
THE

House of Assembly Debates

(OFFICIAL REPORT)

SECOND SESSION 1976 – 81

HOUSE OF ASSEMBLY

Tuesday, 30th September, 1980.

Pursuant to the adjournment, the House of Assembly met at 12.20 p.m. o'clock.

PRESENT

His Honour W. C. B. HINDS, J.P., (Speaker); Mr. R. St. C. WEEKES, J.P.; Hon. L. S. CRAIG, (Minister of Housing, Lands and the Environment); Hon. Miss B. A. MILLER, (Minister of Health and National Insurance); Hon. L. B. BRATHWAITE, (Minister of Agriculture, Food and Consumer Affairs); Mr. J. G. ODLE, B.Sc., (Chairman of Committees); Mr. M. C. C. WARD; Hon. H. B. St. JOHN, Q.C., LL.B., (Deputy Prime Minister, Minister of Trade, Tourism and Industry) (Leader of the House); and Mr. DeL. O. BRADSHAW.

Prayers were read.

Hon. C. L. BOLDEN and Rt. Hon. E. W. BARROW entered the Chamber and took their seats.

MINUTES

Mr. SPEAKER: I am advised that there are no Minutes ready for confirmation. I take it that hon. members would be appreciative of the circumstances which have led to the present situation, and I do hope that at our next meeting we will be able to offer Minutes for confirmation.

GOVERNMENT BUSINESS

Hon. H. B. St. JOHN: Mr. Speaker, Order No. 1.

Mr. SPEAKER: Order No. 1 is the instant order of the day.

Rt. Hon. E. W. BARROW: Mr. Speaker, on a point of order, I should like to draw certain circumstances to Your Honour's attention. The members on this side, I can only speak for the members on this side, received the Order Paper only on entering these precincts; to be a little more specific on entering this Chamber itself. Notice was given of some of these orders on the 23rd September. Order No. 1 was given on the 23rd September; Order No. 2, the Bill was read a first time on 9th September; Order No. 3 similarly. To these we have no specific objection. Order No. 4, the Bill was read a first time on 16th September, and is supposed to have appeared in the Official Gazette on 22nd September; Order No. 5, notice of the Resolution was given on the 23rd September; Order No. 6, similarly on 23rd September, that is a week ago; Order No. 7, 23rd September, but when it comes to Order No. 8 all the way down to Order No. 12, Sir, notice of each of them was given on 26th September, and we have not received any copies although it is declared on the Order Paper that the Bill appeared in the Official Gazette and the Resolutions on 29th September. So a large number of these matters have not been brought to the attention of hon. members of the House in a formal way so that they could be studied and a useful contribution made to the debate. I do not know what the reason is or what the hurry is, but obviously we cannot do our duty as representatives in this Chamber if we are going to be presented with the Order Paper only upon entering the House, and then even after being presented with the Order Paper we only have the Bill to amend the Defence Act of 1979, the Minutes of the 16th September, one reply to a Parliamentary Question which was laid, and an Act to provide for the Establishment of the Office of Ombudsman for the very first time, although I had stated earlier that copies of that Bill and the first reading of the Bill to establish the Office of Ombudsman was made as long ago as 23rd September. It is only today upon entering this Chamber that even that Bill itself, Order No. 6, has come to the attention of hon. members.

Hon. H. B. St. JOHN: Mr. Speaker, I understand the position taken by the Leader of the Opposition. I myself am in a similar position, and indeed upon entering into this Chamber I immediately enquired from the relevant authorities the reason for the lack of circulation as is customary. It is not, definitely not, the intention of the Government to proceed with any measures which have not been in circulation previously. None of those measures which have not been circulated or have been circulated at such a late date that hon. members did not have the opportunity of the usual and customary period of at least a week of receipt in their hands will be proceeded with today; but there are a number of items on the Order Paper which have previously been in circulation for a long period of time, and we propose to deal with them. I may say, also, that in respect of four matters, my understanding is that they were distributed on Friday here, but regrettably some members did not have the time in the course of the debate to appreciate the fact that they were receiving matters to be dealt with in a subsequent session of the House, and a large number of them, I understand, were left on the Table.

Mr. SISNETT, Mr. TAITT and Mr. GREAVES entered the Chamber and took their seats.
12.30 p.m.

In the circumstances even in respect of these matters we will not be proceeding with them. The ones that have been circulated according to our reckoning for a sufficient period of time, Items 1, 2, 3 and 6 are the ones that we propose to deal with today. They have been in circulation for a long period of time. Technically Item 1 was one that was left. If the hon. member has not had sufficient time to deal with that Resolution, I will not proceed with that but I will certainly proceed with Item 3 which has been in circulation for a period of time.

