

Inappropriate Prescription and Professional Misconduct

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Drug Labels

- One drug, one bag
- Name of doctor
- Name of patient
- Date of prescription
- Name of drug
- Dosage and method of administration
- Precautions where applicable

Most common drugs associated with professional misconduct

- Steroid
- Antihistamine
- Antibiotic
- Benzodiazepine
- Other Dangerous Drugs and the DDR

Drug Sensitivity

- Drug allergy history
- The Case of Amoxil allergy
- Patient informed doctor of the allergy
- Doctor noted allergy on the chart
- Patient was prescribed the medication
- Pharmacy found out about it and did not dispense
- Patient found out about it without illness and report to Medical Council

Treatment of URTI

- Recommendation for children <2:
- Avoid antihistamine
- Nasal washout with normal saline
- Phensedyl, Benadryl expect, Piriton
- Dosage in children <2
- Multiple antihistamines
- Cocillana

The issue of drug samples

- 'drug samples, not for sale'
- Blister package
- Given to patient
- Complaint against doctor

The issue of out-dated medicine

- Expiry date
- Distributing medicine in whole blister packages with expiry dates
- Giving patients the container of vaccines

Prescribe what you know

- The case of celestamine
- Patient asked if there was steroid and insisted that he did not want steroid
- Doctor unaware of the composition of celestamine
- Patient developed Cushing syndrome and admitted to Government Hospital
- The rest is history

Familiarize yourself with the drug you prescribe

- Patient on SSRI because of panic disorder
- Doctor suddenly after a talk decided that he may have bipolar
- Prescribe a new medicine he is not acquainted with and just learn from the psychiatrist lecture
- Patient developed vesicles on hands and soles
- Doctor diagnosed HFM disease along with 2 GP

Same drug, different preparation

- Doctor prescribed chloramphenicol eye drops
- Baby developed red eyes and pain
- Father noticed and brought the medicine back
- Doctor noticed he had given a high percentage chloramphenicol ear drops
- Apologized to patient's father but case proceeded to the PIC

Comment on case of long sick leave

- A patient who developed a sprain was given 3 days' sick leave repeatedly for almost up to a year
- Found guilty of misconduct
- One of the findings by the MCHK was the despite unsuccessful treatment, same medications (NsAID) was repeated and patient was not referred to specialist

Referral to Specialist

- URTI for too long – refer to specialist, but which
- Sprain ankle for too long – refer to specialist, but what if patient refuse and XR normal
- Back pain from TA – refer to orthopedic, but no change, proof of referral needed

The evil of steroid

- Lady fell from bus and fracture both hips
- Sue bus company and at the same time neurosurgeon who prescribed steroid for intractable epilepsy
- Neurosurgeon refused to admit that dexamethasone was prescribed and agreed that there was no reason to give steroid
- Medical Council proved that he gave steroid

The evil of benzodiazepine

- Proper prescription of tranquillizer is important
- Guidelines provided
- Long term prescription not recommended
- Doctor found guilty of misconduct for prescribing valium in a coughing patient so that he could sleep
- penalty

Dangerous Drug Register

- Sharing of register in group practice
- Sharing of drugs in the same practice
- The case of phenteramine