POLYPHARMACY

Sir,

May I add my voice to that of Professor Madan in urging that the malignant traditions of polypharmacy be questioned under the hard light of needs and knowledge of today. Tradition, however, crumbles slowly even when cynics tell students awed by tales of synergism that the only comprehensible but irresponsible synergism is that of cost of ingredients.

Our approach in Ontario, Canada may interest you. Concerned about the growing budget for drugs used in hospital and cost to the public for prescription drugs for non-hospitalized patients an innovation was begun in 1968. The programme was two fold:

1. The selection and formulation of a list of drugs.

2. Using this list as a basis for arriving at costs which would be the financial aspect.

Regarding 1, the Minister of Health appointed a Drug Quality and Therapeutics Committee whose task was to formulate this list. I have had the great privilege to serve on this committee chaired by Professor W.T.W. Clarke, Professor of Therapeutics, University of Toronto. While we were assigning priorties to drug classes, visiting pharmaceutical plants, reviewing data on stability etc., arranging for independent testing and looking over manufacturing protocols; another group was dealing with costs and price lists and planning the printing of a booklet—the Parcost Index—Prescription Drugs at Reasonable Cost. This was rephrased in the introduction "to assist the people of Ontario to obtain prescribed pharmaceutical products of quality at a reasonable cost".

Early in our deliberations a basic decision was made. No mixtures would be included without sound reason and evidence and we have stuck to this decision. The oral contraceptives are an example of the exception where both estrogen and progestin are active necessary ingredients. The Parcost Index is now in its third edition each one enlarged to cover more classes of drugs until we reach our goal of covering 85-90% of the annual budget spent on prescription drugs. We have not found any reason to depart from our decision to reject what Professor Madan calls "multiple ingredients in fixed doses".

We are now in the implementation phase to educate, concern, advise and persuade, that for the benefit of his patient the physician should refer to this index and select from the drugs listed, the brand of drugs or write a 'generic name' prescription and 75% of the Pharmacies of Ontario have agreed to only dispense from this list.

It has not been our intention to put any manufacturer out of business but to assist

him. Companies which were incapable of meeting our standards have in three years made vast changes in cleanliness, equipment, quality control and attitudes so that we now are able to list more brands than in the first edition. This competition is part of our system to bring fair prices.

To give some picture of our programme, I have strayed from the question of polypharmacy. May I reiterate that a physician can practise good therapeutics without recourse to mixture. Like all rules there are a few exceptions—oral contraceptives. Another would be the anaesthetic Innovar—a combination of two centrally acting drugs—fentanyl citrate an analgesic and droperidol a neuroleptic—neither of which alone would produce satisfactory anaesthesia. These exceptions however, reinforce rather than detract from our firm resolve to discourage strongly the use of fixed dose combination of drugs in Ontario.

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