

Pharmacy travel vaccines pose Russian roulette risk

Holiday-makers could be dicing with death under proposals to allow pharmacists to deliver live travel vaccines, doctors have warned.

A Parliamentary committee recommended earlier this year that the role of pharmacists be expanded to include prescribing and dispensing some medications, including live travel vaccines.

Australian Medical Association (AMA) Queensland doctor and Australian Travel Medicine Alliance medical spokesperson Dr Deb Mills was “horrified and appalled” the proposal was being considered.

“This is not a trivial issue. Death or serious illness can be the result if a live vaccine is inadvertently given to someone who has a weakened immune system,” she warned.

Dr Mills said live vaccines were not the same as a tetanus or flu shot and had special risks that required a comprehensive overview of the patient’s medication and health status.

“It is a live product, which means it contains specially prepared organisms that can multiply in the person vaccinated,” she said.

“If that person has a compromised immune system – and they may not be aware if they do - the vaccine strain can run amok in the body and cause a great deal of damage, even death.”

Dr Mills said pharmacists were not trained to assess the health of a person’s overall immune system.

“Drugs people have taken in the past can place them at serious risk from live vaccines so it’s not a matter of assessing current medications and making a decision on the spot,” she said.

Live vaccines were given for prevention of chickenpox, measles, mumps and rubella, Japanese encephalitis, shingles, and yellow fever.

AMA Queensland Councillor and Director Dr Bav Manoharan said giving live travel vaccines was a bit like flying a plane.

“If it is smooth, normal weather, a beginner can do the job, but if birds hit the engine you need someone with extensive professional expertise to keep everyone safe and land the aircraft,” he said.

“The proposed shift of travel vaccine consultations also represents a lost opportunity for GPs to manage patients’ chronic conditions and perform crucial preventative health activities.”

AMA Queensland President Dr Dilip Dhupelia said the proposed legislation was premature and unsafe.

“I am sure that no pharmacist wants to be inadvertently responsible for causing serious illness or worse to patients,” he said.

“It is absolutely critical that live vaccines are managed by GPs or specialised travel vaccine providers who are extensively trained to assess the risk benefit of such a product.”

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Patient lives at risk under pharmacist health plan

Lives will be at risk under new laws allowing Queensland pharmacists to rely on nurses for medical advice so they can sell medication without a prescription.

Australian Medical Association (AMA) Queensland President Dr Dilip Dhupelia has warned that the 13 HEALTH hotline would not be a strong enough safeguard for patients receiving treatment from a pharmacist.

“13 HEALTH is largely staffed by registered nurses with only one senior medical officer, currently a GP, responsible for all 16 separate contact centres across Queensland,” Dr Dhupelia said.

“Even the State Government’s own website concedes that 13 HEALTH is not a diagnostic service and should not replace medical consultation.”

Dr Dhupelia said suggesting that pharmacists could also rely on patient records through the new My Health Record was also fundamentally flawed.

“More than one million people have already opted out of My Health Record, so it’s hardly reliable,” he said.

“And for those patients who opt-in to stay in it and feel confident to reveal their confidential medical history to Pharmacists, the database for My Health Record will take up many more years to develop and mature with up-to-date information that can be safely relied on.”

A State parliamentary committee, headed by Thuringowa MP Aaron Harper, proposed earlier this year that pharmacists be able to prescribe or dispense medications in low risk situations without a doctor’s prescription.

This was despite warnings from medical groups that allowing pharmacists to take on a pseudo doctor role meant that some patients could find their health unintentionally at risk.

“Relegating the health of Queenslanders to pharmacists and a telephone hotline is inadequate and offensive to the thousands of taxpayers who fund Medicare and expect better healthcare in return,” Dr Dhupelia said.

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Regional and Rural Health Care at risk
Dr Dilip Dhupelia, AMA Queensland President

People living in regional and rural Queensland risk being the biggest losers from proposed law changes allowing pharmacists to act as doctors by diagnosing illnesses and dispensing drugs without a prescription.

The recommendations recently made by a Queensland parliamentary committee to allow pharmacies to expand their services, to include tasks currently performed by Queensland's highly qualified rural generalists and other long serving rural GPs, could well see the end of many country doctor practices.

For many patients, this will spell the end of their relationship with their GP, a person who has in many cases served as confidante, support mechanism and health adviser for themselves as well as their families.

For country towns, it will also mean the end of GP practices as it becomes increasingly difficult for doctors to make ends meet in regional and rural areas.

The fact is that doctors and pharmacists provide two separate and different services. While doctors study and train to diagnose and treat medical conditions, the role of pharmacists is to dispense medications safely and offer customers advice on over-the-counter health consumables. Pharmacists simply do not have the necessary qualifications to provide medical advice.

In its report to State Parliament, the parliamentary committee found that pharmacists who were unsure how to treat a patient could rely on advice from the Government's 13 HEALTH phone service, a nurse-led hotline that employs just one doctor for the entire state!

