LETTERS
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important services including counselling on the use of medicines, drug information and advice, primary health care, medication management services and delivery of medicines to the elderly and disabled. These services are generally provided free of charge and help to reduce medication-related hospital admissions which cost $1.2 billion annually. Australian pharmacists are well attuned to the need to ensure that the Pharmaceutical Benefits Scheme (PBS) remains sustainable, especially in the context of our ageing population. They are calling for increased opportunities to provide funded health care and medication management services. Pharmacists remain one of the most accessible health professionals with anyone being able to walk into a pharmacy (often open long hours) and obtain advice within 10 minutes. Community pharmacies are ideally placed to provide an expanded range of services where current gaps exist.

Melanie Frodsham
Pharmacist
Melbourne

Dr Philip Clarke, the author of the article, comments:
I fully agree with Ms Frodsham that community pharmacies are staffed by highly trained professionals who can play an important role in providing advice and information on the use of medicines to improve health outcomes. However, it is very unclear why this role depends on the pharmacy owners continuing to receive government subsidies from 'discounts' on the wholesale cost of generic drugs. These discounts mean that payments from government to pharmacies exceed the regulated markups of many generic drugs. This costs taxpayers hundreds of millions of dollars each year.

Paying high prices for generic drugs not only has a financial impact on some patients, but it also increases the chance they may discontinue their treatment, which may put them at risk. A far better way to remunerate pharmacists would be to look at ways to directly pay for the services they provide, rather than the current system, where profitability largely depends on the volume and margins on drugs sold.

Smoking and preoperative assessment
Editor, – The article on preoperative assessment (Aust Prescr 2014;37:188-91) was a good review, but unfortunately omitted the critical issue of smoking. Smoking causes increased cardiorespiratory complications, intensive care admissions, mortality, wound infections and poorer wound healing after surgery. Smoking cessation before elective surgery can significantly improve postoperative outcomes.¹ The perioperative period is a teachable moment when patients are more motivated to quit,² and some patients who quit may remain abstinent after discharge. However, many opportunities to assist smokers are being missed and most continue to smoke up to the day of surgery.³ The Australian and New Zealand College of Anaesthetists recommends a simple and brief intervention known as the A-A-R strategy.⁴ It involves:
• Asking about smoking status
• Advising smokers to quit
• Referring them for smoking cessation support.

Smokers can be referred to Quitline (137 848), general practitioners or Tobacco Treatment Specialists (www.aascp.org.au). A brief smoking intervention such as Ask Advise and Refer should be a routine part of preoperative elective surgery care for all anaesthetists and surgeons.

Colin Mendelsohn
Tobacco Treatment Specialist
The Sydney Clinic Consulting Rooms
Sydney

Colin Mendelsohn has received honoraria for teaching, consulting and travel from Pfizer, GlaxoSmithKline, and Johnson & Johnson. He sits on Pfizer’s Champix Advisory Board.

REFERENCES

Austin Ng and Leonard Kritharides, the authors of the article, comment:

We appreciate the important comments made by Dr Mendelsohn. We certainly agree smoking cessation is important for all patients including those undergoing surgery. It should be incorporated into a protocol-driven documentation of the patient’s risk factors during preoperative assessment as recommended by the Australian and New Zealand College of Anaesthetists.