A DESCRIPTIVE STUDY ON THE COMMON VIOLATIONS COMMITTED IN THE ISSUANCE OF PRESCRIPTION FORMS

Medina, Shiella Andrea C.

Navarro, Ferdilyn Charry L.

Medical Action Group

29 May 2003

CHAPTER ONE
INTRODUCTION

I. Background and Rationale

Drugs are among the most powerful tools available to doctors today. They can successfully combat life-threatening diseases and bring relief to sufferers from innumerable disorders. For most of us, taking drugs and medicines prescribed by the doctors or bought over the counter is a common experience. Yet, few of us are aware of why drugs are prescribed, how they work, and what potential dangers they represent.

Prescription drugs are distinguished by the fact that they require the authorization and supervision of a physician for their use. This authorization is usually given in the form of a written prescription which is made after a physician has determined that a person has a specific condition that will benefit from taking a specific drug. The prescriptions issued by physicians are considered to be very important in terms of its use for the patient. It is an official document which indicates the name of the drug, the dosage, the quantity of the drug to be issued under that prescription and very specific instructions for its use. Therefore, directions in the prescriptions should be clear and handwriting should be legible, among others. These aspects in the issuance of prescriptions to patients have a significant impact on the health of patients and consumers. More than anything else, it must be noted that errors within the prescriptions are risks to human health since prescription drugs must be carefully taken in with the appropriate directions. Moreover, the authority of the physicians to recommend a medical drug also depends on the prescriptions they issue.

Actually, patients have very minimal knowledge regarding what should be and should not be included in the prescription forms that their physicians issue. In fact, when people

come to visit their doctors, for reasons such as sickness or regular health check-ups, they normally would listen to what their physician has to say about their case. Nonetheless, they entrust themselves to their doctors, thinking that "doctors know best." People's mode of thinking regarding prescription forms is that these documents shall serve as an authorization for them to be able to avail of prescription drugs appropriate for their sickness or case. As long as this purpose is fulfilled, other issues related to prescription forms are rather irrelevant for them.

II. Statement of the Research Problem

This study focuses on the main research problem of: *What are the common violations committed in the issuance of prescription forms in reference to the Administrative Order No. 62 s. 1989 under the Republic Act No. 6675 – Generics Act of 1988*?

III. Statement of Objectives

The General Objective of the research is to identify the issues involved in the issuance of prescriptions to patients in reference to the Administrative Order No. 62 s. 1989 under Republic Act No. 6675 – Generics Act of 1988.

The Specific Objectives are the following:

1. to determine the violations present at the issued prescription forms by physicians to patients;
2. to describe the pattern of drug prescription of physicians to patients;
3. to describe the extent to which the consumers know about the Administrative Order No. 62 s. 1989 under the Generics Act of 1988;

4. to explicate on the issue of patient's awareness regarding their rights in terms of the issuance of prescription forms by doctors and physicians.

IV. Significance of the Study

This study aims to discover the violations committed and the major problem areas in the issuance of prescription forms by physicians. In this regard, the said study attempts to provide key information on the prevalence of these violations and on the knowledge as well as the extent of awareness of consumers about it. For that reason, the findings of the study serve as a basis for promoting awareness among the consumers and physicians as well regarding the proper issuance of prescription forms, which consequently relates in establishing good health to the people.

The study results will also be able to identify the common problem areas and/or violations committed by physicians in the issuance of prescriptions & raise patients' awareness regarding their rights when it comes to the issuance of prescriptions by medical practitioners, like the identification of generic drugs. This, more than anything else, provides relevance to the said study in today's dynamic society.

V. Scope and Delimitations

With the numerous studies conducted on the Generics Act of 1988, the scope of this study is on the Administrative Order No. 62 s. 1989, "Rules and regulations to implement prescribing requirements under the Generics Act of 1988" because of the rareness of studies in this area. Moreover, there is a scarce number of researches and references related to the said study that is available. In relation to this, the researchers focused their study on

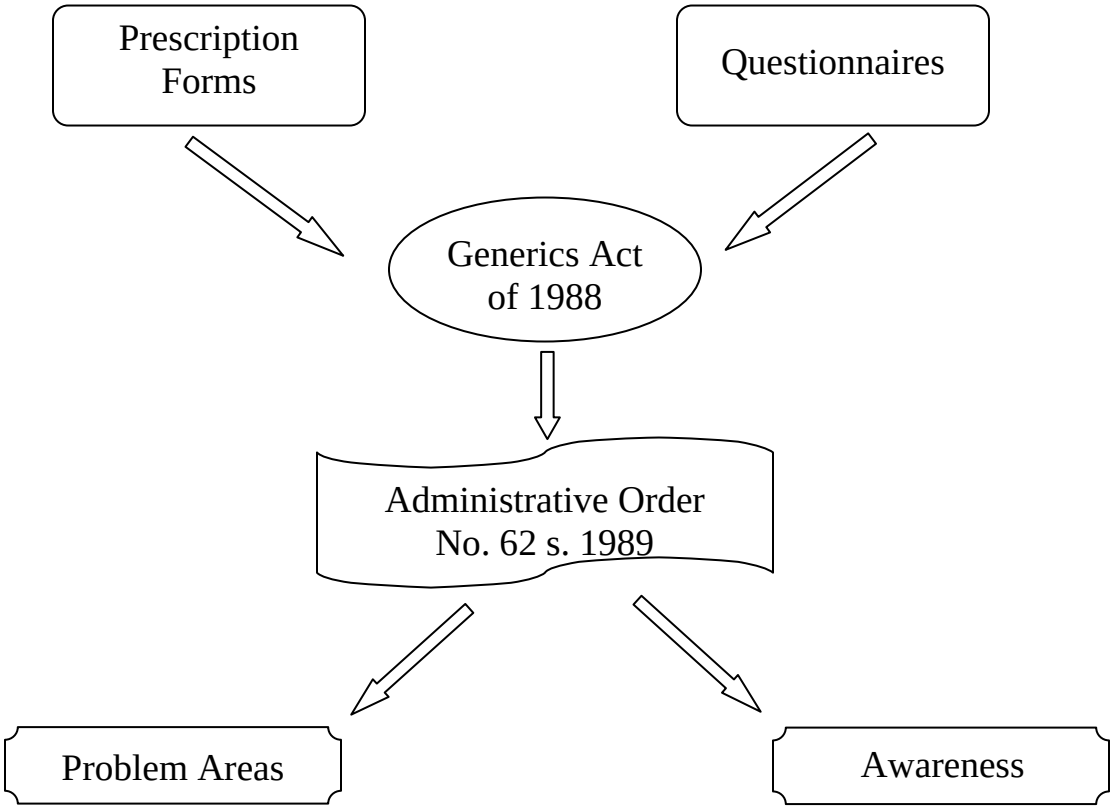
prescription drugs. As the name implies, prescriptions, or the written authorization from the physicians to avail the drug, are the vital tool in the said study.

Due to time constraint and minimal budget, the researchers have limited their research site in the various drug outlets within the area of Manila. This is believed by the researchers to be an appropriate site to conduct the said research because of the accessibility of people especially consumers as well as of the hospitals and pharmacies hereinto.

VI. Ethical Considerations

1. Permission letters were given out to managers and/or supervisors of drug outlets prior to the researchers' data gathering procedures. In this order, the researchers were able to properly monitor their activities while not being a disturbance in the daily organizational operations of the said study population.
2. Since the research focuses more on the gathering of necessary and relevant prescription forms from patients and/or consumers, it must be noted that it is not the name of the physician that is significant. Rather, the focus is more on the observation of specific violations on the Administrative Order No. 62 s. 1989 under the Generic Act of 1988 that are present in the prescribed receipt.
3. The purpose of gathering the prescription forms from patients and/or consumers and branch managers were made clear to them. Their consent has been first and foremost been sought.
4. Only the researchers know the results of the study to ensure its confidentiality and privacy. Names are withheld when the study will be published.

VI. Conceptual Framework



VII. Operational Definition of Terms

Administrative Order No. 62 s. 1989 – Rules and regulations to implement prescribing requirements under the Generics Act of 1988.

Branded Drugs – These are drugs with proprietary name given by the manufacturer.

Brand Name - It is the proprietary name given by the manufacturer to distinguish its product from those of competitors.

Drug Outlets **-** These pertain to drugstores, pharmacies and any other business establishments, which sell/dispense drugs or medicines.

Generics Act of 1988 – An Act to promote, require, and ensure the production of an adequate supply, distribution, use, and acceptance of drugs and medicines identified by their generic names.

Generic Name or Generic Terminology **-** It is the identification of drugs and medicines by their scientifically and internationally recognize active ingredients or by their official generic name as determined by the Bureau of Food and Drugs of the department of Health.

Generic Drugs - These are drugs not covered by patent protection and which are labeled solely by their international non-proprietary or generic name.

Prescription Drugs – These are drugs that require a written permission from the doctors, physicians and veterinarians for their purchase and cannot be bought over-the-counter.

Prescription Forms – an official document which indicates the name of the drug, the dosage, the quantity of the drug to be issued under that prescription and very specific instructions for its use.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

Drugs and medicines can be defined in terms of several characteristics: their use, their origins and their actions, both helpful and harmful. In very general terms, a drug or medicine is any substance or mixture of substances which is taken into the body for the purpose of improving one's physical or mental condition. This, then, also includes vitamins and hormones as well as the more conventional drugs. Conversely, any drug (especially if taken in excessive amounts) may be likely to cause side effects or poisoning.

Today we live in an entirely different era of drugs and medicines. Rarely does the pharmacist himself prepare the mixtures. Instead, most medicines are manufactured in large quantities (often as single chemical entities) in the form of tablets, capsules, time-released particles, creams, suppositories, and liquids for oral use or injection. Their exact contents are very carefully measured and standardized. Production, distribution and availability of each type of drug are controlled by legislation dating back to the first half of this century, although new laws continue to be made. Nowadays, before a drug is introduced on the market, it must meet stringent standards of safety and effectiveness, since it may be used by millions. To determine whether it does meet these requirements, it is first tested in many animals and later in human volunteers and persons with specific diseases which the drug is designed to treat.

Drugs in current society fall into three general groups: prescription drugs, over-the-counter drugs and illicit drugs.

Prescription drugs are distinguished by the fact that they require the authorization and supervision of a physician for their use. This authorization is usually written in the form of a written prescription which is made after a physician has determined that a person has a

specific condition that will benefit from taking a specific drug. The prescription is an official document which indicates the name of the drug, the dosage, the quantity of the drug to be issued under that prescription and very specific instructions for its use.

The over-the-counter drugs comprise more than 300,000 different entities which are available to the public over the counter in drugstores and markets. They are very widely used. These drugs have caused some confusion because many people do not consider them as drugs – although, like prescription drugs, they also can cause side effects and drug interactions (usually at a much lower rate of incidence and less risk of potentially serious effects, which is the reason why they are available more freely over the counter).

The final group of drugs, the drugs that especially lend themselves to abuse, has also played a significant role in our society, particularly in the last 20 years. The specific drugs of abuse have varied over time. They include drugs that are also used as prescription drugs (such as barbiturates and morphine) in addition to drugs which are virtually never used in prescription (such as LSD). This area remains a subject of considerable controversy and is beyond the scope of this research.

DOSE

The dose greatly determines the effect of a drug on the body. For example, a very tiny dose of a tranquilizer might have a very slight sedating effects; the larger the dose, the greater the sedation until sleep is induced or even unconsciousness. The effective therapeutic dose of a particular drug is usually standardized, although in fact there are often variable responses to the same amount of drug. Dose sizes of drugs vary greatly – from grams (as in many antibiotics) to millionths of a gram (as in the synthetic thyroid preparations). The

effective dose of any drug is usually established by extensive testing – first in animals and then on humans.

It is important to note that the dose of any two drugs, even those with similar actions, should not necessarily be compared as to size or magnitude of effect. The dose of any particular drug only relates to the amount *of that particular drug* found to be effective.

