Does legislation reduce harm to doctors who prescribe for themselves?

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OBJECTIVE
To consider the issue of legislation restricting self prescribing by doctors.
METHOD
Searches of the medical literature in Medline, Australian Medical Index and CINAHL using the terms 'medical', 'legislation' and 'physician impairment' from 1966–2003 supplemented by checking citations of review papers.
RESULTS
We found 144 articles, although no trials of legislation. The remaining research was inadequate to answer the question of whether restricting self prescribing reduces doctor impairment. However, descriptive studies suggest that impairment attributed to self prescribing is most often from self administration, which is not altered by legislation to restrict self prescribing.
DISCUSSION
There are important theoretical adverse consequences of legislation that restrict self prescribing. Apparently self evident legislation may be counter productive. The need for doctors to have an independent general practitioner is reinforced.

Victorian government regulations prohibit doctors from self prescribing prescription only drugs (Schedule 4, 8 or 9).[1] Their purpose is to reduce impairment of doctors – and the consequent risk to the public – caused by misuse and drug dependence resulting from self prescribing. Victoria alone has these regulations, highlighting a disparity between Australian states and territories. We decided to investigate the issues surrounding this.

Self prescribing in the literature

A recent survey of general practitioners in Victoria (where S4 prescription is not legal) shows that 90% consider self treatment to be appropriate for minor illnesses, and 25% for chronic diseases.[2] A previous Victorian study shows that over 90% of doctors self prescribe.[3]

We reviewed the literature using physician impairment and then focussed the search adding medical and legislation to the terms (*Table 1*). Although numerous articles discuss doctors' health, there are no articles that provide experimental or quasi-experimental data about the effect of legislation to restrict doctors from self prescribing.

There were a few descriptive studies addressing self prescribing by doctors. Comparing these was difficult because drugs were grouped as 'hypnotics', 'tranquillisers' and 'antidepressants' and different articles grouped these drugs differently. Some studies did not specifically name the drugs in each group. One English study compared doctors with another comparable socio-educational-economic group – teachers.[4] Although doctors self prescribed a significant percentage of their medications, the frequencies of prescription medication use by both doctors and teachers was the same for most medication groups. The only significant difference in drug use was more hypnotic prescriptions for doctors. There was no increase in tranquilliser use. A survey of GPs in Western Australia found a half percent use hypnotics daily,[5] consistent with United States data.[6] This Australian study also showed that tranquilliser use was low, and prescription medications were only taken a few times a year.

Considering the published data, although doctors may use prescribed hypnotics more often than their peers, the rate is not particularly high. There may be specific, acceptable reasons for this use that have not been explored in these studies. Many self written prescriptions may be written after consultation with another doctor.[7] Studies looking at health seeking behaviour of doctors show that although doctors often self prescribe for minor illnesses, they usually consult a doctor for more serious concerns.[7,8]

Independent general practitioner

In Victoria, it has been shown that only 55% of doctors have their own general practitioner.[2] A previous Victorian study considered

Table 1. Summary of search results

Search terms	Identified articles		
	Medline*	CINHAHL†	AMI[a]
Physician impairment	1394	12	25
Physician Impairment and legislation	32	0	12
Medical legislation and prescription	63	15	3
Medical legislation and physician impairment	17	0	2

* Limit set (dates) 1966–June 2003 (MeSH terms only)
† Limit set (dates) 1982–2003
[a] Limit set (dates) 1968–2003

the independence of the GP, showing that of the 43% of doctors who stated they had a GP, less than 25% had an independent one: 5% used themselves, and 13% used their professional partner.[3] There was no comment as to the use of a family member as their GP.

There is no literature suggesting that doctors' self prescribing should be restricted by legislation. The consensus within the literature on doctors' health affirms the need for a doctor to have a GP and most medical registration boards recommend this.[9,10] If a reason for restriction of self prescribing is simply to encourage doctors to have their own GP, then it has not succeeded.

Self administration of medication

We do not deny that a small percentage of doctors fall prey to drug misuse and abuse. Narcotics are the most common prescription drugs to cause impairment reported to the medical boards.[11] Doctors are no more vulnerable to narcotic dependence than the general population.[12–14] Most commence their dependence before qualifying (before being able to self prescribe).[13,15,16] Narcotic dependent doctors are often described as 'self prescribing' when the correct description is 'self administering': many write prescriptions in the names of patients or family members, or access the narcotics directly from doctors' emergency bags or hospitals.[17]

Even when dependency commences after graduation, self prescribing is not the initiating event in a large proportion of cases.[17,18] Although access to narcotics may be a risk factor, it is illogical to think that restricting self prescribing will reduce this problem.

Apart from studies by medical boards describing impaired doctors' access to drugs of dependency,[17] there appears to be little information available on how other doctors obtain the majority of their medication. It is likely that some medications are accessed from the 'sample cupboard' or other unmonitored sources. Again, it is illogical to believe that restricting self prescribing will reduce this access.

Although narcotics are the most common prescription drugs to cause impairment, the most common substance to cause impairment is alcohol.[12,19] Access to this drug is unrelated to prescribing rights.

Alternatives to health care access

We considered why nearly half of Victorian doctors do not have a GP given that self prescribing is restricted. Perhaps doctors are healthier than the general population? The literature shows the rate of long term illness within the medical community is at least 40%.[2] Up to 26% of doctors are reluctant to seek medical care for an illness.[8] Doctors do need medical care and confront many barriers when accessing this care including embarrassment and confusion between professional and personal boundaries.[20,21] If doctors do not have a GP, then they are accessing medication without one. One possibility (and indeed a concern) is that some Victorian doctors are self prescribing without realising that it is illegal.

Self prescribing does not involve an independent assessment and may result in inadequate care, however many alternatives may be worse. Doctors may write a script for medication – intended for themselves – in a family member's name (thus avoiding the problem of 'self prescribing') without realising that this is fraud against the commonwealth, a more serious offence.[22] Other well described options such as using drug samples (inappropriate doses/drugs being chosen), having 'corridor consultations' or simply postponing medical care have potential problems. It is worth noting that the issue of self prescribing is even more difficult for the rural doctor.

We hope this article stimulates debate within the medical community. The self prescribing restrictions in Victoria are contained within regulations rather than the Act itself. This means that there was no debate within parliament when these restrictions were more clearly defined in 1995. Recently, the concept of Australian national medical registration is being mooted. Given the disparity in legislation between states, we feel more debate should be encouraged. No data within the literature supports or counters the need to restrict self prescribing, especially of S4 medications. Data does suggest that doctors self prescribe responsibly. Criticism of 'self prescribing' in the present literature is usually criticism of 'self administration'. Legislation to proscribe self prescribing will not reduce self administration. Continuing education of doctors to encourage them to have an independent GP is supported by the literature and is more likely to effectively impact on the diverse issues that surround impairment within the medical community.

Implications of this study for general practice

- Legislation prohibits doctors from prescribing for themselves in some areas.
- Many doctors may be unaware of this.
- There is no good evidence that this is beneficial or harmful.
- Self prescribing is often confused with self administration of drugs.
- Legislation is unlikely to influence this.

Conflict of interest: none declared.

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