Instructions: an essential component of medication safety

Anne McKenzie

Consumers say that the instruction labels on their prescription medicines telling them 'how and when' to take the medicines are an important part managing their health.

And yet, many consumers receive medicines that have non-specific instructions such as '*take as directed by the Dr'; 'no dose specified, check with Dr if unsure*'; Latin abbreviations; and in some cases no labels or instructions at all.

I regularly hear politicians, policy makers, government officers and researchers talk about the 180,000 hospital admissions occurring in Australia each year due to adverse medicines events. Do these same people ever wonder if the practice of dispensing prescription medicines without proper dosing instructions contributes to these adverse events?

This issue first came to my attention through my role as the Consumer Advocate at the University of Western Australia's School of Population Health and the Telethon Institute for Child Health Research. In 2006 I commenced working with researchers, health professionals and consumers at the School of Population Health on two research projects looking at chronic illness and medication safety in seniors (people over 65). These National Health and Medical Research Council (NHMRC) funded projects used Commonwealth and State health information as the basis of the research.

The projects had a funded and planned strategy to involve consumers, to ensure the lived experience of health consumers could be taken into account during the course of the projects. We worked with the Health Consumers Council of WA to hold three community forums during 2006 and 2007 which were attended by over 105 people. The attendees raised many issues which researchers pursued as part of the project.

Following the forums, a Seniors Consumer Panel of ten members was established. This Panel worked closely with the researchers and consumer advocate on the following activities:

- Ongoing advice to the researchers as required
- Input into the development of questions for six focus groups held in 2008 and then commenting on the findings
- Involvement in interviews, presentations and attendance at forums and meetings to promote and advocate for issues relating to safety and the quality use of medicines
- Attending workshops with researchers and health professionals to discuss the research findings.

The lead researcher for the projects, Professor D'Arcy Holman, commented at the end of one of the workshops that the input from the Panel was so valuable that he could not see himself ever doing research without consumer input again.

While the ongoing input by the seniors has certainly been valuable, it is the "unexpected" issues raised by the Panel that have made the most impact, particularly concerns about packaging and labelling of prescription medicines. These issues included confusion around brand names and active ingredients, use of small fonts, and use-by dates being covered by pharmacy labels, to name a few. But for me it was Ellen's story about the non-specific dosing instruction on her medicines that really highlighted major safety and quality issues.

Ellen is a 92 year old woman who lives on her own; she has several chronic conditions and takes up to 13 medicines a day. She explained that she was a private person and she did not want to have her medicines list on the fridge for the cleaner or anyone else to see.

Her concern was that some medicines did not have proper dosing instructions when dispensed and only had instructions such as '*take as directed by the Dr'* or *'no directions specified check with Dr if unsure*'. Ellen was also worried that if she had to go to an emergency department the staff may not know the correct dosage of her medicines. Ellen recently told me that she didn't want to worry about this anymore so she has started using Webster-paks for her medicines. She said she couldn't really afford the extra cost but not having to worry about how and when to take her medicines made the cost worthwhile.

Other Panel members cited examples of medicines that were dispensed with instructions that included Latin abbreviations and one member regularly received medicine without any dispensing labels because he had been taking the same medicines for over a decade. After an interview with Norman Swan on national radio about this issue I was contacted by people from all over Australia citing examples of this practice.

Since this issue was raised, I have written letters and papers to numerous government and non-government agencies, politicians, professional

Anne McKenzie with Seniors Consumer Panel member Ellen.

bodies and consumer organisations. I have presented at conferences and meetings and raised this important safety issue whenever and wherever possible. I have spoken with three community pharmacists, who tell me that a conservative estimate of the number of prescriptions coming to their pharmacy with non-specific instructions would be in excess of 20 percent.

In my pursuit of making sense of this unexplained practice, I have also taken to looking through the medicine cabinets of my friends and family. Recently one family member showed me her medicine box. To my amazement there was an outstanding example of good practice dosing instructions: good font size and clear directions on how and when to take the medicine. Why was I amazed? Because the medicine was for her dog!

Following this interesting discovery I have spoken with many pet owners who all have the same experience: medicines for pets come with clear and concise instructions in legible print. I then spoke with a friend who is a vet about his practice and why giving clear instructions on medicine was important. His response was, “We don’t want the animals to get sick from taking the medicine the wrong way”.

There are many questions that remain unanswered around this issue. Is this an issue of non-compliance by health professionals with state and federal laws? Are the laws inadequate to address this practice? What role does prescribing software have in supporting good practice? Who is going to be brave enough to deem this as unacceptable practice?

This is not a new issue. I have been told by experienced consumer representatives, who have worked hard over the past three decades to advocate for the quality use of medicines, that this was raised some 20 years ago. When I raised it two years ago at a national conference it was later referred to by a senior policy maker as an “old chestnut”. The numerous consumers I have spoken to on this issue don’t see it as an old issue. They see this as a very current issue, and something that is clearly poor practice and has the potential to contribute to adverse medicines events for Australian health consumers.

I would like to acknowledge the contribution and ongoing advice around these important issues that I have received from all members of the Seniors Consumer Panel, the researchers and the health professionals involved in these two research projects.

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