

香港醫學會的信頭
Letterhead of The Hong Kong Medical Association

24 September, 1999

Honorable members
LegCo Panel on Health Services
Legislative Council
Hong Kong Special Administrative Region
Legislative Council Building
8 Jackson Road
Hong Kong

Dear Sir,

We write to provide further information and clarification on the views of Hong Kong Medical Association regarding the Control and Safety of Prescription Drugs in Hong Kong.

We are of the view that the problem of control of prescription drugs in Hong Kong lies mainly in the ineffective control of Authorized Sellers of Poisons (commonly known as “pharmacies”) and, to a certain extent, Listed Sellers of Poisons (commonly known as “medicine companies”) in Hong Kong.

Medicines are prescribed and supplied by the doctors only to their own patients for medical treatment. They will only be supplied to the patients after a medical consultation and diagnosis and the doctor will follow up and monitor the progress and outcome of the treatment. In so doing, the doctor is taking full professional accountability and responsibility over the professional services provided to the patient.

As part of the comprehensive services provided to patients for their convenience, and very often as a matter of necessity, doctors and clinics in Hong Kong do supply, and when necessary, administer the prescribed medicine to patients directly. In providing this full range of professional services to their patients, the doctors are also subject to the regulatory monitoring by the Medical Council of Hong Kong. Doctors are liable to disciplinary proceedings by the Medical Council if they fail to provide an acceptable level and quality of services to the patients including the conduction of appropriate clinical assessment and prescription of appropriate medications. In supplying and administering medicines directly to their patients, they are further expected to provide comprehensive labeling of medicine according to the requirement of the Medical Council of Hong Kong and to administer the drug in a safe and proper manner.

In sharp contrast, however, the community pharmacies and medicine companies are supplying medicines to the public as one-off commercial transaction. Medicines are sold to the public without the establishment of doctor-patient relationship and on-going supervision. Moreover, test purchasing conducted by various organizations and members of the media had revealed that the current control and inspection system is far from satisfactory. Prescription drugs such as steroid containing ointment or eye drops and antibiotics had been purchased from pharmacies or medicine companies without proper prescription being produced or just by refilling the original prescription.

We strongly believe that the above problems are the direct results of an ineffective control and monitoring system over the pharmacies and medicine companies. According to our representative on the Pharmacy and Poisons Board (*See Appendix A*), test purchasing and inspection of pharmacies and medicine companies by public officers are carried out infrequently and are perceived to be ad hoc in response to complaints made. The heaviest penalty imposed on offenders in 1998 was suspension of one Authorized Seller of Poisons for a period of 6 weeks only.

Apart from the inadequacies of the monitoring system, we also feel that the current system have failed to give an appropriate level of accountability to the pharmacists, who should be responsible for the quality of professional services provided at community dispensaries. Pharmacies in Hong Kong are required to employ a pharmacist and prescription drugs could only be sold to patients upon a proper prescription in the presence of the pharmacist. However, they are not required to employ a pharmacist to cover all the operating hours of the pharmacy. We are aware that some pharmacies have pharmacists serving there for a certain period of time during the operating hours with prescription items being sold also outside the period of the pharmacist's duty. With the pharmacists being an employee of the pharmacies covering only part of the operational hours, it would be difficult to assure the professional input and accountability of the pharmacists over the services provided at community pharmacies. We urge the Government to look into ways and means of ensuring that pharmacists are made accountable for all dispensing and professional services provided by community pharmacies. In this regard, the system of compulsory partial ownership of pharmacies by pharmacists adopted by certain overseas countries could be taken for reference. For the medicine companies, which are not required to employ any pharmacist, it is even more difficult to ensure proper practice. Examples of the unsatisfactory pharmacy practices, which have been reported in the press, are enclosed for reference (*See Appendices B, C, D, E & F*). Our attention has also been drawn to the problem of drug labelling at the public hospitals and clinics. (*See Appendices G & H*).

In summary, the real problem of control of prescription drugs lies in the ineffective monitoring and inspection system, the ambiguous role of pharmacist in community pharmacies, and the total absence of professional pharmacist input in the operation of medicine companies. The Hong Kong Medical Association would like to put forward the following recommendation:

1. The right of patients to choose to obtain their medicine either from their doctors directly or from the community pharmacies with a prescription should be protected. *(This is supported by a recent survey conducted by the Social Sciences Research Centre of the University of Hong Kong, which revealed that 80% of the respondents interviewed would like to uphold their right to choose where to get medicine after consultation. For details, see Appendix 1.)*
2. The Government should look at ways and means to enhance the effectiveness of the monitoring and inspection of pharmacies and medicine companies.
3. Disciplinary measures and penalties imposed on pharmacies or medicine companies which have committed illegal or improper practices should be adequate to create a deterrent effect.
4. The professional accountability and responsibility of pharmacists over the sales of prescription medicines at pharmacies should be enhanced. Several measures can be adopted:
 - a. The pharmacist should be present at the pharmacy during all operating hours of the pharmacy to supervise the operation of the pharmacy.
 - b. The pharmacist at the pharmacy should identify himself in order that patients who opt for their prescriptions filled at the pharmacies do know who is responsible for the prescription and accountability for their professional service can be established.

Yours sincerely,
For and on behalf of the Council of
The Hong Kong Medical Association

Dr Ko Wing Man
Hon. Secretary

蔡堅醫生

Dr. CHOI Kin, Gabriel

Specialist In Nephrology F.H.K.C. Family Physicians

M.B., B.S.(H.K.), L.M.C.C.,
 L.R.C.P.(London), M.R.C.S.(England), M.R.C.P.(U.K.),
 F.R.C.P.(Ireland), F.H.K.C.P., F.H.K.A.M.(Medicine),
 F.R.A.C.G.P., F.H.K.A.M.(Family Medicine), D.C.H.(London),
 Dip. Fam. Med.(CUHK), Dip. Occ. Med.(CUHK), Dip. Pract. Derm.(Wales).

Rm. 502, Edward Mansion,
 141 Prince Edward Road, Kowloon.
 Tel: 2381 7322, 2381 8119

Shop S34-S4, 2nd Floor,
 Wong Tai Sin Shopping Centre,
 Lower Wong Tai Sin Estate, Kowloon.
 Tel: 2726 0788 Fax: 2351 5325

A

20 July 1999

Dr. Margaret Chan,
 Chairperson,
 Pharmacy & Poisons Board,
 Hong Kong SAR.

b.c.c. President
 b.c.c. Vice-Presidents
 b.c.c. Hon. Secretary

21.7.99

Dear Dr. Chan.

