

note n°9

Letter to the doctor X who noticed a lack on the first list of essential medicines

Dear Colleague,

I am convinced that it has a lot to say on this list there which was communicated to you with the note n4. It is the first sketch which is still far from being operating. Since it was validated by hundred internists. A parallel process is ending with the cooperation of general practitioners. When every list will have been validated, there will be a fusion of both lists which will require many negotiations. In the term of this stage, the specialists who were not requested yet, will be called to contribute to the improvement of a list which will remain restricted. We shall be still a long way off, and it will be necessary then to call on to epidemiologists to find the rough limits of the domain of essential medicine (95 % of the patients); other patients being intended to receive medicines drawn from the complementary list, which will have to start soon to be constructed or off lists.

We shall hold you informed about the results of the main stages all along the route.

The process is laborious, but it is on the way. Inevitably at any time each of us will feel occasional dissatisfactions and frustrations. How could we reach a universal consensus! That is why from now on we conceived that the freedom of prescriptions will remain essential. If we really want that this operation succeeds, will be advisable 1) to invite to participate an increasing number of experimented colleagues (can be having some time of practice) in the critical elaboration of the list, 2) to call on to groups working on the levels of evidence of the ratio profit/risk, among the criteria of selective choice of essential medicines, 3) to maintain a requirement of independence of all those who will participate voluntarily in this effort of permanent under construction making of a list of essential medicines, and a complementary list. And it without ever introducing a constraint excluding medicines, except in the known cases of a very unfavorable ratio profit/risk. But this will be left to the responsibility of the public authorities.

Only the convinced prescribers can succeed in making effective this initiative. A list restricted by essential medicines is at work for more than ten years in Sweden. We shall have to learn much of the Swedish colleagues.

We are persuaded that little by little the concept and the practice of essential medicines will be taken up by very different colleagues and that this will lead to a renewal of the modes of prescriptions which will escape the initiators. I dare to believe this kind of evolution desirable and beneficial for the patients, who will not stay indifferent to this process themselves

You see dear colleague whom your critic incites me to answer you. The purpose of our approach is audacious. Additional reason for making an effort to be careful

Dr. Jean-Claude Salomon
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