Item 2 will be the First Item of the Day. That has been circulated. Notice was given on the 9th September, 1980. I notice that Item 1 was one of those items that was left here on the table and as I explained it was pointed out that many members would appreciate that on Friday these were distributed and they left them here on the table. They just did not carry them away. My instructions are that they were put on the table but members did not appreciate the fact that they were in respect of a future sitting and they left them so as far as I am concerned that is an inadequate circulation and I will not deal with any of these matters. We will deal with the ones which have been in circulation for a long period of time, that is, Items 2 and 3.

Mr. SPEAKER: I, too, received my bundle at a late hour this morning immediately that the papers were received from the Government Printers. What I did at that time, I sat with the Clerk, I went through the Order

Paper and made a thorough study of what matters should be permitted for debate today in the event that no objection was raised by any hon. member because I had then discovered that hon. members would not be able to receive their papers until they had arrived at this Honourable House.

I heard the objection raised by the Hon. Leader of the Opposition but I want to assure him that before he had raised his objection I had already examined the matter and made up my mind as to what should be done and what should not be done under the circumstances but I too very much regret that the Order Papers were not available to members at an earlier hour.

Hon. H. B. St. JOHN: Order No. 2.

Mr. SPEAKER: First withdraw Order No. 1.

Hon. H. B. St. JOHN: I had asked that Order No. 2 be the First Order of the Day's Sitting.

Mr. SPEAKER: The Hon. Leader of the House is seeking to withdraw Order No. 1. If there is no objection, Order No. 1 will be withdrawn. Order No. 2 is the Instant Order of the Day.

DRUG SERVICE ACT, 1980

Order No. 2 was called — To move the Second Reading of a Bill to provide for the establishment of a Drug Service for Barbados.

Hon. Miss B. A. MILLER: Mr. Speaker, Sir, it is with a very great sense of occasion that I rise to move the Second Reading of the Barbados Drug Service Bill, 1980. This is in fact the legislative beginning of the Barbados National Health Service. I have said time again both in this Honourable House, Mr. Speaker, Sir, and outside of it that the Government had decided that the National Health Service would take the form of a series of services which the Government would phase into execution over a period of time.

The Barbados National Health Service together with recent legislation in respect of tenancies, Mr. Speaker, Sir, make up a significant percentage of social legislation which is being passed through this Honourable House by the Government during this session. I do not think that the importance and the magnitude, the quality and the content of the social legislation which is currently passing could escape the notice of the average Barbadian man and woman in the street and the National Health Service is a large part of it.

The National Health Service is yet another Manifesto promise which begins to come true within the term

that it was planned for. It is my belief, Mr. Speaker, Sir, that the Barbados National Health Service is perhaps the largest service and scheme of its kind ever to be launched in this country. It is a service which is designed to touch every single living soul in Barbados. It is massive, Mr. Speaker, Sir, and this is only the beginning.

I have said before in this Honourable House and I take the liberty to say again that when compared with other services and to other schemes, the huge content of the Barbados National Health Service is something which is difficult to take in anyone speech or in one sitting of this kind.

We have, for instance, the National Health Scheme in Barbados, a scheme which was borned within the Barbados Labour Party during the 1950's as an idea. It was implemented during the 1960's by the Democratic Labour Party and Barbadians today reap the fruit of that National Insurance Scheme and yet, that National Insurance Scheme, Mr. Speaker, Sir, only touches the Barbadians who work. At any given moment between 80 to 100 Barbadians are workers, depending on the time of year, Mr. Speaker. They work in the two main-stays of the Barbadian economy, namely, Tourism and Sugar but the National Insurance Scheme only touches those of us who work. We have an Educational System in this country, Mr. Speaker, Sir, which is the result of a whole long series of countries offering social legislation in itself. 12.40 p.m.

But again, the Education System, of which we are so rightfully proud, in Barbados and for which we receive such great praise in this part of the Caribbean still, Mr. Speaker, Sir, only touches those who go to school, which is mostly the young population and those who teach in that system. If you want again, by way of comparison, to look at the Income Tax Scheme which governs this country and again, a Scheme for which we are rightly proud, again it only touches directly, those of us who pay taxes and so, you see, Mr. Speaker, Sir, what I am coming to describe is that the Barbados National Health Service is larger in concept and is going to be larger in implementation, than any, or all of those schemes which I have mentioned.