FREQUENCY OF DOSING

The effect of a drug is also often dependent upon how frequently it is taken. The frequency of taking drugs was once determined arbitrarily in many cases, so that drugs were taken three to four times a day in divided doses – although this was often based on the fact that the effective drug appeared to wear off in six to eight hours.

THE RISK VERSUS BENEFIT CONSIDERATION

In the ideal setting, all drugs would be optimally effective and carry no risk; but, in fact, very few drugs are totally free of occasional unwanted side effects. Some drugs have a greater potential for producing side effects than others. Thus, the prescribing of a drug by a physician is usually the result of a careful calculation of the benefits to the patient – that is relief of symptoms or cure of disease – versus the risk and cause to the patient. This consideration is closely related to the seriousness and frequency of the side effects. *It is never a simple calculation.* (source: *Good Housekeeping: Family Health and Medical Guide. New York: The Hearst Corporation, 1979.*)

According to Section 1 of Administrative Order No. 62 s. 1989 under the Generics Act Law of 1988, "prescription is the written order and instruction of a validly-registered physician, dentist or veterinarian for the use of a specific drug product for a specific patient. For the purpose of these Rules and Regulations, the doctor's order on the patient's chart for the use of specific drug(s) shall be considered a prescription." With this, prescriptions are used by patients in order to purchase prescription drugs.

It is also stated in the aforementioned Administrative Order the following guidelines, among others, to be followed on prescribing based on prior laws such as that of the Generics Act of 1988:

1. Only validly-registered medical, dental and veterinary practitioners whether in private practice or employed in a private institution/corporation or in the government, are authorized to prescribe drugs.
2. All prescriptions must contain the following information: name of prescriber, office address, professional registration number, professional tax receipt number, patient's/client's name, age and sex, and date of prescription.
3. For drugs in List A (Annex A) containing the list of Prohibited Drugs and Regulated Drugs, the prescriber must have an S-2 license, the special Dangerous Drugs Board (DDB) prescription form must be used, and a recording system following pertinent DDB regulations must be observed.
4. Generic names shall be used in all prescriptions.
5. The generic name must be written in full
6. The generic name of the drug ordered must be clearly written on the prescription immediately after the Rx symbol, or on the order chart.

7. A brand name may also be indicated. If written on a prescription pad, the brand name enclosed in parenthesis shall be written below the generic name. If written on a patient's chart, the brand name enclosed in parenthesis shall be written after the generic name.
8. Only one drug product shall be prescribed on one prescription form.
9. For drugs in List B (Annex B) which needs strict precaution in their use, the prescriber must write clearly "(list B)" after the Rx symbol but before the generic name.
10. Moreover, the prescriber must ensure that the following information are accurately written on the prescription: the generic name of the active ingredient(s) and the specific salt or chemical form, the manufacturer, the brand name, if so desired, the strength or dose level using units of the metric system, and the delivery mode or delivery system.
11. Violative Prescriptions are those where generic name is not written, where the generic name is not legible and a brand name which is legible is written, and where the brand name is indicated and instructions added (such as the phrase "no substitution") which tend to obstruct, hinder or prevent proper generic dispensing.
12. Violative prescriptions shall not be filled.
13. Erroneous Prescriptions are those where the brand name precedes the generic name, where the generic name is the one in parenthesis, where the brand name is not in parenthesis, and where more than one drug product is prescribed on one prescription form.
14. Erroneous prescriptions shall be filled.

15. Impossible Prescriptions are those when only the generic name is written but it is not legible, when the generic name does not correspond to the brand name, and when both the generic name and the brand name are not legible.
16. Impossible prescriptions shall not be filled.
17. Violative, erroneous, and Impossible prescriptions shall be kept and reported by the pharmacist of the drug outlet or any other interested party to the nearest DOH Office for appropriate action. The DOH Office shall be responsible for giving written notice to the erring doctor concerned and for transmitting through channels the report of violation/error to the Professional Regulation Commission (PRC) or to the fiscal's office for appropriate action.
18. Specific Administrative Sanctions shall be imposed for violators as well as criminal liability upon receipt of complaints or reports of violations. (source: *Philippine National Drug Formulary: Essential Drugs List. 4th edition. Manila: The National Drug Committee, Philippine National Drug Policy Program, Department of Health, 1996. Volume I.*)

CHAPTER THREE

METHODOLOGY

A. Research Design

This is a descriptive study on the prevalence of violations committed in the issuance of prescription forms to patients as well as of the peoples' awareness regarding those. It is a study that explores the various aspects of prescriptions forms from various physicians and hospitals/clinics. A cross-sectional design of research investigation is used as the method of research. The cross-sectional method was implemented due to the selection of the research population, comprising a "cross-section" of the population at one point in time.

B. Research Setting

The study is conducted at selected drug outlets within the boundaries of Manila. The researchers find this very practical as well as sufficient for the study because of the limited time and budget. In addition, Manila is comprised of a large number of various pharmacies and drug stores as well as a large portion of people even from outside Manila. These people, aside from having their check-up or hospitalization done inside Manila, also are counted as consumers.

C. Study Population

The total estimated population consists of 100 consumers, assuming that each consumer has one (1) prescription form. In fact, the researchers are not after 100 consumers.

Rather, to gather 100 prescription forms is the objective since these forms are the main focus of the study and serve as the primary tool on the analysis in the research.

Aside from the population mentioned above, the researchers also included another 100 respondents to accomplish a structured questionnaire provided by the researchers. These respondents do not necessarily have to be the same ones who are included in the 100 consumers mentioned with whom the prescription forms were taken. In sum, 200 research participants were included in the study population, both of which covering all the stated objectives of the said study regarding the prescription forms.

D. Sampling

The drug outlets that participated in the study were purposively selected from the reference population in Manila. This was done because the researchers had to ask the permission of the selected drug outlets prior to the planned data gathering procedure. The 100 sample population and the 100 respondents mentioned earlier were planned to be selected using random purposeful sampling as well. Every fifth consumer who made a purchase using a prescription form was asked by the researchers to be included in the sample population. The age range of the sample is disregarded because of the said strategy. However, the researchers found it rare to find a consumer and/or patient who would readily lend his/her prescription to the researchers for photocopying because of disturbance in their time. Due to this, the planned random purposeful sampling was not totally implemented to the entire sample population. Prescription forms were gathered still through branch managers of drug outlets with their proper consent.

E. Instrumentation

The researchers utilized a combination of close-ended and open-ended structured questionnaires to gather relevant data for the study. A cover letter was used as the first page. It gives the respondents an overview of the nature and purpose of the said study. On the same page, the basic personal information about the respondent was included as well in order to know the characteristics of the study population. On the proceeding pages, the items concerning their knowledge and awareness on the provisions of the Administrative Order No. 62 s. 1989 under the Generics Act of 1988 was covered, being the main function of the said survey questionnaire. The said questionnaire, moreover, is composed of True-False Questions basically, as well as questions asking the respondents to select their answers from a number of choices. Attached to the survey questionnaire is a set of sample prescriptions for specific item numbers in order to allow a more vivid picture of that particular question. Using these samples, the respondents were able to easily grasp what is being asked in that item number.

Aside from the aforementioned survey questionnaire, the prescription forms were also utilized as instruments of the study. These prescription forms are those whose dates are inclusive of May 2003.

F. Data Collection Procedures

First and foremost, the researchers submitted their written letter of permission to the managers and/or supervisors of the selected drug outlets with which they planned to gather prescription forms from. Having the consent from the proper authority, the researchers then collected prescription forms from consumers who are willing to participate. Also, the said

drug outlets willingly participated in the study as well by allowing the researchers to acquire a copy of several of their prescription forms from their own file. Aside from this, the researchers also administered the prepared survey questionnaires to the intended respondents, with their consent as well. It must be noted that the survey questionnaires were not given out solely to the respondents. Rather, these were used as guides also for interview. Meaning, the researchers did not only let the respondents answer the questions on their own. They also interviewed their respondents in order to clarify and understand their answers. The accomplished questionnaires were also collected immediately to avoid any loss.

G. Data Analysis Method

The collected prescription forms, being raw data, were classified according to categories such that the researchers were able to determine the common violations committed in prescribing medical drugs. Also, the prescription forms were classified to determine which of the three categories of violations, violative, erroneous, and impossible, are most common to them. This is aside from the violations based on basic information necessarily to be included in the prescription forms such as the name, age, and gender of the patients, the name and address of the doctor, the date of the prescription and so on. Therefore, the violations based on basic information needed to be written on the prescription forms and the violations based on three categories were analyzed separately and so it cannot be avoided that there was an overlapping of violations on one prescription form. In addition, there was also an overlapping happened in the analysis of prescription forms based on the three categories since one prescription form may contain several violations which may fall under more than one category. Moreover, since there were more than one characteristic in one category of

violation, overlapping also happened within. These prescription forms therefore were checked in order to conceive the common problem areas in the issuance of these prescription forms.

The accomplished questionnaires on the other hand were tallied in a frequency distribution table in order to obtain the percentage of consumer knowledge and awareness about the Administrative Order No. 62 s. 1989 under the Generics Act of 1988. In addition, the results were converted and summarized using graphs which were also backed up with relevant explanations. Moreso, the respondents' definitions on generic and branded names were just simply listed down to identify which definitions were mostly and commonly known to them.

CHAPTER FOUR
DATA ANALYSIS AND INTERPRETATION

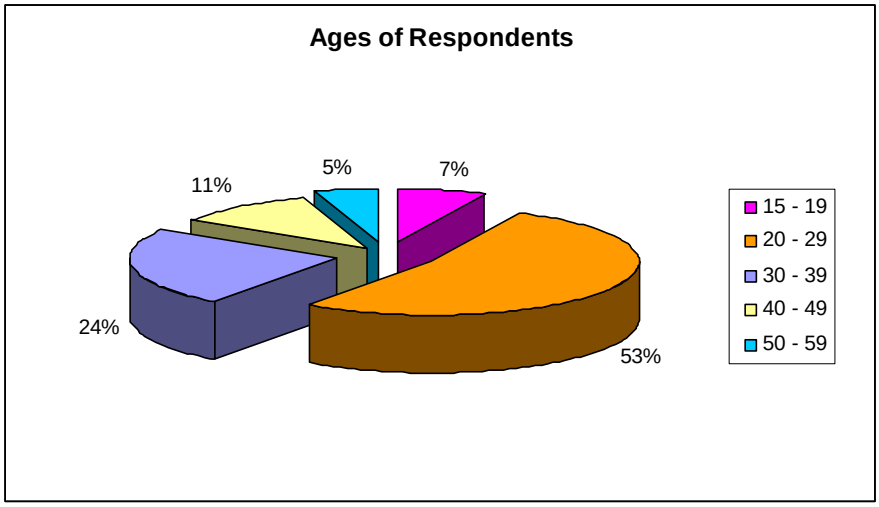
Chapter Four shows and discusses the results of the data gathering procedures that the researchers have undertaken for the mentioned duration of the study. The raw data are given significance to the study through this chapter because data are analyzed and interpreted into understandable terms and concepts. This chapter then is divided into two parts, the first one focusing on the results of the survey questionnaires that were given out to the 100 respondents of the sample population. The second part then focuses on the analysis of the accumulated prescription forms from consumers and/or patients as well as from various drug outlets all over Manila.

This chapter also illustrates the data gathered through graphs and tables for easier interpretation, which are of course accompanied by short written descriptions about it. Moreover, it serves as a basis for data interpretation and gives strong relevant evidence for conclusions as well as recommendations.

