

## THE DOCTOR'S RIGHT TO DISPENSE HIS OWN PRESCRIPTIONS

At the meeting of the South African Medical and Dental Council held on 19-22 March discussion arose out of the pressure recently exercised by the Pharmaceutical Society and Pharmacy Board of South Africa to restrict the right of the medical practitioner under section 73 of the Medical, Dental and Pharmacy Act to compound or dispense medicines prescribed by himself or his partner, principal, assistant or *locum tenens*. An amendment of the Act to achieve this restriction had in fact been proposed.

The Pharmaceutical Society had approached the Minister by memorandum and interview, and on 1 September 1955 the Secretary for Health had sent the Council a copy of the Society's memorandum with a request for comment. Moreover, on representations by the Pharmacy Board the Minister has directed a meeting to be called of representatives of the Board and other bodies. This meeting was held in Pretoria on 15 October 1955 under the chairmanship of Dr. B. M. Clark, Deputy Chief Health Officer, and was attended by Mr. F. J. Todd (the President) and 4 other members of the Pharmacy

Board, 2 other pharmacists, a representative of the Department of Health, Dr. H. Graf (Deputy Director of Veterinary Services) and Dr. J. N. W. Loubser, who was appointed at short notice to attend for the Medical and Dental Council.

The Council's Executive Committee had informed the Secretary for Health that they had re-affirmed a previous resolution of the Council on this matter, which reads as follows: 'That a medical practitioner should not place himself in economic competition with a chemist and druggist, but that the Council cannot agree to any encroachment on a medical practitioner's right to do his own dispensing, as is envisaged in the suggested amendment to the Act.'

In appointing Dr. Loubser to represent the Council at the discussion of 15 October the Executive Committee also requested him to draft a memorandum on the subject. The memorandum was now before the Council, with the aforementioned memorandum of the Pharmaceutical Society, a resumé of the discussions of 15 October, and a resolution by the Executive Committee 'that the

Secretary for Health be informed that the Council was in favour of maintaining the inherent right of medical practitioners to dispense, as provided for in section 73 of the Medical, Dental and Pharmacy Act.

Since the Pretoria discussion the South African Pharmacy Board has written asking for a joint meeting of the Council and the Board, 'expressing its disappointment at the negative character of the Pretoria meeting' and urging that a full-scale debate should be held at a joint meeting of the Council and the Board. This letter was now also before the Council.

#### VIEWES OF PHARMACISTS

The views of the pharmacists are fully set out in the Pharmaceutical Society's memorandum and the resumé of the discussion of 15 October. It is stated that only one half of the pharmacists are dispensing medicines prescribed 'by the medical, dental and veterinary professions' because 'the great majority of medical practitioners in the rural areas do their own dispensing.' The dispensing activities of doctors are stated to consist today 'of a major trading activity in open competition with chemists and druggists' and 'carried on contrary to the public interest, particularly in regard to the poorer sections of the community and the native and coloured peoples.' One speaker at the Pretoria meeting declared that the very existence of chemists and druggists was affected; he expressed the opinion 'that they had already passed beyond the cross-roads and were now on the road leading to extinction.' (It was stated in the Society's memorandum that in 1928 there were 986 registered chemists and druggists, and 856 retail pharmacies, of which 573 were in the 9 principal urban areas, and that on 1 August 1955 there were 2,576 registered chemists and druggists and 1,600 retail pharmacies, of which 1,049 are in the 9 urban areas and 551 in country towns.) The Society's memorandum asks for an amendment of section 73 of the Act to preclude any doctor in private practice from dispensing if there is a chemist and druggist carrying on business as an open pharmacy *within 5 miles* 'of any point at which the doctor carries on practice.'

Dr. Graf (Deputy Director of Veterinary Services) said in the discussion that he had come to the conclusion that the cause of the difficulties experienced by the pharmaceutical profession was not so much competition from the doctors who did their own dispensing as the evolution of their own profession. He said the activities of large manufacturing chemists and druggists who produce ready-made pharmaceutical supplies had virtually reduced the retail chemist and druggist to a mere handler of medicine. A second cause, in his opinion, was the fact that many lines of made-up drugs were sold by general dealers.

#### VIEWES OF DOCTORS

Dr. Loubser, in the discussion, expressed the views of the Executive Committee of the Medical and Dental Council. What he said is well summarized in the memorandum he wrote at the request of the Executive, from which the following is extracted:

'In my opinion the primary object of Act 13 of 1928 was and is to protect the interests of the public and not the economic advancement of the relevant professions.

'The causes of the reputed difficulties of which the retail chemists and druggists complain are threefold:

1. According to their own figures there is a surplus of chemists and druggists. Here the remedy lies in their own hands.

2. As so aptly put by Dr. Graf, they are being smothered by the evolution of their own profession and have thereby been reduced to mere handlers of medicines.

3. Competition by medical practitioners dispensing for their own patients. This can only be removed, in my opinion, at the expense and to the detriment of the general public and (its removal) *should therefore never be agreed to by the Medical and Dental Council.*

'To give a few examples of what would be the results if the amendment of section 73, as demanded by the pharmacists, was adopted:

(i) Large sections of the European rural population and practically all the non-Europeans would fail to grasp why they should pay the doctor merely for an examination and a 'note' and have *again to pay* the chemist for the medicine.

(ii) Can one visualize a patient consulting a doctor and then having to travel *5 miles* to have his prescription made up? Yet this is exactly what the chemists are now demanding.

(iii) If the drug is one which is to be injected then the patient will first have to go *5 miles* to obtain it and bring it back again for the doctor to inject it.

(iv) What happens after 5 p.m. or on week-ends, when the pharmacy is closed? Can and will the chemists in a rural area provide a 24-hour service throughout the week?

'It should be clear to anyone that if section 73 of the Act were to be so amended as demanded by the chemists and druggists the whole situation in the rural areas would become fantastic and impose great inconvenience, waste of time, and hardship, on the public.'

In the course of discussion in the Council Dr. M. Shapiro expressed the opinion that the Pharmacy Board were asking for joint discussion when the matter on their side was cut and dried. It was decided that the Executive Committee should meet representatives of the Pharmacy Board.