The Physician-Pharmacist Relationship

The following passages are excerpted from "Doctors, Patients, and Health Insurance," with permission of the authors, Herman M. Somers and Anne R. Somers, and the publisher, Brookings Institution, Washington, D.C. Mrs. Somers is a research associate at Haverford College, Pennsylvania, and Mr. Somers is chairman of the college's political science department.

The relationship of physician and druggist has always been ambivalent and unstable. In 1617 the English apothecaries obtained a special charter that banned grocers from trade in drugs and gave the apothecaries a monopoly. The physicians objected, although they themselves had secured a licensing act a hundred years earlier. According to Dr. Kenneth Walker (*1*), the physicians

". . . feared that, having secured the right to make up prescriptions, the apothecaries would soon want to prescribe them and would thus become competitors in the practice of medicine. This fear . . . was fully justified, for in the course of time the apothecaries did in fact become their rivals, and not without benefit to the public. At the outbreak of the Plague in 1663, the majority of physicians fled from London—even the great Sydenham found reasons for departing hastily—whilst the apothecaries remained gallantly at their posts doing what they could to relieve the Plague's victims. As a result of this the apothecaries became very popular for a time with the public and became still more serious rivals of the physicians."

By the end of the seventeenth century, the apothecaries were actually practicing medicine on a wide scale, although they had no license. Among the many factors responsible for this situation, the most important was the inescapable fact that the physicians, with their long, costly education, limited numbers, and high fees, could not satisfy the medical needs of the community. The apothecaries helped to fill the medical vacuum.

The resolution of this conflict, with its far-reaching consequences for the future of British medicine, has been dramatically told by Dr. Lester King (*2*):

"The Royal College of Physicians, ever since its inception, had prosecuted quacks and others who practiced medicine in defiance of the monopoly granted the college. The prosecution of an apothecary named Rose was not in itself unusual, but the final decision was epoch-making. The bare facts are simple. A butcher named Seal consulted Rose for treatment. The latter, when his bill was not paid, had the butcher arrested. Apparently the patient enlisted the aid of the College of Physicians, which brought Rose to court for what modern terminology would call practicing without a license. Rose was convicted at the Court of Queen's Bench. The law was clear. The court held that only the physician could judge the nature of the disease, choose the remedy, and order its application. . . . It was said that the sympathies of the jury lay with the apothecary, but the charge from the bench was unequivocal. . . . Rose . . . appealed the verdict to the House of Lords, which, acting on equity rather than on the letter of the law, reversed the decisions. The grounds for reversal were that public need as well as custom required that apothecaries be allowed to advise patients, that the monopoly held by the college kept down the number of physicians, and that it would mean undue hardship to deny the public all other sources of medical aid. . . .

"This decision has been called the Magna Carta of the general practitioner, for it established the status of the apothecary and allowed him to transform into a primitive general practitioner. . . . Physicians and apothecaries began to work together."

Both Dr. King and Dr. Walker believe that the feud between the British practitioner and pharmacist eventually redounded to the benefit of public and profession. But the related conflict between the profession and the drug manufacturers continued. Dr. William Osler rarely spoke more harshly than in his attack on "the enthrallment of the practitioner by the manufacturing chemist" as early as 1902 (*3*):

"The profession has no more insidious foe than the large borderland pharmaceutical houses. No longer an honored messmate, pharmacy in this form threatens to become a huge parasite, eating the vitals of the body medical. We all know only too well the bastard literature which floods the mail, every page of which illustrates the truth of the axiom, the greater the ignorance the greater the dogmatism. Much of it is advertisements of nostrums foisted on the profession by men who trade on the innocent credulity of the regular physician, quite as much as any quack preys on the gullible public. Even the most respectable houses are not free from the sin of arrogance and of ignorant dogmatism in their literature. A still more dangerous enemy to the mental virility of the general practitioner, is the 'drummer' of the drug house. While many of them are good, sensible fellows, there are others, voluble as Cassio, impudent as Autolycus, and senseless as Caliban who will tell you glibly of the virtues of extract of the cocoygeal gland in promoting pineal metabolism and are ready to express the most emphatic opinions on questions about which the greatest masters of our art are doubtful."

A more moderate indictment but with the same general theme was expressed by Rorem and Fischelis in a study for the Committee on Costs of Medical Care 30 years later (*4*):

"It is incongruous that the medical professions should be constrained by professional and public opinion to follow rigorous codes of ethics in the advertising of their services, whereas the manufacturers and distributors of medicines . . . should utilize the merchandising methods of ordinary business enterprise."

