

# South African Medical Journal

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### VAN DIE REDAKSIE

#### BEREIDING VAN GENEESMIDDELS EN DIE N.H.S.

In sy toespraak as voorsitter van die Britse Farmaseutiese Kongres te Oxford het H. Davis 'n interessante verslag gelewer en sy mening uitgespreek oor die geneesmiddele-bereiding van die Britse *National Health Service*.

Die koste van geneesmiddels word nou grotendeels deur die staat gedra wat derhalwe regstreeks belang daarin stel. As gevolg van die N.H.S. is dit moontlik om statistiek, oor die verskillende soorte geneesmiddels ensovoorts, te versamel. 'n Span ondersoekers in diens van die Britse Departement van Gesondheid is met hierdie taak belas. Voorskrifte vir middels wat van twyfelagtige waarde of oneties van aard is word ondersoek, asook buitensporig duur handelsmerke van standaard middels. Sekere beginsels is neergelê wat nagekom moet word i.v.m. die bestelling van preparate; sommige preparate mag sonder voorbehoud voorgeskryf word maar preskripsies vir middels wat onder seker groepe sorteer word beperk en ontmoedig. Onder laasgenoemde middels is 'n swetterjoel preparate—almal dieselfde—met name wat vir beide geneesheer en farmaseut hoofbrekens gee en die apteker dikwels in geldelike verleentheid stel.

Aangesien die voorskrifte vir bykans 90% van die bevolking deur die kantore hanteer word, wat die pryse beheer, is voldoende statistiek beskikbaar om die terapeutiese rigtings aan te dui. Davis gee in tabelvorm die persentasies en syfers aan wat verkry is deur ontleding van duisende voorskrifte. Soos verwag kon word is bevind dat antibiotika, sulfonamides, barbiturate en uitwendige middels op besonder groot skaal voorgeskryf word; lakseermiddels, purgeermiddels en teensure word gekenmerk deur die groot verskeidenheid handelspreparate wat bestel word. Betekenisvol is die daling in mengsels wat aangemaak word en die styging in pille wat voorgeskryf word. Dit weerspieël die verwisseling van polifarmaseutiese preskripsies wat die plaaslike apteker aanmaak met klaar-bereide preparate wat die handelsfarmaseut bemark.

Soos dit steeds moeiliker word vir diegene wat preskripsies uitskrywe om tred te hou met die geweldige styging in die getal nuwe terapeutiese preparate en hul veelsoortige name, word die apteker deur sy mediese kollegas oor baie aspekte van hedendaagse geneeskunde geraadpleeg. Met die snelle uitbreiding i.v.m. die vervaardiging van nuwe middels deur die farmaseutiese bedryf, met wie die Britse Departement van Gesondheid in noue voeling en samewerking is, moet die apteker op hoogte van sake

### EDITORIAL

#### PHARMACY AND THE N.H.S.

In his address to the British Pharmaceutical Conference at Oxford the chairman, H. Davis, gave an interesting report and his personal opinion on the pharmacy of the British National Health Service.<sup>1</sup>

The cost of medicines today is largely borne by the State, which therefore has a direct interest in the matter. Under the N.H.S. it is now possible to obtain particulars of the types of pharmaceutical products supplied and other statistics concerning medicine prescribed. An investigational unit of the British Ministry of Health exists for this purpose. Investigations have been made into the prescribing of drugs and medicines of doubtful value or of unethical character, and unnecessarily expensive brands of standard drugs. Certain principles have been formulated on which various preparations may be ordered; some can be freely prescribed, but the prescribing of drugs in certain categories is restricted and discouraged. Many of the latter represent a multiplicity of similar preparations with names burdensome to practitioner and pharmacist alike, and often a source of financial embarrassment to the chemist.

As the prescriptions for the treatment of over 90% of the population pass through the pricing offices large samples can be studied to get a picture of therapeutic trends. Davis presents in tabular form actual percentages and absolute figures obtained on analysis of thousands of prescriptions. It is not surprising that antibiotics, sulphonamides, barbiturates, tonics and external applications are found to be very extensively prescribed; laxatives, purgatives and antacids are characterized by the large variety of proprietary preparations that are ordered. There has been a significant decline in the proportion of mixtures dispensed and a marked increase in prescribing of tablets. This reflects the change-over from polypharmaceutic prescriptions made up by the local pharmacist to the ready-made preparations of the manufacturing chemist.

As it becomes increasingly difficult for the prescriber to keep pace with the ever-growing number of new therapeutic preparations and their multifarious names the pharmacist is consulted by medical colleagues on many aspects of modern therapeutics. With the rapid developments in the production of new drugs by the pharmaceutical industry, with which the British Ministry of Health is now maintaining close relations and co-operation, the pharmacist is required to keep abreast of

bly en 'n grondige kennis van die stowwe wat hy hanteer besit om sodoende in staat te wees om die farmaseutiese aspekte van die middels met die geneesheer te bespreek—veral met betrekking tot metodes van toediening en die stabiliteit van die geneesmiddels. Fabrikante het nog nooit agterweë gebly nie om die professie van advies te bedien nie!

Davis meen dat Brittanje 'n groot behoefte het aan meer praktiserende aptekers en tot 'n minder mate aan navorsers en onderwysers. Dit word besef dat hierdie farmaseutiese spesialiste universiteitsopleiding moet ontvang.

Ons in Suid-Afrika kan baie lesse put uit Brittanje se ondervinding—sommige aspekte waarvan gesaghebbend in die gemelde artikel vermeld word.

the stream and maintain a sound knowledge of the materials he handles, particularly to enable him to discuss with the medical practitioner the pharmaceutical aspects of the drugs, especially their modes of administration and presentation and their stability. The manufacturers have never been backward in offering advice to the medical profession!

Davis remarks that the need is being felt in Britain for a large number of recruits to the ranks of practitioner pharmacists, and for a minority of research workers and teachers. The training of these pharmaceutical specialists is recognized as being a function of the universities.

We in South Africa can gain much from British experience, some aspects of which are authoritatively presented in the article here cited.