

## The quality of medication information in Australia: the need for more clinical expertise and accountability

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**TO THE EDITOR:** We agree with Stockigt that clinical accountability is needed in the production of consumer medicines information (CMI).<sup>1</sup> However, providing CMI is a great deal more complex. The ways in which consumers access and absorb medical information are still largely unknown, and the most important issue is potentially that consumers are not receiving CMI.

The benefits of involving consumers in shaping health research and medical policy are widely acknowledged.<sup>2,3</sup> We recently completed a study funded by the National Health and Medical Research Council (NHMRC) on improving medication safety and chronic disease outcomes in people aged over 65 years, which was accepted for presentation at the national General Practice and Primary Health Care Research Conference in Melbourne, July 2009. Three community forums co-facilitated by the Health Consumers' Council of Western Australia raised key issues around the safe use of medicines, and an expert panel of consumers aged over 65 years was convened to guide the study. The safe use of medicines was then qualitatively explored in a series of focus groups and individual interviews.

Our findings add to those of Vitry and colleagues,<sup>4</sup> and suggest that campaigns urging consumers to request CMI may fall short of what is required to make a difference. We found that most study participants did not know they could ask for a CMI printout at the pharmacy. They noted that if the pharmacist was busy, they would not ask for advice or CMI, even if they were uncertain of dosages or potential side effects or interactions. Given that medication side effects and interactions were the greatest concerns for this age group, it is troubling that CMI is not getting to those who need it. In addition, it was noted that participants were not selective in accessing alternative web-based information about medicines, believing it to be reliable because it is "written by medical professionals".

A further issue raised by participants was a perception of undue influence of pharmaceutical companies on the prescribing choices of general practitioners, leading to mistrust of medicines information provided by doctors. Clearly, there is still more to be done to ensure consumers receive the right information at the right time about their medicines.

**Acknowledgements:** We acknowledge the input of the expert panel throughout the course of the study and funding for the study from the NHMRC.

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- 1 Stockigt JR. The quality of medication information in Australia: the need for more clinical expertise and accountability [editorial]. *Med J Aust* 2009; 190: 110-111.
- 2 Nilsen ES, Myrhaug HT, Johansen M, et al. Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material. *Cochrane Database Syst Rev* 2006; (3): CD004563. DOI: 10.1002/14651858.CD004563.pub2.
- 3 Telford R, Boote JD, Cooper CL. What does it mean to involve consumers successfully in NHS research? A consensus study. *Health Expect* 2004; 7: 209-220.
- 4 Vitry A, Gilbert A, Mott K, et al. Provision of medicines information in Australian community pharmacies. *Pharm World Sci* 2009; 31: 154-157. DOI: 10.1007/s11096-009-9285-0. □