User-Driven Healthcare reflects the ongoing concerns and frustrations of practitioners and users of health care in identifying and addressing issues in developing robust approaches to the rational use of medications.

**RATIONAL USAGE OF MEDICINES**

*Invited Commentary by Anupama Sukhlecha, M. P. Shah Medical College, India*

In the past, medicines were used only for major illnesses but now, health and medicines take up a major portion of state budget. In developed countries, the health expenses are covered under insurance plans whereas, only few are covered under insurance in developing countries. In India, the out-of-pocket health expenditure by households accounts for around 70 percent of the total expenditure on health (Joglekar, 2008).

The percentage of out of pocket expenses will rise as medicine costs are rising, and the
practice of prescribing and using medicines irrationally will further add to the costs.

The National Health Systems Resource Centre has recently documented some of the causes of irrational use that they have identified at various levels (NHSRC, 2009).

**Doctors:**
- Prescribing “pill for every ill”
- Poly-pharmacy—an easy way to get richer
- Prescribing antimicrobials for viral diarrhea or cough
- Prescribing brand names instead of generics
- Prescribing injections where oral administration is good enough
- Inadequate information given to patient on medicine use

**Patients:**
- Insisting on “pill for every ill”
- Improper method and dosage of medicines used—preserving them for family or friends for future use

**Pharmaceutical level:**
- Over-promotion of new medicines
- Inappropriate product information, labeling on medicines etc
- Inappropriate information on adverse effects
- Sponsoring conferences, trips, distributing freebies to influence doctors
- Counterfeit medicines

**Organization/Authority level:**
- Inappropriate education on medicine use and misuse
- Inadequate availability of medicines from essential medicine list at various levels of health care (tertiary centers, community health centers, primary health centers)
- Antimicrobial policies not enforced
- Inadequate training of undergraduate and post graduate students on rational medicine use
- No/ meager punishment to those who break rules
- Use of health association names or logos for brand promotion (endorsement)
- Medicines unable to reach to the poor either free of cost or at affordable rates

We already have encountered resistant bacteria for large number of antimicrobials. If proper medicine use policies are not formed or enforced, we could be moving toward an abyss from which return may not be possible. It is time that we have a cohesive rational approach towards medicine use.

This issue of the *International Journal of User-Driven Healthcare* focuses on rational use of medicines for the benefit of all major stake holders in health care. In this issue, we have articles covering patient and health professional experiences with ‘rational usage of medicines along with review of antibiotic usage in clinical practice, transparency in medicine procurement, counterfeit medicines and role of mobile technology to prevent them, over the counter usage and risk benefit analysis of a class of drugs. We hope this issue serves to act as a primer to initiate a healthy cascade of events led by our audience to promote ‘rational usage of medicines’ in and around the globe.

**References**


Jane Fitzpatrick is a visiting research fellow at the University of the West of England Bristol UK. She is an experienced public health nurse and senior lecturer. She has 25 years of working in multi-disciplinary contexts. Her focus is in working collaboratively to enable families and communities to bring about transformation of their health status. She has recently supported community nursing personnel in the UK to engage with current agendas in enabling patients to effectively manage chronic health conditions. This includes working with nurses in enhancing their skills in prescribing and developing patient managed treatment regimens.