



## International Symposium on complete Separation of Pharmacy and Medicine in Japan

September 25, 2012 (World Pharmacist Day)



**Speech by Michel Buchmann, FIP President**  
(5-10 minutes in length, to be videoed)

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Honorable guests and colleagues,

Please accept my warmest greetings, on behalf of the Executive Committee, of the International Pharmaceutical Federation. The global federation representing over 2 million pharmacists and pharmaceutical scientists worldwide.

As FIP's mission is to improve patient health, I would like to share with you why it is important for all, to separate medicine's roles of diagnosis and prescribing, from the dispensing of medicines.

We live in a world that has limited resources, and our governments are constantly working towards providing what is needed within the means available. Good health economics means using the resources available for the best health of the population. Some may argue that a dispensing doctor can help reduce costs in healthcare systems but it has been shown in a number of countries that this is not the case. Evidence published in the international literature shows that there is added value in having pharmacies dispense medicines because:

- Costs can be reduced when patients with stable long-term conditions can obtain larger quantities of medicines or refill their prescriptions at pharmacies, without needing to visit a physician as often. It makes good sense to empower our patients to help manage their treatments, when considering the current rise in the population and in chronic illness globally.

- It has been shown that medicines that are prescribed by dispensing doctors cost more, are higher in number and are more invasive than those prescribed by non-dispensing doctors, which is an unnecessary use of limited resources.
- Costs can also be reduced for patients, health insurers and the health system overall, when generic medicines are prescribed, which provide effective treatments while lowering the cost, however dispensing doctors often have little incentive to prescribe generics. And in a number of countries pharmacists interventions have made a high impact on the dispensing of generics rather than branded medicines.
- Pharmacists can support the best outcomes for patients through validating prescriptions and ensuring they follow best practice guidelines; and also by providing adherence support so that patients take their medicines and do not simply throw them away.
- It also makes good sense to use available resources and the investment already made by countries in educating pharmacists. In Japan there are over two hundred and fifty thousand (250 000) pharmacists, a dedicated workforce that can provide relevant and needed support and services. Over fifty-six thousand (56000) pharmacies in Japan provide local populations with access to medicines and can help to decrease the burden that minor self-treatable ailments can place on the healthcare system. For example, the cost-savings of

patients going to pharmacies for minor ailments in Switzerland, instead of going to a physician, has been estimated at being over 16 million dollars saved to the healthcare system every day!

- In a recent international survey undertaken by FIP, it was also shown that for every 6 patients going to the pharmacy with a prescription or a request for treatment, there is one patient who will receive advice free of charge, leaving the pharmacy without medicines. This is a good example of how services provided by pharmacists can help decrease costs to the healthcare system.
- Finally, through collaborative activities with physicians, which I have been personally involved in developing in Switzerland, we have demonstrated that pharmacists positively influence the quality of prescriptions while considerably reducing the costs.

We should recognize that dispensing by medical doctors may be relevant, if the patient requires immediate emergency treatment, or, if there is insufficient access to medicines so that an exception is made for medical doctors to dispense in highly remote areas. For example, in France, there are less than 100 dispensing doctors, who are mainly located in small islands or in the mountains where it is simply not economically viable to have a community pharmacy. These medical doctors must obtain an authorization from the French government to dispense and this authorization is automatically cancelled if a new community pharmacy opens within the locality.

For any other reasons, dispensing by medical doctors can lead to unethical practice and conflicts of interests, as well as to risks and disadvantages for patients, in terms of cost, convenience and most importantly, in terms of patient safety.

As mentioned before it has been shown that costs and numbers medicines prescribed increase when comparing dispensing doctors

and non-dispensing physicians. Although the primary role of the physician is to diagnose the patient and select the best medicine for a patient, it is easy for us to see that there is a conflict of interest when a physician's income is affected by the medicines he prescribes. There are also additional conflicts when considering the incentives and encouragement they may receive from the pharmaceutical industry to prescribe and dispense their branded medicines. A dispensing doctor is also less likely to have as wide a range of stock of medicines and so may choose to prescribe what they have readily available in their practice.

Certainly, in terms of patient convenience, pharmacies are more likely to have better provision of medicines and tend to be more accessible to patients because of not needing to make an appointment, of opening during longer hours and on weekends, having on-duty pharmacists available at all hours and being close to the area where patients live. We also know that due to the shortage of physicians worldwide, many patients face difficulties accessing their physicians, so why would we ask physicians to spend more time focusing on dispensing rather than on their core role of diagnosis, especially when pharmacists are competent healthcare professionals to undertake the role of dispensing and to follow-up with patients.

Most importantly, we need to be clear about the role that pharmacists play in improving patient safety.

A 2007 Institute of Medicine report showed that medication errors originate most often during the medication prescribing process. At least half of these prescribing errors are detected and corrected when pharmacists review the safety and appropriateness of the medication. But having the same physician prescribe and dispense eliminates that safety net before an error can reach the patient.

When you consider that pharmacists have been shown to intervene in 1 to 4 percent of all prescriptions, to prevent errors and other

drug-related problems in patients, the potential harm that is avoided is substantial.

In an era where patients often see many different healthcare providers, from general practitioners to specialists, the pharmacy is often the most appropriate center for medication management and ensuring the safety of all medicines prescribed together. On the other hand, when there are dispensing doctors there is more conflict between healthcare providers, patients may be more secretive about their medicines use and may receive mixed messages from different providers. This situation does not support a culture of collaboration between healthcare team members who should be working together to improve patient safety.

Pharmacies are also subject to important regulations to ensure the proper storage, handling and distribution of medicines on their premises. While the same level of services and care should be provided in all cases where medicines are dispensed, several studies show that dispensing doctors are subject to less control, and compliance with regulation is lower, especially concerning hygiene and the premises where they practice. Similarly, the proper labeling of medicines dispensed by physicians may not be in line with the standards that apply to pharmacies.

Pharmacists also receive more training in medicines use and adverse effects than physicians do. The role of the pharmacist to review any potential serious side effects or interactions and provide supportive patient counseling is key in ensuring patient safety. We know that insufficient knowledge about health and medication therapy is a key contributor to patients' non-adherence and therefore pharmacists are well placed to provide information and support the best possible outcomes for patients.

In many countries, official government bodies, such as the U.S. Department of Health and Human Services, and the UK General Medical Council, emphasize the necessity of regulatory oversight and accountability in the drug distribution and dispensing process in order to protect patient safety. Pharmacists are the best placed to provide this oversight and support better public health.

Even if dispensing doctors provide medicines at a reasonable cost to patients and the health system there are still major difficulties within the healthcare system that will not be resolved if physicians continue to dispense, including that:

- there will continue to be a lack of collaboration between healthcare professionals, meaning less collaborative patient care;
- There will continue to be waste in the healthcare system, and greater risk to the distribution chain of medicines, if medicines are stocked in a number of physicians' clinics rather than in larger and more publicly accessible pharmacies; and
- The added security of a second check by a pharmacist, who can review all medicines taken by the patient, including self-medication, will be missed. Meaning less patient safety and depriving the public of using the full services offered at a pharmacy.

We encourage all to make the patients' and the public's best interest the first priority.

Many thanks for your attention and best of success in your deliberations.

It will be a pleasure to see you again for the FIP Centennial Congress in Amsterdam.