BCMJ BC Medical Journal

Letters of less than 300 words are welcomed provided they do not contain material that has been submitted or published elsewhere; they may be edited for clarity and length. Letters may be e-mailed to journal@doctorsofbc.ca, submitted online at bcmj.org/content/contribute, or sent through the post and must include your mailing address, telephone number, and e-mail address.

Expectation of fairness

For most families in BC the dinner hour of 6 p.m. and onward is a time for coming together to eat and enjoy some relaxation after the work of the day. For a family or individual to be deprived of this expectation requires some compensation. MSP is morally wrong in not compensating surgeons and their assistants for the loss of this sweet time, disruption of meals, and reduced family togetherness if an operation starts before 6 p.m. and continues to 11 p.m. Cynically, MSP pays at night rates for the few procedures that start before 8 a.m. and continue into business hours. Such extra payment is not indicated and makes further mockery of what is then incorrectly called out-of-office hours premiums.

—Michael A. Ross, FRCSC
Victoria

Pharmacy prescribing and renewal system

It's been 19 years since I last wrote a letter to the *BCMJ*, at which time I put forth the Peter Finch quote from the movie *Network*, "I'm mad as hell and I'm not going to take it anymore!"

Recently I got to thinking about how the current pharmacy prescribing and renewal system is antiquated, fraught with errors, and a huge time waster for all involved. I got to thinking once again about the frustrations of dealing with trashed-out looking faxes (really a dinosaur of technology compared to the electronic portals that are now available) that come to us in all shapes and sizes. I wonder how much pharmacies are billing us to inundate us with a continuous barrage of faxes relating to our prescribing practices.

There would be no or many fewer errors fulfilling scripts, especially for patients discharged from hospitals.

How much negotiating has Doctors of BC done on our behalf, pushing to establish Real Time Online Prescription Fulfillment (RTOPF) from doctors anywhere—at specialists' offices, walk-in clinics, ERs, and regular offices?

Ideally in the RTOPF scenario, at the time of completion of the prescription order, the dose, quantity, prescriber's name and contact information, and location filled are all transmitted to the EMR of the doctors who need to know—mainly the patient's regular physician but also anyone who has an active EMR with the patient's records. I liken it to withdrawing funds with one's debit card. Even if one were in Timbuktu, all who need to know would have the transaction details of how much one withdrew and what the balance was. This would mean no time wasted on faxes for explanations of what was meant for an Rx, when there might be several versions of a given drug.

There would be no or many fewer errors fulfilling scripts, especially for patients discharged from hospitals. I have often found discrepancies in the medications prescribed to a patient on discharge by both hospitalist and specialist. I've had the same medication given but with different doses prescribed by each doctor. A recent ruling by the College of Pharmacists of BC requires that every patient's meds be cancelled upon discharge and must be represcribed. Thus, to keep one's EMR happy, this might require many scripts, especially for elderly patients with polypharmacy issues, to be manually represcribed and re-entered each time they visit the hospital. This is clerical work, not medicine, and a very large time waster.

There would also be many fewer interruptions to our day by pharmacies' faxes querying details of a prescription being renewed by the patient's regular doctor with adjustments made outside the office other than by the renewing doctor. And of course we must not forget the numerous times that a specialist changes meds, and we might be remiss and forget to enter this manually into our EMR.

Remedies as described above for this pharmacy issue would save us docs much time and the system millions of dollars!

—Jack Boxer, MD
Vancouver