Re: Unlabeled medications and the sale of drugs without prescription

On 17 July 1999, between noon and 5 pm, I instructed my staff to test-purchase medicines with and without prescription from various pharmacies in Kowloon. I am obliged to inform you, in your capacity as Chairperson of the Pharmacy and Poisons Board, of the results:

- 1) A test-purchase for Aldomet was made. 90 tablets were requested though the pharmacy staff tried to persuade the buyer to buy 100. The medicine was COMPLETELY UNLABELLED. No advice was given on the side effects of the anti-hypertensive and the mode and time of administration.
- 2) A test-purchase for antibiotic was attempted. The buyer just asked for antibiotic. 10 capsules of a first generation cephalosporin was supplied. No prescription was asked for or required. No question was asked as to the symptoms and why antibiotic was needed. When asked how the drug should be consumed, the vendor just informed that buyer that taking all the capsules (2 and a half days' supply of antibiotic) would be enough. A receipt for cleansing agent was issued.
- 3) A test-purchase for Cozaar was attempted with an empty box of the medicine. No prescription was asked for or required. No question was asked of the lady buyer concerning pregnancy. No warning was given of possible side effects and the teratogenic effect on the fetus.
- 4) A test-purchase for prednisolone was attempted with a doctor's empty but labelled medicine bag. When told that the purchase was for an asthmatic father, no prescription was asked for or required. The vendor persuaded the buyer to buy an extra bottle of anti-asthmatic containing theophylline, another prescription item which no prescription was asked for, nor were the side effects of tremor of hands, anxiety or cardiac arrhythmia suggested. No drug history was asked for to avoid drug interaction.
- 5) A test-purchase for steroid eye drops was made with an empty bottle of the same kind of eye drops. No prescription was asked for or required. No history was asked for why the drug was required. No warning was given that prolonged use may lead to glaucoma and blindness, and may also aggravate corneal ulcers. The successful test-purchase confirmed the announcement of the Federation of Societies for prevention of Blindness 2 weeks ago, that the increased incidence of blindness in Hong Kong may be related to the illicit use of steroid eye drops provided by pharmacies.

蔡 堅 醫 生

Dr. CHOI Kin, Gabriel

Specialist In Nephrology F.H.K.C. Family Physicians

M.B., B.S.(H.K.), L.M.C.C.,

L.R.C.P.(London), M.R.C.S.(England), M.R.C.P.(U.K.),

F.R.C.P.(Ireland), F.H.K.C.P., F.H.K.A.M.(Medicine),

F.R.A.C.C.P., F.H.K.A.M.(Family Medicine), D.C.H.(London),

Dip. Fam. Med.(CUHK), Dip. Occ. Med.(CUHK), Dip. Prac. Derm.(Wales),

Rm. 502, Edward Mansion,
141 Prince Edward Road, Kowloon.
Tel: 2381 7322, 2381 8119

Shop S3+S4, 2nd Floor,
Wong Tai Sin Shopping Centre,
Lower Wong Tai Sin Estate, Kowloon.
Tel: 2726 0788 Fax: 2351 5325

- 6) A test-purchase for a steroid ointment was made. Synalar-N cream was dispensed without a prescription and without warning that prolonged use will lead to skin atrophy. A receipt was refused.
- 7) My staff went into a pharmacy and requested medicine for sore throat. 2 medications were dispensed without explanation and without labels. I have been in practice for 27 years and I cannot identify the medicine.

All the medicine as well as their receipts are attached for your action. 2 tapes of the test-purchase are available on demand.

I beg to remind you that I have, on 2 occasions, submitted unlabeled medicine bags from the Hospital Authority Pharmacy and the Department of Health Dispensary for your action. According to Benjamin Kwong Yiu sun, president of the Pharmaceutical Society of Hong Kong in the City Forum on 18 July 1999, it is a offence under the law if pharmacist do not label their medicine. I am not aware of any actions taken on the previous occasions and even though I am on the Pharmacy & Poisons Board for the past 2 years, I am not aware of any standardised penalties for such offence, neither am I aware of the existence of a Professional Code and Practice guideline for the pharmacist in Hong Kong.

I would like to bring you back 1 year ago when a complaint was brought to the Board that a pharmacist substituted a generic drug without first consulting the doctor who prescribed a brand drug on his prescription form. There was a difference of opinion as to the ethics of this action and I had to introduce the practice guidelines for pharmacists in the United Kingdom to help settle the issue. I remember you ruled against the pharmacist but I do not remember any penalty dished. This confirmed my suspicion that there was no Professional Code and Practice for the Pharmacists. It therefore surprised me when I read the Hong Kong Standard of the 19th July 1999, reporting on the City Forum, and quoting Mr. Benjamin Kwong as saying "pharmacists would not change the drugs prescribed by a doctor as they are not involved in any conflict of interest with drug manufacturers".

In view of the fact that my test-purchases was a 100% successful in obtaining dangerous drugs without prescription, and the Department of Health, after doing 3352 test-purchases last year, was only able to inquire into the conduct of 23 Authorised Sellers of Poisons, I must have grave misgivings on the efficiency of the test-purchases done by the Department of Health last year. It must be stressed that I am not the only one to successfully perform these test-purchases, the media have in the past reported obtaining Viagra and Xenical with ease and without a prescription.

On the issue of complete divorce of dispensing from diagnosis, I have been informed by senior doctors that the system currently employed in the Hospital Authority and Department of Health clinics are not a true divorce of dispensing from consultation. All patients actually obtained their medicine from the pharmacy in the same clinic because of cost. It is well known that certain medicine available to patients in the HA are not available in the DH clinics and doctors are forced to initiate a substitute instead of repeating the original medicine and allowing the patient to get the proper medication in a private pharmacy. Similarly, there are restricted medicine in the HA because of price and doctors do not inform their patients of these better alternatives not available in the HA pharmacies or write out a prescription for these patients to obtain there required medicine elsewhere.