Survey Questionnaire Results

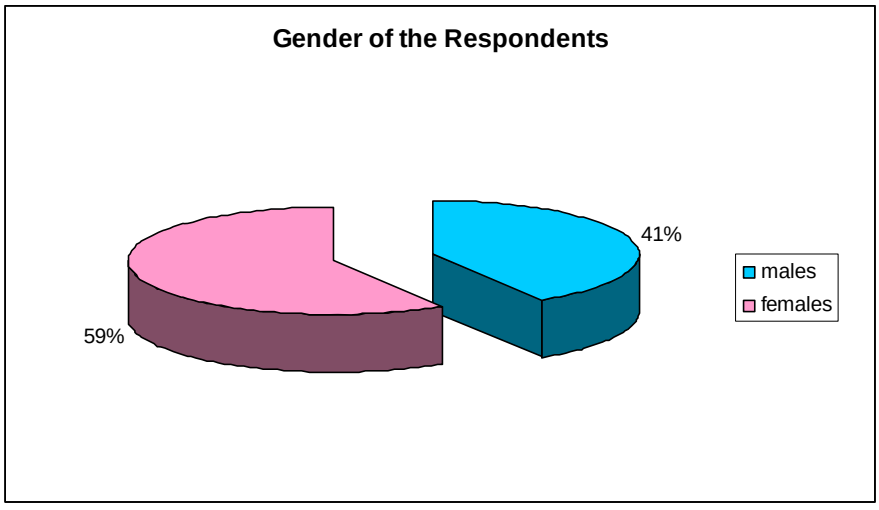
Part I focuses on the accomplished survey questionnaires. This part is divided into three categories, the first one illustrating the characteristics of the sample population, such as their age, gender, marital status, and profession. This serves as an overview of the characteristics to which the study population is attributed. The following graphs are illustrations of these information.

Category I



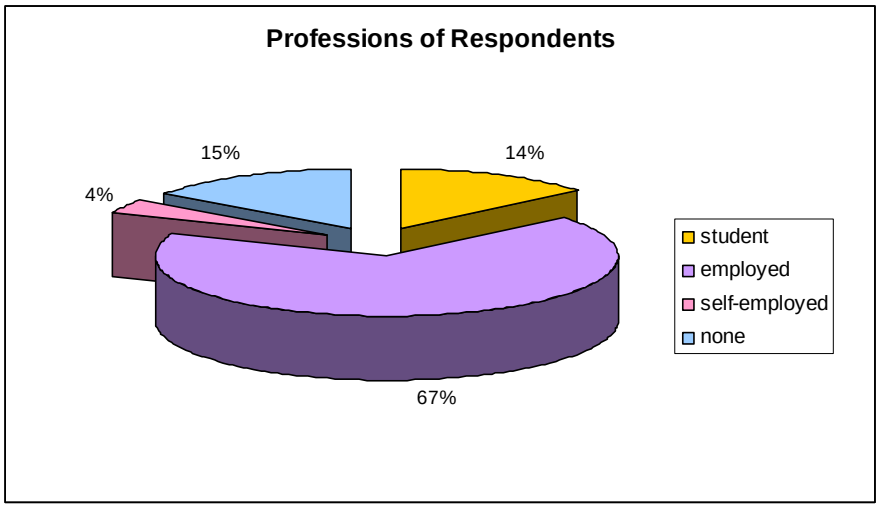
Graph 1.1

The pie graph above shows the age range of the respondents. It indicates that the ages of the sample population range from 15 – 59 years old. However, most of them are aged 20 – 29 years of age, that is, 53 percent of the entire sample population. Moreover, almost one-fourth of the sample population is composed of those whose ages range from 30 – 39 year old.



Graph 1.2

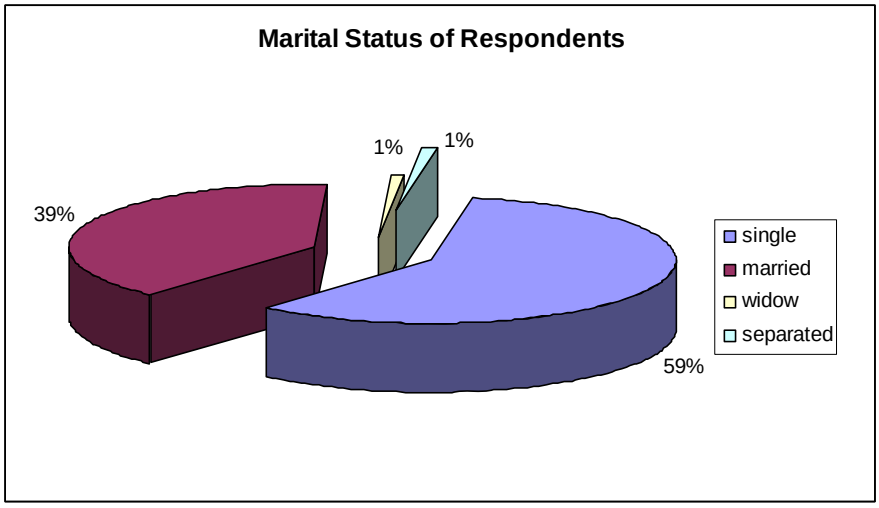
The pie graph from the previous page indicates the diversion of respondents according to their gender. Based from this, 59 percent of all the respondents are females, and 41 percent are males. With this, it can be seen that there is no much difference in the percentage of males and females who have participated in the accomplishment of the survey questionnaires.



Graph 1.3

Graph 1.3 shows the professions of the study participants. According to the illustration, a large number of the respondents are presently employed and have good working statuses. These people are the ones who are earning and are considered to have good educational backgrounds, as proven in their professions as well. However, it is noticeable that a number of the said research participants as well are non-employed, or those who have no means of earning. This does not necessarily mean however that these people do not have good educational background. In fact, most of the respondents who are part of this group are housewives, who chose to stay at home to become full-time mothers. And it is worth mentioning that the mothers are the ones who are more familiar with prescriptions.

Moreover, the number of student respondents does not go any further from the number of non-employed ones, as indicated by the 14 percent portion in the graph.

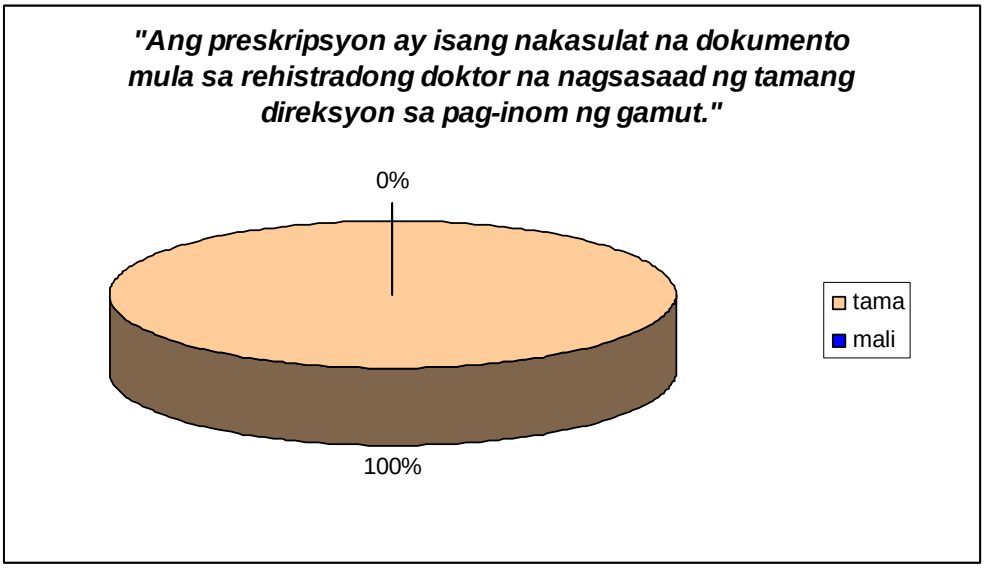


Graph 1.4

Based from the graph above, there are a bigger number of single respondents than that of married ones. Only a minimal number of widowed and separated respondents are included in the study, according to the pie graph as well.

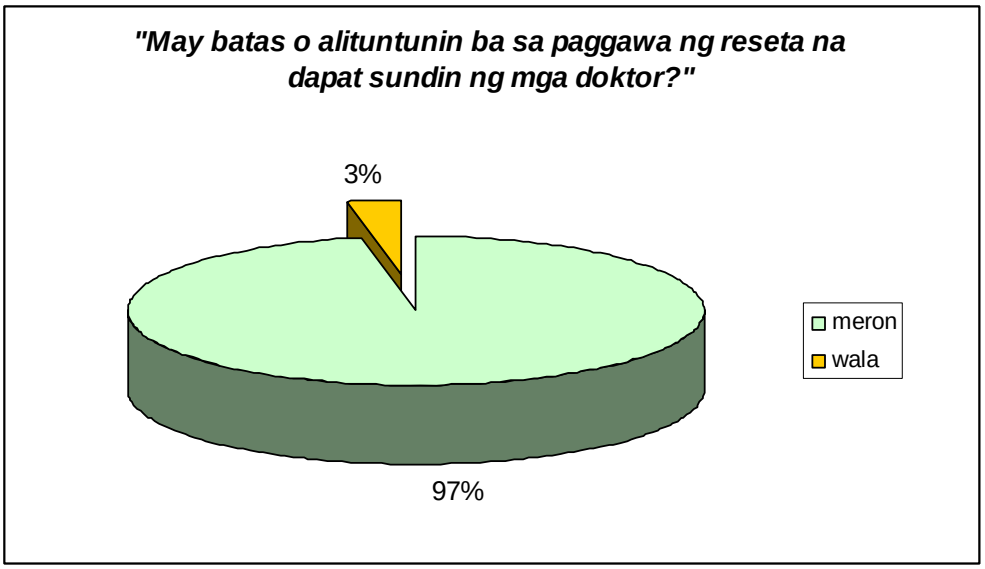
Category II

Category II of the survey questionnaires focuses on the extent to which the respondents know about the Administrative Order No. 62 s. 1989, that is, the rules and regulations to implement prescribing requirements in issuing prescription forms. This part aims to emphasize on the people's awareness of what should and should not be included in the prescription forms that are being issued to them by their physicians. Their answers are tallied and graphed per question number so that it is easier to understand which aspect of the law they are aware and not aware of.



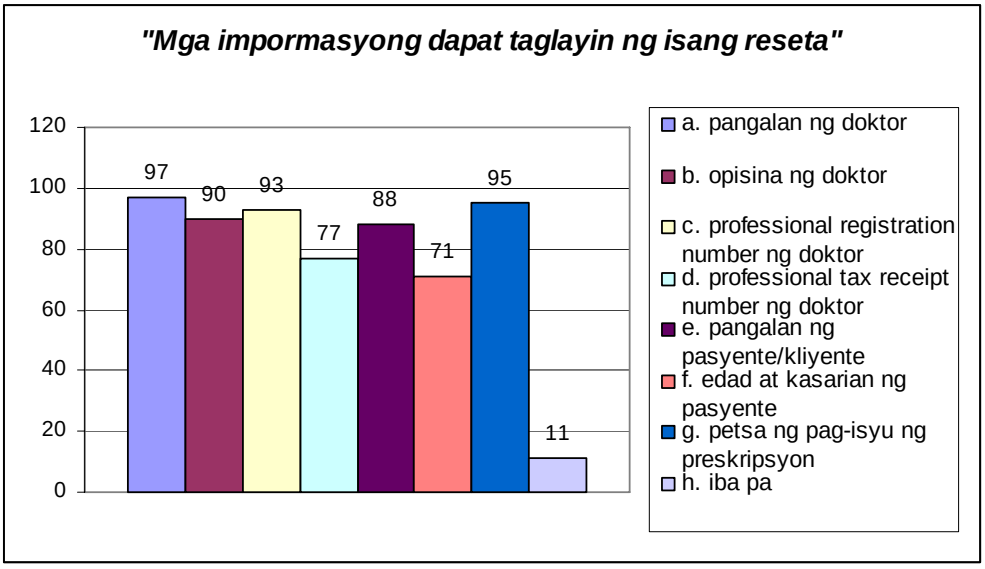
Graph 2.1

The above graph shows the respondents' answers on Statement #1 of the prepared survey questionnaire. The statement indicated in the graph aims to know whether or not the respondents know the definition and function of a prescriptions form. It seeks to know whether or not the respondents have an idea of what a prescription is. Based from the illustration, all of the respondents have confirmed that the statement is correct, since one hundred percent of them answered with "tama". Consequently, none of which claim that the statement is incorrect. It indicates then that the respondents know the definition and function of a prescription form, and that it should be given by a registered doctor. With this result, it can be inferred that the respondents have a conception of what a prescription is and what it functions for.



