Pharmacoeconomics and the Clinician: A South African Perspective

To the editor: Interest in economic evaluation of health care and medical technologies has increased substantially during the past decade, which is reflected in the growing literature. However, there has been little research devoted to understanding the demand side of economic evaluations, e.g., attitudes toward pharmacoeconomics among decision makers and actual use patterns.1

The increasing cost of health care products and services has become a great concern for patients, health care professionals, insurers, politicians and the public in South Africa. This increasing concern has prompted demand for the use of economic evaluations of alternative health care outcomes. This escalation in health care spending is due to increased life expectancy, increased technology, increased expectations, increased standards of living and increased demand for health care quality and services. Health care resources are not easily accessible and affordable to many patients; therefore pharmacoeconomic evaluations play an important role in the allocation of these resources. Pharmacoeconomics strives to guide the utilisation of health care resources optimally.2

Clinicians need to be aware of effective therapies that minimise costs. Pharmacoeconomic analysis can be utilised to create clinical guidelines for clinicians that will assist them in prescribing the most efficient drug.

“Clinicians already accept that there is a conflict of interests between the wants of individuals and the needs of society...”3

“74% of patients say that they would follow a clinician’s recommendation to use a product.”4

The above two profound statements raise questions about the pharmacoeconomic knowledge of the clinician.

While the level of stakeholder (including clinician) involvement differs, probably because of the different statutory responsibilities of decision-making bodies in different countries, one important consequence of stakeholder involvement is increased transparency. Whether this leads to ‘better’ decisions or a higher level of comfort with decision-making procedures is hard to assess.5

Importantly, decisions governing the use of prescription drugs lie in the hands of clinicians. Such decisions depend on the clinician’s attitudes towards pharmacoeconomics, the extent of their knowledge of and skills in accessing and interpreting evidence, and the additional support necessary to incorporate pharmacoeconomics into everyday practice.

The objectives of the study would be to determine the clinician’s:

- Attitude towards pharmacoeconomics;
- Knowledge of drug costs;
- Awareness and perceived usefulness of pharmacoeconomic literature and reference sources;
- Understanding of the technical terms used in pharmacoeconomics;
- Views on the perceived barriers to using pharmacoeconomics data in the clinical setting; and
- Views on how best to address the related pharmacoeconomic education-related needs.

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References