Essential Medicines and iatrogenic diseases

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It would be logical to think that the progressive application in the prescriptions of a restricted list of essential medicines (EM) would lead ipso facto a progressive reduction in the iatrogenic pathology, until reach, the lowest, most inevitable, incompressible level, in spite of the best prescriptions finally offered to the sick by experimented and independent doctors[1]. We are not there, far from it. Is it an objective impossible to reach a utopia?

The best drugs, selected for their profits/risks very favorable ratio, even between the most expert hands, will be responsible, occasionally, of iatrogenic disorders. Theses "collateral damages" are inherent to the character common to all medicines: their capacity to interact with the organism. Or to be more precise with the organism-microbiote complex. These interactions are thus inseparable of the medicinal efficiency.

To make the reasoned choice to use EM in priority implies by no means that we can naively believe that there would be medicines devoid of iatrogenic risks. Remember these anti-inflammatory drugs of which we said that they had the qualities nonsteroidal anti-inflammatory drugs (NSAIDs), without having the risks of it. This family of medicines (anti-Cox2) was one said full of virtues and exempt of vices. What the devil !..

Thus we fully agree, the prescription dominant and generalized of EM will not allow the doctors to eliminate the iatrogenic risks[2]. One should not pay less attention or be less watchful. Quite the opposite, it will be necessary to strengthen of care to prevent iatrogenic troubles. What we shall gain to have chosen EM, will leave us more free to prescribe better, to avoid risky associations, to prescribe pointlessly overloaded by medicines piled haphazardly on tired organisms and made less tolerant in old subjects, what is never an excuse to make fire in all directions Plainly the use of EM not only will not adapt to a botched medicine, but much rather a slower, more educated practice and a method of deliberate, calculated economy

Most of the patients will find some benefit there. All the inquiries made for years consolidate the idea that overprescriptions are only rarely bound to the insistence of the sick and that they depend much more on the hasty conclusion of a too brief consultation.

In brief use a restricted list of EM, among which each component is better known by prescribers entails well mastered iatrogenic risks. More one should be satisfied only by the choice of EM, but set up an individualized permanent evaluation which aims at seeing if one can reduce the iatrogenic complications to the bare minimum. There is one of the big project of the prevention. Let us not confuse the hypothesis with what we wish, if we want that this hypothesis have a chance to become a reality based on indisputable evidence.

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[1] To have more precisions on the iatrogenic risks, we recommend the special issue of the Review Prescrire: Petit Manuel de Pharmacovigilance et de Pharmacologie Clinique
http: // www.prescrire.org/Fr/101/327/PositionsL ist.aspx http: // www.prescrire.org/Fr/101/327/PositionsL ist.aspx

[2] Let us remind that a restricted list of EM must inevitably be associated with a more enriched complementary list.