EDITORIAL

PRESENTING AND LABELLING OF DRUGS: IMPORTANT SAFETY MEASURES

Until comparatively recent times, all doctors' prescriptions were written in Latin, and the symbols employed to indicate quantities were only decipherable by the initiated. It was claimed that the mysteries of medicine were too profound and provocative for the patient to be told what treatment he was receiving, and the system of secrecy went so far as to deny to him the right to know his own temperature. Even now, although the prescription, which the patient can read himself if neither he nor his doctor is too illiterate, is written in English and handed to him openly, the dispenser is prevented by the rules of the profession from writing the name of the drugs employed on the label of the bottle of medicine or the top of the pill-box, unless the doctor makes a specific request for this to be done (an extra bit of writing which the doctor seldom bothers himself with, and which, if he does, the dispenser not infrequently omits).

The absence of the name on the label has often led to mistakes and confusion in the past. One wonders how many thousand bottles are stored away in the bathroom cupboards of the country without anyone having the slightest idea about what is in them; the possible consequences are frightening, and sometimes fatal. A few months ago, a man took an overdose of some tablets which he had been ordered by his doctor. He was admitted to hospital, and treatment was given for poisoning by two types of drug, but it was a third which he had taken and, since this was not discovered until too late, treatment was unavailing and the patient died. The coroner is reported as saying: "There is nothing in law or common sense which prevents prescriptions from being labelled. The only reason they are not is because of pharmacological folklore or tradition. The chemist, however, followed standard practice and is above reproach. It is the practice and not its practitioners which I condemn." Obviously, in this case, the knowledge of the drug taken would have been available at the very beginning of treatment had the pill-box been labelled, and the coroner's remarks would seem to be fully justified.

However, it is claimed by some medical men that it is not always wise for the patient to know what he is receiving in the way of drugs, especially when this happens to be a placebo. This, of course, depends largely on what placebo is chosen, but the argument is in any case largely nullified by the handing of a prescription written in English to the patient.

There are a large number of drugs commonly given by general practitioners to their patients which may seriously affect the action of the commonly used anaesthetic drugs, narcotics, and the drugs used in resuscitation. One thinks at once of the adrenal cortical steroids, the hypotensives, the barbiturates, the monoamine oxidase inhibitors and the cardiac glycosides; nor are these all, and the discovery of new drugs with important side effects goes on apace, rendering anaesthesia, and other forms of medical therapy, more and more hazardous. Furthermore, it is the exception rather than the rule for the general practitioner to inform the hospital on the admission of a patient exactly what drugs he has recently been administering.
All practising anaesthetists are well aware of the worry which they are caused by the announcement by the patient that, for the past six months—or days—he has been taking “little blue (or white) pills” given him by the doctor “for the heart” or “for the pains in his head”. Sometimes, the patient will have the forethought to bring the pills with him, but this is little help. There are so many pills, and many are so similar, that identification is seldom possible. Even attempts to collect pills on a labelled card fails, for many of them change colour with age and, in any case, a complete “set” is not a practical possibility (there are sixty-three brands of cortical steroids alone).

The remedy would appear to be fourfold: all bottles of medicine, pill-boxes and the like should be labelled with the names and quantities of the active drugs; all drugs should be allocated to certain categories, depending on their pharmacological action, and the labels should have an appropriately coloured border (so that, when the patient fails to bring his pills with him to hospital, he can at least be asked the colour of the label); and all compressed tablets should be stamped with a symbol indicating the manufacturer and a number indicating the drug. Finally, general practitioners should be impressed with the importance of informing the hospital concerned of the drugs which the patient is being given. This last is perhaps the most difficult of all, but it should be attempted, and the attempt should begin in efforts to impress the medical student with the value of this information.

There can be little doubt that the adoption of these measures would save lives and prevent a lot of needless anxiety. There can be little doubt, either, that nothing will be done, and we shall remain a voice crying in the wilderness. Will you do your best to make this last prophecy wrong?