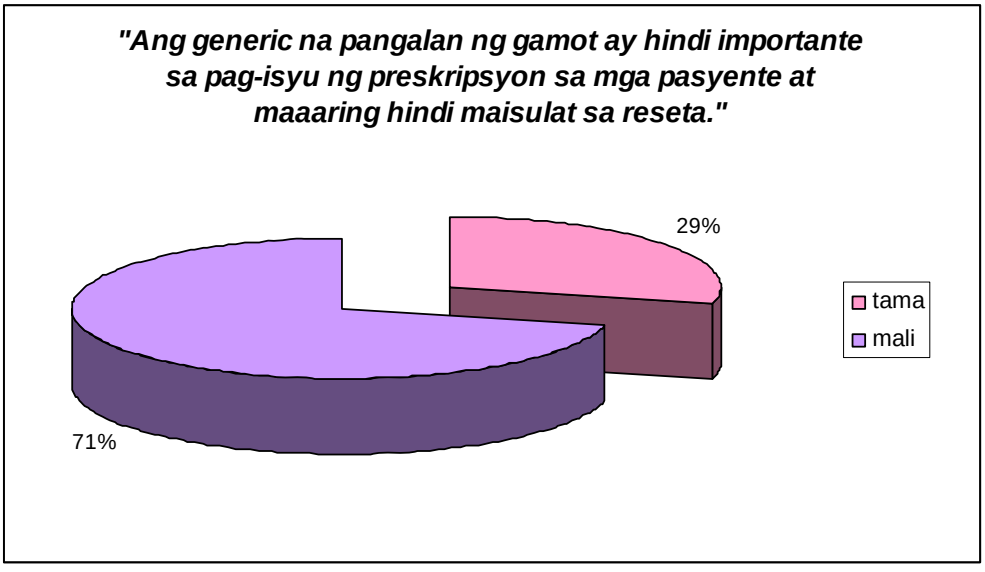
Graph 2.2

Graph 2.2 seeks to know the awareness of the people about the law regarding the proper issuance of prescription forms. Based from the above graph, 97 out of a hundred claim that there is in fact a law or order by which doctors must conform to with regards to prescription forms.



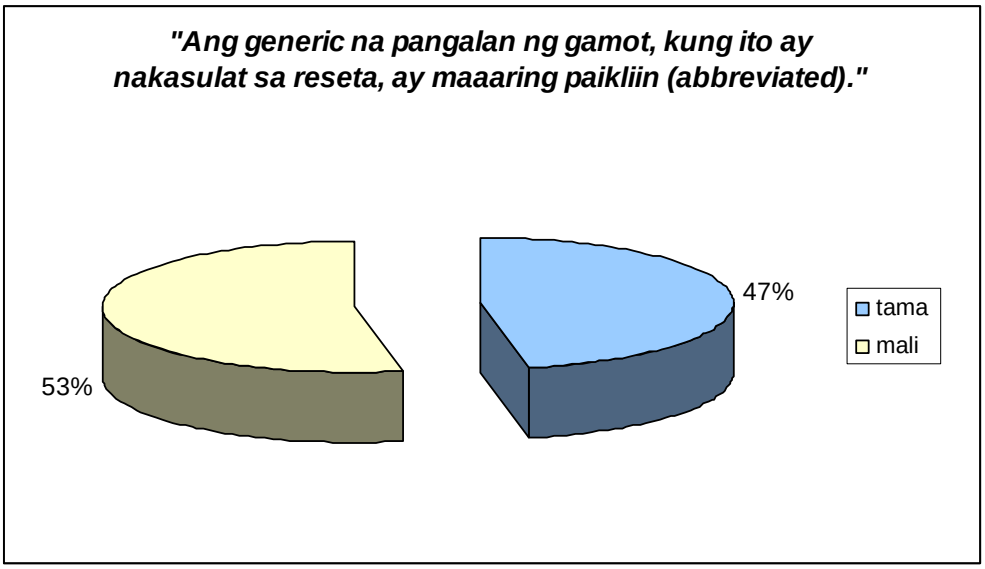
Graph 2.3

The graph from the previous page shows the various information that the respondents believe to have been possessed by prescription forms. According to the illustration, the name of the doctor is what's most often seen in prescriptions, as indicated by the 97 percent of the respondents who have chosen to answer this information. Moreover, 95 out of a hundred confirmed that the date of issuance of the prescription is important and should be included in prescriptions as well. The professional registration number as well as the office address of the doctor or physician should also be seen in the said written document, as indicated by 93 and 90 percent of the respondents who answered accordingly. Also, the name of the patient, the professional tax receipt number (PTR number) of the doctor, as well as the age and sex of the patients may also be included in the prescription, according to the illustration of the bar graph. Several among the respondents, that is, 11 percent of them, mentioned that there still are other information that must be included in the prescription, such as telephone number or contact number of the doctor, and most especially, the drug that the doctors intends to prescribe to his/her patient.



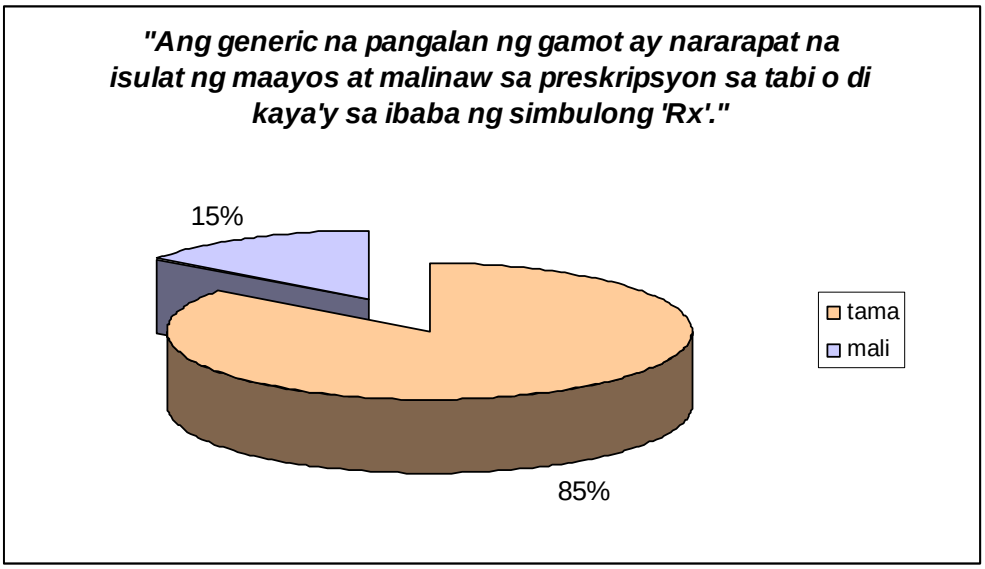
Graph 2.4

The Generics Act of 1988 states that generic names must be used in importation, manufacture, distribution, marketing, advertising and promotion, prescription and dispensing of drugs. Therefore, it is important that generic terminologies be used in prescribing medicines to patients. According to Graph 2.4, 71 percent of the respondents know about this, since they have answered “mali” with the given statement. This indicates that the respondents are aware of the Generics Act and the encouragement of the use of generic terminologies in drugs.



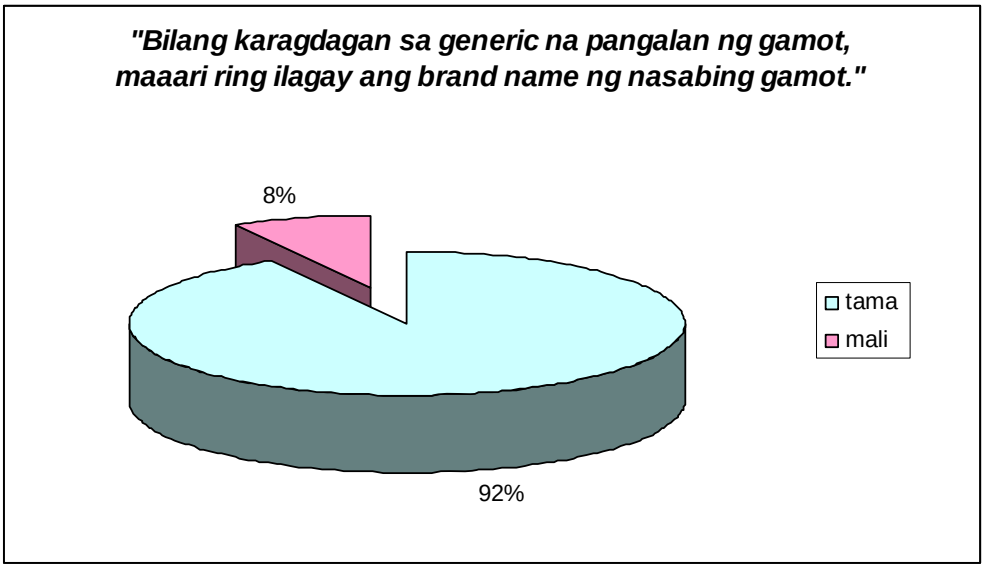
Graph 2.5

A large number of the respondents are aware that generic names are important in prescribing drugs, as seen in the previous Graph 2.4. However, on the next one, Graph 2.5 shows that there is a split in the respondents’ answers on how generic names must be written on the prescription forms. 47 percent of the respondents believe that generics names, if written on the prescription, may be abbreviated. Actually, generic names cannot be abbreviated and must be written in full. This graph shows then the respondents’ knowledge about this aspect of the Generics Act, specifically of the Administrative Order No. 62.



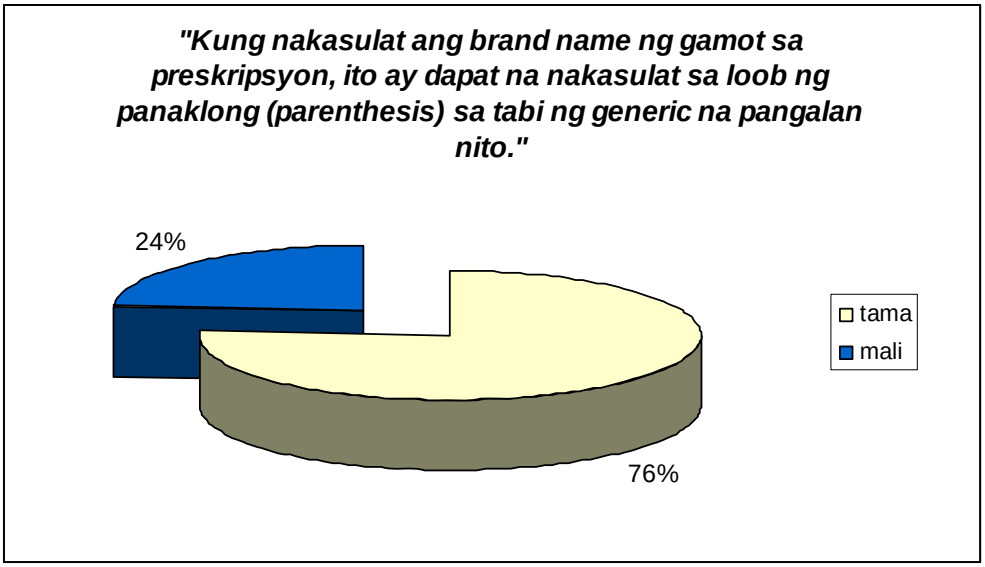
Graph 2.6

A significant number of the respondents claim that generic names must be written legibly after or if not, below the “Rx” symbol. 15 percent, however, answered otherwise, stating that generic names may also be written anywhere as long as it is within the boundaries of the prescription pad. This indicates that respondents are familiar with their prescriptions, especially when it comes to where generic names are indicated.



