

Clinical Pharmacology – The European Challenge

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In 1970 a WHO report on Clinical Pharmacology was published (WHO, 1970) in which a study group formulated the principles of clinical pharmacology as they saw them. At that time departments of therapeutics existed in UK medical schools, but the specialty of clinical pharmacology was in its infancy. It is therefore worth considering how things have developed in the past 22 years, not only in the UK but in Europe as a whole.

In 1986 the WHO set up a further Working Group on Clinical Pharmacology in Europe. This included at various times up to 13 eminent members from a variety of European countries, who prepared three papers which were published in the *European Journal of Clinical Pharmacology* (WHO Working Group on Clinical Pharmacology in Europe, 1988, 1990a,b). These papers covered separate aspects of the specialty. The first (Working Group in Clinical Pharmacology in Europe, 1988) examined the links between clinical pharmacology and the health services of countries in Europe. It demonstrated the integral importance of clinical pharmacology in a variety of aspects of health care delivery; patient care, drug information, pharmacoepidemiology including adverse drug reactions, drug concentration monitoring, interaction with general practice, clinical trials, and involvement in central drug regulation agencies. The second (WHO Working Group on Clinical Pharmacology in Europe, 1990a) covered the teaching and organisation of clinical pharmacology in European medical schools. A total of 350 questionnaires were sent out; 230 were completed, but with unfortunately low returns from the old USSR, Greece and Portugal. This survey illustrated the range of involvement of clinical pharmacologists in teaching medical students, and the different staffing levels and teaching hours in different countries of Europe. Those in the UK should be interested that there were a mean of 3.2 posts in clinical pharmacology per medical school (range 0–6). In terms of a European League table the UK was bettered only by Sweden (mean 3.3 range 0–13). The third paper (WHO Working Group on Clinical Pharmacology in Europe, 1990b) covered the most challenging area, the potential link between primary health care and clinical pharmacology.

Questionnaires were also sent out to medical schools and health ministries in countries in the WHO European region. Answers were collated and edited by Professor Michael Orme and have now been published by the WHO, together with the full text of the three papers mentioned above, in a WHO regional publication *Clinical Pharmacology; the European Challenge* (WHO Regional Publications European Series number 39, 1991). Political changes during the collection of returns obviously causes some uncertainties, particularly in Germany, the old USSR, and Yugoslavia. Nevertheless this booklet provides an interesting overview of the progress, and

Table 1 The spread of clinical pharmacology in Europe as reported to the WHO Working Group (Taken from data provided in the WHO publications)

	<i>Department/Units</i>	<i>Individuals</i>
Belgium	7	5
Bulgaria	2	
Czechoslovakia	20	
Denmark	4	
Finland	3	
France	21	
Germany	10	
Greece	2	
Hungary	8	15
Ireland	5	
Israel	7	
Italy	3	
Netherlands	4	3
Norway	3	
Poland	6	
Spain	12	6
Sweden	5	
Switzerland	5	2
Turkey	0	
UK	29	
Yugoslavia	3	5

sometimes lack of it, of the discipline in the countries of Europe. For each country the WHO booklet includes three sections, the first on teaching, service and research; the second on long term plans; and the third giving the name and address of the National Association. Maps are included with the location of departments, units and in some cases individuals. From these maps it is possible to derive an overview of the impact of clinical pharmacology in the 21 different countries (Table 1), from whom returns were obtained. On a simple headcount the UK seems to come out well in Europe. There are some worrying comments. For example Turkey appears to have no formal department of Clinical Pharmacology, and to lack any plans for the development of the specialty. There are also some common themes. Several raconteurs refer to lack of funds as a reason for poor progress towards the desired aims of the country's professional clinical pharmacology group. A professional group will naturally wish to lobby for funds by demonstrating its worth to a variety of authorities including Departments of Health, Universities and perhaps most importantly professional colleagues. In this respect comparison with other countries is sometimes useful. Nevertheless it is easy to read this book and feel there is perhaps a fair amount of 'wringing of hands' but not necessarily a great deal of progress.

Is there anything therefore here that will help us through the next 20 years? In most countries clinical pharmacology is established in teaching and research at

universities. The most important challenge identified in this book, and in the article published originally in the *European Journal of Clinical Pharmacology*, is the link between clinical pharmacology and primary health care. Most drugs are prescribed outside hospitals (in cost terms in the UK approximately 6:1) and it is here that the expertise of the clinical pharmacologist is often most appreciated by the practising doctor. In the UK the Indicative Prescribing Scheme provides data that will allow sensible discussion of therapeutic issues with the general practitioner. As practising clinical pharmacologists we have a responsibility to ensure that the specialty is, as the politician would say, 'safe in our hands'. To do this we must not stand idle, but must continue to seek actively new areas for both research and clinically relevant input. In my view primary care is one potential gold mine, and if this booklet from the WHO does no more than alert us to that potential it will have done its job well. I hope you will read it and be stimulated into action.

References

- WHO Regional Publication, European series No 39 (1991). *Clinical Pharmacology. The European Challenge*. Geneva: WHO.
- WHO Technical report series No 446 (1970). *Clinical Pharmacology, scope, organization, training: report of a WHO Study Group*. Geneva: WHO.
- WHO Working Group on Clinical Pharmacology Europe (1988). *Clinical Pharmacology in Europe: an indispensable part of the health service*. *Eur. J. clin. Pharmacol.*, **33**, 535-539.
- WHO Working Group on Clinical Pharmacology in Europe (1990a). *The teaching and organization of clinical pharmacology in European Medical Schools*. *Eur. J. clin. Pharmacol.*, **38**, 101-105.
- WHO Working Group on Clinical Pharmacology in Europe (1990b). *Clinical Pharmacology and primary health care in Europe. A gap to bridge*. *Eur. J. clin. Pharmacol.*, **38**, 315-318.

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