

LETTERS

Manipulation of prescriptions by patients – what must a doctor do?

Over-the-counter use of medication via chemists, including the use of psychiatric medication, has always been a cause of worry in the Indian subcontinent (1). Over the last two years, the rules on dispensing psychiatric medication have become stringent and chemists have to dispense the exact amount of medicine written on the prescription for the time duration mentioned. The chemist also stamps the prescription with the amount of medicine dispensed so that the patient does not use the prescription at another chemist's or counter to obtain more than the amount prescribed. This means that patients must follow up with the psychiatrist regularly, have themselves evaluated, and get a fresh prescription that must be signed by the doctor and also carry his seal. There are many patients who do not adhere to this rule. Many a time, chemists who have known a patient over the years tend to continue dispensing medication to the patient for durations which far exceed that prescribed by the doctor. This is rather dangerous as the patient may end up taking antidepressants, antipsychotics and sedatives for months or at times, years, without a valid prescription. They may also develop side-effects that could ensue under unsupervised consumption.

At times, patients manipulate the prescription when chemists adhere to the rules and dispense the exact dose specified. They increase the dose on their own so that their medicines last longer and they can avoid follow-up for reasons best known to them. Sometimes, they increase the duration of the prescription on their own and may thus continue with their medication without visiting the doctor. As a doctor, this bothers me as it is the doctor who would bear the responsibility were there some mishap. We are in an era in which doctors are governed by strict rules and are not spared the consequences of the slightest negligence (2). Do we have rules in place for bringing to book patients who take the law into their own hands and manipulate prescriptions? Even though it is their fault, they blame doctors for the long-term side-effects of medication and give excuses for not following up and manipulating a doctor's prescription. These include having to travel long distances, lack of finances and family problems. It has been reported in the scientific literature that patients with a drug abuse problem may manipulate a prescription to procure certain opioid drugs or sedatives (3). When, however, patients who seek help for other psychiatric problems do the same, what are the doctors supposed to do? Should they continue treating such patients with the same vigour even when a patient has threatened the integrity of the doctor-patient relationship? Is there a tribunal or a body where doctors can be warned of such patients? Patients who manipulate their prescriptions are committing a serious ethical violation and this needs to be looked into from the perspective

of healthcare.

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References

1. Patel V, Vaidya R, Naik D, Borker P. Irrational drug use in India: a prescription survey from Goa. *J Postgrad Med.* 2005;51(1):9-12.
2. Pandit MS, Pandit S. Medical negligence: criminal prosecution of medical professionals, importance of medical evidence: some guidelines for medical practitioners. *Indian J Urol.* 2009;25(3):379-83. doi: 10.4103/0970-1591.56207.
3. Inciardi JA, Surratt HL, Kurtz SP, Cicero TJ. Mechanisms of prescription drug diversion among drug-involved club-and street-based populations. *Pain Med.* 2007;8(2):171-83.

What is wrong with the MCI?

In the wake of the Medical Council of India's (MCI) take on the promotion of faculty recently (1), it is clear that the faculty of medical institutions across the country are in a state of alarm. A situation in which the whole onus of research is put on the faculty is quite quirky when there is no consideration of the fact that most medical colleges in India do not have a system of intramural funding, apt infrastructure and a pertinent environment for carrying out good research.

Promotion means a hike in salary, reputation, self-esteem, etc., and people may very well ignore research ethics in favour of survival. Although continuous assessment of the academic achievements of faculty is one of the essentials of maintaining good standards of professional and ethical medical education, in the absence of intramural funding and infrastructure, using publications as a parameter for the same may have serious consequences. If publications are forced on the faculty, in the absence of any funding or research infrastructure, there will be few, if any, concerns about research ethics or integrity. One of the primary objectives of the MCI is "maintenance of uniform (not high) standards of medical education, both undergraduate and postgraduate" and publications are a logically disparate way to achieve the same, at least in non-standard research environments (2). The policy undoubtedly has no implications for the maintenance of uniform standards of medical education.

In India, there is no legislation for research misconduct. Research infrastructure and funding are not essential criteria for the establishment of medical colleges in India (3). India has designated research institutes for funding and conducting health research (4). Most medical colleges in the country do not have research infrastructure or intramural funding for health research and most research is funded by external