

DEPARTMENT OF HEALTH,  
P.O. BOX 5013,  
WELLINGTON.

28 August 1975.

## **CLINICAL SERVICES LETTER NO. 153**

### **TO MEDICAL AND DENTAL PRACTITIONERS**

**(Copy to Proprietors of Retail Pharmacies)**

Dear Sir/Madam,

#### **COSTLY PRESCRIBING**

Possibly many practitioners are not aware of the cost involved if they prescribe ingredients to be extemporaneously dispensed in capsules.

The dispensing fee paid out of public funds is \$1.34 for the first 12 capsules and 6c for each additional capsule.

Quite often prescriptions call for relatively simple and inexpensive preparations to be dispensed in capsule form. At other times the ingredients themselves are also expensive.

A recent prescription for 3 months' supply of sodium bicarbonate capsules cost \$103.44. If sodium bicarbonate powder had been prescribed in bulk, the cost would have been \$1.22—a saving of \$102.22.

#### **THE CHANGEOVER TO S.I. UNITS (OR "SYSTEME INTERNATIONAL D'UNITES") IN CLINICAL PATHOLOGY**

"The units currently used for expressing the results of measurements made in medicine have developed empirically and are now so diverse that there is a danger that results may be misunderstood by those not familiar with the particular scale of units used. This danger can be averted only by the universal adoption of a common system of units in all branches of science and medicine." Baron D. N. *et al*, J. Clin.Path. (1974) 27, 590-597.

The units in which laboratory measurements are expressed in New Zealand are to be changed as part of a world-wide rationalisation and standardisation in science, industry, commerce, and medicine. The old familiar mg/100 ml are about to go the way of mph, gallons, fsd, and all the comfortable old units. In order to minimise the future shock consequent upon the change, a joint committee of the New Zealand Society of Pathologists, the New Zealand Association of Clinical Biochemists, and the New Zealand Institute of Medical Laboratory Technologists have made recommendations for its constituent groups. The committee, originally under the chairmanship of Associate Professor J. R. L. Masarei and more recently Dr Charles Small, carefully investigated over 2 years the use of the units as a practical system. They finally recommended that S.I. units should be adopted, despite some evident disadvantages, and further recommended the method of introduction. The target date for the introduction by all laboratories was put back a little because of the amount of work involved in preparing educational material. It is now firmly fixed on 1 February 1976. This is to be regarded as the date before which as few changes as possible be made and after which all laboratories will change as quickly as possible.

The joint committee has prepared a booklet entitled *A Guide to S.I. Units* and this is now with the Government Printer. The guide will be circulated to all practising doctors in plenty of time for the changeover. Further educational material will be available for laboratory staffs.

Attention is drawn to the editorial "S.I. Units in 1975" N.Z. Med.J. (1975) 81; 433 indicating that the journal is preparing to change over to these units.

The joint committee has been asked by the bodies represented to stay in existence until the changeover is complete. Any inquiries should be addressed to Dr C. Small, Biochemistry Department, Pathology, Green Lane Hospital, Auckland 3.

### **GLUTEN-FREE FLOUR**

The president of the Coeliac Society of New Zealand has reported that millers cannot guarantee the shelf-life of gluten-free flour. The Department of Health therefore recommends that the maximum quantity dispensed at any one time should not exceed the patient's normal requirements for 1 month.

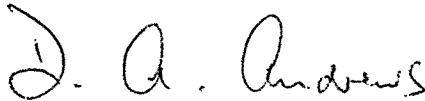
### **THE DRUG TARIFF AND THE "ALPHABETICAL LIST OF PROPRIETARY PREPARATIONS"**

General distribution to medical practitioners and dentists of both the Drug Tariff and its amendments and the booklet *Alphabetical List of Proprietary Preparations* will now cease. This decision has been made following correspondence received from the professions and confirmed by discussions between medical practitioners and visiting practitioners.

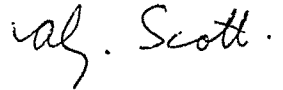
Alterations to the Drug Tariff are summarised in the Clinical Services Letter which accompanies the Drug Tariff or its amendments. Apparently most practitioners use these Clinical Services Letters rather than the Drug Tariff for reference purposes.

Any person wishing to receive a copy of either of these publications on a regular basis, should advise their local medical officer of health so that arrangements can be made for individual distribution.

Yours faithfully,



(D. A. Andrews)  
Director,



(A. G. Scott)  
Deputy Director,

Division of Clinical Services.