Summary points

Switching of prescription drugs to over the counter availability is increasingly common

The classes of drug available over the counter are expanding to include those used for prevention of serious illness

The main motives are pharmaceutical firms' desire to expand their market, attempts to reduce drug bills, and the self care movement

Contributors and sources: All authors conduct research into how drugs are developed. JPC's main area of interest is pharmaceutical reimbursement and he is senior research associate at Erasmus University, Rotterdam. JPC was responsible for article content, survey design, acquisition of sources and data, analysis and interpretation of sources and data, drafting of the manuscript, and critical revision of the manuscript. CP participated in writing the article, acquisition of sources and data, analysis and interpretation of sources and data, and critical revision of the manuscript. CPC participated in writing the article, analysis and interpretation of sources and data, and critical revision of the manuscript. JPC is guarantor.

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Corrections and clarifications

Supporting surgery for obstetric fistula In this news article (*BMJ* 2004;329:1125, 13 Nov) we mistakenly said that Dr Shereen Bhutta was chief of obstetrics at the Jinnah Postgraduate Medical Centre, whereas in fact Professor Khurshid Jehan Noorani is the centre's head of the department of obstetrics and gynaecology; Dr Bhutta is associate professor in the department.

MMR: What they didn't tell you In the review of this Dispatches television programme, the author, Abi Berger, stated that the results of a study conducted by Dr Nick Chadwick "were not made public" (BMJ 2004;329:1293, 27 Nov). She meant that the results were not presented at the press conference held in 1998 that effectively sparked off the health scare about the measles, mumps, and rubella (MMR) vaccine-not that the results were not in the public domain at all. The results had been published in the Journal of Medical Virology (1998;55:305-11).

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Our latest interactive case history is on avoiding drug error in primary care. There are many causes of drug error, but the most common one is breakdown in communication between doctors and patients and other members of the primary care team.1 Our learning module explains why this happens and how to put in place procedures to stop it happening. It is not just about learning communication skills: the module also points out recent changes to prescribing information in Britain, such as the new advice that risperidone and olanzapine should be avoided in patients with dementia as they increase the risk of stroke in such patients.2 To find out more about avoiding drug error in primary care, try our new learning module on bmilearning.com.

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