蔡 堅 醫 生

Dr. CHOI Kin, Gabriel

Specialist In Nephrology F.H.K.C. Family Physicians

M.B., B.S.(H.K.), L.M.C.C.,

L.R.C.P.(London), M.R.C.S.(England), M.R.C.P.(U.K.),

F.R.C.P.(Ireland), F.H.K.C.P., F.H.K.A.M.(Medicine),

F.R.A.C.G.P., F.H.K.A.M.(Family Medicine), D.C.H.(London),

Dip. Fam. Med.(CUHK), Dip. Oct. Med.(CUHK), Dip. Prac. Derm.(Wales),

Rm. 502, Edward Mansion,
141 Prince Edward Road, Kowloon.
Tel: 2381 7322, 2381 8119Shop S3+S4, 2nd Floor,
Wong Tai Sin Shopping Centre,
Lower Wong Tai Sin Estate, Kowloon.
Tel: 2726 0788 Fax: 2351 5325

I must insist that the Pharmacy and Poison Board be more aggressive in penalising wrong doers. Disqualification from being an Authorised seller of Poisons for 6 weeks as a maximum penalty will hardly produced any deterrent effect. The Medical Council of Hong Kong is crasing drug peddling doctors from the registrar. I have iterated in the past that illegal prescription of steroid is worst than illegal prescription of cough medication containing codeine. The increasing number of patients gone blind as a result of misuse of steroid eye drops support my belief. Since all pharmacies in Hong Kong (authorised sellers of poisons and totally 295 at the end of last year) must employ a pharmacist, the role of monitoring prescription drugs and the job of reporting illegal sales must be the responsibility of the pharmacist, abiet difficult because the pharmacist may be ratting on his own employer. But unless such responsibilities are assumed by the pharmacist, how can they be regarded as professionals and how can we entrust our patients to them?

I hope I have not provoke too much problems for you and I thank you for your attention.

With warmest regards,



Dr. CHOI Kin, FRCP(Ireland), FHKAM (Medicine & Family Medicine)
Board Member, Pharmacy & Poisons Board

PS I understand if I were to be kicked out of the board next term,

PPS I would be obliged if you can reimburse me with the cost of the medicine. Otherwise, please return all the medicine to me after you have done with the investigation. They cost a fortune. And that is probably the reason why citizens and doctors do not report test-purchase - the expense.

→ ✓ c.c. President, Hong Kong Medical Association
Chairman, Hong Kong Medical Council
Chairman, Estate Doctors' Association
Professor J. Critchley, CUHK
Professor Kumana, HKU

和風晚餐自由組

日本料理由即日開始
繼日式牛肉任食火鍋後，再
次創新推出「自由組合晚餐」，
每晚精心泡製二十七款日本
美食，包括：蚱子沙律、日式雜
菜沙律、三文魚刺身、油甘
魚刺身、北寄貝刺身、鮮魷
魚刺身、蒜香魚刺身、鮫魚
刺身、甜蝦刺身、八爪魚刺
身、北海道燒大蝦、鹽燒鰻
魚、炸蝦天婦羅、鹽燒秋
刀魚、燒鮮鱈魚、鐵板薄燒
或厚燒、關西板壓壽司、日
式牛肉火鍋、炸雞菜、牛油
焗雞錫菇、鐵板炒時菜、日
式雜菜鍋、鐵板炒飯、鐵板
炒麵、日式蒸蛋、日本雪糕
等等，隨着顧客不同喜愛，選
出其中九款美食，自由組合。

每位只需 **HK\$228.00**
六歲以下 **HK\$188.00**
(所有優惠及貴賓卡不適用於此套餐，另加一服務費)
供應時間：
星期一至四 6:00 pm - 10:00 pm

查詢或訂座，請致電
2521 8807
中環皇后大道中18號新世界大廳閣樓

221
B

藥房非法配藥害人

張小姐患了輕微感冒，住
住所附近的一元洲中西
藥行一買藥。藥房職員只問她的
問她病況，便開出兩天分量的藥
丸，收費廿八元。張小姐吃了第
一次藥後不足一小時，右邊嘴角
便腫起，她立即請假看醫生，醫
生說可能是藥物敏感。一但藥袋
上連藥物標圖都有，醫生都唔知
係乜嘢藥，只係叫我唔好再食，
另外開藥俾我。」



香港藥學會會長
鄧漢深曾視本報
記者購得的藥物，
寫指藥房非法
配藥。

跟進一：記者
去了張小姐買藥的元
洲中西藥行，以及其
他地區的五間同類藥房，說患了
感冒，輕易配了六包藥丸，每包
價錢由十元至三十五元不等，全
部沒有藥物標籤，而這些
些藥房主要是賣洗粉洗
頭水及一般成藥，店內
沒有藥劑師。其中荃灣
福來藥房為大藥行職員
更悄悄向記者說：「醫
務署唔俾賣散藥喇！」

跟進二：市民
未經診症由藥房配
藥，並非正確的治
病方法。藥管處醫務主任李家仁
醫生表示：「醫生要向病人詳細
問診及查看病歷，才能開出適當
的藥物，且會提醒病人藥物的副
作用。醫生開錯藥，病人仲可以
向醫生追究，但行藥劑師的藥房
配藥，一定冇人負責任，最終
做底的都是病人。」
李醫生亦指衛生署以放蛇形
式巡查藥房，工作成效不大。



廿四小時傳料熱線 2990 8999 電傳 2990 7238 絕對保密

「佢地放蛇都敢賣啦，夾來
去去都是嘍城人，藥房都認
得出，仲點會賣嘍佬呢班蛇
仔！」



張達三：香
港藥學會會長鄧
漢深，對於記者
可輕易在藥房配藥覺得非常
詫異。「沒有藥劑師的藥房
根本不准配藥，佢哋做肯
定違反衛生條例，再加上
無寫明藥名，幾種藥攞埋一
袋放，實在好危險！」他亦
指出，衛生署只有廿四名藥
劑師督察巡查大小藥房，但
全港有藥劑師的藥房三百幾
間，無藥劑師的更有三千多
間，廿四名督察根本不足應
付。

（黃煥玲）

審判官

面房私下配藥，
既無標籤，又
無請解即作
用，簡直是計時
炸彈，亂賣藥的藥房把關，五
生署監管不力，更添險！

劣劣劣劣劣

店竟沒有標籤散藥的藥房

振豐中西藥房 九龍彌敦道	和華國藥業公司 將軍山	興隆大藥行 荃灣	元洲中西藥行 長沙灣	中山參茸藥行 旺角	新興藥行 尖沙咀
有售 註冊藥劑師	有售 註冊藥劑師	有售 註冊藥劑師	有售 註冊藥劑師	有售 註冊藥劑師	有售 註冊藥劑師
✓	×	×	×	×	×
藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥
藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥	藥劑師親自 配藥

