

Editorial

Labelling of dispensed drugs

Sri Lanka Journal of Child Health, 2002; **31**: 1-2

(Key words: dispensed drugs, labelling)

For countless generations, Sri Lankan children have been taken to doctors in the public as well as the private sector for treatment of a myriad of ailments. Although a vast number of them are taken to government medical facilities, it is a well known fact that a reasonable proportion of ill children in Sri Lanka are cared for by private medical practitioners as well. In the majority this is on an ambulatory basis where the medicines are dispensed from the clinic or surgery to be administered to the child at home. Some relatively expensive drugs are prescribed to be purchased in private pharmacies. Frequently, children are taken to more than one general practitioner and several drugs are issued from the relevant in-house dispensaries. The same applies to the public sector of our free healthcare system where the drugs are issued from government medical institutions.

There is a dearth of published reports on the labelling of dispensed medicines in this country. However, in very many instances, both in the private as well as in the public sector, it has been observed that a major proportion of the drugs issued are not properly labelled with the name of the drug. In the majority of government medical facilities, including the premier children's hospital, the Lady Ridgeway Hospital, the packets of drugs issued do not contain even the pharmacological name of the drug. Often, only the dosing schedule is written up in the envelope or container in which the drug is dispensed.

When a child is taken to a different doctor, either in the government or private sector, it is imperative that the name and the dosage of the drugs used be available to the doctor to enable him or her to make an informed decision about further therapy or any change in the medications. The position is exactly the same when the child is taken to a private or public hospital for further treatment. It is not uncommon in our hospital practice to see a child being admitted with a whole bagful of unlabelled drugs that have been prescribed over the last few days. In such a situation it becomes extremely important and absolutely necessary to know the names of the drugs used. Further more, it is also possible that at least some of the symptoms may be attributable to the known undesirable effects of certain medications.

It is the experience of many doctors who treat children that their inability to identify the medicines that had been given to them is a real constraint on rational therapy. Even if the drugs are brought over by the care givers, often the medicines cannot be identified with a reasonable degree of certainty. Many drugs come in several different forms and in generic as well as branded forms. The different formulations of the same drug may look poles apart in appearance.

The inability to identify the compounds concerned could have certain undesirable effects. Additional prescriptions of the same or similar drugs may lead to unintentional overdosage. To compound the situation further, there are many well known drug interactions that may cause unpremeditated harm to the patient.

In several countries, legislation has been enacted to make it compulsory for labelling of all medications. In Singapore, the act for mandatory labelling came into effect in 1986¹. In the UK they refined the existing laws in August 2001². The International Pharmaceutical Federation in the year 2001 included the generic name of the drug together with the strength of the issued drug to be the absolute minimum mandatory information to be included in the packaging of dispensed drugs³.

The final solution to this problem in this country is quite simple. It must be made the "norm" and standard practice to label ALL drugs issued to ALL patients whether they be children or adults and whether the drugs are issued from doctors' in-house dispensaries, private pharmacies or from the government medical institutions. The academic colleges have an over-riding moral obligation to ensure that this process of labelling is practised right round the country both in the private and the public sector. It is time that we looked at our own behaviour patterns and practices in an effort towards improving the level of care delivered to our patients. This type of voluntary corrective action would be much better in the long run than having to comply with legislation brought about by the government at the insistence of well meaning and aggressive lobbies of interested parties who would quote the ever so familiar and

popular jargons like patients rights and human rights. The time for us to act, and act decisively and effectively, is right now.

References

1. Act for mandatory labelling of dispensed medicines in Singapore, 1986. <http://www.pss.sg>

2. Committee on Safety of Medicines, Department of Health, UK. Press release, August 2001. <http://www.tap.ccta.gov.uk>

3. Guidelines for the labels of prescribed medicines. International Pharmaceutical Congress 2001. <http://www.exist.nl>

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