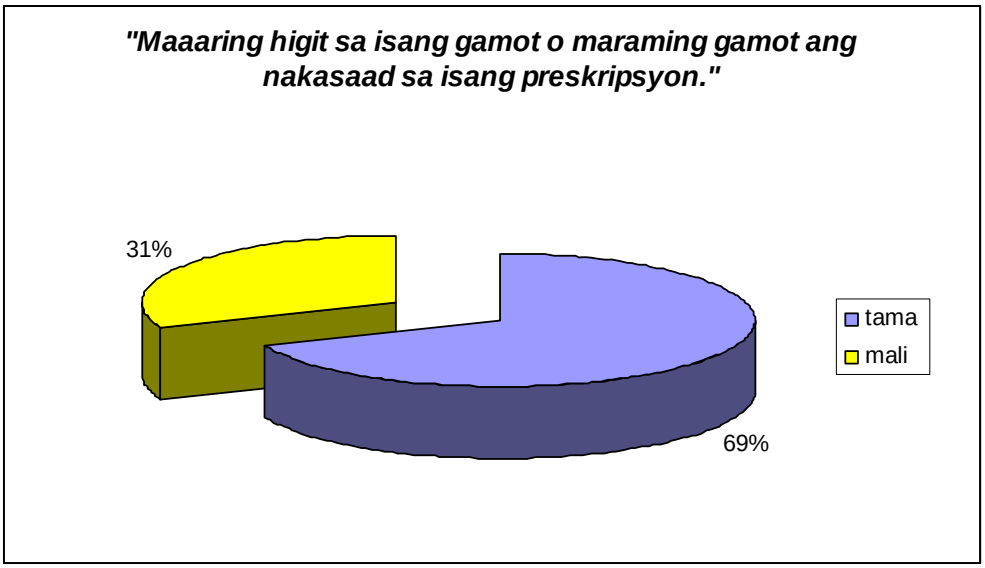
Graph 2.7

Based from Graph 2.7, a significant percent of the respondents answered that brand names may also be indicated in the prescription forms. This result is based from their experience that doctors include brand names in their prescriptions to their patients. Respondents also say that it is natural that doctors prescribe branded drugs because they know what is best for his/her patients.



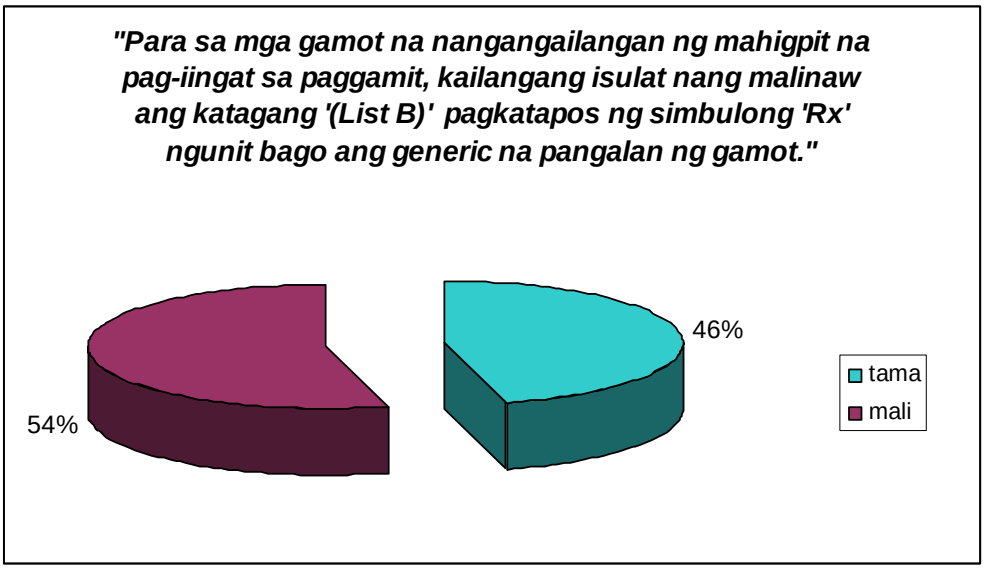
Graph 2.8

In relation to the previous graph (2.7), Graph 2.8 shows the extent to which the respondents know about how brand names are written in the prescription form. The respondents stated that brand names may be included in the doctor's prescription. However, based from the above illustration, 76 percent of them answered that brand names should be written in the prescription enclosed in parenthesis beside its generic name. Definitely, brand names should be enclosed in parentheses when written in prescription forms. However, it should be written below, and not beside, its generic name. 24 out of a hundred have answered this statement with "mali".



Graph 2.9

A number, 69 percent, of the respondents stated that it is possible for doctors to prescribe more than one drug in one prescription form, based from experience. Their doctors give them prescriptions wherein two or more drugs are written on it. For them, it is not much of a problem because they understand the economic crises of today's society. While this is so, only one drug may be prescribed in one prescription form, as stated in the law. And it must be noted that from the gathered prescription forms, there are actually several prescription forms with more than four prescription drugs written on it. In fact, even the back portion of the prescription form has been utilized to prescribe drugs. No matter how financially "critical" a particular physician is, or how economically "unstable" the society is, this kind of occurrence is rather excessive. However, the respondents' answers were based from their own personal experience and that it does not exactly matter how many drugs were prescribed in one prescription form as long as their doctors provide them a proficient one.



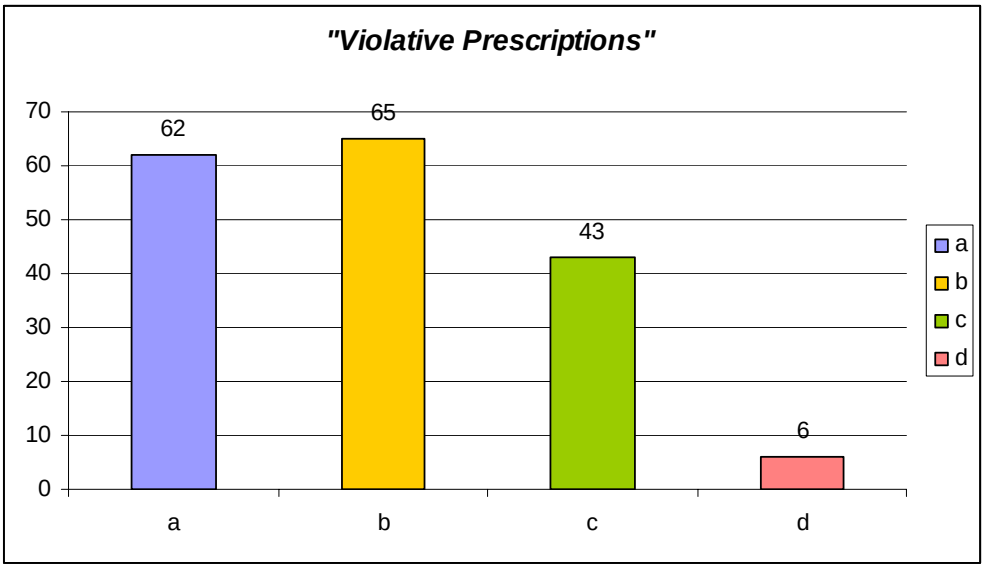
Graph 2.10

The respondents were almost split in half with their answer to the statement regarding "List B" drugs. List B drugs are those drugs which needs strict precaution in using. With the illustration shown in the graph, this indicates that the respondents' answers do not have a significant stand with the statement given. In fact, when they reach this part of the questionnaire, they either guessed their answers, or they have no exact idea of what List B drugs are. Nevertheless, List B drugs, as mentioned earlier, are not ordinary drugs that are encountered almost everyday. Familiarity with these kinds of drugs is rather rare.

Category III

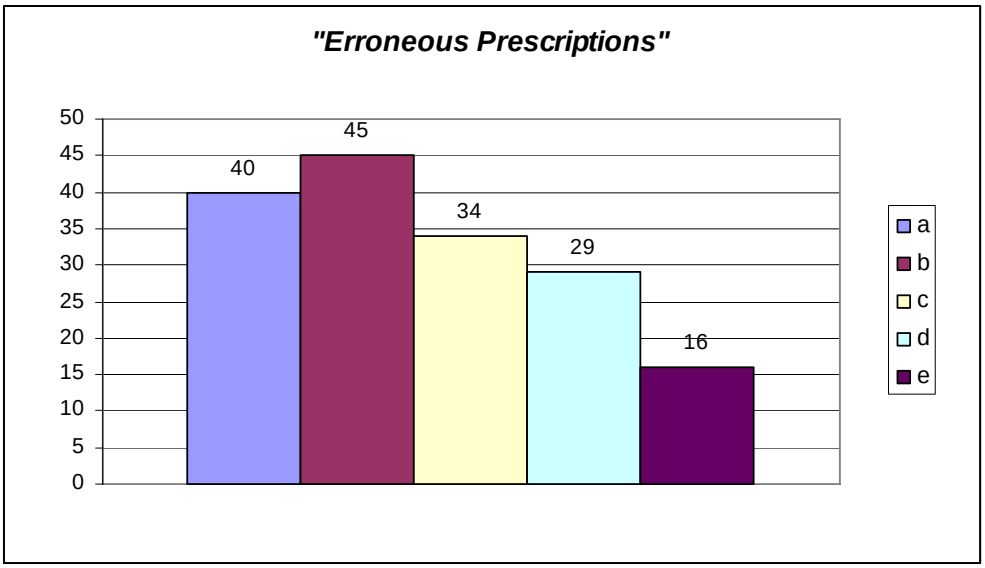
The third category of the Survey Questionnaire focuses on the specific prescriptions that have particular violations. The main objective of this category is to know the extent to which respondents know about these prescriptions with violations. Part III emphasizes the three types of "incorrect" prescriptions: violative, erroneous, and impossible prescriptions. In general, respondents do not have any idea what these prescriptions are. Consequently, they have had a difficult time in accomplishing this part of the questionnaire. However, after a

few explanations from the researchers, they were able to answer and the results are the following:



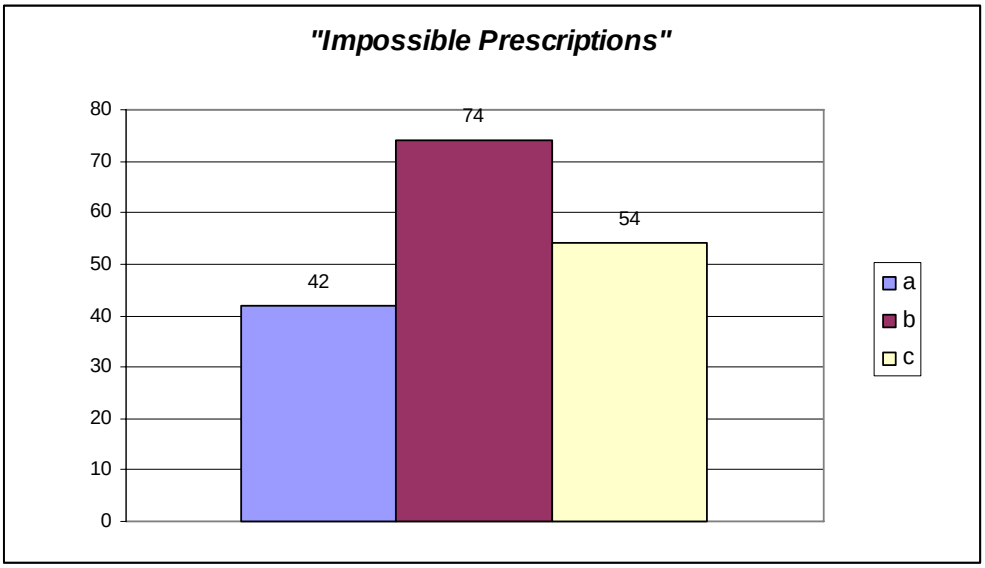
Graph 3.1

Graph 3.1 shows how the respondents perceive violative prescriptions to be. The 65 percent indicates that according to them, violative prescriptions are those where a generic name is written, but it is not clearly and legibly written, while a brand name is written in which it is clearly and legibly written. Also, violative prescriptions, as represented by the 62 percent, are also those where there is not generic name written in the prescription. The 43 percent of the answers pertains to the respondents' answer that violative prescriptions are those where there is a brand name written on the prescription form, and there is an additional direction such as "no substitution". The 6 percent, on the other hand pertains to the answers of the respondents that none of the choices describes a violative prescription.