35 壹周刊 一九九九年六月十八日

公文式指導真珍藏的喜悅

數學 English 普通話 Express

說明書日期
普通話六月二十六日 數學六月二十一日 英文六月二十九日

歡迎星期一至五上午十時至十二時或下午二時至四時致電 2890-6533 查詢

KUMON 公文香港有限公司
http://www.glink.net.hk/~kumon

C



藥劑師表示，記者買得的地區仍舊，藥劑師亦表示，他好食人。

「投訴」
 藥劑師分家最近
 期熱門話題，目的是為
 病人帶來更大保障，但
 市面藥房和藥劑師良莠
 不齊，有藥劑師掛牌的
 藥房，肆無忌憚濫置禁
 藥，藥劑師形同虛設，
 衛生署又監管乏力。

來函

藥劑師失職 藥房賣禁藥

張

小姐因經痛，到旺角新
 達安藥房（有註冊藥劑
 師）購藥，藥房職員介紹一隻名
 為「痛即滅」的成藥，張小姐服
 後卻感胃部不適，向醫生查證，
 發現該藥屬於毒藥，可能引致胃
 出血，需經由藥劑師配管。但張
 小姐說：「買藥櫃個師奶，唔似
 藥劑師，佢只係叫我冇少痛就
 好食定先。」



跟進一：
 藥劑師唔啱度
 記者和張小姐
 再臨新達安藥房，
 指明購買「痛即滅」，同一名
 「師奶」向記者表示該藥好多人
 食過都得，後來記者表露身分，
 問為何不是由藥劑師買運藥，藥
 房負責人張先生即出來表示，藥
 劑師張小姐不在。

其後記者打電話找警署小
 姐，她表示對新達安購買「痛即
 滅」並不知情，「唔應該有咁嘅
 情形出現。」
 但這情形確實經常出現。記
 者到另外五間有註冊藥劑師的藥
 房，嘗試購買一些需要醫生處方
 的糖尿病藥、血壓藥及抗生素，

短短一個下午，便買齊所需藥
 物。

依照衛生署條例，購買以上
 藥物都要醫生處方，由藥劑師配
 管，藥房須記下購買者資料，但
 五間藥房都沒有這樣做。記者其
 次請單，有些藥房拒絕，尖沙咀
 德輔道中藥房職員更表明：「你張單
 唔寫得藥名，因為你隻要醫生
 紙先買得。」於是單據只寫上
 「藥物」。

跟進二：衛生署監管不足
 記者把所購得的藥物，交公
 共屋邨藥劑師協會主席葉堅
 生過目，他指出該等藥物必須根
 據病情服食，否則只會有害無
 益，而執業藥劑師協會是屬受
 冊表示，監管藥房買運是藥劑師
 職責之一。

現時全港有三百一十四間藥
 房有註冊藥劑師，據衛生署規
 定，藥劑師駐藥房時間須為藥房
 營業時間的三分之一，而配藥必須
 在藥劑師親自處理及監督下進
 行，違規的藥房老闆要負責，最
 高罰款十萬及入獄兩年。不過，
 每年檢控個案很少，今年上半年
 只有七宗。

中西小藥房藥房 2990 8999 電話 2990 7238 絕對保證

1 高華大藥房
旺角彌敦道
記者買得藥櫃
糖尿病及降血壓藥

2 登興大藥房
佐敦奧松街
記者買得藥物
糖尿病藥

3 嘉賓大藥房
佐敦道
記者買得藥物
抗生素

4 濟成大藥房
尖沙咀金馬倫道
記者買得藥物
抗生素

5 隆隆大藥房
尖沙咀河內道
記者買得藥物
糖尿病藥

5
家
進
青
藥
藥
房

我唔知有咩件事！我會問清楚，以前從未試過。

記者問回問
否則買藥該給本刊記者。

記者問回問
藥劑師何先生拒絕回問。

記者問回問
行醫生抵壓取唔得，因為買我貴者，可能係藥真問題，我會問清楚。

記者問回問
藥劑師郭先生：「法例上應該唔得，老實對我亦唔容許，但可能有啲人無口熟便試買。」他承認失職。

另外，藥劑師須在藥房當
事處展示附照片的註冊證書，
但衛生署新聞組李英明表示：
「即使藥劑師未能做到，也不會
因此受到檢控。」（鄧輝華攝）

衛生署上半年
檢控藥房說
現售藥只七
宗，但本刊記者
半日已發現五宗。藥劑師話
可以監管醫生開藥，你唔驚
我部驚！

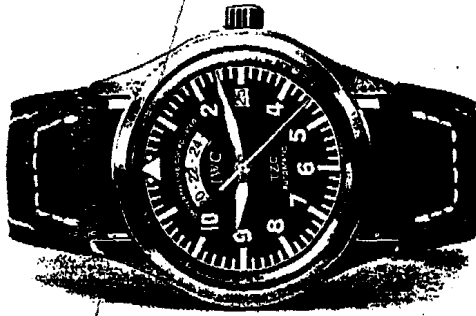
劣藥劣藥劣藥

Typical male characteristic.

The new UTC Pilot's Watch, with its two easy change-over time zone displays, is unmistakably a man's watch. The soft-iron case protects against magnetic fields, it is water resistant down to 60 metres and it can also withstand negative pressure up to 16 000 metres altitude. Are you man enough for the UTC Pilot's Watch? Ref: 3251, stainless steel. Also available in a numbered and limited edition in platinum.

IWC
Since 1868.

And for as long as there are men.



