
An educational approach to treat patients rationally in primary healthcare

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Abstract

Primary healthcare is the first level of contact between the community and the national healthcare delivery system for treating the commonly occurring illnesses. Appropriate treatment and the provision of essential drugs are the two vital components of the primary healthcare concept. Graduate medical education in India is oriented towards training of medical students to undertake the responsibilities of a primary healthcare physician. Clinical training for medical students often focuses on diagnostic, rather than therapeutic skills. They are not often taught how to properly prescribe a drug for their patient's benefit. Bad prescribing habits lead to ineffective and unsafe treatment, exacerbation or prolongation of illness, distress and harm to the patient and higher costs. The requirements for rational use of drugs will be fulfilled if the process of prescribing is appropriately followed. Medical students and the practicing primary healthcare physicians need to be well trained in good prescribing practices. The objective of this article is to highlight the importance of the step by step "Guide to Good Prescribing" in helping the medical students to learn the art of treating patients rationally in primary health care settings.

Key words: drug prescriptions, inappropriate prescribing, medical education

Introduction

Primary healthcare is the first level of contact of individuals, family and community with the national health system. Appropriate treatment of commonly occurring diseases and injuries and provision of essential drugs are the two vital components of primary healthcare concept (Declaration of Alma Ata, 1978). The Graduate medical curriculum in India is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative and rehabilitative aspect of medical care (Medical Council of India, 1997). The purpose of medical practice is to relieve suffering. To achieve this, it is important to make a diagnosis, to know how to approach and to design an appropriate scheme of management for each patient.

A wise doctor does not think himself as a diagnostician but rather as someone who elucidates human problems. But diagnosis should precede treatment whenever possible.

Clinical training for medical students often focuses on diagnostic, rather than therapeutic skills. They are often not taught how to properly prescribe a drug for their patient's benefit. Although pharmacological knowledge is acquired, practical prescribing skills remain weak. Aronson (2006) rightly noted that writing of the prescription is a late event in the prescribing process. Unsuccessful prescribing takes several forms: under prescribing, overprescribing, inappropriate prescribing, irrational prescribing, and prescribing errors.

Bad prescribing habits lead to ineffective and unsafe treatment, exacerbation or prolongation of illness, distress and harm to patients and higher costs. Rational Use of Drugs means reasonable or sensible use of drugs and is defined as appropriate use of drugs, when it is really needed, in appropriate strength, dosage and duration which will have a beneficial effect on the individual (WHO, 2002). The requirements for rational use of drugs will be fulfilled if the process of prescribing is appropriately followed.

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Good Training is needed before poor habits get a chance to develop. To overcome dangers of irrational prescription and inappropriate use of drugs, sustained effort is needed to educate medical students about the importance of good prescribing practices and rational use of drugs. In this context, the step by step guide based on "Guide to Good Prescribing" helps the medical students to learn the art of treating patients rationally in primary healthcare settings.

Several studies have shown that to improve prescribing we should begin with proper education (Aronson, 2006). Interactive case-based and evidence-based prescribing modules, adapted for learning, introduced for teaching programmes for senior medical students following the tenets of the 'Guide to Good Prescribing', were found to be effective in several medical schools (Smith & Tasioulas, 2007)

Introduction of this module in clinical social case study teaching sessions during the III year MBBS Community Medicine posting period of the SRM Medical College has shown tremendous improvement and understanding about this issue among the students. The same module is discussed here in brief for the benefit of the readers.

Step 1: Define the patient's problem

A patient usually presents with a complaint or problem. It is obvious that making the right diagnosis is a crucial step in starting the correct treatment. Patient's complaints are mostly linked to symptoms. A symptom is not always a diagnosis although it will usually lead to it. Through careful observation, structured history taking, physical examination and other examinations, the student try to define the patient's real problem.

Step 2: Specify the Therapeutic Objective

Before choosing a treatment, it is essential to specify the therapeutic objective. What do you want to achieve with the treatment?

Step 3: Verify the suitability of the Drugs chosen

Consider the efficacy, safety, convenience and cost of the drugs chosen.

Step 4: Write a prescription

A prescription is an instruction from a prescriber to a dispenser. Doctors are legally obliged to write prescriptions clearly. A prescription should include: name, address, telephone number of prescriber, date of prescription, name of the drug with strength, dosage form, duration and total quantity, label

instructions and warnings, name, address, age of the patient and signature or initials of the prescriber.

Step 5: Give information, instruction and warnings

On an average, 50% of the patients do not take prescribed drugs correctly or take them irregularly or not at all. The most common reasons are that symptoms have ceased, side effects have occurred, the drug is not perceived effective or the dosage schedule is complicated for the patients, particularly the elderly. Patient's adherence to treatment can be improved in three ways: prescribe a well-chosen drug treatment, create a good doctor-patient relationship and take time to give the necessary information, instructions and warning.

Step 6: Monitor, evaluate (and stop) the treatment

Monitoring the treatment enables the prescriber to determine whether it has been successful or whether additional action is needed. To do this, keep in touch with patients and this can be done in two ways: passive monitoring and active monitoring. The purpose of monitoring is to check whether the treatment has solved the patient's problem, which can be condensed into two questions: is the treatment effective and are there any side effects?

This step by step Guide to Good Prescribing leads to a sequential process in rationally treating the patients. The students are briefed about the concepts of primary healthcare, essential drugs and rational use of drugs. They are given assignments to look into the prescribing and dispensing practices both in the teaching hospital as well as in the urban and rural health training centres, where they get trained. After undergoing this session the students are found to be more committed and confident in handling commonly occurring health problems they face while they do their internship training programme.

Conclusion

This guide to Good Prescribing Practices improves the skills of the medical students and interns. It is a source of new ideas and an incentive for change to improve their prescribing skills. Implementing this approach helps improve rational prescribing practices and rational treatment of patients, improving the quality of services rendered to the suffering people, through primary care services where most of the commonly occurring illnesses are managed.

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