



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

ACEM Submission to Choosing Wisely: Pharmacy Recommendations August 2020

Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to respond to Choosing Wisely New Zealand's call for submissions on Pharmacy Recommendations. As the peak professional organisation for emergency medicine, ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine (EM) in Australia and New Zealand. ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to an emergency department (ED).

ACEM is a champion and active advocate for Choosing Wisely across Australasia. In many instances, ED physicians will prescribe patients with the necessary medication for their treatment, and we highly value and encourage excellent resource stewardship in all domains of our healthcare departments. Our clinicians are highly trained to ensure patients receive the safest and best treatment before, during, and after their ED presentation. This submission outlines our responses to the consultation on the Pharmacy Recommendations.

Do you agree with these recommendations and if not why?

Overall, ACEM is supportive of all the recommendations and we find them clear, easy to understand and well targeted. However, we wish to provide the below comments which we believe will further enhance the Pharmacy Recommendations.

Regarding recommendation five - **Don't offer in-pharmacy opportunistic diagnostic testing without engaging the patient in a full discussion about the potential benefits and harms of the test** - ACEM is very supportive of the recommendation to notify the patients' primary care provider prior to performing opportunistic screening in the pharmacy setting, especially if the presentation is abnormal. In a Choosing Wisely framework, notification of all previous results may prevent duplication of unnecessary retesting. ACEM's members are mindful of this in EDs and have access to most laboratory testing reports performed in the primary care setting. Coordination of screening is essential to facilitate decision-making at the organisation, patient, and physician level, thereby enabling good resource stewardship.¹

Regarding recommendation four - **Do not dispense regular opioids without checking the requirement for laxatives** - it is important to highlight that prescription drug misuse and overdose are rising issues which account for a significant proportion of drug-induced deaths. These occur disproportionately amongst older age groups.² Any guidance provided to health professionals about the prescription of opioids must encourage prescribers to reflect on their opioid prescribing practice.

¹ Australasian College for Emergency Medicine. (2015). Policy on Resource Stewardship. Available from: https://acem.org.au/getmedia/3a246ebd-a786-4026-ba2d-59bf55c4d715/P435_Resource_Stewardship_AUG_15.aspx

² Australian Bureau of Statistics. 3303.0 - Causes of death, Australia. (2016). Drug induced deaths in Australia: a changing story. Canberra: ABS; 2018. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia-6>

This recommendation should therefore be expanded to encourage health professionals to assess, prior to initiating or continuing to prescribe an opioid, whether patients will benefit from opioid treatment and how to manage risks and harms. As outlined in our *Statement on Harm Minimisation Related to Drug Use* (due for release in September 2020), it is ACEM's view that health professionals should also advocate for the enhanced regulation of prescription medicines, centralised mandatory databases for prescription medicine scripts, and improved use of information technology (IT) to communicate patient histories directly to health care providers.³

In regards to recommendation one - **Do not recommend complementary medicines or therapies without reviewing the patient's medicine regime to assess for safety and to ensure the benefit of use outweighs the risk** - we suggest additional wording that pharmacists or other healthcare professionals should not be suggesting the use of complementary and alternative medicines (CAM) without basic training in how they are used and what indications for their use would be. Some CAM therapies can compromise the quality of conventional medicine. Clear communication between clinician and patient is essential alongside the delivery of CAM which requires mindfulness of cultural beliefs and behaviours of patients.⁴ In a pharmaceutical setting, CAM should require a strong justification where evidence for efficacy of a therapeutic agent is not established. The cost of alternative therapeutic agents in a Choosing Wisely Setting is a difficult balancing decision when the resource might be better directed elsewhere. While most CAM have a good safety profile, the economic impact in a resource constrained environment is relevant.

ACEM would like to thank you for the opportunity to provide comment on the Choosing Wisely Pharmacy Recommendations. We welcome all opportunities to provide comment as a champion for Choosing Wisely. To discuss further, please do not hesitate to contact Nicola Ballenden, Executive Director of Policy and Strategic Partnerships (Nicola.Ballenden@acem.org.au; +61 3 9320 0479).

Yours sincerely



Dr John Bonning
President



Nicola Ballenden
Executive Director
Policy and Strategic Partnerships

³ Australasian College for Emergency Medicine. (2020). Position Statement: Harm Minimisation Related to Drug Use. Available from: https://acem.org.au/getmedia/b59faddc-5185-465d-b598-b3a6ea3bc7c9/S769_Statement_HarmMinimisation

⁴ Medical Council of New Zealand. (2017). Doctors and CAM (complementary and alternative medicine). Available from: <https://www.mcnz.org.nz/assets/standards/7eb60db2d2/Doctors-and-CAM-Complementary-and-alternative-medicine.pdf>