The Barbados National Health Service, when it is implemented is meant to touch every man, every woman, every child in Barbados, at every stage of their development, from the moment you are born, you are born into the National Health Service, until the moment that you die, the National Health Service is still looking into what remains of you. Now, the first stage of the Barbados National Health Service, is the Barbados Drug Service and we have the Legislation before us in the form of the Barbados Drug Service Bill today.

Now, Mr. Speaker, Sir, the main intent of the Bill – and I will just briefly give a synopsis of the intent of the Bill – is that it establishes the post of a Director of the Barbados Drug Service and his main job is to ensure that we will always have, at any given moment, an adequate stock of drugs available at all times and at reasonable prices in Barbados. The Bill will also – as we come to a later stage, we will see that the Bill will also provide for this Director to arrange and to contract with persons either local, or overseas – depending on where we can get the best prices, and the best quality – for provision of drugs for the Drug Service.

The Bill also provides for the preparation of a Drug Formulary, Mr. Speaker, Sir and a Drug Formulary Committee. The fact is Mr. Speaker, that we have already in existence, the Barbados Drug Formulary. This is the first edition, published in September, 1980, as we see printed on the outside of it. In the early years of the Barbados Drug Service, the Barbados National Formulary is going to be printed on a twice yearly basis, in other words, half yearly, every six months, you are going to have a new edition. There are reasons for this. By tendering for drugs on a half yearly basis, we are hoping to prevent the possibility of any shortages of drugs, by tendering for drugs on a half yearly basis, we are hoping to benefit, by way of the best prices for the best quality of drugs.

The Bill also, Mr. Speaker, Sir, provides for the establishment of a Drug Formulary Committee. That Committee, Mr. Speaker, Sir, is already in existence, is already working and is partially responsible for the fact that the first edition of the Barbados Drug Formulary is already in the hands of every doctor, every pharmacist and any other such allied health person who is interested in having it, may have a copy of this National Formulary.

The Formulary Committee, Mr. Speaker, comprises a number of persons, the President of the Barbados Pharmaceutical Society, who has worked, the Society, as a whole, the Executive Council of that Society has worked, very closely with the Government and with the Ministry of Health in the formulation of this National Formulary. The President is Mrs. and it is not a man, I do not know why you have to assume that it has to be a man, the President is Mrs. Edna Franklyn and she is on the Formulary Committee, Dr. Jane Yeo, who is a general practitioner and sits on the Executive of the Barbados Association of Medical Practitioners, is their nominee to the Drug Formulary Committee, Dr. Henry Frazer, who is the only Pharmacologist in Barbados and who is of the staff of the University of the West Indies and working here at our Queen Elizabeth Hospital is also on the Formulary Committee, Dr. Graham, who is the Chair Person of the Queen Elizabeth Hospital Drug Committee is also on the Formulary Committee, Dr. George Mahy, who is Chairman of the Formulary Committee and who is

the Superintendent Psychiatrist of the Psychiatric Hospital is also on the Formulary Committee, Mr. Noel Parris who is the Chief Pharmacist of the Queen Elizabeth Hospital is on the Formulary Committee, Dr. Rao, who is a Public Health Doctor in charge of the Polyclinic at Warrens is also on the Formulary Committee, so is the Director of the Barbados Drug Service, who is Mr. John Turnbull.

Now, you will see, that among a list of eight persons, you have five doctors on the Formulary Committee and they represent as wide a spectrum of the medical profession, as we could hope to cover, psychiatry is covered, pediatrics is covered, public health is covered, general practice is covered, pharmacology is covered and of course, the pharmacists themselves are represented. That Formulary Committee has worked very hard.

This Formulary, I wish to say, Mr. Speaker, Sir is not written in tablets of stone. It is a document which is constantly under review, by this said Formulary Committee, from time to time. Anybody, in or out of the medical profession can apply for new drugs to come to the Barbados Formulary, or for certain drugs to come off. These applications will be considered by the Formulary Committee and they will make recommendations, as they see fit. Now, this Formulary is a very impressive document Mr. Speaker, Sir. You will see that it has pages of different colours. It has a fairly significant Index, it has guidelines for usage because it is a new thing. It has guidelines to give information of how the Formulary itself is compiled. It has an Index of brand and generic names of drugs on the green pages for easy reference. It has, on the yellow pages, you see in here pharmacological and therapeutic classification of drugs, it has product listing in the white pages including price.

Copies of this Formulary will be found at the Public Library, so that anybody in Barbados can go and check, double check, cross check, if he or she wishes to do so including price. There is nothing to hide there. There is a section which deals with a listing of chemicals and drugs, bulk chemicals and drugs commonly used in Barbados. It has an Appendix and it has abbreviations for use of manufacturers and distributors in the pink pages and it has an alphabetical listing also on the pink pages at the back. So that, anybody who is into this kind of thing and understands how it works would be able very quickly, to pick up this Formulary and find what he, or she needs to buy and this is very important.

