

The American Pharmaceutical Association has a particular interest in this subject because "prior consent" is involved in the practice of pharmacy as often, and perhaps more frequently, outside of the hospital environment than inside. Prescribers have for years given their "prior consent" to pharmacists outside of the hospital environment. From a legalistic viewpoint we have from time to time cautioned the members of our profession about the personal liability that may be involved and the necessity for their securing such "prior consent" in writing rather than verbally.

The American Pharmaceutical Association recognizes that the professional privilege and legal responsibility for prescribing medication rests with the medical practitioner. The professional privilege and legal responsibility for dispensing medication rests with the pharmacist. Moreover, in good practice and under long established interprofessional relations, a prescriber may authorize a pharmacist to select the particular article to be dispensed pursuant to the prescriber's order for a therapeutic substance.

If a prescriber has the right to give "prior consent" to a pharmacist selecting the particular article to be dispensed, then the pharmacist can dispense the prescription medication in accordance with such "prior consent."

By selecting the particular article we have reference to the maker or source of a drug and not to the particular therapeutic substance.

Pharmacy has never questioned the right of the prescriber in this matter. Moreover, no federal or state statute prohibits the exercise by a physician, of his right in this matter. On the other hand if the medical profession should decide that it is against their principles of ethics for a physician to exercise his right by giving "prior consent" then the profession of pharmacy would be obliged to review its position.

The urgency for all interested parties in arriving at mutual concepts and hopefully an understanding in this matter stems from the fact that many state legislatures will be in session during 1963 and there is more than a possibility that certain interested parties may present their solutions to the problem to the legislatures for consideration. We believe this could be most unfortunate and decidedly not in the public interest.

Because of the confusion which already exists among some of our respective practitioners there can be little doubt that legislative hearings would be clouded with conflicting testimony and leave the public with the impression that the professions are not competent to resolve questions arising within their own practice.

Because of these reasons the American Pharmaceutical Association recommends that a conference be arranged for the explicit purpose of reviewing our respective understandings on the subject of "prior consent" and its application to our respective professional practices. We would like to suggest a date mutually convenient during the last week in January at our headquarters in Washington, D.C.

Sincerely,

WILLIAM S. APPLE,
Executive Director.

MR. GORDON. I was just wondering what——

DR. APPLE. In the letter we said that during recent months there had been increasing discussion of the "prior consent" in medical, hospital, and pharmaceutical services, and a controversy was developing. We suggested that we sit down and try to develop a statement which everybody could subscribe to. In other words, the formulary system was being attacked at that particular time.

MR. GORDON. By whom?

DR. APPLE. Basically by interests of the pharmaceutical industry, and to some extent by some interests in the medical profession.

MR. GORDON. At what level was all this discussed?

DR. APPLE. When I initiated this request for this conference and followed it up with personal telephone calls to the executives of these organizations, I asked that they either personally serve or be represented by at the highest possible level. We had Dr. Crosby, the director of the American Hospital Association, at some of these meetings; we