

5 July 1965.

Clinical Services Letter No. 52

TO MEDICAL PRACTITIONERS

Dear Doctor,

"DIED BEFORE ARRIVAL"

G.M.S. benefits may now be claimed for attention in response to a call where the patient is found to be dead on arrival. Benefits are also allowable when the services of the doctor are rejected by the patient.*

PHYSIOTHERAPY IN WORKERS' COMPENSATION CASES

Attention is drawn to the fact that patients who have claims under the Workers' Compensation Act are entitled to receive necessary physiotherapy free of charge when prescribed by a doctor.

THIAZIDE DIURETICS

The following preparations are still available as a full charge on public funds:

Bendrofluzide (Aprinox, Neo-NaClex, Pluryle-Leo).

Bendrofluzide and potassium chloride (Pluryle-K).

Trichlormethiazide (Fluitran).

Hydroflumethiazide (Hydrenox, NaClex).

Hydroflumethiazide and potassium chloride (Di-Ademil-K).

Cyclopenthiazide (Navidrex).

Cyclopenthiazide and potassium chloride (Navidrex-K).

DRUG TARIFF CLASSIFICATION: "HOSPITAL BOARD - SPECIALIST"

Drugs in this category are available from hospital board dispensaries on the prescription of:

(a) A specialist;

(b) A general practitioner, if endorsed to the effect that the drug has been recommended by a named specialist; e.g., "Recommended by Dr (name)".

Continuation treatment may be prescribed by a general practitioner if the consultant specifically agrees.

MYXOEDEMA

Dr D. W. Beaven (Medical Unit, Princess Margaret Hospital, Christchurch) comments as follows on Therapeutic Notes No. 51:

"Liothyronine (triiodothyronine) is probably of use in myxoedema coma only in the parenteral form. This is at present difficult to obtain and to be of any value must be made up immediately prior to use.

*Social Security Act 1964, section 93 (2).

"In elderly patients with myxoedema, treatment with thyroxine should be by very slow increments. Except in cold weather it is probably justifiable to start with 25 micrograms (0.025 mg) daily for one week and increase by about the same increments weekly. One frequently sees atrial fibrillation or angina precipitated by too rapid increases in replacement therapy in patients with long-standing hypothyroidism."

MEDICAL PRACTITIONERS' SUPPLY ORDERS

Misuse by certain doctors of this provision in the Drug Tariff has led to criticism by the Pharmaceutical Advisory Committee. The Department is reluctant to impose restrictions, and doctors are asked to cooperate by conforming to the conditions which govern this provision.

Medical Practitioners' Supply Orders should be used only for:

(a) Drugs for personal administration to a patient;

(b) Drugs carried for emergency use, until a supply can be obtained on prescription in the ordinary way.

The quantity ordered should not exceed one month's supply for the doctor's practice.

In future, doctors may be asked for an explanation if the quantities ordered appear to be excessive.

CERTIFICATION

The following is inserted at the request of the Director-General of Health:

It is most important that medical practitioners should, before giving certificates for the purposes of the Mental Health Act 1911, familiarise themselves with the material provisions of that Act. Attention is particularly drawn to section 11, which sets out the contents of certificates, and section 12, which prohibits certain persons, including the partner of a practitioner already acting in the case, from giving such a certificate at all. Failure to comply with the statutory requirements may have very serious consequences, either by reason of the detention of the patient thereby becoming illegal and entitling him to damages, or by reason of the patient having to be released, contrary to his own and the public interest, as a result of the invalidity. Practitioners should note that the form of certificate is so drawn that they are required to certify, amongst other things, that they are not prohibited by law from signing the certificates.

Yours faithfully,

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