Every six months, this Formulary will be reproduced, it would be updated and upgraded. The re-editions will follow each tendering process. We have decided to tender on a half yearly basis because we believe that we can secure better prices in that fashion. So, all of these things referred to in the Health Service Bill, as you can see Mr. Speaker, Sir are underway. This National Formulary represents years of work, it was not printed up so

that I could come in here and style with it today, Mr. Speaker, Sir. A great deal of hard work has gone into it, Sir, a great deal of consultation with doctors and pharmacists has gone into this document.
12.50 p.m.

The Drug Formula Committee has worked hard, so in fact the legislation before hon. members today is the culmination of a great deal of hard work and follows a great deal of hard work.

The Bill also, Mr. Speaker, and this is significant, permits a pharmacist, or druggist as we like to call them in Barbados, to select and dispense certain pharmaceutical products and interchange them on a prescription. In other words, it is possible by this legislation for a doctor to write a prescription for a patient who will take it to a drug store, and it is possible under this legislation for the druggist to change the particular drug prescribed for another drug. Now this is not something new, it is something which has been going on in the profession for many years, and all we are doing is regularising that situation by way of legislation today. The druggist normally will call the doctor and consult him before interchanging and he will interchange with drugs not of a higher cost but of the same or lesser cost. If a doctor wishes not to have a particular drug that he is prescribing changed for a generic drug of another kind, or even a brand new drug of another kind, he must specify that on the prescription, so there is nothing mandatory about this particular aspect of the legislation. If a doctor does not wish to have the druggist to have the power to change the drug he can write on the prescription that no substitution is allowed or that it will not be interchangeable for any other drug.

The Bill, Mr. Speaker, also empowers the Minister of Health, whoever he or she may be, to make regulations covering various aspects of the drug service, and those regulations are already drafted and made. The Bill also enumerates various acts which will constitute offences under this legislation and it also prescribes the punishment for such offences. That generally speaking is the drift of the National Drug Service Bill which is now before us.

Now, Mr. Speaker, there are one or two matters which I need to draw at this stage to the attention of hon. members. We have in existence in addition to the Formulary Committee a Committee also known as the Drug Tenders Committee, and this Committee finds its genesis in the Financial Drug Service Rules 1980 which are already established. Perhaps I should go over the whole process of tendering. What the Government wishes to do, as stated in its Manifesto, is to standardise drugs in this country and to lower the cost wherever that is possible. That is the wording to be found in the Manifesto of the Barbados Labour Party 1976. The Formulary is the act by which we seek to standardise, to

move from brand to generic names. It is not anything which is peculiar to Barbados, it is something which is happening all over the world and particularly in a developing world.

In the Sunday Sun of September 14, Mr. Speaker, Sir, there was an article which had as its dateline Kingston Jamaica and which had as its headline "Move to Reduce Drug Imports" and here too the Jamaica Government we find in the Caribbean is also seeking to go what is called generic. Now if I may explain, Sir, not only for the benefit of hon. members but for the benefit of the Press and ordinary people who will read the report of this debate, every drug falls into a certain generic category and a lot of drugs have brand names. Phensic is a brand name, Anacin is a brand name, Disprin is a brand name and all the 'prins' that you take for headache, all have brand names, but there is a generic name which covers most of that. There is a generic name, in other words, a pharmaceutical name which covers most of that and you will find that if you buy a drug by its generic name it is considerably cheaper than when you buy it by the brand name, because when you buy the drug by its brand name you are paying for all the advertising which goes into the brand name, you are paying for the fancy label on the bottle which goes into the brand name, you are paying for the ton of cotton wool which goes into the bottle, you are paying for the fancy stopper which goes into the brand name and all the fancy advertising that you see on the T.V., the radio, the Press and in magazines. Every time you buy a bottle of Phensic or whatever else you buy you are paying for all of that and that is why the drug industry or the pharmaceutical industry is the second highest most profitable industry in the entire world. The advertising industry itself by its very nature, Mr. Speaker, is the most profitable industry in the entire world, to be followed by the pharmaceutical industry. That is all well and good for developed countries, although developed countries themselves today are revolting against the high cost of drugs, but particularly in developing countries such as Barbados, Mr. Speaker, Sir, we cannot live with a situation especially in a country where we produce little or no raw materials for the manufacture of drugs or any other pharmaceutical products, it is very difficult to ask developing countries such as our own, Mr. Speaker, to live with a situation where persons can make themselves millionaires out of the drug industry, and we are not as a Government prepared to permit it in Barbados.

