

10 August 2015

Medical Council of New Zealand  
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**Review of the Medical Council's statements on *Good prescribing practice* and *Prescribing drugs of abuse***

Thank you for the opportunity to comment on the Medical Council of New Zealand's (the Council's) proposed changes to its statements on *Good prescribing practice* and *Prescribing drugs of abuse*.

***General comment***

I support the decision to amalgamate the existing statements, and I agree with the amendments made.

I am concerned about the number of cases this Office has recently investigated that raise issues about appropriate prescribing by medical practitioners. A review of cases this Office has published in the 2014 and 2015 calendar years regarding appropriate prescribing by medical practitioners highlight issues relating to the following:

- prescribing of medications to patients with known allergies;<sup>1</sup>
- prescribing of drugs that are contraindicated for a patient;<sup>2</sup>
- inappropriately discontinuing a medication without appropriate patient assessment;<sup>3</sup>
- dosage and prescription legibility;<sup>4</sup>
- patient follow up, monitoring and/or repeat prescribing;<sup>5</sup>
- communication, information and consent in relation to prescribing;<sup>6</sup> and
- prescribing of narcotics/drugs of abuse.<sup>7</sup>

In many of those cases, the medical practitioner's error was the result of not doing the basics well – not asking the questions, reading the notes, and/or talking to the patient. Practitioner compliance with the Medical Council's standards relevant to prescribing would likely have avoided many (if not all) of the above incidents, and the non-compliance demonstrated by the complaints investigated is concerning.

More generally, I note that an analysis of HDC complaints closed between 2009 and 2014 relating to medication errors indicated that 27% of total medication errors complained about

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<sup>1</sup> See Opinions: 14HDC00157, 13HDC01041, 12HDC01062, and 12HDC00785.

<sup>2</sup> See Opinion: 14HDC01058.

<sup>3</sup> See Opinion: 13HDC01237.

<sup>4</sup> See Opinion: 13HDC00213.

<sup>5</sup> See Opinions: 13HDC00015 and 13HDC00048.

<sup>6</sup> See Opinions: 13HDC00996 (informed consent to the administration of an unapproved medicine), 13HDC01252 (informed consent to the administration of haloperidol), 13HDC00196 (inadequate communication regarding end-of-life cares resulting in prescribing of morphine), 13HDC01237 (communication and information regarding stopping Warfarin), 12HDC00347 (information regarding a corticosteroid injection); and 13HDC00475 (information about fertility provided to a young man prior to chemotherapy).

<sup>7</sup> See Opinions: 14HDC01100 and 12HDC01608.

were due to a prescribing error. This Office intends to publish a detailed analysis of medication error complaints to HDC in 2016.

In light of the above, I suggest that in addition to amending the statement, Council consider the ongoing need to inform and educate medical practitioners on the contents of the statement and on what good prescribing practice actually involves.

***Specific comment***

I suggest that Standard one, bullet point five is amended to read (my suggested amendments in italics): “Ensure that the patient (or other lawful authority) is fully informed and consents to the proposed treatment and that he or she receives appropriate information, in a way they can understand, *including information* about the options available ...” I suggest this amendment to ensure that the standard is consistent with Right 6 of the Code of Health and Disability Services Consumers’ Rights, which sets out a consumer’s right to information that a reasonable consumer would expect to receive including, but not limited to, information about the available options.

***Conclusion***

I trust that these comments are helpful to the Council in finalising its review of these statements.