

tomography scanning may therefore be warranted in the boy described by Dr Ng and his colleagues.

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RICHARD JA MURRIN

*Specialist Registrar in Haematology  
University Hospital of North Staffordshire*

#### Consultant appraisal: pitfalls and how to avoid them

Editor – I was interested to read Dr Waller's article on consultant appraisal (*Clin Med* November/December 2003, pp 569–72). However, I should have liked to have seen some evidence for the value of appraisal (ie clearly demonstrating its benefits to the appraisee, the Trust, or to both). In an era of evidence-based medicine, I feel that management practices new to the NHS should likewise be subjected to critical analysis before their wholesale introduction. Dr Waller assures us that 'carried out correctly, [appraisal] should be a positive, forward-looking, developmental discussion'. Perhaps so, but it is also a time-consuming activity, which seems more concerned with documenting everything than with achieving any real change.

Appraisal will, of course, be used to support revalidation. However, this is principally because it is an expedient solution to the problems of regularly re-licensing a large number of doctors, and, in itself, is no proof of the value of appraisal.

IAN R FLETCHER

*Consultant Anaesthetist  
Newcastle upon Tyne Hospitals NHS Trust*

## Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

#### Prescribing and dispensing by private medical practitioners in Hong Kong – a double-edged sword

We read with interest the article by Tatara<sup>1</sup> describing doctors prescribing and dispensing medication in Japan. Virtually all private doctors in Hong Kong, general practitioners and specialists alike, also prescribe and dispense. Here we discuss the advantages and disadvantages of doctors both prescribing and dispensing in Hong Kong, and the difficulties of separating the two activities.

#### Advantages of doctors dispensing medication

Getting drugs directly from the doctor is convenient, and the overall cost to the patient is likely to be lower. Also, it may reduce embarrassment for patients with psychiatric problems, sexually transmitted diseases, or erectile dysfunction, and perhaps lessen their resistance to seeking treatment. The clinic serves as a one-stop healthcare centre.

Another advantage is that the doctor can teach and check the techniques of drug administration on the spot, for example for patients on inhalation therapy. Also, in Hong Kong, most patients with sexually transmitted diseases consult private doctors.<sup>2</sup> For many sexually transmitted infections, single-dose therapy is effective, and a compliance rate of 100% can be achieved if the doctor dispenses the medication.<sup>3</sup>

#### Disadvantages of doctors dispensing medication

Without pharmacists checking the medication, there are risks of malpractice and drug abuse by medical practitioners and clinic staff. Also, some doctors dispense skincare products and nutritional supplements, which should be dispensed only after a consultation and for a limited time. In practice, though, some patients repeat-

edly obtain such products from the clinic for themselves or for family members who have not consulted the doctor. This reduces the role of doctor to that of corner-shop owner.

'Shopping around' for doctors is also prevalent.<sup>4</sup> Hong Kong operates a dual healthcare system with 70% of primary care being provided by the private sector.<sup>5</sup> There is no structural system for patients to register with a particular general practitioner,<sup>6</sup> so a patient may consult several different GPs. The fact that doctors also dispense medication exacerbates this problem. For example, a patient with androgenic alopecia may phone several doctors to ask for the price of four-months supply of oral finasteride, and then attend the doctor with the lowest quotation. This seriously undermines the benefits of continuity of care, and the consultation itself is not valued if no medication is given.

Furthermore, a dispensing doctor may limit his prescriptions to the particular medications he purchases. Also, there is no regulation of the fees doctors charge for medication, so doctors working in affluent districts may prescribe expensive but unnecessary drugs. In other words, financial gain can become one of the considerations that influence clinical decision-making.

#### Difficulties of separating prescribing and dispensing in Hong Kong

The substantial gain from dispensing under the present system is the biggest reason for resistance to reform. One misconception by the public is that separating prescribing and dispensing will not increase costs, which is unlikely to be true. A recent opinion survey<sup>7</sup> showed that 52% of respondents (patients) expected a big reduction in medical costs if prescribing and dispensing were separated, but less than 10% of doctors thought so. Also 60% of the respondents had little understanding

of the issue of separation of prescribing and dispensing, so the public may not yet be ready for such change.<sup>7</sup>

Another problem is opening times. General practice clinics are open for long hours in Hong Kong to accommodate the busy working lives of the people. With their present manpower levels, community pharmacists may not be able to work such long hours. In Hong Kong, a major financial centre, convenience is a major factor determining health service utilisation. There is already a high utilisation of accident and emergency (A&E) departments for non-urgent problems by young people.<sup>8</sup> If private doctors do not dispense, the utilisation rate of A&E services may increase still further.

#### Discussion

In the UK, dispensing practices incurred higher prescribing costs per patient than non-dispensing practices.<sup>9</sup> In Taiwan, the drug expenditure per visit was higher in dispensing than in non-dispensing practices, but there was no difference in total health expenditure between the two.<sup>10</sup> The recent reform in Korea, when drug prescribing and dispensing were separated, led to a doctors' strike, and the social costs incurred have yet to be measured against the benefits of the reform.<sup>11</sup>

We believe that the dual role of private doctors who prescribe and dispense in Hong Kong is unlikely to change in the near future. We envisage that campaigns by professional bodies may educate our community on the core values of the medical consultation and the importance of continuity of care. Once the public has grasped these values, it will then be time to re-examine the issue of separating prescribing and dispensing.

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ANTONIO CHUH  
Part-time Assistant Professor

WILLIAM WONG  
Assistant Professor

ALBERT LEE  
Professor and Head in Family Medicine  
The Chinese University of Hong Kong,  
Prince of Wales Hospital, Hong Kong, China