People who work in the pharmaceutical industry have to make a living and I will show in due course that the Government is doing everything possible to work and cooperate with them and to invite them to work in cooperation with us so that we do not have any redundancy in the pharmaceutical or drug industry in Barbados. We do not want to put anybody out of

work but we are not prepared for people to become millionaires in a place like Barbados at the expense of the health of all the people. It is impossible in a country such as ours for all drugs to be free to all people. There are very few countries in the world, if any, where that is true, and in the countries like Cuba where it is true the price is astronomical. What we aim to do in Barbados is to make all drugs less expensive to all the people who require their use and to whom they must be made available, and availability is also very high on the list of our priorities in this matter of the Barbados drug service. Now what we are seeking to do in Barbados then, Mr. Speaker, is to go generic wherever possible. I do not want anybody running out of this Hon. Chamber with the impression that we are going generic full stop.

1.00 p.m.

Brand name drugs will still be available in Barbados; there will be no attempt to stop persons from continuing to import brand name drugs. There is no attempt to prevent doctors from prescribing brand name drugs. There will be an attempt to try to educate doctors to go generic, but there will be no brow-beating of the profession into going generic. We will be soliciting their support as you will see in the composition of the Formulary Committee and of the Tenders Committee. We are trying to solicit their support. We have tried to bring them in as far as possible in the greater part of the planning and of the execution of this service.

Now the acquisition of drugs is very important in Barbados because the truth is that we import almost all of our drugs. There is a small manufacturing sector in Barbados, but the fact is that we import the greater percentage of drugs which are used in Barbados, and that goes to the very heart of the matter because like many other developing countries, the fact that we import goes to the matter of costs and this is the problem with drugs in Barbados, not so much availability. Most drugs are available in Barbados, but it is the cost of drugs. Too often in this country people will go to their doctors, they will struggle to pay the doctors' fee, but when the doctor hands them the prescription and they find themselves in a drug store, they will often find that the cost of the prescription exceeds the cost that they paid the doctor to see them and give them a prescription in the first place. We are in a situation in Barbados, Mr. Speaker, where we have a high incidence of diabetes which is commonly known as sugar, and a high incidence of hypertension which is commonly known as high blood pressure. They tend to be black people's diseases, but in Barbados we have a commonly high incidence of these two diseases.

It also happens, Mr. Speaker, that the drugs for the management of hypertension and diabetes are very

expensive drugs, and this is all the more reason why we have to look to go generic wherever we can and wherever we can get the best quality at the best price, and that is why we have to look to see how we can lower the cost of drugs, and this is how we have gone about it. We have invited the private sector to come into this whole venture with us because I do not wish to see in Barbados a situation where in the dispensaries which are located in the polyclinics and the health centres you are selling drugs at one price and in the private sector you are selling drugs at another price. In other words, Mr. Speaker, the Government does not wish to go into competition with the private sector on the matter of drugs. It is far too fundamental and basic to the matter of health care delivery in this country for us to encourage that kind of situation. What we are seeking to do is to have a standard price which is the best price that can be obtained.

Now we have a Tenders Committee which is quite separate and distinct in its function from the Central Purchasing Department of Government and from the Central Tenders Committee of Government. Everybody knows that there is something called the Central Purchasing Department. It is not a department which is popular in the Ministry of Health, and let me say so now, and it was made very clear to the Cabinet and the Cabinet took the point that the matter of drugs would be separated out from the Central Purchasing Department and that drugs were so fundamental to the health care system, and drugs were such a critical and essential product that it had to be taken out of the Central Purchasing Department system. So we have our own Central Purchasing system for drugs. It is not like chairs for the Library, it is not even like printing paper for the Government Printery. When drugs must be available, they must be available. You can do without chairs in the Library if you had to, you can even do without printing material for the Government Printery if you had to, but when you need drugs for persons in our hospitals and when we need drugs to be dispensed at our clinics and we need drugs to be dispensed in our health centres, they must be available and so for that and other reasons the whole business of drug purchasing and tendering was taken out of the Central Purchasing system, so we have our own independent system. What we want to do is to tender for all the drugs which come into Barbados, drugs for the public sector and drugs also for the private sector, and as I have said before, the private sector is cooperating with Government in this venture, and so we have set up a Drugs Tenders Committee because under its purchasing system we have our own drug service financial rules and the Drugs Tenders Committee has on it the Director of the Drug Service who was the chairperson of that Committee, it has on it the Chief Supply Officer from the Central Purchasing Department. We are hoping he will learn something from our operation, and it is necessary for him and the Chief Supply Officer to keep a weather eye on our operations. We also have somebody from the

