

EDITORIAL

DRUG RISK AND SAFETY

Theoretically speaking, a drug is either inert or active, and the former by virtue of its inactivity should be completely safe whereas the latter through its potency can bring benefit and harm. In actual practice few drugs are completely safe, and even inert substances like kaolin and charcoal can cause death by smothering in huge quantities if one chooses to be facetious. However, it is customary to speak of risk and safety of a drug in terms of therapeutic amounts, but even then few drugs can be without side effects, and be regarded as "safe". Hence the medical profession discourages self-medication, and some urges that even common household remedies like aspirin and phenacetin be controlled.

If the overwhelming number of drugs are risky, then the doctor in the use of drugs must be even watchful for side effects, and unnecessary ingestion so that a treatment cannot become worse than the disease. No responsible doctor would dare to allege that any drug is safe, and no thinking doctor would prescribe continued use of a drug without keeping a watchful eye on its potential dangers.

Happily for the public, most drugs are used for short term, and hence the danger is short-lived. In recent years, however, the control of chronic diseases like hypertension and diabetes, result in prolonged usage, and the problem of drug safety has become a more important problem. The advent of antifertility drugs, one known popularly as "the Pill", brings new problems, for here the drug use is to inhibit a natural and healthy function rather than to restore health or to cure disease, and the "treatment" under such circumstance must naturally come under closer scrutiny, since it is a departure from the normal concept of therapeutics where an agent is used to overcome a diseased state, whereas the normal physiological ability to conceive and be pregnant cannot by any stretch of imagination be regarded as a state of ill health.

Going through the battery of "evidence" and arguments in the last few years, and recent Committee depositions in United States, one becomes aware that the disputing voices come from three principal sources. The first one is from the people interested in drug safety from the view point of therapeutics, and they reported incidence of vascular thrombosis, liver disease, female hormonal side effects, and a horde of other things. The second and the third represent opposing factions in birth and population control, one arguing for the safety of the pill in order that birth control efforts can continue unimpeded, and the other saying the exact opposite for obvious reasons.

However, the topic of drug risk and safety must be evaluated from the physician's standpoint alone, for here an unbiased observation is necessary, and what is sought after all is whether the drug is inert enough to be taken by people over long periods—which is purely a question of therapeutics.

So far, all physicians have agreed that the pill must not be given to patients with hypertension, liver disease, cancers of a hormone-dependant type such as breast and uterus, and vascular disease such as varicose veins. They also agreed that when the pills are being taken, doctors should look out for these troubles and be prepared to discontinue the administration. Quite obviously, there is risk, however small it may be, and must be always kept in view and under surveillance. The extreme arguments of one section that it is completely safe, and of the other that it is highly risky only serve to remind us that interested parties should best confine themselves to advocacy and not to judgment; and there is little doubt that the final word over the question of the safety of the pill must come from physicians who are only interested in drug effects, both adverse and favourable.

Gwee Ah Leng
