LETTERS

Limited list of drugs

Sir,

Are we a voice crying in the wilderness? The recent Pavlovian response of the British Medical Association to any suggestion by the Government that they will not underwrite any prescription which any doctor may care to write, under the National Health Service (NHS), we find very unrealistic and not in the best interests of health care.

The massed lobbies of the drug industry have also been mobilized, providing a letter to be sent to our local member of parliament which merely requires signing. Of course we have no intention of sending such a letter, and consider this to be unacceptable pressure by a sectional interest.

The freedom of doctors to prescribe freely is not in question. The only change which, with some reservations, we welcome, is to introduce a note of cost relation and realism into the previously bottomless pit of expenditure of the past 36 years.

We suggest that doctors cooperate in the preparation of a list prescribable under the NHS which works well in all other countries, otherwise it will certainly be imposed by the DHSS.

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Sir,

We are a group of general practitioners from Ashford, Kent. We accept the principle of a limited list of drugs prescribable on the National Health Service (NHS).

We propose that legislative framework should be instigated to give the Committee on Safety of Medicine, or other similar professional body, power to compile and keep under review a limited list of acceptable drugs available on the NHS.

We consider that the present list proposed by the Government is unacceptable because, in our clinical experience, it does not provide an adequate range of drugs.

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Sir,

What a curious and tragic state of affairs confronts the National Health Service? Curious because the Government and the Chief Medical Officer seem unable or unwilling to understand the problems that a restricted list will cause; and, tragic, because the objectives of the Government and the profession are presumably the same.

The restricted list alters the basis upon which clinical management is determined and in practice this limits clinical freedom. Loss of clinical freedom is of paramount importance, not because it affects the doctor's professional life but because for the patient it reduces the standard of care that can be provided.

With the introduction of the proposed restrictions on prescribing, the principle of Government reducing clinical options by regulation is established. Logically, for a Government committed to getting better value for money from the drugs bill, further limitations on prescribing will be introduced. The impact on clinical practice will be significant.

The advisers of the Government bear the major responsibility for this unfortunate situation but the ministers must take the blame. The future for family medicine looks bleak, however, if those advisers continue to display such insensitivity to the nature of general practice in the United Kingdom.

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Sir,

I disagree with the policy of the Royal College of General Practitioners not to enter into discussion with the Secretary of State for Social Services, on limiting the range of drugs prescribable under the National Health Service.

The medical profession has a lamentable record in failing to accept without serious reservation moves towards generic prescribing; it also has failed to resist the introduction of expensive new drugs which have no advantage over drugs already in existence.

We have available information for good prescribing — not least in the British National Formulary, but we have failed to put our house in order. For reasons which I believe to be less than honourable, the Secretary of State for Social Services has proposed a limitation on prescribing for certain medical conditions which uses information in the British National Formulary.

Notable pharmacologists have advised the Minister, and I am certain that he will impose his modified list on 1 April.

Despite much furore, the majority of general practitioners will then find that the list is acceptable, and we will have the worst of all worlds.

Firstly, we will have a list imposed upon us; a list in the construction of which we will have failed to participate, but will be seen to accept. We will have set a precedent for the further imposition of restrictions in which we may not even be asked to discuss. Secondly, we will have lost the clinical freedom on which some people place so much store.

We have a duty to discuss those drugs not on the Minister's list which we consider essential. We must produce our own recommended lists, and suggest methods of persuading the majority of doctors to follow the recommendations. In return for this, we should expect the list to be advisory, and thus preserve clinical freedom.

We must persuade the British Medical Association to act with us to ensure that any monies saved should be returned to primary health care.

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