- 為保證閣下繼續有全副之保養及維修服務，請前往下列特許經銷商處選購。
- 新加坡：嘉信銀行、歐亞鐘錶珠寶行、中聯(香港)有限公司(尖沙咀)、三寶鐘錶、三寶(瑞士)珠寶有限公司、英皇鐘錶珠寶有限公司。
 - 歐洲：嘉信鐘錶行、嘉信鐘錶珠寶有限公司(尖沙咀彌敦道)。
 - 生財鐘錶行、瑞士鐘錶行、東方鐘錶行、正大鐘錶行、太子鐘錶珠寶有限公司。
 - 新加坡：嘉信銀行、嘉信銀行有限公司、嘉信銀行
 - 澳門：嘉信鐘錶行有限公司

Represented exclusively by HCL GROUP (HONG KONG) Ltd. Tel: 2738-9888



IWC International Watch Co. Ltd. Switzerland www.iwc.ch

藥房濫售激素皮膚藥

店員推介治癬患

9歲童皮膚壞死

根據法例，藥房非法出售須有醫生處方的藥物，即屬違法；惟市面
上仍有不少藥房擅自出售此類藥物予市民。讀者徐女士早前便曾
於士瓜灣一家藥房獲介紹購得一支必須由醫生處方的藥膏「Q-Derm」，
其九歲的侄兒在沒有醫生指導下使用，及後發現皮膚受損。

目前市面有不少含激素的藥物必須在醫生的指導下使用，否則會
有不良影響，市民使用時宜多加留意。

■記者 吳素麗

徐女士的侄兒早前脾脾生癬，曾求醫
診治，但未見好轉，徐女士遂到藥房購買
藥膏給其侄兒塗抹。她在「順海國際集團
中西大藥房」一位店員介紹下，選用名為
「Q-Derm」的藥膏，店員聲稱該藥膏功效
非常好，成人小童均適用。徐女士依照藥
膏的說明書指示，給侄兒每天塗抹三次。

皮膚壞死無得醫

約一個月後，其侄兒患脾癬的情況
漸有好轉，惟發現下腹至大腿處逐漸出現
如蚯蚓狀的紅色印痕。徐女士即陪同侄兒
往看西醫，醫生表示是因他塗抹的藥膏含
激素所致，並將侄兒轉介至伊利沙伯醫院
診治。

伊利沙伯的醫生指其侄兒下腹至大腿
處出現紅痕位置的皮膚經已壞死，打針吃
藥都已無效，只開出藥膏供侄兒塗抹治
療。該醫生並指出，「Q-Derm」是醫生處
方藥物，市民必須先向藥房出示醫生處方
才能購得。因此，徐女士質疑該藥房違法
出售有關藥物，並已向衛生署作出投訴。

記者曾親往該藥房向店員表示欲購買
「Q-Derm」藥膏，店員並無向記者索取醫
生處方便即出售該藥物。當問及藥膏是否
適合兒童塗抹時，店員稱：「梗係唔用
嘍，BB仔都用得！」

順海國際集團中西大藥房負責人司徒
先生指出，藥房店員均清楚知道「Q-Derm」
含有激素，必須在取得醫生處方後才能出
售；並會在出售前，向客人清楚說明有關
事宜。他相信是次事件是店員大意所致，
並承諾會再次提醒店員。

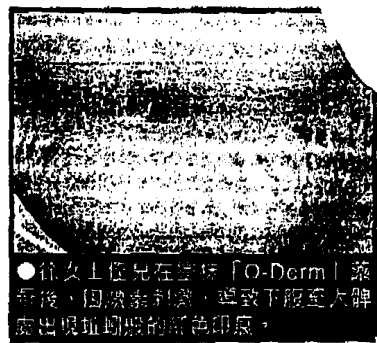
衛生署函覆，「Q-Derm」為醫生處方

藥物，必須有註冊醫生開出的處方才可以
銷售，故市民欲購買此藥物，必須向藥房
出示醫生處方。若有藥房店員在未取得醫
生處方而出售此藥，即屬違法。一經定
罪，最高刑罰為罰款十萬元及監禁兩年。

截至本年八月為止，該署已接獲十九
宗藥房非法出售須有醫生處方的藥物個
案，較去年全年個案數多出八宗，明顯
有上升趨勢。

條例毒藥分兩類

衛生署函覆補充，根據藥劑業及
毒藥條例，本港目前將毒藥分成兩
部；而必須有醫生處方才能出售的
藥物，主要屬第一部藥物。該署
指出，Q-DERM即屬於第一部毒
藥內的藥物。該署在接獲市民投
訴後，會向被投訴的藥房採取調
查和試買行動。如試買成功，便
向該藥房提出檢控。(090308)



●徐女士侄兒在塗抹「Q-Derm」藥膏後，因含激素刺激，導致下腹至大腿處出現蚯蚓狀的紅色印痕。



含激素皮膚藥須處方 持續過量使用損健康

香港藥學會會長鄺耀深表示，「Q-Derm」藥膏主要含有三種成分，包括用以殺真菌的CLOTRIMAZOLE、殺細菌的GENTAMICIN SULPHATE及激素（即BETAMETHASONE DIPROPIONATE）。

患者出現抗藥性

若患者連續數月使用，並大量塗抹此藥物，前兩種成分會導致患者體內出現抗藥性，減低對治療藥物的反應；而激素會導致患者的皮膚變薄，如患者為正值發育的小童，則會因藥物使用過量，致身體內部激素分泌功能受

損，影響其生長速度。若藥物並未對身體造成不能逆原的破壞，小童只需停止使用即可回復正常。

鄺先生指出，一支十五克裝的「Q-Derm」藥膏，約可塗抹一個月，不宜塗抹過多，尤其個案中的九歲小童患的「髒腳癬」，患處在大腳掌，容易「焗住」，對藥物的吸收力特別高，更不宜使用過多的激素，以免造成不良影響。