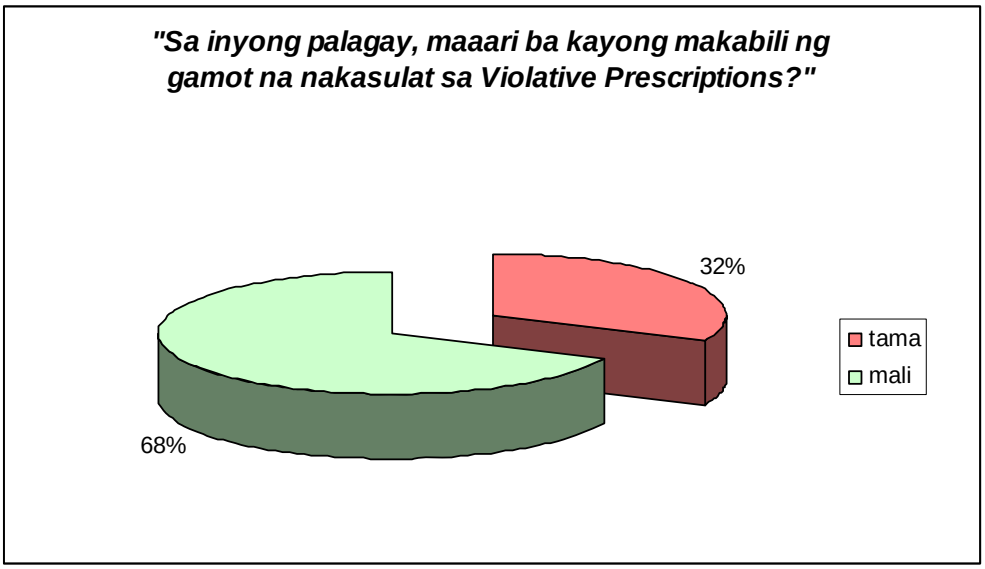
Graph 3.2

An erroneous prescription is that prescription wherein the brand name was written first before the generic name of the said drug. It is also considered to be erroneous if the generic name is the one enclosed in parentheses, or if the brand name is not enclosed in parentheses. In addition, a prescription is considered erroneous if more than one drug is prescribed in it. Graph 3.2 shows the characteristics of an erroneous prescription, according to the 100 research respondents. The respondents' answers do not vary greatly. This means that there is no significant difference in their answers in terms of the characteristics of an erroneous prescription. However, it can be noticed that option number two outstands the other three options, which tells that according to the respondents, erroneous prescriptions are those where the generic name is the one enclosed in parentheses. Secondly, option number one, which states that an erroneous prescription is one where the brand name was written first before the generic name of the said drug, is also the respondents' view of an erroneous prescription.



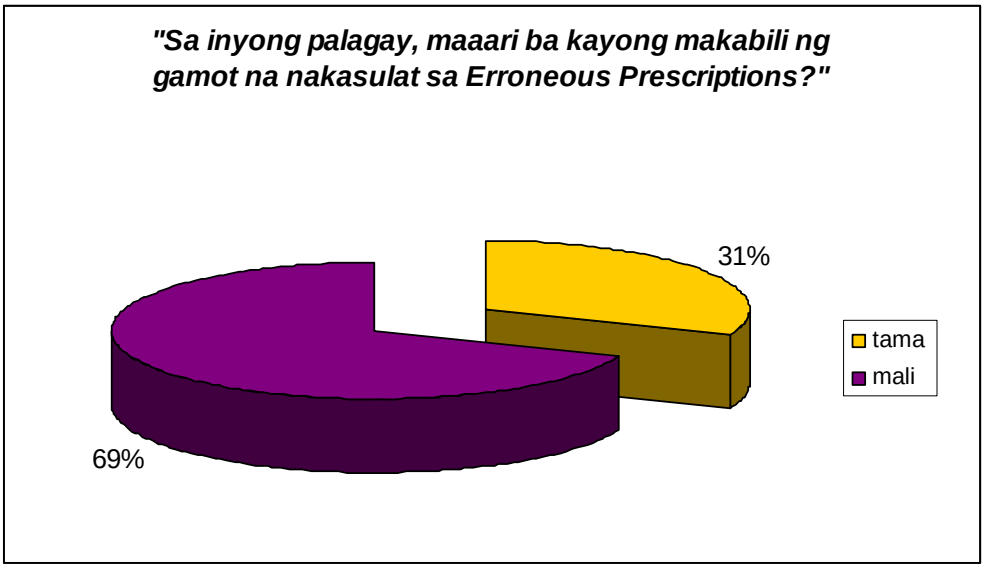
Graph 3.3

Impossible prescriptions, on the other hand, are those prescriptions where only the generic name is indicated in the prescription form, and it is not even clearly and legibly written. It is also a characteristic of an impossible prescription when the brand name does not correspond to the generic name written with it; or when both the generic and brand names are written, and both are not clearly and legibly written. Graph 3.3 shows that the second characteristic of an impossible prescription is much more believed by the respondents to be a description of an impossible prescription, as represented by the 74 percent shown in the graph. However, this does not mean that the respondents are aware of such kinds of prescriptions.



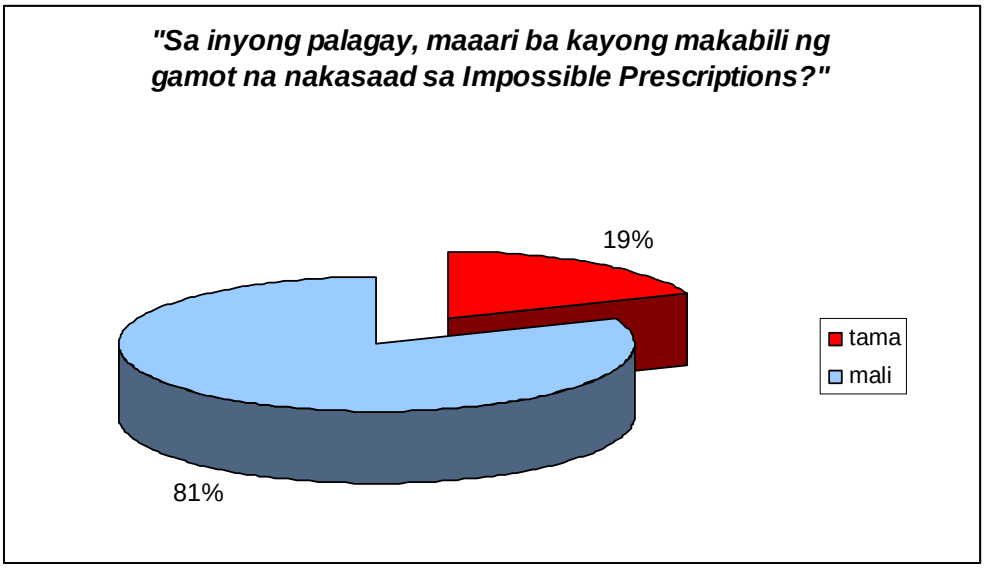
Graph 3.4

Basing from the result of Graph 3.1, Graph 3.4 shows that most of the respondents, 68 percent, say that violative prescriptions cannot be filled by the pharmacist. They will not be able to acquire the drug written on a violative prescription. However, 32 percent have answered that one may still be able to obtain the drug that is prescribed in a violative prescription because the filling of a certain drug depends on the pharmacist.



Graph 3.5

Graph 3.5 is related to the results of Graph 3.2. Based from the above graph though, one may not be able to obtain a drug that is prescribed in an erroneous prescription, as represented by the 69 percent portion of the respondents' answers.



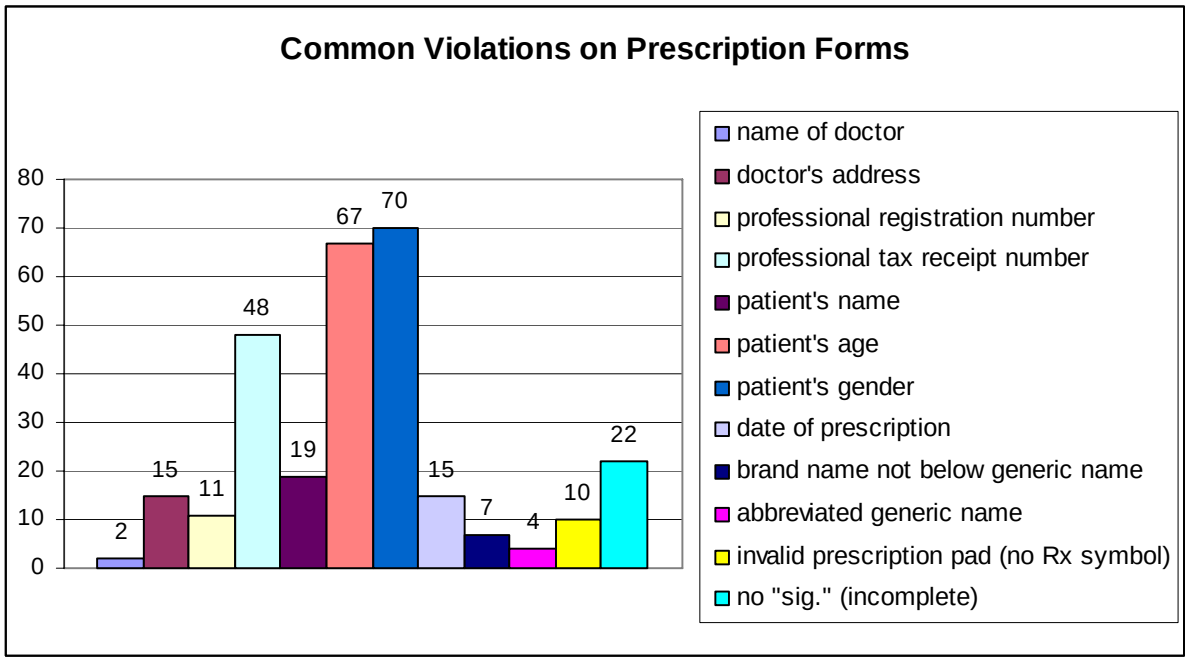
Graph 3.6

Based from the above graph regarding whether or not impossible prescriptions may be filled by a pharmacist, the results show that impossible prescriptions may not be filled. However, the respondents do not necessarily know this because they are aware of the law that stated this. Rather, they have argued that it is common sense that with impossible prescriptions, considering the characteristics of it from the previous illustrations, it is "impossible" to fill this kind of prescription.

Accumulated Prescription Forms

This part of the data analysis focuses on the specific violations committed in the various prescription forms gathered by the researchers. This shows that in every hundred prescriptions, there is a specific number of which that possesses a particular violation in reference to the Administrative Order No. 62 s. 1989 under the Generics Act of 1988.

It must be noted that the graphs do not sum to a total of 100 percent because some of the prescriptions have overlapping violations. This means that some of the prescription forms that have been gathered contain more than one violation.



