Dentists’ prescribing ........
Some questions asked

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Introduction
Recently, a number of members have questioned the prescribing of some dentists. In one case a patient approached the pharmacist to supply antibiotics and even tranquilisers. Having been told that such medicines could not be supplied without a legal prescription, the patient subsequently produced prescriptions written by a dentist. In this case the patient had obviously called on his friend, the dentist, to provide the prescriptions. In another case, a dentist prescribed DHEA for the husband of his receptionist!

Setting the scene
In this example, a patient presented the pharmacist with a prescription from a dentist for an anti-hypertensive and a S5 anxiolytic, both of which were to be repeated for 6 months. This was clearly not an emergency and the pharmacist was placed in a difficult position with having to decide what was legally permissible versus what was ethically acceptable and what should be done in the best interest of the patient.

What does the law say
In terms of Section 22A (5) of the Medicines and Related Substances Act, 101 of 1965 a “dentist is an authorized prescriber and may prescribe scheduled medicines”.

However, Section 22A (10) of this Act also specifies that “no person shall sell or administer any Scheduled substance or medicine for other than medicinal purposes”.

Ethical obligations
All healthcare practitioners, including dentists, may only prescribe within their scope of practice.

Dentists are subject to the Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 56 of 1974, which specify the following:

Performance of professional acts
21. A practitioner shall perform, except in an emergency, only a professional act -
   (a) for which he or she is adequately educated, trained and sufficiently experienced; and
   (b) under proper conditions and in appropriate surroundings.

The scope of practice of dentists is specified in the Regulations defining the scope of the profession of dentistry, published in terms of the Health Professions Act, as follows:

Scope of the profession
2. The following acts are hereby specified by the board under section 33 as acts which shall, for the purposes of the Act, be deemed to be acts pertaining to the profession of dentistry
   (a) The physical clinical examination of the oral, maxillofacial and related structures of a person;
   (b) making a diagnosis of diseases, injuries and conditions of the oral, maxillofacial and related structures, including determining the relevance of systemic conditions, and/or giving advice on such conditions;
   (c) performing dental procedures and/or prescribing medicines aimed at managing the oral health of a patient, including prevention, treatment and rehabilitation;
   (d) performing any procedure on a patient aimed at fitting or supplying a dental prosthesis or appliance; and
   (e) performing any aesthetic or cosmetic procedure on a patient pertaining to the oral and peri-oral area.

Section 22A(16)(c) of The Medicines and Related Substances Act also specifies that a dentist may be in possession of any medicine or scheduled substance “for the purpose of administering it in accordance with his or her scope of practice”.

Anti-hypertensives or anxiolytics should not be prescribed without proper examination of the patient and diagnosis by the prescriber. Understandably, an anxiolytic could be prescribed by a dentist for an acute condition. However, the long term treatment of hypertension and anxiety would be out of the scope of practice of a dentist and ethically, it would be inappropriate for him to be prescribing these medicines over a period of six months.

Patient’s rights!
The dentist has an ethical obligation to act in the best interest of the patient. This is clearly specified in the Ethical Guidelines of the HPCSA as follows:
5. DUTIES TO PATIENTS

5.1 Patients’ Best Interests or Well-Being

5.1.8 Apply their mind when making diagnoses and considering appropriate treatment.

The Pharmacist’s obligations

The pharmacist may only supply medicines in accordance with the Medicines and Related Substances Act, Good Pharmacy Practice Regulations and the Code of Conduct. Both the Good Pharmacy Practice Regulations and the Code of Conduct are published in terms of the Pharmacy Act, 53 of 1974.

A basic tenet of pharmaceutical care is to act in the best interest of the patient. This is emphasised in the first principle of the Code of Conduct for pharmacists.

1.1 WELLBEING OF THE PATIENT

Principle: A pharmacist’s prime concern in the performance of his/her professional duties must be for the wellbeing of both the patient and other members of the public.

In adhering to this principle the following should be taken into consideration:

1.1.1 The pharmacist’s goal in the provision of medicine therapy should be to achieve appropriate therapeutic outcomes that contribute towards patient health and quality of life. ….

This principle is of particular significance in terms of GPP regulations that deal with Phase 1 of Dispensing Procedures which specify that the pharmacist is obliged to assess the prescription to ensure optimal use of the medicine with respect to “appropriateness for the individual and the indication for which the medication is prescribed”.

What to do about it!

The pharmacist should intervene and explain to the patient that, while the prescription may be correctly written in terms of the medicines and related substances act, it is not acceptable in terms of professional and ethical obligations towards the patient.

- Establish whether the patient understands his medical condition and explain why it is in his best interest to be treated by a medical practitioner. This needs to be done without maligning the dentist.
- Assess the immediate needs of the patient and establish whether the patient has taken the medicine before. If necessary, supply enough medication (48 hour’s supply) until such time as the patient can see a medical doctor for proper diagnosis.
- Contact the dentist and explain the reasons for your intervention and referral, emphasising that you wish to act in the best interest of the patient.

Conclusion

There is a well known saying, “A cobbler should stick to his last”. Brewer’s Dictionary of phrase and fable offers the following as the origin of the saying: “There is the story of a cobbler who detected a fault in the shoe-latchet of one of Apelles’s paintings, and the artist rectified the fault. The cobbler next ventured to criticize the legs: but Apelles answered, “Keep to your trade – you understand about shoes, but not about anatomy.”

In the example above, the pharmacist could be tempted to say to the dentist, “Keep to your trade – you understand about teeth, but not about hypertension and anxiety.”

However, as pharmacists we have a legal and ethical duty to intervene if a prescription is not correct or if the treatment is not appropriate, but, this must be done in a professional manner, ensuring the well-being of the patient.

Additional information and copies of references are available on request from gary@pssacwp.co.za or tel: 021-6837313

References

From the PSSA Pharmacy Law Compendium:
- Medicines and Related Substances Act 101 of 1965
- Health Professions Act, 56 of 1974 regulations
- Pharmacy Act, 53 of 1974 regulations
From the HPCSA website, www.hpcsa.co.za:
- General ethical guidelines for the Health care professions
- Ethical and professional rules of the Health Professions Council of South Africa

About the title

Long before the age of modern bulk manufacturing of medicines, pharmacists kept their own formulary of lotions, potions, and concoctions which they developed over years. These were carefully prepared and dispensed for most common ailments. The formulary book was a prized possession of each pharmacy.

Even after the introduction of modern pharmaceuticals, the tradition/habit of keeping a “Little Black Book” of useful information was continued by most practising pharmacists. Personally, I learnt this useful habit from my pharmacist father before me and still have such a little book which I inherited from him. The pages of such little black books reveal a treasure trove of useful information that the pharmacist in question carefully recorded for practice use. The information included “magic formulas” for creams, mouthwashes, lotions, cough mixtures, etc. Other useful information such as formulas for calculating doses, abbreviations, contact details of key people, formulas for stain removers, cleaning agents, paint strippers and other household hints, was all carefully recorded for future use.

In my current position, as a professional officer of the Society, I am regularly consulted by colleagues on practice information. In providing this service, I carefully record and store all information provided in my “Little Black Book” which nowadays takes the form of a little black computer!

So from Black’s “Little Black Book”, here is some information which you, the practising pharmacist, may find useful.

Gary S Black