

20 April 1964.

Clinical Services Letter No. 42

TO MEDICAL PRACTITIONERS

Dear Doctor,

NOMEN PROPRIUM

Recently the Chemists' Service Guild asked for a statement of the arguments in favour of the proposal that all medicines should be labelled with the proper name unless the prescriber otherwise directs. The following shortened version of the reply may be of interest:

"(a) Unless there are compelling reasons for not doing so, it is axiomatic that potentially dangerous substances liable to ingestion by human beings should be clearly labelled with an accurate description of their nature. So far as medicines supplied to patients are concerned, I am not aware of any such compelling reasons which are applicable to present-day practice. In former times, when most medicines were inert and only a few were poisonous or dangerously toxic, secrecy helped to protect the mana of the prescriber. As drugs have become progressively more active, more prone to produce side effects, and more dangerous if taken in excessive doses, secrecy becomes less and less defensible. The replacement of nauseous mixtures by elegant preparations and attractive, easily swallowed capsules and tablets has greatly increased the risk of accident.

"(b) In an educated society the patient is normally entitled to know the nature of the therapy he receives, whether this be surgical or medical. To the less intelligent the names of the vast majority of drugs mean nothing anyway.

"(c) Containers marked 'the tablets', 'the ointment', etc., are more liable to be confused in the home than those which are properly labelled. This is important where several preparations of similar appearance are supplied at the same time.

"(d) When patients are seen by other than their own doctor it is desirable that the nature of medicines already being taken should be ascertainable easily and accurately. This is especially applicable to the New Zealand scheme, under which patients can change their doctors so easily, and with the increase in rota systems and doctors working in partnership. When patients are on holiday they often expect doctors to arrange for the renewal of drugs which they take regularly. The containers they produce tell the doctor nothing, and he may be tempted to guess the identity of a tablet from its appearance.

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"(e) In cases of poisoning the rapid identification of the drug concerned may be life saving. It is significant that many casualty departments have been compelled, because of the absence of proper labelling, to keep samples of tablets, capsules, etc., to assist identification—a tedious, slow, and unreliable substitute.

"(f) Much more commonly, the appearance of symptoms or signs which may be due to the side effects of drugs raises the question of what drugs have been taken. In many cases, the sight of a properly labelled container at the bedside, or produced by the patient, might serve to warn the doctor of the true nature of the patient's symptoms, where the possibility of side effects from a drug might not otherwise occur to him.

"(g) Errors in dispensing would be more easily discovered if the container were properly labelled.

"(h) A minor point: Some drugs left over from a previous illness could be used up on the direction of the doctor.

Objections

The arguments *against* labelling with the proper name may be summarised as follows*:

(a) Encouragement of self-medication: "Once the name of a drug is known to a patient, further supplies (other than certain poisons and substances controlled by law) may be obtained indefinitely by direct purchase without further reference to the prescriber."

(b) The patient may recommend the drug to others presenting "similar" symptoms.

(c) Patients may be more apt to ask their doctors for treatment with a particular drug.

(d) Drugs stored for long periods or under unsuitable conditions in the home may be used after they have become inert or (more rarely) toxic.

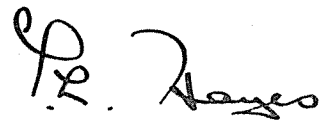
(e) For various reasons, patients not infrequently transfer medicines from one bottle to another. "Drugs of different strengths, or with similar names, may be mixed by the patient and subsequently used."

Although there is substance in these arguments, those who believe in labelling with the proper name (except in certain special cases) hold that these points are far outweighed by the advantages on the other side.

Yours faithfully,



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Director,



(T. L. Hayes)
Assistant Director,

Division of Clinical Services.

*Based on a letter signed by the Chairman and Secretary, Association of Teaching Hospital Pharmacists, *Brit. Med. J.*, 7 December 1957, p. 1366. This provoked some spirited rejoinders.