

EDITORIAL

DOCTORS AND THE PHARMACISTS

There has been a good deal of loose talk about doctors in this country not supporting the pharmacists and being in fact competing with them unfairly by supplying medicines directly to their own patients. There has been even wilder talk of passing laws to make retail pharmacy a special preserve for the pharmacists alone. The arguments have been that only the pharmacists are properly trained to dispense, that they are able to make sure of the compatibilities and incompatibilities, and that they can guarantee the quality of the drugs in respect of proper storage, efficient weeding out of improperly prepared drugs and expired preparations. Whilst there is substance in many of the arguments, the heat and sometimes ill-considered remarks without proper awareness of facts and consequence would seem to do more harm than benefit to the cause of pharmacists.

Pharmacy implies in addition to preparation, procuring, storage, and distribution of drugs, also the study of drug properties in action, and keeping qualities. Its domain therefore ranges from the big pharmaceutical concern, which gathers natural products, synthesises artificial ones, makes basic pure chemicals, and compounds elegant patented preparations, to the small time druggist who in addition to dispensing doctor's prescriptions also provides retail service in patent drugs, in agents both under the restricted schedules of poisons and dangerous drugs and out of them, and even encroaches into fields like cosmetics, photography and light refreshments. Locally, we have examples of both, but none has developed to the scale and extent seen in affluent nations.

Local doctors undertake retail dispensing in most instances for their own patients, and in this way, have reduced the cost of treatment to the patients, but incurred the ire of many pharmacists to the extent that all the economic woes of pharmacists are being laid at the doors of the doctors. A careful reflection will show that the doctor is still the loyal friend of the pharmaceutical industry in that not only he secures his supplies from it, but also undertakes to test the new products for safety and efficacy, as the pharmacists by training would be quite incapable of detecting and treating toxic effects, so that the good name of pharmacy is preserved, and unnecessary litigations, such as having occurred

in some cases of poliovaccine are obviated. To say that the doctor is a serious rival of the pharmacist would be therefore untrue, for as yet no doctor has entered the field of drug manufacture to compete with the pharmaceutical chemist, who represents the big business in pharmacy.

In the respect of retail pharmacy, gone were the days when the little pharmacy was bathed in obscure smells and exotic scents, and ringing with sounds of pounding and grinding. The doctor finds that the improvement in drugs preparation by the pharmacist has meant that the weary long prescriptions carefully balanced in compatibles and flavours are no longer necessary, and retail dispensing instead of being a skilful art becomes one of counting tablets, pouring out mixtures, and changing a nicely printed and concisely worded label to a simpler and usually a worse one. It becomes difficult to argue that retail dispensing is a skill requiring specially trained personnel, and no member of the public would really contemplate getting a hand wrought tablet of A.P.C. when they can get a ready mass-produced variety cheaper and more attractive looking.

Clearly, this change in retail dispensing is due principally to the activity of the wholesalers who have now extended their fields to retail products, and thereby put the activity of retail dispensing out of the picture. To long for the old days under the circumstances is like the hand-craftman striving to stop manufacturers! In fact, were it not for the doctors and their insistence in the control of some dangerous drugs in the interest of public welfare, the day of retail dispensing would be over, for every hawker would be able to sell patent medicines and pure drugs from his stalls, since it does not take much to learn to read the label, and to count out the number of pills.

Hence, if local pharmacists find that their lot has been more competitive in the recent years, they should realise that it is principally due to their unwillingness to assume the bigger functions of pharmacy with the progress of the times. Doctors have been dispensing for their own patients locally for at least 30 years, and it cannot be that only now the competition is felt. Their action may hasten the downfall of retail dispensing activity, but alas, it does not seem

to be understood by leaders of local pharmacists that the threat lies elsewhere, and salvation is in their own hands. The mesh of potage that is retail dispensing would not be saving the day

for the profession of pharmacy, even if the public could be cajoled into accepting a greater cost and permitting the legislation of an ordinance to give monopoly rights.

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