鄺先生並指，市面上除了含有含量相等或於或少於百分之一的HYDROCORTISONE藥膏外，其餘含激素的外用藥膏需有醫生

處方才可購得。

鄺先生建議市民在市面上購買含激素的藥膏前，應多與醫生溝通，以確定所購藥膏的藥性及使用方法，不要隨意在藥房購買此類藥物。

藥房涉非法 售賣藥物投訴

99年(1-8月)	19宗
98年	11宗
97年	24宗
96年	6宗

*資料由衛生署提供

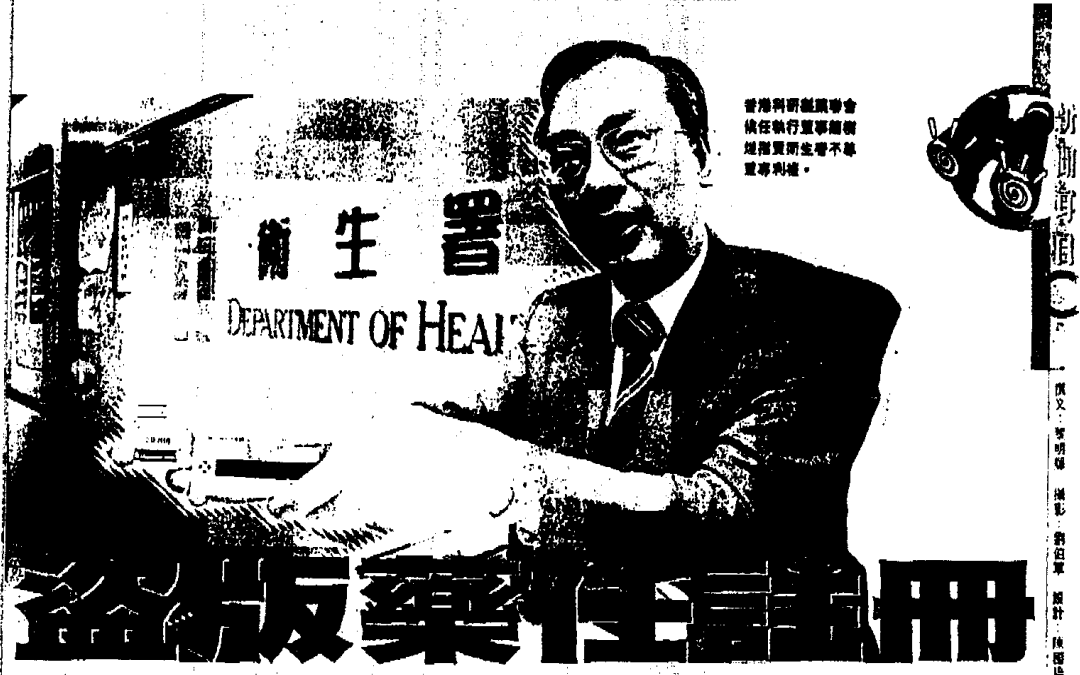


Source : Oriental Daily News 東方日報

Date : 14 September, 1999

Customer Hotline 2493 3922

6



香港利研藥廠等會
候任執行董事蕭耀
雄指賣藥生等不尊
重專利權。

盜版藥性註冊

港府失守保護知識產權，以維
持香港的國際聲譽，但把守藥物人
口大關的衛生署，竟然毫不尊重知
識產權，對侵犯別人專利權的藥，
一律准許註冊及在港得賣。

目前至少有十四種共七千萬粒
的盜版藥，在本港市面流通，許多
私家醫生和藥房都入貨，來似只是
正廠藥的三分之一，但零價和正廠
藥一樣，醫生藥房牟取暴利，病人
卻毫無得益，甚至受害，因為這些
藥的生產過程不受監管。

七家擁有專利的藥廠估計，今
年會因盜版藥而在港損失三千五百
萬，全拜衛生署條例荒謬所賜。



有盜版藥 (左) 無論在顏色和形狀上，均與原
廠藥 (右) 極為相似，市民很難分辨。

「天，在購藥房、旺角、尖沙
咀一帶旺區的藥房，除了有
市民進進出出買藥，對這些藥房來
說，最驚人的還是那些天天上門，賣
「盜版藥」的推銷員。他們外表和其
他藥廠的推銷員並無分別，但眼下一
的手提包內，全是侵犯別人專利權的
藥物。」

皇子在政府衛生署註冊，可以公然
售賣，除了藥房，私家醫生診所也是
他們「去貨」的好地方。
一個在彌敦道開業的私家醫生
說：「佢哋嘅藥好新，和正廠藥一模
一樣，又在衛生署註冊，但價錢平三
分二，我點解唔買呢？有些中環牙科
醫生都買呢。」

有種新藥開發
病人光顧這和醫生時，若醫生著
過他需要某藥，而手上剛好有那藥
的盜版貨，便會開給病人，但藥費不
會減，病人亦不知道上了當。公共屋
宇執業西醫協會主席蔡耀生指出：
「唔好話病人，做咗好多年嘅醫生都
未必識分清廠藥同盜版藥，只有用呢
啲藥嘅醫生，藥房同推銷員先識。」
根據香港利研藥廠聯合統計，目
前流通在香港市面的盜版藥，多達七



美藥廠已停產 衛署作出跟進

可致命敏感藥港仍有售

【本報綜合報導】在本港普遍被應用的抗敏感藥「Timental」，由於與其他藥物共服或當心臟有問題的病人服用時，會引起副作用，嚴重者甚至會令服用者心跳停頓及死亡，該藥生產商美國「Timental」藥廠已於今年六月停產，不過，本港市面仍有該藥物發售，部分藥房更在病人沒有醫生處方的情況下，非法將此藥出售，而所購得的藥物包裝上全無警告標籤。

「Timental」在本港已銷售了十多年，專治鼻敏感和皮膚敏感症，是第一代不會引起服用者暈暈的抗過敏藥，市民在醫生處方情況下可在有註冊藥劑師的藥房購買得到。由於藥中成分是一阿司咪唑（Astemizole），美國食品及藥物管理局較早前已推出，若服用過量，病人心臟有問題，或與西柚汁和一些普

通藥物，如抗生家及抗真菌劑同時服用，便會危害服用者心臟，嚴重者可引致病人死亡，近年外國亦曾發生過因服用該藥而死亡的病例。

美國FDA日前表示，基於該藥近年的銷售情況未如理想，加上美國食品及藥物管理局較早前要求該藥再加上警告標籤，要求醫生在使用該藥前要先查病人的心臟機能，所以該公司在本年中決定自動停止生產該藥。

記者無處方藥房照賣

不過，本港市面仍可購得此藥，本報記者昨日走訪旺角區約十間藥房，其中九間藥房職員都表示該藥已告罄，需等幾星期才有新貨到，但購買該藥卻毋須出示醫生處方，只有一間藥房職員表示，需要醫生處方才可購買。不過，滿

披這一間藥房，卻在記者無醫生處方下，仍向記者出售該藥，藥房職員更表示，患有心臟病及糖尿病者亦可服用該藥。

衛生署發言人表示，該藥停產是有關藥廠的商業決定，並非藥物本身不能應用，故已推出市面的藥會繼續銷售。至於在本年初美國食品及藥物管理局要求藥廠在該藥說明書中向醫生註明如何使用該藥，該藥亦已作出跟進，由於該藥需要醫生處方才可購得，所以病人應可在適當情況下服用此藥。

香港藥學會會長鄧耀深表示，本港部分醫院早在兩、三年前已停用這種藥，但此藥本身並無太大問題，亦非生產出錯而需要回收，只是部分情況下使用會令病人心律跳動不正常，加上成本問題，所以廠方才決定停產。



●旺角一藥房毋須記者出示醫生處方，便出售抗敏藥Hismanal (左圖)。(記者林焯熾)

G

23/4/97

The Chairman,
Preliminary Investigation Committee,
Hong Kong Medical Council,
Hong Kong.