Attorney General's Chambers, in other words, a legal person who can keep an eye on the contracts which we sign with the various drug manufacturing firms. We have again Dr. Jane Yeo who is the nominee from the Barbados Association of Medical Practitioners, we have a Mr. Noel Parris who is the chief pharmacist at the Queen Elizabeth Hospital, we have Mr. George Yearwood who is the Assistant Director of the Barbados Drug Service and we have Mr. Clarke who is the representative from the Barbados Pharmaceutical Society on that Committee.

Since we have set up that Committee the doctors have insisted that there is too great an imbalance. In other words, they want to see more doctors on that Committee. We have looked at their application, we are satisfied that it is a genuine complaint or a genuine desire and I have acceded to it and so eventually we are going to have more doctors on the Formulary Tenders Committee. Now what has happened is that earlier in the year, about June or July tenders went out all over the world for the supply of a whole list of drugs on this Formulary. Tenders came in, this Committee sat and it sought the best quality and the best price, and that is what is published today in the Barbados Formulary, that kind of information.

Now I wish to say a few words with respect to the cost of drugs. Standardising I believe I have tried to explain to hon. members. Prior to September of this year, in other words, prior to the first of this month because today is the last day of September, we had a situation operating in Barbados where all drugs imported into Barbados attracted an import duty of not less than 15%. Part of the effect of the drug service is that the Government has removed the 15% import duty from drugs. That is an immediate saving. You do not have to be a Solomon, Mr. Speaker, to see that the 15% import duty coming off drugs would constitute an immediate reduction in the cost of drugs. In addition to that, the cost of drugs is further reduced and these reductions are going to be seen, I would say, by the end of this year, perhaps by December; certainly by Christmas you will be able to see them because we have managed to persuade importers from the Pharmaceutical and Drug Industry in general in Barbados not to go too heavy on the importation of drugs at the old prices. The new stock coming at these new lower prices will begin to get into the market just at about this time, and as the weeks go on we are going to see these reductions actually in our purses and in our pockets when we go into the pharmacies and drug stores.

Now in addition to the fact that the Government has removed the 15% import duty, the c.i.f. value of drugs is going to be reduced by the very fact of bulk ordering. Now again this is an area where there can be serious misconception. Bulk ordering, Mr. Speaker, does not mean that the government is going to import 10 million aspirins and store them up in a warehouse on the first day of January so that by the first day of June they have all turned to powder

or rotted or got damp or the mice or the cockroaches have got at them. That is not how bulk purchasing operates, and it is necessary for me to say this because people who want to detract from what we are trying to achieve will come with that kind of cheap misconceived argument.
1.10 p.m.

Bulk purchasing as far as the Barbados National Drug Service is concerned means that you will look at a whole set of drugs with a view to purchasing a year's supply at a time. It means, and this has already been done, that you have spoken to all of the teams and you have an idea of the quantity of any particular drug that may be required for use in Barbados over a period of a year and you are tendering for that amount, that year's supply of drugs but it will not be delivered except as you require it, so it is possible to say that you have tendered and you have contracted with a Manufacturing house for a year's supply of Aspirins for Barbados to be delivered to Barbados on a monthly basis, if that is the basis on which we want them or we may decide that we want delivery on a quarterly basis but purchasing does not mean warehouses mushrooming all over Barbados stocked with drugs. It does not mean that at all. It means that you purchase in bulk or you buy to get the best prices and the best quality but you deliver or you take delivery of these items as and when you wish.

Now by virtue of bulk purchasing, in other words, the bigger the bulk you buy the better the price you buy, we are hoping to realise, Mr. Speaker, something in the region of 20% reduction in the cost. I am tentative with this figure simply because we have just done the first tender and we are now monitoring the percentage of saving that will come about and it is not possible that at the end of September, having done your first tender for the 1st September to know exactly what percentage of savings you are going to make by virtue of bulk purchasing, but it looks to me in the vicinity of 20%.

We have very carefully looked at some of the new drugs coming and in some areas you can see straight away we have made as much as a 25% savings. In other areas we have not made any saving at all but we are hoping that we will not see any increase in cost. That is what we are hoping.

