

MEDICATION SAFETY

World Patient Safety Day 2022: Medication without Harm

Why do I take this medicine?



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Indications Help Consumers Understand and Manage Their Medicines Better

Most consumers know the who, what, when, and how about their medicines, but do they always know the why? Indications — better known to consumers as what the medicine does or the condition that the medicine is treating — help consumers to understand why they are taking the medicine and how to better manage their medicines.

It sounds simple enough, and we already discuss what medicines are for during counselling. Documenting this information on medication lists and on dispensed medicine labels reinforces the patient's understanding and complements verbal counselling. Consumers want this information, however there may be some reluctance, especially relating to documenting this information on dispensed medicine labels. So, let's explore this further and look at what is out there to inform us:

- The Australian Commission on Safety and Quality in Health Care (ACSQHC) National Standard 2: Partnering with Consumers¹ highlights that “[c]onsumers (should) receive the information they need to get the best health outcomes, and this information is easy to understand and act on”
- National Standard 4: Medication Safety² describes the need to “[p]rovide information to patients about medication management tailored to their specific needs and level of health literacy”
- Medicines lists (as defined by ACSQHC) are prepared by a clinician and includes what medicines the patient is taking, including medicine name, form, strength, and directions for use. **Ideally, a medicines list should also include the intended use (indication) for each medicine**
- The *National Standard for Labelling in Dispensed Medicines*³ includes a standard to “include the indication for use of the medicine, whenever possible, and considering consumer confidentiality” (Standard 8).

So, what should we consider when adding the indication to consumer information?

- ✳ Note that the above standards say ‘ideally’ and ‘whenever possible’. That is, use clinical judgement to decide when adding the indication is of value. Examples might include newly initiated medicines, medicines taken as required/PRN, or short-term medicines.
- ✳ Clinical judgement is particularly important for dispensed labels where consumer confidentiality needs to be considered. A simple way is to have a conversation with the patient or carer and ask them if having the indication on the label would be useful.

- * Add the indication to a dispensed label or medication list only when the indication is confirmed. For example, via a verbal conversation with the prescriber; or in written form via the prescription, medication chart, or discharge summary; or via conversation with the patient or carer. We should be doing this already!
- * Consider where space on the label is at a premium — don't add the indication if it will crowd the administration directions and cause confusion for the patient. Add it to the medication list instead.
- * Lastly, use language that is meaningful to the consumer. Remember that this information is for the consumer. If you have spoken to them about their medicine for 'high blood pressure', continue to use this common language rather than 'hypertension'.

Let's empower consumers with the 'why' to enhance their sense of agency and their understanding and adherence with their medicines.

References

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2. ACSQHC. Medication Safety Standard. ACSQHC. Available from <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>>.
3. ACSQHC. *National Standard for Labelling Dispensed Medicines*. Sydney: ACSQHC; 2021. Available from <<https://www.safetyandquality.gov.au/sites/default/files/2021-08/labelling2-publish-web-072aug21.pdf>>.