Graph 4.1

Among the various rules and regulations stated in the Administrative Order No. 62 s.1989 under the Generics Act of 1988, the Graph above shows the common ones that are encountered with the 100 prescription forms gathered by the researchers. As mentioned earlier, the graph does not total to a hundred percent of the prescription forms because several prescriptions have overlapping violations. The most common violations committed is

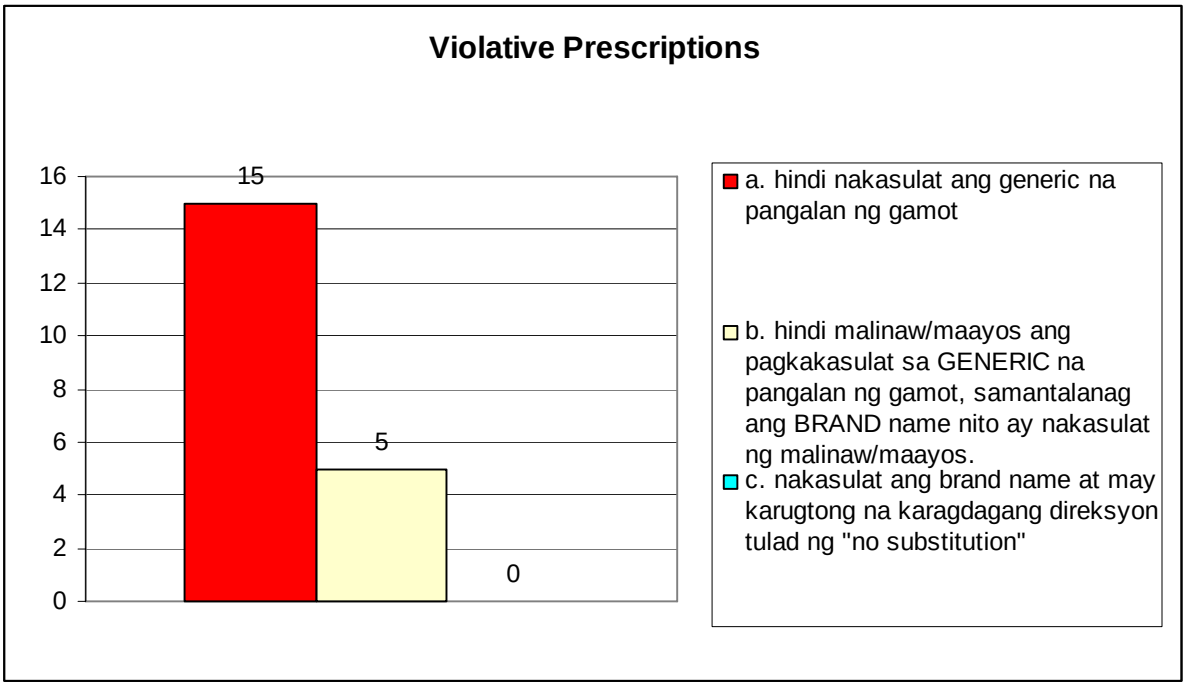
the non-indication of the patient's gender as well as his/her age, which, according to the aforementioned Administrative Order, must be properly stated, together with the doctor's name, office address, professional registration number, professional tax receipt number, and date of prescription, which, according to the same graph, are lacking also in most prescriptions.

Being third in the most common violations committed in the issuance of prescriptions with a value of 48 out of 100 prescriptions, the Professional Tax Receipt Number (PTR Number) is a very important information about the physician that must be indicated in the prescription, besides the fact that it is stated in the said Administrative Order. This Professional Tax Receipt Number of doctors is renewed yearly for tax payment purposes.

In addition, it must be noted that the fourth most common violation in prescription forms is the absence of an important part of the prescription, that is, the "sig." Meaning "signa", this part of the prescription indicates the "instruction to patients" on when, how, how many, and how much (dosage) of a specific drug they shall intake in terms of their personal case. Also, it is one of the main functions of the prescription forms to provide instructions to patients on how he/she shall benefit from a specific drug. If there are times wherein this is not indicated in the prescription, it will then be considered incomplete. As a result, the patient's health comes at a risk.

Aside from the ones mentioned above, the researchers were also able to find out that the use of invalid prescription forms is prevalent among physicians as well. According to Graph 4.1 still, 10 out of 100 prescriptions were invalid. This is considered so because of the absence of the "Rx" symbol, which definitely should be located in all prescriptions because it is the symbol for "prescription". The absence of this truly invalidates the prescription form. Even so, there are other prescriptions where there indeed is the presence of the "Rx" symbol, but it has only been handwritten for formality sake. It should be noted that the "Rx'" symbol

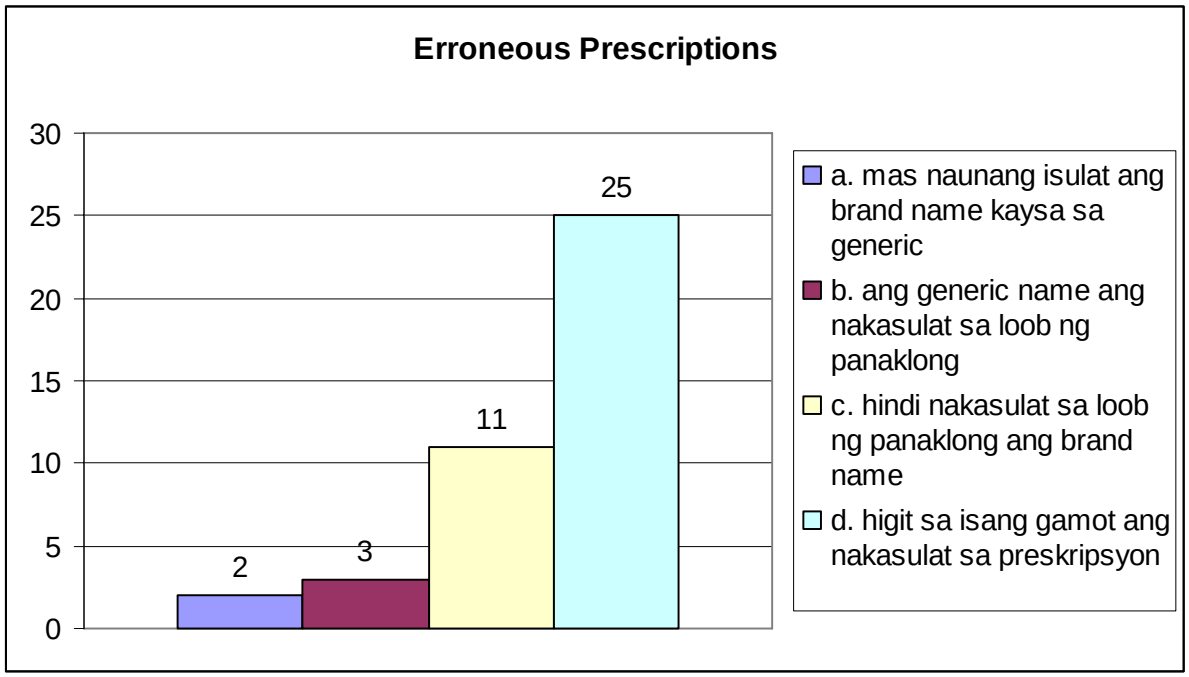
must be indicated in the prescription not by hand. Rather, it should be printed on the prescription, more than anything else.



Graph 4.2

Violative prescriptions are those which are not properly following the rules and regulations of the law. Among the 100 prescription forms gathered by the researchers, 15 of which are considered to be violative prescriptions. They are considered such because of the absence of the generic name as their most common characteristic, which, based from Graph 4.2, is 15 out of 15, or 100 percent of it. Also, 5 of those have generic names that were not written clearly and are not legible, while the brand names that were written on it were written clearly and legibly. Although the other characteristic of a violative prescription was not present in any of the prescription forms gathered by the researchers, the said prescriptions are still considered violative because of the other two characteristics that they possess.

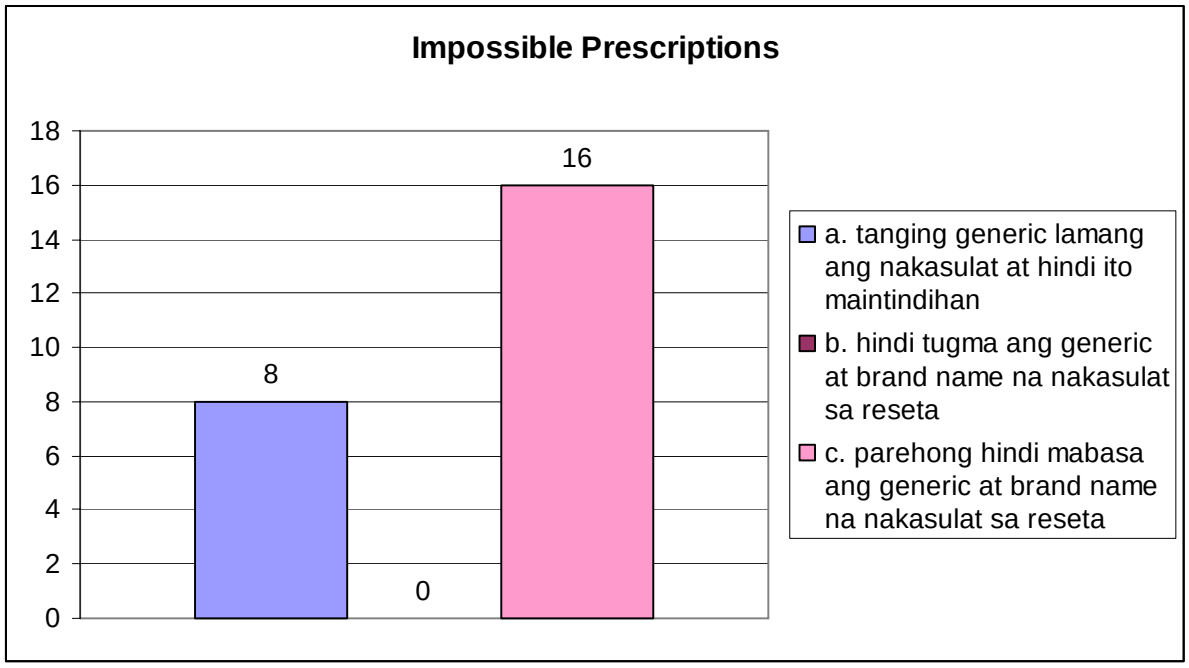
These kinds of prescriptions should not be filled. Rather, they should be kept in file and should be reported to the nearest Health Center or the Office of the Department of Health for appropriate action.



Graph 4.3

The researchers were also able to identify several erroneous prescriptions among the prescriptions that they were able to gather. These prescriptions are characterized by the numerous drugs that physicians prescribe in one prescription form. Basing from the Administrative Order, there should only be one drug prescribed in one prescription form. According to Graph 4.3, the most common characteristic of erroneous prescriptions that were identified in the 100 prescriptions is the presence of more than one drug being prescribed in a single prescription form, represented with the value 25 in the graph. Moreover, basing from the said graph still, all the four characteristics of an erroneous prescription were seen by the researchers. Basically, it is the way generic names and brand names were written in the prescription forms that distinguishes these erroneous prescriptions from the rest. If the

generic name is the one enclosed in parentheses, or if the brand name is not enclosed in parentheses, or if the brand name was written before the generic, an erroneous prescription is the result. These kinds of prescriptions may be filled, but should still be kept in file and must be reported to the proper authorities as well.



Graph 4.4

Graph 4.4 illustrates the prevalence of impossible prescriptions in the 100 prescription forms obtained by the researchers, as well as the reason for their being impossible prescriptions. Based from the above graph, the most common characteristic of an impossible prescription is that the generic name and brand name of the drug is written, but both are not clearly written and are not legible.

These kinds of prescriptions shall not be filled also and shall be kept and reported to the proper authorities as well.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

Based on the interpretation of data that the researchers have presented, it can be seen that the most common violation committed by the physicians in writing prescriptions are the omission, meant or not meant, of patient's age and gender. This is in reference to the Administrative Order No. 62 s. 1989 under the Generic Act Law of 1988 which is also in accordance with Republic Act 5921, also known as the Pharmacy Act as amended, which states that all prescriptions must contain patient's age and gender in addition to the patient's name, date of prescription and others.

