# DOCTORS AND DISPENSING

In the beginning, medical treatment was entirely a matter between the healer and the sick. The latter was concerned with seeking relief for his ills, but the former offered not only diagnosis, prognosis, and treatment, but also supplied the therapeutic measure in terms of drugs, physical and mental aids, nursing care and occasionally even custody. Thus a doctor's function in the beginning embraced that of a nurse, pharmacist, physiotherapist, spiritual counsellor, and even custodian. In due course, as the art of healing advanced, ancillary personnel appeared on the scene. The druggists and pharmacists procured and supplied the medicines, the nurses provided the continuous personal care, the physiotherapist rehabilitated the disused parts, and the others, like occupational therapist, almoner and dietitians, had each their parts to play in the science of healing. There is a division of labour in a sense, so that together, the welfare of a sickman is ensured, and individually a sense of excellence is inculcated as the skill improves through specialisations.

Hence ideal medicine would have the doctor treating, the pharmacist dispensing, the nurses nursing, the physiotherapist rehabitating, and each in his or her own way contributes to the whole of the patient's health. This, however, has not meant that the practice should become a monopoly so that a sick person can have treatment from no one besides a doctor, or nursing is obtained exclusively from the nurses alone. The individual choice remains, and it is open to him to have a trained dietition to plan his diet, or to rely on his granny's secret brew for health and strength. He is told in no uncertain terms, however, that a trained man is available to serve him, and that a standard of service would thereby be guaranteed.

In Singapore and Malaysia, doctors have for a long time provided treatment, and undertake to supply the medicines as well. They are therefore pharmacists in a restricted sense, in that they dispense medicine, but usually only to their own patients. This would mean of course a saving in terms of money and time to the patient who has now two services—the doctor's and the pharmacist's—for the price of one, but this is not an ideal situation because it is in the way of advancement to split the two functions even though it means a great cost in medical treatment.

Some would argue that if this is a good thing, then surely it can be enforced by legislation, so that doctors alone will treat and pharmacists alone will dispense. Whilst the motive is plausible, it must be remembered that reforms in law follow the desires of the people, and not the other way about. No one can expect to change social behaviour just by a set of rules alone, and unless the public is willing to accept such a monopoly, any attempt at regulation through compulsion must surely fail.

Further, no profession can claim the privilege of monopoly unless it can be proved indubitably that it has alone the panacea. The doctors and their ancillaries, whilst believing firmly that theirs are the arts best for healing, are unable to say that healing cannot occur with other forms of succour. Hence they claim no monopoly, and a patient can seek cures from other sources, although he would be informed about the availability of the trained man. The pharmacists would find it a difficult case to convince the public if they press for a monopoly of all drug dispensing, for the public can surely not see the reason why they must buy all their medicines from no other sources.

Besides, if a doctor is not permitted dispensing at all, how is he going to treat the urgent cases unless a pharmacist accompanies him on all his visits! Hence, whilst it is sensible to argue that dispensing is most efficiently done by the pharmacist—with an added cost—and that doctors should not set themselves up as pharmacists to dispense generally to all and sundry, one has to be cautious when coming to tread on the dangerous ground of preserved rights and monopolistic privileges. Even in advanced societies like Britain and America, the doctor's right to dispense for his own patient is not challenged, and that practice in societies more affluent in money and manpower than ours should make us cautious when advocating drastic changes.

It may be argued, however, that a doctor has the exclusive right to certify lunacy, death, and infectious diseases, just like a legal graduate the sole privilege of advocacy, and if mono-

polistic concessions can be given to one profession, they surely can be given to another. One should, however, bear in mind that even in these so-called privileges, the concession is not absolute for there are other authorities, like magistrate of a court, who can also assume these functions. Moreover, the basis of making these concessions would be more in public interest than the enhancement of the attractiveness of a profession in terms of earning and status. It remains to be seen if the pharmacists can convince the public that they should have the monopoly of the right to dispense, and that the extra financial burden is justifiable and acceptable to the public at large. It would also be beneficial to remember that at present, besides the doctors who count out tablets to their own patients, the hospital nurses, the estate dressers and many others who are not qualified pharmacists and not supervised at any time by pharmacists in their work. are also handing out medicines. Obviously, even if a monopolistic concession is being contemplated, a line must be drawn somewhere regarding dispensing, otherwise a ludicrous situation may result in the practice of medicine.

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