

Pharmacy or Grocery: Necessity of Developing a National Integrated System for Medical Insurance & Information about Administration and Use of Pharmaceutical Agents

Morteza Izadi¹, Ebrahim Adham-Maleki¹, Mostafa Ghanei*¹

¹ *Baqiyatallah University of Medical Sciences, Tehran, Iran*

In this issue of the International Journal of Medical Reviews, Tofighi et al. [1] have a comparative study of the pricing of pharmaceutical agents in Iran in a global perspective. We saw this issue interesting, and prepared this editorial on the importance of implementation of a new national system of surveillance for pharmaceutical administration and use; which we believe is of extreme importance. An author of this paper recalls "Once I had attended a pharmacy to take some meds for my mother, and while I was in the line, I saw a villager woman with her child asking the man at the table 'Give me some 'Amoxiclav' for my sinusitis.' I thought he would ask for a doctor's note, but he simply went to the shelves and came back with a box of co-amoxiclav and with his half-closed eyes, he asked for the price. But the woman protested 'It is too much expensive! What about co-trimoxazole?' And they had some debate, and finally were mutually satisfied on amoxicillin. When my order came, I gave my note to a woman at the table, and she went and brought some tablets. When I checked the contents, I found that she made a mistake by bringing diphenhydramine tablets instead of dimenhydrinate. It was very strange to me, because unlike most fellows who used to have not a well readable handwriting in their notes, my handwriting was too much clear, with every single character well noted. I told her about the mistake; but she took a look at the note and said very confidently 'OH, the mistake is from the doctor!'"

In Iran, like several other countries pharmacies can only be established by pharmacologists. The reason behind this, is that the pharmaceutical administration to be double-checked in order to minimize the potential risk of any mistakes made by the doctors, especially in administering agents with unfavorable interactions or other things. Nonetheless, several pharmacies prefer to employ people of no related education, who could be paid the least, to work in their pharmacies; and in most of the time there is no pharmacist even to supervise. Moreover, when selling more could be simply equal to making more money, several might be less hard about the necessity of a doctor's order for administering drugs. It is not also a rare observation to see someone goes straightly to a pharmacy to take meds on the pharmacologists' proposition. In fact, one of the things that is supposed to make some good fortune for some of the pharmacies (we wish only in rare cases) is to propose high price agents to people who come for only a common cold, or they want to lose weight or something to bring back their youth! In fact, the malpractices have been become too much

common so if a pharmacologist wants to follow the formal order, he might be offended by the patients as an ignorant or impolite person. That same problem exists in doctors' offices when patients or their relatives come with a list of drugs to have them written in their insurance papers; and if the doctor refuses to do that, the patients would simply not attend his/her office anymore, if they don't have a fiery debate on the matter anyway. A problem with the current system is, while there is no easily retrievable database for each person for surveying his/her drug use, one person's insurance can be simply used for some other people as well. Besides other countless unfavorable results of such a routine, this can also lead to extensive drug resistance, especially in antibiotics in the society [2].

According to all the above-mentioned issues, we propose to implement a thorough and integrated national system to survey data of pharmaceutical use by any individual persons. It will not only help his/her doctors to have a better view on the patient's past-medical history, but also helps the health authorities to survey the rate of use of different agents, and to program in case there is overuse of a critical drug, and to minimize malpractices that can have dramatically non-favorable effects in future. In this system, every single person's use of agents by any means (different insurance systems, drug administration without using insurance, etc) should be filled in one integrated database, so every person's drug use can be followed in long time. It also can be used to survey the flow of drug from the producer to the final users, doctors' habits of administration of the drugs, and pharmacies' actions, as well. This provides an invaluable database that not only can improve the malpractices by either the physicians or the pharmacologists, but also it can be used to find potential reasons of observing any incident drug resistance, and even survival analysis of patients who use different agents for one disorder. We also believe that it would bring a high level of cost effectiveness in the medical practice of the country.

References

1. Tifighi S, Sharifinia SH, Hassanzadeh A, Najafipour F, Zaboli R, Rezapour A, *et al.* Comparative Study of Pharmaceutical Costs in Iran's Insurance Systems: Review of National Data in an International Perspective. *Int J Med Rev.* 2014;3
2. Masjedi MR, Farnia P, Soroosh S, Pooramiri MV, Mansoori SD, Zarifi AZ, Akbarvelayati A, Hoffner S. Extensively drug-resistant tuberculosis: 2 years of surveillance in Iran. *Clin Infect Dis.* 2006 Oct 1;43(7):841-7.