And here is a contemporary English doctor (*5*):

"The result . . . of the growing complexity of drugs and instruments is that the medical profession has to a great extent lost control. That commerce should attempt to take over the task of academic instruction, using its immense resources in the palatable presentation of scientific facts, is a matter of deep significance. For if doctors are in fact reduced to receiving instruction from trade, what becomes of their claim to be considered a learned profession?"

These indictments seem somewhat out of balance. As between the drug industry and the medical practitioners, "commercialism" is not confined to the former, nor professional standards and social ethics to the latter. (One of the drug industry's outstanding social contributions has been the sponsorship and support of Health Information Foundation (HIF), a nonprofit organization devoted to research and education in the socioeconomic aspects of medical care, which has operated with complete professional independence.) Less charitable terms than Osler's "innocent credulity of the regular physician" are applied by many to the doctors' current prescribing habits.

But invidious comparisons avail nothing. The medical profession and the pharmaceutical industry are now inescapably interdependent. We cannot return to the old days when the individual doctor decided what drugs would be fabricated for him by the corner druggist. Science and specialization have made it inevitable that the discovery and development of new medications will take place in research laboratories and their production in specialized manufacturing centers.

REFERENCES

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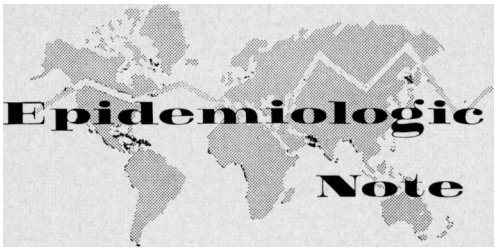

Fire Prevention Program

A program of fire prevention, including epidemiologic study, fire prevention information and education activities, and evaluation of the effectiveness of the activities, was recently carried out in Mississippi County, Ark., by the Division of Accident Prevention of the Public Health Service and the Mississippi County Health Department.

In the first phase of the program, all accidental injuries were reported to the county health department by all hospitals, clinics, and physicians in the county for a period of 16 months. From March 1958 through June 1959, 7 hospitals, 3 clinics, and 21 physicians reported 1,402 injuries, of which 86 were caused by fires and explosions.

The reporting system established baseline data by which the effectiveness of prevention measures might be determined, and it also served as part of a system of notification of fire incidents to be investigated. Notifications were also made by fire departments, letter carriers, insurance companies, and others.

Investigations of 274 fires and explosions were conducted. Defective electrical wiring and equipment constituted the largest single cause of fires in dwellings. In many of these incidents the occupants were aware of the defects before the fire occurred; many occurred in homes of tenant farmers where the defect existed before occupancy. Overloading of circuits through the misuse of fuses was common. One family was burned out of two homes within 4 months by fires of electrical origin.

Flues that did not work properly constituted another outstanding cause of fires. A particular kind of flammable wallpaper contributed to the severity of some of these fires.

The most serious offender was the petroleum product. About one-third of the fires and more than one-half of the injuries and deaths resulted from the use of petroleum products and wornout, defective heating or cooking stoves. Fuel flowing too fast into the burner, leaking fuel, accumulation of drippings, and using kerosene to start or boost fires were all conspicuous causes. People seemed to know it is dangerous to "slosh" kerosene on live coals, yet they failed to make sure a fire was out before pouring kerosene on fuel.

The practice of leaving children alone without adult supervision was an important factor among incidents resulting in injury or death to children.

Results of the investigations were presented to community leaders, school officials, church groups, and such organizations as the Lions and Kiwanis clubs to enlist support for fire prevention activities in their communities. Informal speeches and films, slides, and other materials were presented at the gatherings. The emphasis was placed on the four principal causes of fires as revealed by the investigations. The support of the local farm bureau, fire departments, and public utility companies was solicited so that fire prevention literature could be distributed through mailing lists or with bills to customers and during housecalls.

The schools proved to be the most fertile ground for education in fire prevention, since the information was carried back into the homes of the children. Activities in the schools included "junior fire marshals" programs, demonstrations, exhibits, contests, and many talks.

Demonstrations and talks on fire prevention techniques were given at PTA and other gatherings, including one which attracted 400 persons at a local theater. In one small community, a daylong fire prevention clinic was held.

Rural populations that could not be reached effectively through radio and newspapers were approached through community groups, county agents, and local volunteer fire departments.

During the first year of the program, injuries from fires and explosions reported by the cooperating hospitals and clinics declined by more than 50 percent from the previous year. Fires and explosions reported and investigated dropped from 164 to 140, and the injuries resulting from the incidents dropped from 40 to 21.

These results encourage us and endorse our opinion that the public health approach to accident prevention can be effective.—A. L. CHAPMAN, M.D., *chief, Division of Accident Prevention, Public Health Service, and* J. W. BEASLEY, M.D., *health officer, Mississippi County Health Department.*