Correspondence

Send your letters to 'Correspondence' PO Box 6032 Dunedin, or email editor@bpac.org.nz

Dear Sir

I read with interest the article on polypharmacy in your first issue of Best Practice Journal.
The suggestion of sending medication lists to and from hospitals is good but it does create paperwork for people at each end. Confusion about which is the 'latest' script will naturally arise.
We have the technology to create a universal electronic script.

This would be the only legitimate drug list and dispensing would take place from this list.
Multiple drugs from one class or drugs that have dangerous interactions could easily be identified.
Mistakes in prescribing could be minimised.

Use of a miniature storage medium such as a smart card or a memory stick would be one alternative. Another possibility is storage of patient data in cyberspace. Both have the problem of who has access and who gets to update the data. Other problems would centre around getting different computer software systems to operate together. Loss of the data may also occur if the storage medium is damaged or lost so a valid copy would need to exist.

In the banking world we can obtain updated financial data virtually anywhere where internet access exists. This data is secure and accurate. Why can't medicine emulate such a system? Cost would be an issue. There are no doubt many other blocks in the way. The question is whether it is worth seeking ways to overcome the barriers, or whether it is better to continue as we are, using paper lists of medicines between the various health care providers?

Jonathan Morton
Radius Medical
445 Ferguson Street
Palmerston North

Dear Editor

Thank you for the report/audit re: oral penicillin use. It is interesting and the audit looks like a major bonus which I will look at using - seeing as you have kindly done the data collection, saving me a lot of time.
I have a clinical comment about the use of oral flucloxacillin in young children. The problem is that it tastes bad - it has a bitter taste to it - as anyone who has ever tasted it or tried to administer a course of it to their own children will confirm. I seriously question the likelihood of compliance with a prescribed course of oral flucloxacillin for young children. If they aren't going to take it, what is the point in prescribing it? Therefore I usually prescribe Augmentin® for young children with impetigo or cellulitis.

Ideally, if the taste is improved that could solve the problem and contribute to the main goal of this particular exercise - to reduce rate of Augmentin® prescribing in favour of narrower spectrum alternatives.

I would be interested in your comments and/or others opinions on this matter.
Cheers

Dr Franz Hubmann
Upper Hutt

Thanks for your comments Franz. We would be interested to hear if other GPs have found ways of overcoming this problem.

Editor