

DIVISION OF HOSPITALS
OPERATIONS MANUAL

ATTACHMENT C4.1.2a

Page 5

The individual committee member should assume the following responsibilities:

- (1) Prepare himself by sufficient study to intelligently discuss and participate in making decisions on the subjects placed on the agenda for consideration.
- (2) Attend all meetings regularly and promptly.
- (3) Place the medical needs of the patients and the hospital above his personal scientific interests and desires in making recommendations and decisions.
- (4) Disseminate the committee's thinking and aims among his colleagues on his service, as well as bringing his colleagues' problems and thinking to the attention of the committee.
- (5) Stress the use of generic, non-proprietary and official names when working with the staff or teaching residents, interns, nurses and medical record librarians.

There is a fine point in ethics involved in this responsibility. It is generally accepted as an unethical procedure for a physician to refer his patients to one pharmacist in a community for prescription service. When faced with the request for a recommendation, ethics require that he name several reputable pharmacists and allow the patient to make his choice. The same ethical question can be raised when several reputable pharmaceutical houses are manufacturing the same item and meeting the drug specifications of the U.S.P. and N.F. This is particularly true when a hospital is operating on public funds, or monies derived from charitable foundations.

There are other sound arguments for the use of generic or "official" names. For example, there is always the danger that a hospital may leave itself open to charges of "substitution" if it employs a trade or brand name for a preparation and later uses an identical preparation of another trade or brand name or an identical preparation that has only an "official" or generic name. Further, the use of generic and official names insures the fact that the medical staff, residents, interns, nurses and medical record librarians, are speaking a common language. Also such a system gives an institution a recognized standard terminology for drugs. It is a responsibility of all teaching hospitals to use the official and generic names for drugs.

Brandname products of well known reputable firms meet the official standards and are, of course, preferred to similar items of unknown manufacturers. Hospital pharmacists properly performing their functions select products of reputable pharmaceutical manufacturers in meeting their drug needs; products of manufacturers, who usually have built their reputation on quality brand name items. The point we stress is the need for adopting scientific medical nomenclature in drug terminology.

- (6) Favor the policy of using "Blind Tests" in controversial areas. In other words, drugs to be studied should be so labeled that only the chairman and secretary of the committee know the exact identity of a drug until the committee has had time to evaluate all the clinical and pharmacological evidence presented to it.
- (7) Keep himself appraised not only with the pharmacological merits of drugs but also with their comparative costs in relation to their efficacy.
- (8) Weigh his decisions not only in the light of providing the best drug therapy for patients, but also in preventing needless and wasteful duplication in the same class of drugs.
- (9) Advocate the practice among his colleagues of having new drug requests from his service reviewed by the representative members of the service before submitting the requests to the pharmacy committee. This practice insures agreement on need, and assures presentation of adequate information for the committee to act upon.
- (10) Work for the establishment of meaningful drug terminology. Discourage the unsafe practices in drug identification such as the use of synonyms, numbers, and trade names without knowledge of the generic, non-proprietary or official name; also promote and advocate the use of the metric system in prescribing, ward medication labels, and formularies.
- (11) Advocate and work for the establishment of "Restricted Drug Lists." Many modern-day drugs, because of their complex action, potency, and toxicity, should, in the interest of better patient care, be restricted to use by those staff members with special competency in their administration. A typical example of a restricted drug list policy is presented for your consideration.