

It is a fact that the roles and practices as to what kind of information can be available to the public about prescribed medicines still varies significantly today among member-states.

This event leads to an unequal access of citizens to information on medicinal products due to their language differences, the unreliability of internet sources and the varied interpretation of the directive across Europe.

Considering the Commission's proposal addressed to the European Parliament and the Council of the Report I find myself in agreement with some of the key ideas being proposed by the Commission such as the general banning of advertisement of prescription medicines to the public or the provision of certain rules to harmonise the practices across EU member states.

On the other hand, I consider that healthcare professionals (both doctors and pharmacists) should remain the primary source of health information. The different characteristics of every nation require a more personalized way of communication and information, which could only be reassured through the personal relationship and contact which is cultivated and maintained among the health professional and the patient.

Today's needs for information and knowledge considering prescribed medicines tend to be different in proportion to sex, age, social and working position as well as the level of education. The health professional using his scientific identity is in the most appropriate position to give consistent, unbiased and patient-oriented information about the medical treatment that the patient is taking.

Special care should be taken off, so that health professionals receive an up-to-dated, objective and reliable information both from the field of pharmaceutical industries as well as from the state itself. This can be achieved via specialized seminars and presentations and also audiovisual or written material distributed to them.

There is a need for a more personalized type of information which can not be achieved through internet but only through personal contact. This type of contact can and should be carried out with the patient's doctor or pharmacist who is well aware off the patient's personal case and its special characteristics.

In my opinion a more appropriate rapprochement would be the creation of a patient- pharmacist – doctor - pharmaceutical industry network which would work in such direction. Each time that the patient has any questions about the type of medicine that was prescribed to him, he could directly contact his pharmacist via e-mail. In case that the pharmacist can not answer the patient's questions, he could forward the e-mail filled with his own observations to the doctor who prescribed the medicine and the last, in case of lack of knowledge, to the producer pharmaceutical industry, filled with his own observations.

Respectfully,

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