Moreover and more importantly, almost half of the total collected prescription forms do not contain the professional tax receipt number (PTR) of the physicians who issued the prescription, which as also stated in the Generics Act should also be written. Professional tax receipt number (PTR) is regarded as important to ensure that physicians are doing their responsibility as a citizen through paying their taxes in the government which, most probably, could be seen on the professional tax receipt number (PTR).

Meanwhile, on the three different categories of prescription forms (Violative, Impossible and Erroneous), the most prevalent violation committed is prescribing more than one drug on one prescription form which is considered as an Erroneous Prescription. This is regarded as such because only one drug product should be written on one prescription form. Most probably, this kind of violation is the result of cost-cutting budget by the physicians and/or hospitals who issued the prescription form. In relation to this, such reason for this violation could also be traced to the economic crisis and poverty that we are experiencing at present. In a worse scenario, physicians do not just prescribe more than one drug product in

one prescription form to cope with the cost-cutting budget, instead, they already use invalid prescription forms such as scrap papers. The use of this paper, sometimes, leads to omission, meant or not meant, of the name of the doctor and more frequently to his office address which must also be included on the prescription forms. Most probably, these information are essential most especially to the patients. Since only validly-registered physicians are authorized to prescribe drugs, then their name and address are important because they will be responsible to whatever that may happen to their patients especially to their patients' health as a result of the drug which they prescribed. In relation to this, professional registration number must also be included because this may serve as a proof that they are licensed physicians.

On the aspect of how the generic name and brand name are written, it is also obvious with the prescription forms that the researchers have collected that the rules and regulations stated in the Administrative Order No. 62 s. 1989 under the Generics Act of 1988 are not fully implemented and not all physicians conform plus the fact that the patients do not know as well.

The most common violation is that both the generic name and the brand name are not legibly written. This results to confusion on what drug is written on the prescription form and therefore it falls under the category of impossible prescriptions. There ere also cases where the generic name is not written on the prescription, rather the brand name is the one written. This is considered as violative prescription since the contrast is the right one where the generic name of the drug must always be written on the prescription and the brand name may or may not be written. Provided that when written, it must be enclosed in the parenthesis under the generic name. There were also collected prescriptions wherein the generic name is

not legibly written while the brand name is legibly written. This is also considered as violative since generic names should always be the priority of the physicians to be written legibly. Cases were also seen where the brand names are not enclosed in parentheses, and generic names are enclosed in parentheses. These are violative prescriptions since they do not follow the rules as mentioned above.

These violations committed in writing generic names and brand names are directly linked to patients' rights. As it has been stated, generic names should always be prioritized so as to give freedom to patients and consumers in choosing their preferred brands of medicines, considering the amount of a specific brand of drug, as well as their personal choice.

On the survey questionnaires, it can obviously be seen that patients and consumers do have knowledge regarding prescriptions forms. In fact, basing from the results of the data analysis from the previous chapter, they do have a significantly high level of awareness. However, it is only at its primary aspect. They know the definition, its function, and that there are existing rules and regulations monitoring the prescriptions, but the specifics of the rules and regulations are not known to them. Patients disregard these details most probably because of their high confidence and trust to their physicians, with whom they believe to have the expert knowledge on this matter. This level of awareness hinders the patients to know their rights when it comes to prescribing drugs, such as their right to choose their preferred drug based from the generic name of the given drug, as mentioned earlier. Patients should be given a variety of choices when it comes to buying drugs from pharmacies and drug outlets. Aside from this, the greatest impact of this negligence and unawareness to the rules and regulations is on the patients' health. Their health is at risk, more than anything else. One very good example is the legibility of the doctor's handwriting. For an instance, if

the name of the drug is not legible, especially the generic name, people would have a hard time deciphering the name of the drug, which may lead to confusion and consequently to acquiring the wrong drug which the patient may take in. Since the patient may use the wrong drug, it may cause a harmful effect to his health. Therefore, awareness on prescription form, how it is used and how it should be written are deemed to be important to the patients' health.

Based from the presentation and interpretation of data that the researchers have made, the following recommendations are therefore established:

1. The researchers found out that the Generics Act, specifically the Administrative Order No. 62 s. 1989, lacks important information regarding prescription forms. As everyone knows, and based from the definition, a prescription form is an "official document which indicates the name of the drug, the dosage, the quantity of the drug to be issued under that prescription and very specific instructions for its use." Based from this, exact instructions, besides the verbal one, must be indicated in the prescription, which is noted by "sig.", meaning *signa*, in the prescription. The researchers found out then that the inclusion of these instructions in the prescriptions were only taught in pharmacology, and are not even mentioned in the aforementioned Act. With this, the researchers recommend that the Generics Act be reviewed, revised, and updated by the Department of Health as well as by the Bureau of Food and Drugs.
2. After which, a more strict implementation and monitoring of the Law, specifically the Administrative Order No. 62 s. 1989 under the Generics Act of 1988 by the

Department of Health (DOH) and the Bureau of Food and Drugs (BFAD). As we can see, most of the issued prescriptions by the physicians do not follow the rules and regulations, which apparently indicates non-compliance from the physicians' part. This should be done for the wellness of the consumers and patients. This is also in connection to consumer rights and awareness regarding their freedom of choice in different drugs, and consequently to the patients' and consumers' health.

a. A follow-up Education Drive for the physicians is highly recommended. This can be done by the DOH in cooperation with the Department of Education, Department of Local Government, and the Philippine Information Agency through information dissemination concerning the provisions of the rules and regulations. Initially, it is part of the Administrative Order that there be an Education Drive to be implemented from the date of effectivity of the rules and regulation to May 31, 1989. Therefore, a follow-up on this will be beneficial to update and to check the compliance of the people.
b. In relation to the previous recommendation stated, an Education Drive should be made not only to the physicians, but to patients and consumers as well. This could provide the appropriate knowledge to the people, and thus be able to widen their awareness on this matter, which consequently relates to the uplifting their rights and benefits as patients, consumers, and citizens of this country.

c. The said Education Drive shall also be a way to deepen the conceptual framework of the people, specifically the consumers and patients regarding the definition of Generic Names and Brand Names.

d. Through the Education Drive as well, recourse options of consumers and patients will also be identified and be known to them after they have become aware of the violations committed in prescription forms, such that when they encounter violative, erroneous, and impossible prescriptions, they will know their responsibility and their rights as well.

In relation to the research, there have been problems as well as data gaps encountered by the researchers. And so, recommendations are also presented:

1. This study is a very useful tool for future researches since only a few, if there is in fact any, studies have been made in the past regarding prescription forms. The study that has been made can be developed into a more comprehensive one, such as a comparative or analytical research, more than its being a descriptive study. Prescription forms dated from January to December of the year 2003, for instance, can be gathered and compared so as to find out whether there is a trend in the prescription forms or which month has the most number of violations, and the like. Through this, more intensive studies can be done for the upliftment of peoples' rights regarding the matter.

2. The researchers were not able to cover all of the three major categories of drugs, namely the dangerous drugs, due to strict rules and regulations of drug outlets. The researchers were faced with confidentiality of the prescription files of several drug outlets. Therefore, it is recommended that for future researchers, they prepare beforehand relevant papers regarding the utilization of the prescription forms on Dangerous Drugs.
3. Some of the managers/supervisors of drug outlets visited by the researchers did not give their consent in conducting the research in their respective outlet because of rules and regulations that they have to abide to. Future researchers still have to secure of the needed papers in order to acquire the consent of the drug outlets.
4. It is also recommended for future researchers that the prepared survey questionnaires be reviewed, and if necessary, be revised so as to suit the intended research design.
5. Finally, the researchers recommend that future studies include the physicians' view regarding the matter. This can be done by including their reasons and personal interests through questionnaires, interviews, or focused group discussion, if any or if possible, for prescribing a certain drug. Also, the views of medical representatives can be treated as part of future researches because they play an important role in the issue.

In general, the importance of prescription forms should not be taken for granted because as it has been established, it is directly linked with the health of patients as well as with their rights as consumers.

BIBLIOGRAPHY

Philippine National Drug Formulary: Essential Drugs List. 4th edition. Manila: The National Drug Committee, Philippine National Drug Policy Program, Department of Health, 1996. Volume I.

Wagman, Richard J. M.D., F.A.C.P. and the Ferguson Editorial Staff. The New Complete Medical and Health Encyclopedia. Chicago: Ferguson Publishing Company, 2000. Volume IV.

Good Housekeeping: Family Health and Medical Guide. New York: The Hearst Corporation, 1979.

APPENDICES

A. APPENDIX A

Administrative Order No. 62 s. 1989 under the Generics Act of 1988

B. APPENDIX B

Permission Letter to Managers / Supervisors of Drug Outlets

C. APPENDIX C

Survey Questionnaire

D. APPENDIX D

1. **List of Respondents' Definition of GENERIC DRUGS**
2. **List of Respondents' Definition of BRANDED DRUGS**

E. APPENDIX E

Accumulated Prescription Forms

- Violative Prescriptions
- Erroneous Prescriptions
- Impossible Prescriptions
- General Prescriptions with violations

F. APPENDIX F

Tally Sheet (Data Analysis Procedures)

G. APPENDIX G

Generic Name Index

APPENDIX D

Respondents' Definition of GENERIC DRUGS

1. "mumurahin na gamot" [39]
2. "ito ay nakalagay sa itaas ng branded na gamut"
3. "ang generic na pangalan ng gamut ay nararapat na isulat ng malinaw at maayos sa taas ng simbulong 'Rx'"
4. "hindi branded" [3]
5. "common na sangkap ng gamot"
6. "hindi nirereseta ng doktor"
7. "general name ng gamut" [8]
8. "local"
9. "pagkakakakilanlan sa gamot"
10. "yung karapat-dapat ayon sa sakit ng pasyente at may tamang kaledad at may pahintulot ng BFAD or nakaregister sa BFAD"
11. "di partikular sa brand ng gamot pero pare-pareho lang ang bisa"
12. "real name of the medicine and not the brand"
13. "common name ng mga gamot subalit may iisang usage para makamura o makapili ang pasyente."
14. "ang gamut na hindi specific ang brand name, maaaring bumili ng gamot na nareseta at pumili sa nakasaad sa generic"
15. "hindi ko alam…" [3]
16. "isang klase ng formula ng gamot na may ibat-ibang klase ng brand name or manufacturer"

17. "basic substance ng gamot"

18. "pinagmulan, kung saan galing"

19. "scientific name ng isang gamut" [17]

20. "specific na pangalan ng gamut"

21. " pangalan ng isang gamut"

22. "medical term ng isang gamot na may parehong function pero may ibat-ibang brand"

23. "scientific name of the medicines designed for a specific illness/sickness" [2]

24. "mga paracetamol" [2]

25. "pangalan based sa active ingredient"

26. "ibang tawag sa gamot" [3]

Respondents' Definition of BRANDED DRUGS

1. "pangalan ng gamut" [3]

2. "kung anong klaseng gamut ang nakalagay sa generic name"

3. "sa baba ng generic name"

4. "kung para saan lang yung gamot, doon gagamitin"

5. "hindi na generic, mahal"

6. "bawal i-take kung walang prescription"

7. "hindi pamilyar, pagmamay-ari ng kumpanya"

8. "mabisa" [7]

9. "mahal kasi may pangalan" [33]

10. "may sariling kumpanya na kadalasan sa mga license company" [8]

11. " hindi fake"

12. "mas may quality at mas epektibo ngunit may kamahalan"

13. "ang gamut na specified ang brand name"

14. "hindi ko alam…" [2]

15. "particular or specific name ng gamut"

16. "pare-parehong gamut pero ibang kumpanya, iba sa presyo"

17. "specific na pangalan ng gamut" [16]

18. "signature name ng isang gamut" [2]

19. "mga medicol, biogesic…" [2]

20. "particular name ng gamot"

21. "market/selling name of generic drug"

22. "sikat na pangalan ng gamot"

23. "pareho lang ng generic, iniba lang ang pangalan"

24. "kung ang reseta ay tinutukoy mismo ang eksaktong pangalan ng gamot"

25. "local names ng gamot" [6]