Prescriptions Aren't Making Patients Safer

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Corey Friedman

Illnesses are ignored, and chronic conditions go untreated as the coronavirus crisis conspires to keep Americans away from their family doctors.

More than a third of primary care physicians had furloughed office staff by June 1, according to a survey cited in JAMA, the Journal of the American Medical Association. Another survey showed 97% of 724 medical practices polled were losing money in the pandemic's early days.

People are postponing doctor appointments and steering clear of clinics where fellow patients could be turning up with COVID-19 symptoms. As a result, providers are writing fewer prescriptions. Adults are going without safe, effective medicines that may improve their health or even lengthen their lifespan.

One solution, the Cato Institute suggests in a white paper released last month, is to let people skip the waiting room and go straight to the pharmacy. Most medications should be available over the counter, authors Jeffrey A. Singer and Michael F. Cannon contend.

"Government-imposed prescription requirements create unnecessary barriers to beneficial drugs, including by encouraging excessive drug prices," the paper argues. "The evidence that suggests such requirements harm rather than help consumers becomes more plausible when one considers how both physicians and government have steered consumers toward hazardous drugs."

By initially requiring prescriptions for second-generation antihistamines such as Claritin, Zyrtec and Allegra, Singer and Cannon write, the Food and Drug Administration encouraged allergy sufferers to buy older medications such as Benadryl that were sold over the counter but had a spottier safety record.

Making the emergency oral contraceptive Plan B available without prescription or age requirements took more than 12 years, even though there's no overdose risk. Opponents didn't care about patient safety. They wanted the prospect of a stern gatekeeper in a white coat to control women and girls' sexuality.

While the "morning-after pill" is now available OTC, birth control intended for routine daily use still requires a prescription. That dichotomy discourages family planning, and it makes the United States more restrictive than two unlikely bastions of freedom: China and Cuba, where birth control is prescription-free.

As the opioid epidemic raged, the FDA dragged its feet on allowing the lifesaving overdose antidote naloxone to be dispensed without a prescription. States bypassed the bureaucracy by directing pharmacies to sell the drug under standing orders from public health physicians. Naloxone is safe and effective and has no potential for abuse.

Cato researchers say the solution is simple: Congress can rein in the FDA by eliminating its power to set prescription requirements.

Only a fraction of the more than 20,000 FDA-approved medications are widely abused. Most pills, capsules and tablets on those towering shelves behind the pharmacy counter won't get you high. No one's snorting blood pressure medicine or overdosing on athlete's foot ointment.

When it comes to painkillers, sleep aids and other medicines where dependence and misuse are a genuine risk, the drugmakers themselves could require physician approval. Insurance companies can incentivize doctor visits through drug benefit levels and copays.

"The threat of tort liability would push pharmaceutical manufacturers to require authorization from a physician or other competent medical professional before consumers could purchase unusually dangerous drugs," Singer and Cannon write. "Even without a statutory requirement, consumers would continue to consult health care professionals before accessing certain drugs when they see the need for expert advice."

Phasing out prescriptions wouldn't put family doctors out of business. It may take a bite out of urgent care clinics' business model, which largely consists of churning out pharmacy permission slips for patients whose common ailments don't require an emergency room visit but can't wait for a primary care appointment.

At these modern "doc in a box" establishments, a health care provider — usually a physician assistant or nurse practitioner — will enter the exam room with a laptop. You'll hear mouse clicks or keystrokes as you describe your symptoms. In no time flat, you'll receive a computer-generated diagnosis. The software suggests which drug to prescribe. All that's needed is a human signature.

Every WebMD search shouldn't require a stint in the exam room. Maybe it takes a pandemic to strip away the pretense and expose the walk-in medical visit as the transactional two-step it's always been.

Corey Friedman is an opinion journalist who explores solutions to political conflicts from an independent perspective. Follow him on Twitter @coreywrites. To find out more about Corey Friedman and read features by other Creators writers and cartoonists, visit the Creators webpage at www.creators.com.