Even the Queensland Government's website concedes that 13 HEALTH "is not a diagnostic service and should not replace medical consultation".

In addition, the parliamentary committee found pharmacists would have access to My Health Record data to provide a patients' medical history and current medication.

However, almost one million Australians have already opted out of My Health Record, making it an unreliable source of medical information.

Relegating the health of Queenslanders to pharmacists and a telephone hotline is inadequate and dangerous and another slap in the face for rural communities.

The long-term prospect of the proposed changes would be an even greater shortage of regional doctors with patients forced to travel even further to see a GP or to further clutter up rural hospitals at significant cost to the state government.

It is ironic that the Queensland Government is investing large sums of money into training the rural doctor workforce when it is also considering laws that will bring about the end of the rural GP.

AMA Queensland has urged the State Health Minister to work together on a plan that would see pharmacists working within GP practices, delivering convenience for patients and millions in savings for the public health system.

This would involve GP practices hiring non-dispensing pharmacists to consult patients, do home medication reviews for people with multiple prescriptions and keep GPs up to date on the latest pharmaceutical changes and treatment.

We need integration, not fragmentation!

16 October 2018

Politicians run roughshod over patient safety

The head of Queensland's peak doctor group has slammed a Parliamentary committee move to let pharmacists operate practically unchecked in the state.

In its 100-page report, handed down today, a Parliamentary inquiry into setting up a pharmacy council in Queensland has made 11 deeply concerning recommendations, including:

- Allowing pharmacists who are not qualified as doctors to give out emergency and repeat prescriptions,
- Considering allowing community pharmacy assistants to handle dangerous drugs, and
- Setting up a Pharmacy Advisory Council without the expertise of a doctor.

AMA Queensland President Dr Dilip Dhupelia urged the Health Minister to reject the pharmacy industry's push to take over the role of qualified GPs.

"Queenslanders must be able to trust that their health is being looked after by skilled, qualified doctors, not drug dispensers," Dr Dhupelia said.

"You wouldn't let a podiatrist perform brain surgery and it's not okay to let pharmacists prescribe medications or provide inexperienced medical advice.

"The Health Minister is duty bound to protect patients, not bow to the pharmacy lobby's greed and make it easier for people to buy drugs without a prescription or seeing a doctor."

Dr Dhupelia called on the State Government to incentivise pharmacists to work within GP practices.

"The public health system would save \$545 million over four years by having pharmacists working within GP practices," he said.

"But that saving has been ignored by this committee.

"Instead, it's proposing changes that are dangerous to patients and could be disastrous for our health system."

19 July 2018

Pharmacist power play risks patient health

Pharmacists must not be allowed to put profits before people, as they push for more power to issue repeat prescriptions without a script from a doctor.

AMA Queensland State President Dr Dilip Dhupelia said pharmacists don't have the high-level medical training or expertise to replace GPs.

"If pharmacists want to diagnose and treat patients, and be allowed to control and manage patient medication, they should devote the many years needed to be a skilled and qualified doctor," Dr Dhupelia said.

"There's an inarguable reason GPs spend so much time training and in ongoing professional development and their expertise can't be duplicated without those qualifications."

AMA Queensland has called on the state government to reject a push to expand the scope of services provided by pharmacists and pharmacy assistants and has warned the government that it would have to take full responsibility for the potential negative outcomes.

Some of the functions being sought by pharmacists include supplying contraceptive pills without a prescription and providing certain medicines to people with cardiovascular disease and respiratory illnesses without the need for a repeat prescription.

"This is the thin edge of the wedge," Dr Dhupelia said. "The pharmacy lobby is riding roughshod over the best interests of our patients. Prioritising convenience over health outcomes and letting pharmacists do what they want puts Queenslanders' health at risk," he said.

"Research shows that people who regularly visit their GP are healthier and live longer¹.

"Taking shortcuts can lead to chronic and fatal health problems being missed until it's too late.

"Our members can provide numerous instances of where a repeat prescription encounter became a life-saving opportunity.

"For example, a patient went in for a repeat prescription and the GP found a malignant melanoma while taking her blood pressure.

"And, at a time when four people die every day from drug misuse, it is ludicrous to even consider making it easier for people to get drugs by fronting up to a pharmacy without a prescription from a doctor."

Dr Dhupelia said doctors also feared that some pharmacists would 'upsell' to patients by recommending and selling products that were not necessary, a problem identified in a 2016 Federal Government pharmacy review.

"Rather than declaring an open slather free-for-all on our health, the state government should encourage pharmacists to integrate into GP practices," he said.

“It’s much better for patients where pharmacists and GPs work together under one roof, and only provide the services they are actually qualified to give.”

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ⁱ OECD (2017), Health at a Glance 2017: OECD Indicators, OECD Publishing, Paris;
Pereira Gray DJ, Sidaway-Lee K, White E, et al, Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality, *BMJ Open* 2018;8:e021161. doi: 10.1136/bmjopen-2017-021161