If I may give you an example, Mr. Speaker, Sir, in respect of the Geriatric Hospital at Beckles Road, for all of the drug items bought in the month of April this year, we paid something like \$9,262,000. In September, the month in which we now are at, this month of September, 1980, in this same year, those same drugs for that same Hospital cost \$7,398,000. Already without drug purchasing savings being fully recognised, and being fully benefited from, we are seeing a saving of nearly \$2,000,000.

Now this Formulary has been published and it has become operative as from the 1st September this month. I want that to be quite clear. Now, Mr. Speaker, Sir, there are for the benefit of hon. members certain points which I must make and let me give some concrete illustrations in respect of this Formulary because people must understand it clearly. If you open this Formulary, Mr. Speaker, Sir, say at page 22 — I am quite willing for the other side to have a copy of the Formulary, if the Clerk would oblige me, Mr. Speaker, Sir, — at page 22 you open up this Formulary, you will see very clearly, Mr. Speaker, Sir, that there is a drug called Valium. It has become, unfortunately, very popular in a developing country like Barbados. It is a tranquilliser. Now Valium is a brand name. The generic name of that drug, and you have to pardon me with these high sounding names. I hope I am getting it right. The generic name and I hope the learned Doctor, the hon. member for St. Michael North Central would correct me I am sure, if I mispronounce the word. I believe that the generic name for Valium is Diazepam. It is a tranquilliser.

Now, in April of this year, Valium was sold at \$81.79 per thousand. Diazepam, that is the generic name, Appo-Diazepam is the correct generic name is going now at \$5 per thousand. Now that is a dramatic jump. That has gone up. It is all here. It is nothing to hide. The hon. member for St. Michael North Central will say if I am wrong. I will repeat it again for the benefit of the hon. member for St. Michael North Central. These are the benefits of going generic. Valium brand name, generic name Diazepam. At April of this year 1980, Valium was retailing at \$81.79 per thousand. At present Diazepam retails at \$5 per thousand.

I have said just now that Diabetes is something which attacks large numbers of Barbadians. Insulin is a common drug for the treatment of Diabetes. We have so far realised an 8.5% savings in the cost of Insulin and we do not think that this is satisfactory and we are at present trying to negotiate to get a better savings in the cost of this.

Let me turn to another page, Mr. Speaker, Sir, page 16, of the National Drug Formulary and I have deliberately selected a drug which is used in the treatment of Hypertension or High Blood Pressure. By generic name it is Methyldopa, I think. I hope I have the right pronunciation, Mr. Speaker, Sir. The generic name of this drug at page 16 is Methyldopa and the brand name Altomet, \$97.20 per thousand. That is the price that we have now as a result of the Barbados National Health Service. In April of this year, 1980, Altomet was \$293.96 per thousand.
1.20 p.m.

Also within that same generic pool is Carnet which happens to be manufactured in Barbados at a price

\$79.00 per thousand. That is the best price of all because the National Formulary, even though it has gone generic and contrary to popular belief, still leaves a fairly wide margin for selection. Those are the kinds of benefits which Barbadians will hope to see arising from the Barbados National Drug Service and I am not finished yet, Mr. Speaker because there is still another area where we are hoping to see even further reduction, in the cost of drugs and this has to do with the mark-up.

Now, in former years, and even at this time, there exists a situation in Barbados, where generally speaking, there is a 50% mark-up on drugs. In other words, if an item retails at \$10.00 — for easy arithmetic — there is a 50% mark-up and by the time it retails in the drug store for you, or for me. Mr. Speaker, Sir, it is \$15.00. When you get in the higher reaches where the drug costs over \$20.00, \$30.00, sometimes the mark-up is reduced to about 40%. This is generally prevailing in the industry and I am sure that the Hon. Member for St. Michael North Central will confirm that this is so.

We are trying, in the National Drug Service, to reduce that percentage of mark-up. We had arrived at a percentage and a formula, but I am not satisfied Mr. Speaker, Sir, that that formula gives the best of the deal to the Barbadian public and so, the Ministry of Health has gone back to the Pharmaceutical Society to renegotiate this business of the mark-up. Now that we have got these new drugs, coming, generic drugs in greater bulk, we have got going at the moment, a survey, so that we can see and monitor the results of what we are trying to achieve. But, we are in the process now of renegotiating what we hope is going to be a better mark-up on drugs and if we can achieve what we want to achieve — and it would not be proper, this is like the wage negotiations, it will not be proper for me at this stage, to say what we are at — but, if we can achieve what we want to achieve and the mark-up comes down significantly, that will be a first bite in other words, into this apple of the cost of drugs.

