Editors' view

Communicating about potential drug
harms: safety implications for patients

JM Ritter, Editor-in-Chief British Journal of Clinical Pharmacology

Department of Clinical Pharmacology, School of Medicine at Guy's, King's College & St Thomas' Hospitals, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH UK

Clinical pharmacologists have a healthy respect for the harms drugs do, and ways to minimise such harms are high on our agendas [1]. Communication is key to these endeavours, and GP Velo recently organised a workshop at the Ettore Majorana Centre in Erice, Sicily to address 'Communication and Patient Safety' – a timely topic since it is now two years since the Erice statement on drug innovation [2]. Some twenty five interested persons – pharmacovigilantes, safety pharmacologists from industry, information scientists, lay experts on healthcare communication and media consultants as well as clinical pharmacologists – converged on the school in its superb medieval setting. Most delegates were from Europe but some from the developing world. All spoke for themselves rather than for any agency or interest group. I shall not describe any specifics of the deliberations as I hope that a consensus statement will emerge and be published. In general, the sessions focused on new issues with sessions on communication with the general public as well as patients and health professionals; on the new topic of ecopharmacovigilance (communicating the impact of drug and metabolite waste on the environment: as Oliver Wendell Holmes observed, 'If all the drugs currently in use were deposited in the ocean, it would be for the better of mankind and the worse for the fishes'; as Velo pointed out, when the fishes are changing sex as a result of oral contraceptives in human effluent, we would be wise to consider who eats the fishes); on ethics (in particular, issues around confidentiality and the use of patient records for pharmacovigilance, and the impact of ethical balance (rights versus responsibilities) on civil society and public health; on relations with the media – 'I awoke and found myself famous' as Sir Michael Rawlins quoted Lord Byron on the occasion of one 'pill scare'; and on the use of IT to improve benefit/risk and address communication problems for healthcare professionals. Fascinating issues that were vigorously debated: a writing group is wrestling to distil the outcome, of which I hope more in a later issue.

On the Gatwick train, my eye was caught by a headline in an abandoned copy of the Metro (Friday 3rd July 2009): 'A nation mourns as twins found drugged to death... wrestling midgets are killed by fake hookers'. The story continued: 'It is thought that their size made them more vulnerable to the drugs the women put in their drinks' – a cautionary tale, emphasising the importance of dose individualisation and a timely (if macabre) reminder that medication errors continue to be an important source of harm. Subsequently at the EACPT meeting in Edinburgh it was good to see the June issue of the Journal devoted to this subject (medication errors, rather than Mexican midget wrestling), edited by Jeff Aronson and with reviews on a spectrum extending from aspects pharmacovigilance centres [3] to IT [4], dispensing [5], drug history [6], educational intervention [7, 8], detection and audit [9], role of the patient [10] and to various aspects of epidemiology and definition [11–17]. This issue arose from a consensus meeting last year in Erice [18], in response to a recommendation of the earlier statement [2].

In the present issue of the journal we publish several more papers on drug-related harms, including: an analysis of 1,598 self-poisoning episodes presenting to a regional hospital in one year at an estimated cost of £1.6 million [19]; an updated study on the risk of cholestatic hepatotoxicity from flucloxacillin [20]; a novel case report of cerebral angioedema associated with enalapril treatment [21]; an analysis of potential drug-drug interactions (DDI) in a university hospital that showed that approximately one quarter of admissions encountered one or more potential DDI with a major risk of toxicity or somewhat lesser risk of reduced efficacy [22]; a pharmacokinetic interaction between gefitinib and phenytoin [23]; and pharmacokinetic effects of herbal medicines [24, 25]. Is there a 'take home' message? One such must surely be the need to see the wood for the trees: the importance of education in providing students and junior doctors with a logical framework for thinking clearly about the issue of drug-related

harm, while managing the ever accumulating detail (the 'trees') with sensible modern IT solutions.

We wish our readers (intellectual giants all) a happy summer holiday, and advise them to keep a wary eye to check that even their innocent iced cranberry juice [24] is not spiked with any potentially interacting molecular entities.

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