

Physicians as pharmacists in Hong Kong: time for re-evaluation?

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The separation of pharmaceutical dispensing from the Hong Kong physician's scope of practice has been a topic of interest since the first class of 30 local pharmacists graduated in Hong Kong in 1996. Over the past 15 years, however, there have not been any significant changes to the pharmacy-encompassing role of physicians which is a common practice in Asia-Pacific countries such as Malaysia, Singapore and Japan.

Traditionally the role of pharmacists includes dispensing medication, checking for medication errors and providing consultation on the role of various medications for different indications. In the hospital they may also provide services for intravenous medication preparation and unit-dose dispensing. In recent years the roles of pharmacists in some North American jurisdictions have expanded to giving vaccinations, International normalized ratio (INR) monitoring and limited prescribing/ alteration of prescriptions based on the patient's indications (e.g. varying warfarin doses based on the regular INR measurements).

The role of physicians, based on the training program, mainly focuses on diagnosing and prescribing. The identification of new illnesses and expanding discoveries in medications make the time needed for understanding the human body and diseases a race in the limited years of medical school. Regarding antibiotics alone, there are now over 7 classes of antibiotics and 100 various individual antibiotics to choose from since the discovery of penicillin in 1928 [5]. It is unrealistic to expect doctors to have the knowledge depth of medications that targeted pharmacy training provides.

Given that the fee scheme of private physicians does not clearly demarcate between diagnosis and dispensing creates an ethical issue that physicians are profiting from dispensing and limits the patient's choice on where to purchase their medications. Choosing between more pricy 'brand name' medications from various generic brands and prescribing more medication than needed are potential areas of concern for physicians who are also responsible for dispensing.

The benefits of having pharmacists independently dispensing from

physicians include their expertise in medications and their interactions. Pharmacists with local knowledge of the family and individual patients may have more contact time with the patient and may also have insight into their use of natural health products, which may have significant interactions with their prescribed medications. They can serve as an additional line of defense against medication errors and they provide evidence-based advice on minor ailments leading to better usage of physician time and limiting abuse of the emergency department.

The Pharmaceutical Society of Hong Kong and The Society of Hospital Pharmacist of Hong Kong published a response paper on the Consultation Document on Health Care Reform "Lifelong Investment in Health" in 2001 identifying the barriers to adequate use of pharmacists. Some areas include the low pharmacist-physician ratio (with graduating 400 local pharmacists in the past 15 years while accepting over 200 students into the Faculties of Medicine in 2011 alone), unclear pricing by physicians and also pharmaceutical law allowing non-pharmacists to own a pharmacy and only requiring a pharmacist to be on site two-thirds of the opening hours.

Ten years have passed since the publication of the response paper with limited actual advances. Change in already developed medical structure is difficult but the potential benefits, such as better allocation of resources and decrease of medication errors, makes the separation of pharmaceutical and physician responsibilities appealing and well worth considering.

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