Labelling of Drugs

Sir,—The report of the Committee on Safety of Drugs for 1965 expressed the view that to identify the potential hazards of drugs if containers of prescribed medicines were labelled with the name of the medicine unless otherwise specified by the doctor. This stimulated a considerable degree of comment in the lay press.

The Committee is not alone in advocating this view. Nevertheless, many of your readers may be unaware of how widely it is already shared, and they may be interested, therefore, in the text of the letter I sent earlier this year to the Presidents of the Royal Colleges in England, Edinburgh, and Glasgow, to the Presidents of the College of Medical Practitioners and the Royal Medico-Psychological Association, and to the Deans of the Faculties of Dental Surgery and Anaesthetics of the Royal College of Surgeons, England:

"The Committee on Safety of Drugs are very conscious that the adequacy of toxicity testing, clinical trials, and the monitoring of adverse reactions is no guarantee of the safe use of drugs. Patients, the general public, particularly prescribing doctors in practice and in hospital have an important role to play. The Committee believes that correct and consistent advice could greatly to the safe use of drugs if their containers were labelled with the name of the medicine ordered unless otherwise specified by the prescriber.

"We are convinced that the great majority of the medical profession strongly favour this recommendation. The British Medical Association and the Pharmaceutical Society have replied to our repeated representations that in their view the time is not yet ripe for the change, though they have agreed to a change in their convention (nomen proprium) written on the prescription to indicate that the prescriber wishes the name of the drug to appear on the label.

"We believe that a positive rather than a negative approach should be adopted and that the standard practice should be that all containers of medicine should be labelled with the name of the drug unless otherwise specified. No doctor can practise good medicine without being thoroughly conversant with the nature of the drugs his patient may be taking. Yet as the following example shows he may, with the present practice, be denied this information when he needs it:

"(1) A patient often needs his prescription to be renewed when his own doctor is not available and his partner is doing duty for him. Records may be inaccessible or incomplete. In such cases the patient's treatment could be interrupted or prejudiced by lack of knowledge, which might be avoided if the container of the medicine he had been taking was properly labelled. Whether we like it or not it is becoming more common for a patient to be looked after by more than one doctor and if the Doctor's Charter, as envisaged by the British Medical Association, becomes operative, this will become more common.

"(2) In outpatient departments, the details of the patient's previous treatment are not infrequently omitted from the practice book. The accompanying letter and at present the consultation never gives any information from the box of tablets which is then produced.

"(3) Concerning the frequency of the practice for patients on discharge from hospital to be given a few days' supply of medicine for them to take home, the prescriber does not always have the opportunity to see the patient's own doctors. The consultant's letter, however, is not always dispatched immediately on the patient's discharge and the practitioner remains in ignorance of the medicine the patient is taking, or what he should prescribe.

"(4) Because of the undesirability of anaesthetizing patients taking certain drugs or of operating on them without adequate preparation—for example, corticosteroids—it is essential for the anaesthetist to know what medicines the patient may have been taking previously. In emergencies it is not always possible for the doctor to be in attendance, and the patient, and the tablets found in his possession may give a valuable clue if properly labelled.

"The likelihood of sensitivity reactions or of dangerous interactions is much reduced and another (for example, mono-amino oxidase inhibitors and epiderphine) is lessened by adequate labelling.

"(6) There are over 5,000 cases annually of accidental poisoning in this country, with a high proportion among children, approximately half of which are due to drugs—mainly tablets and capsules. To be effective, treatment must be prompt and may be handicapped by ignorance of the actual drug taken. The container—sometimes empty—is often brought with the patient but when it is only labelled 'The Tablets' the information is unhelpful.

"The prescription that patients should usually be kept in ignorance of their treatment is quite inconsistent with contemporary medical thought. We feel that there are occasions when, in the patient's interests, it may be unwise and undesirable for him to know what drug he is being given. This is particularly the case when placebo drugs are prescribed. Such contingencies, however, are covered by the qualification 'unless otherwise specified by the prescriber.'"