I know you're going to read the PSSA Perspectives article written by Charles Skinner. And I have no doubt that you're going to agree with him, as I do, that there are times when it's really difficult to make a decision as to what is the best thing to do. I've always thought, and I've made no bones about it, that there are times when the law is either incorrect (in my not-so-humble opinion, I hasten to add), or impractical, or both. What do you do? Most of us will do what our conscience tells us to. Of course, Prof Butler may argue that our conscience may not always be correctly informed, but the reality is that that's the way we work in our professional and private lives.

The use of colour to identify medicines
I was chatting with Charles recently about some of the cases that have been submitted to PPS for professional indemnity insurance for claims that may be made against pharmacists. That's right: may be made, not necessarily have been made. Don't forget that you're advised to report such incidents to him if there is any possibility of a claim against you at a later stage.

Charles tells me that in the last five months, he has heard of five incidents involving warfarin, two of which may result in litigation. In one case, the nurse administering the medicine noticed that the tablets were the wrong colour. It was then found that the medicine was not the prescribed strength. She didn't give any of these tablets to the patient, but sent a complaint to Pharmacy Council.

In all five cases, Charles noticed that the tablets were in blister packs with an opaque backing so that the pharmacist couldn't see the colour of the tablets. It's an interesting observation. How often do we rely on our memory of colour to identify medicines? Even consumers do, as evidenced by when they come and ask for the green and orange capsules!

I suspect we do it more often than we realise. I haven't worked with medicines for a few years now, but I can tell you the colours of different strengths of various medicines. And I know that, when taking a medicine container from the shelf, it's so much easier if the labelling is distinctive. Perhaps the nondescript generic packaging accounts for more dispensing errors than we realise.

Dispensing errors
On the subject of dispensing errors, it was pointed out at the recent Pharmacy Council meeting, that approximately one third of complaints addressed at the Committee of Preliminary Inquiry related to dispensing errors. Is it my imagination, or are there more dispensing mistakes now than there were in the past? Are more mistakes being made, or are patients reporting them to Council more often?

Patients are probably reporting errors more often now, but I wouldn't be in the least surprised to find that there are more mistakes being made now, than there were previously. I have pharmacist friends. I hear them talking about the human resource problems that they face. Employers can't afford to hire extra staff, or they can't find qualified staff. It seems that there are times when, and places where, you can't find a pharmacist for love nor money! The result is that pharmacists, particularly when they have a high volume of prescriptions, may be working against time to try to dispense medicines under less-than-optimal circumstances and with inadequate support. We all know what happens when you're always in a rush, and probably tired and irritable and even a little depressed. Mistakes happen.

Inadequate supervision of pharmacist's assistants also plays a role here. Certainly, the reason may also be because of work pressure, but what can be done about it? How are pharmacists coping with the pressure in practice? How do you protect yourself from making mistakes while still satisfying the patient's need (demand?) for instant service?

Exortion
Medical aid fraud is another thing that we're hearing a lot about. It's no secret that some medical schemes use sting operations to catch pharmacists in the act of submitting fraudulent claims. I'm not going to comment on that. You know what I think.

What I am worried about is that the stories of extortion are continuing. Yep. You heard me: “If you sign here and pay us this, it’ll go away”. Immoral, unethical and illegal? No doubt about it. What are we going to do about it? Please tell me.

CPD website woes
Oh dear. I offended Willie Oosthuizen by saying that the CPD website is up and running. Sorry, Willie, I didn't know that there was a problem for some pharmacists. I have spoken to the Senior Manager responsible for CPD, and she has communicated the problem to the programmer. It will be sorted out soon. In the meantime, the interns are exploring the site. I'm sure they’ll find all the gremlins before you and I (and Willie) are obliged to use it!

Lorraine Osman