

AUSTRALIAN DOCTOR
NEWS

Pharmacy prescribing trial: 'The lives of my patients are in real danger'

Dr Jason King on his concerns about the looming trial's risks to the Aboriginal community where he works. Dr Jason King is a GP and director of clinical services at Gurriny Yealamucka Health Service in Yarrabah.

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Dr Jason King.

A small Aboriginal community in Far North Queensland, the town has in effect been selected as one of the sites for a radical and potentially dangerous experiment in patient care.

That experiment is the Queensland Government's plan to allow pharmacists to diagnose, prescribe and dispense up to 150 different S4 drugs across 23 medical conditions.

Dr King, a Yued/Whadjuk Noongar man, explains why he fears the worst.

I first learnt that Yarrabah would be a site for the North Queensland pharmacy trial back in March.

I found out because a journalist sent me those secret, confidential documents that had originally been leaked to Australian Doctor earlier this year.

I did not find out because the community was consulted about what was coming— the local council, the ED next door to us, both knew nothing.

I was confused, and I was angry.

The government says this trial will allow pharmacists to compensate for GP workforce shortages in North Queensland.

If Yarrabah is on the list, then that is nonsense.

We have seven FTE GPs, and even in the most difficult parts of the pandemic, we haven't had shortages.

To slap us with this trial with no consultation about what is happening is ludicrous and offensive.

It also shows a deep level of ignorance at the highest level of Queensland Health for what actually goes on within communities from a primary health perspective and the vulnerabilities of our patients.

Our local pharmacy, which presumably could start offering a service for diagnosing, prescribing and dispensing medications for conditions like diabetes, COPD, wound care and obesity, doesn't have a consultation room. It currently serves patients through a secure mesh.

If it is included in the trial, does Queensland Health expect the pharmacist to consult patients on private medical issues through that mesh in an open waiting area?

I've calculated that 13 of the 30 proposed sites across north Queensland don't have an existing community pharmacy at all.

This week, I was informed by another Aboriginal Medical Service that they had been approached to have an in-house dispensing pharmacy within their service.

So plans to create these small, low-cost pharmacies in remote areas within health services such as ours are already afoot.

Clinically, my concern is not just the 23 conditions for which the pharmacists will diagnose and prescribe.

It is for the things between those problems.

A pharmacist will prescribe antibiotics for a sore throat not realising the potential complications of a sore throat for Aboriginal Torres and Strait Islander children — like rheumatic heart disease, a major cause of mortality.

They will happily treat diabetes, hypertension, dyslipidaemia and heart failure without seeing the links to renal disease or ischaemic heart disease.

They have skin sores on their list of conditions but will not know about acute post-streptococcal glomerulonephritis, which is a scourge in these communities.

If treated incorrectly, it can cause renal failure and ultimately lead to a lifetime of dialysis.

Another health group quits 'dangerous' pharmacy prescribing trial

Is anyone with medical qualifications overseeing the pharmacy prescribing trial? It's a state secret

Community-controlled health organisations do not just provide tablets and tests.

They look at the whole person, their community, their culture, the health of their country, their spiritual health and their social wellbeing.

This plan has no sense of how to deal with someone who has had issues with domestic violence, is living in an overcrowded situation, doesn't have a refrigerator or might be a member of the Stolen Generations.

Another concern is the out-of-pocket expense.

The proposed cost for the supposed privilege of a pharmacist consult is \$50, but without PBS funding for scripts or MBS funding for tests, it could end up being \$150.

If Aboriginal and Torres Strait Islander people cannot afford these consults, and only socially affluent people whose disease burden is relatively low are participating in the trial, then 'measures of success' will be biased just by design.

My clinic has more than 110 people, including Aboriginal Health Workers, nurse practitioners, midwives and a pharmacist.

It is broad and incredibly complex because the problems in our community are incredibly complex.

Thinking you can solve the Aboriginal health and workforce gaps with someone who can prescribe a single tablet is dangerous.

It is our patients' lives that are in danger.