Dear Sir,

We would like to bring your attention to two drug labels brought to our attention by one of our patients. The bags containing medications with these drug labels attached are enclosed for your examination.

As you can see from the details on the drug labels, the patient, Kwok Yin Fan, F/28, DOB 14/10/68, was seen in the A & E Department of Caritas Medical Centre on 25 March 1997 at 2230 hours. However, the name of the drugs, the name of the doctor who issued the prescription and any precautionary measures for the use of the drugs were not visible on the labels.

Our Association is all for upholding drug labeling and has been encouraging our members working in the private sector to comply with the regulations. However, it would seem unfair if only private doctors are brought to the investigation committee. The Hospital Authority, despite its immense resources, made the similar mistake of omission in its labels, and thus bringing up the question of whether the Medical Council has been too demanding or harsh on those in the private sector without similar clerical and computer backups.

There has been suggestions that the complaint should be lodged against the pharmacist board because he is a professional. Since the prescription could have been filled only by a dispenser in the night time, the complaint could also be lodged against the Hospital Authority which covers for all its staff. We hope you can look into this complaint and give us a clear answer.

Yours sincerely,


Honorary Secretary,
Practising Estate Doctors' Association

c.c. Chairman, Pharmacy & Poisons Board

H

THE CAPSULES/TABLETS/LOZENGES 口服藥物

STORE IN A COOL DRY PLACE, AWAY FROM DIRECT SUNLIGHT.
請貯存於陰涼地方及避免陽光照射




KEEP OUT OF REACH OF CHILDREN 小心放置，以免兒童取用

每包內載有以下各種膠囊/藥片：—

1) RIFAMPICIN 150MG x 1.0 2) RIFAMPICIN 300MG x 1.0
 3) IRONIAZID 100MG x 3.0

99年 9月 12日 一次服完此包藥丸 1 01

何煥林 M 73 Rx: 4 11/09/99
 U.H. 藥房 Shek Kip Mei Chest Cl. Dr M F YEH



DEPARTMENT OF HEALTH 衛生署

SMOKING IS HAZARDOUS TO HEALTH
吸煙危害健康

香港醫學會的信頭

Letterhead of The Hong Kong Medical Association

27 September, 1999

Press Release

**Survey revealed patients upheld their own choice of
where to get their prescribed medicine filled**

An independent survey on “Patients’ View on Means to Obtain Medication after Consultation in Private Clinics” conducted by the Social Sciences Research Centre in August this year revealed that a majority, or 80%, of the respondents interviewed in the survey upheld their right to choose where to get medicine after consultation, a privilege which is now enjoyed by members of the public in Hong Kong. Moreover, 56% of patients opposed to the suggestion that they could no longer obtain medicine directly at doctors’ offices after seeing their doctors. The Hong Kong Medical Association (“the HKMA”) and the Social Sciences Research Centre jointly announced the results of the survey today.

The Social Sciences Research Centre of the University of Hong Kong, commissioned by the HKMA, designed and conducted an independent telephone survey in August on “Patients’ View on Means to Obtain Medication after Consultation in Private Clinics”. A total of 1,015 Chinese-speaking adult respondents, who had sought consultation from private doctors within the six months period immediate before the survey, were randomly selected and interviewed by telephone. The results indicated that respondents considered “convenience and time saving” the most crucial consideration when deciding whether they would obtain the medicine prescribed direct at the doctors’ offices or at outside pharmacies. 41% of the respondents cited this factor when making the decision. Two other major factors are “confidence towards the doctor/pharmacies” and “cost of medicine” which were cited by 35% and 34% of the respondents respectively. (Question 2)

Figures showed more than half, or 56%, of the respondents opposed or strongly opposed to the idea that patients could no longer obtain medicine straight at the doctors’ after consultations and prescriptions were all that they could get. This clearly demonstrated the public’s

opposition to the proposal of “separating the medical practice and drug dispensing”. The same survey told that only 20% of the respondents do not oppose the suggestion doctors could only give out prescriptions and patients had to purchase their own medicine at pharmacies. (Question 3)

At the same time, a dominating majority of the respondents maintained that the decision of where to get the medicine should remain in the patients’ own hands. When asked whether they agreed or disagreed, after taking all relevant considerations into account, that patients should be given the choice to decide where to go for their drugs, 80% gave a confirming reply while less than 9% answered negative. (Question 4)

It was clear that the public did not subscribe to the proposal of separating medical practice and dispensing, remarked the Social Sciences Research Centre of the University. What was commonly accepted was that patients should have the freedom to choose where to obtain their drugs. The HKMA highlighted that the results of this survey corresponded to another one of the same kind which was commissioned by a third organisation and carried out earlier by the Social Sciences Research Centre. This showed that, generally speaking, patients were highly aware of their right to choose.

Founded in June, 1991, the Social Sciences Research Centre of the HKU has been conducting surveys on various social and political issues. It also provides research services to local or overseas institutions on condition that all surveys, from designs to methodologies, are to be conducted independently by the centre and that results will be made available to the public. This survey commissioned by the HKMA was, as all others were, conducted independently by the centre after the HKMA had provided the necessary background information of the issue to the centre.

It is the stand of the HKMA that patients’ rights could not be jeopardised. What’s more, to impose the model of drug dispensing in some other countries was not only unnecessary but unwise, which in turn might hamper the flexibility of the present one-stop-shop service offered by the medical profession in Hong Kong. Coupled with the deficient monitor exerted on the retail pharmacies, which brought about cases after cases of illegal sale of drugs, any such move would surely bring the public more detriment than protection.

End

For enquiries, please contact Ms. Samantha Wong (2527 8285)

香港醫學會的信頭
Letterhead of The Hong Kong Medical Association

一九九九年九月二十七日

新聞稿

**調查顯示市民支持自由選擇何處配藥
反對醫藥分家**

香港大學社會科學研究中心於八月份獨立進行了有關「醫藥分家」的意見調查，結果顯示有八成被訪者認為病人在向私家醫生求診後應可自由選擇在診所配藥或自行外出購買藥物。此外，逾半數市民反對醫藥分家的建議。香港醫學會與香港大學社會科學研究中心於今日聯合發表了是次調查的結果。

香港大學社會科學研究中心民意研究組在香港醫學會委託下，於今年八月獨立設計及進行了有關「醫藥分家」的民意調查，研究中心以電話訪問形式隨機抽樣，成功訪問了一千零一十五位在訪問前半年內曾向私家醫生求診之本港居民。調查發現，被訪者在選擇於醫生診所配藥、或由醫生簽發處方讓病人自行外出購藥時，主要考慮因素為方便程度及是否省時，提及此項因素者佔總樣本四成一；另外，分別有三成半及三成四被訪者表示，「對醫生／藥房的信心」以及「費用」此兩項因素也是作出選擇的考慮項目之一。（問題二）

調查數據顯示，被訪者在考慮各項因素後，有五成六市民反對及非常反對私家醫生醫務所往後不能再為病人配藥，不同意病人只能從醫生醫務所取得處方，其後需要自行前往藥房買藥，反映出逾半市民反對「醫藥分家」

的建議；至於贊成「醫生只可以為病人處方然後病人需要自行外出買藥」者則只佔二成一。（問題三）

調查進一步探討病人對其選擇權的意見，當被問及贊成或反對病人可以自由選擇在醫務所或自行往外購買藥物時，絕大部份 — 亦即八成 — 被訪者贊成病人應可自由選擇於何處配藥，不贊成病人可以選擇者則不足九個百分點。（問題四）

香港大學社會科學研究中心指出，是次調查清楚表明一般市民目前並不接受「醫藥分家」的概念，調查反映出，病人應可以自由選擇於私家醫生醫務所或藥房配藥這個方案，已廣為人所接納。香港醫學會稱，是次調查的結果，與香港大學社會科學研究中心早前為另一機構進行的一項同類調查結論非常吻合，充份顯示市民非常重視其在配藥方面的選擇權。

香港大學社會科學研究中心於一九九一年六月成立，一直進行各項有關社會及政治問題的民意研究，並為不同本地及海外機構提供研究服務，條件是中心可獨立設計及進行研究，且不論結果如何亦把研究結果向外界公佈。是次調查乃香港醫學會委託研究中心民意研究組進行，以了解市民對市民在向私家醫生求診後，對選擇往何處配藥的態度，問卷及調查的方法均由該中心在香港醫學會提供背景資料後由研究中心本身獨立設計。

香港醫學會又重申，病人的權利不容遭到剝削；此外，將外地「醫藥分家」的制度強加硬套於本港之上，實在有損本港醫學界現行為病人提供便利的配套式服務；而在本港藥劑零售業極度缺乏監管、不法濫售藥物個案頻生的情況下，「醫藥分家」非但不能為病人帶來額外保障，卻只會徒添負面影響。

完

查詢：黃美兒小姐（二五二七 八二八五）

Question 3: "After taking into account all the above factors, do you agree or disagree that private clinics could no longer provide medicine to patient but a prescription for filling out at outside pharmacies?"

問題三: 「咁係考慮所有上述因素之後, 你贊成定反對所有私家診所以後唔可以為病人提供藥物, 即係話醫生只可以為病人處方, 然後病人需要自行去藥房買藥?」

	Frequency 頻數	Percentage 百分率
Strongly Agree 非常贊成	46	4.5%)20.7%
Agree 贊成	163	16.1%)
Half and half 一半半	143	14.1%
Oppose 幾反對	464	45.8%)56.4%
Strongly oppose 非常反對	107	10.6%)
Don't know 唔知/難講	89	8.8%
Total 總數	1,012	100%

Question 4: "After taking into account all the above factors, do you agree or disagree that patients could choose to obtain medicine straight at the doctor's clinic or to obtain a prescription for filling out at outside pharmacies?"

問題四: 「同樣考慮所有因素後, 你贊成定反對病人可以選擇係私家診所配藥或者由醫生處方後自行去藥房買藥?」

	Frequency 頻數	Percentage 百分率
Strongly Agree 非常贊成	238	23.5%)79.8%
Agree 贊成	570	56.3%)
Half and half 一半半	64	6.3%
Oppose 幾反對	75	7.4%)8.5%
Strongly oppose 非常反對	11	1.1%)
Don't know 唔知/難講	55	5.4%
Total 總數	1,013	100%



會 學 醫 港 香
The Hong Kong Medical Association

FOUNDED IN 1980 - INCORPORATED IN 1980 AS A COMPANY LIMITED BY GUARANTEE
MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

Duke of Windsor Social Service Building, 5th Floor, 15 Hennessy Road, Hong Kong
E-mail: hkma@hkma.org Home Page: http://www.hkma.org
Tel. No.: 2527 8285 (6 lines) Fax: (852) 2885 0943

香港醫學學會
總行
大馬路
五號

Question 1: "Have you consulted any private doctors in the past 6 months?"

問題一: 「你係過去半年有冇向私家醫生求診？」

	Frequency 頻數	Percentage 百分率
Yes 有	1,015	56.8%
No 冇	762	42.5%
Unsure 唔記得	15	0.6%
Total 總數	1,787	100%

Question 2: "If you are free to choose, after consulting a private doctor, whether you get the medicine at the doctor's clinic or obtain a prescription from the doctor for purchase of medicine at outside pharmacies, what factors would you take into consideration when making the decision?"

問題二: 「假設你有得自由選擇係醫生診所配藥, 或者由醫生處方後自行去藥房買藥, 在你作出選擇時, 你會考慮哪些因素？」

	Frequency 頻數	Percentage 百分率
Convenience and time saving 方便程度/是否省時	418	41.2%
Confidence towards the doctor/pharmacies 對醫生/藥房的信心	331	34.6%
Cost of the medicine 價錢/費用	349	34.4%
Safety of the medicine 藥物安全問題	116	11.4%
Quality and types of the medicine 藥物類別/質素	92	9.1%
Medical conditions suffering from 病情/病症	41	4.0%
Out of habit 習慣	21	2.1%
Others 其他因素	19	1.9%
Don't know 唔知/難講	62	6.1%
Total 總數	1,469	