We have taken off the 15% Import Duty, bulk purchasing is going to realise something in the vicinity of another 20% reduction and if we can achieve the kind of reduction in the mark-up because druggists still have to perform a duty, they still have to dispense drugs, we still have to pay them for the skill involved in dispensing drugs, so there has got to be a mark-up, because drug stores both in the public and private sector have certain overhead costs which we have to recognise. You have to have a refrigerator for certain drugs, energy costs, there are housing costs and that sort of thing, so you have to have some percentage of mark-up. But, we are hoping to achieve a reduction in that percentage of mark-up which will bring about an even greater reduction in the overall cost of drugs.

Now, all of what I have been talking about Mr. Speaker, Sir, is in the mill grinding up, so to speak. All

of this started on the 1st September without any fanfare. This is the first major publicity which it is getting and I am hoping that as the new stocks come in — it is true that here have been one or two shortages in the area of drugs and this is the reason for it Sir. We have been holding off in quoting at the old prices and hoping and the time has arrived now, where we are beginning to get the new stock coming in, at these new, better and lower prices.

Now, Mr. Speaker, I am still not finished. Built into the National Drug Service is a special category of persons who are referred to as special beneficiaries. There are people in Barbados who cannot and must not be asked to pay for drugs. Anybody over the age of 65 and you do not have to be a pensioner, I do not care who you are, if you are a rich person and you are over 65, you must have been paying Income Tax all of those 65 or 64 years, you must have contributed to the well-being, the welfare and economy of this country. So, I am not discriminating between Bowring's wife and Gearbox, I am sorry Mr. Speaker, Sir, not when it comes to drugs, not when it comes to health. There is going to be no discrimination against the Rt. Hon. Leader of the Opposition when he gets to be 65, he must get drugs free too. All over 65. These are people who have made this country what it is today. All under sixes who are the future of this country do not now generally speaking pay for drugs, if they go to the clinic. If they go to private drug stores, they pay. It is not the intention of the National Drug Service, that children under six should have to pay for drugs, or that their parents, or guardians should have to pay for drugs for them.

Then, we have another category of people who are going to get drugs at a very specially reduced cost and some of them may get them free and this is that category of people to whom I have already referred, the chronically ill, people who are diabetics and people who are hypertensives. We have a fairly good idea of the numbers of hypertensives and diabetics who belong to certain clinic groups. There are special clinics held in the polyclinics and health centres, in respect of diabetics and hypertensives. We are trying to get together an association and a national list of diabetics, so that we will know who these people are and these people are intended to be special beneficiaries in the National Drug Service. These are people who must depend on expensive drugs, for the rest of their natural lives. You do not cure of diabetes, you do not cure of hypertension. If you are subject to either of those two diseases, or both of them, as is so often the case in this country, you are going to need treatment and maintenance, drug therapy, for the rest of your entire life. In fact, in order to have a fairly normal life, you are going to depend on drugs at one time, or another, on a daily, weekly, yearly basis. In those particular

categories, to begin with because the categories of chronics will extend, I will hope that some day, we will be able to get, Sir, asthmatics, but certainly we want to begin with categories where people are in the greatest need in Barbados, diabetes and hypertension.

We want to have a special low, extra low price of drugs for those people. They have got to be registered because this is part of a strategy to get to know who these people are and to draw them even further out of our community, so that we can recognise them and treat them. It is said, you know, Mr. Speaker, Sir, that for every diabetic that we know about in Barbados, there may be three, or four more walking about who do not know that they are diabetics and this is part of a strategy to be able to identify these people. A lot of people run away from those two particular illnesses because they know that they cannot afford the drugs which will care for those illnesses and so, within a few months, we hope to establish those categories because people have to be clearly identified. It is like the Kingdom of Heaven you know, Mr. Speaker, Sir, it is not everybody who comes and says, "excuse me, Sir, I am a diabetic", who will get.

I forgot to bring my package of drugs down to the Honourable House. I have a plastic bag full of drugs to the value of some \$200.00 which a very dear old lady went to the Queen Elizabeth Hospital over a period of months and acquired. She has never used them. It is like a prize. She took them to her private doctor and she said, "doctor, look what I got from the Queen Elizabeth Hospital," as though it is a prize which she won at the Exhibition.

1.30 p.m.

All of that has got to stop, and let me say it plainly now, Mr. Speaker, a lot of the people who are racketeering out of the availability of free drugs at the moment and the Queen Elizabeth Hospital are going to find that that is going to come to an end. There are people in this country who do not have any shame, who walk about and say that they can run a drug store out of the Dispensary at the Queen Elizabeth Hospital. All of that is going to come to a stop, and all the people who are going up there now and getting free drugs and carrying them home and putting them in their medicine cabinets to rot, that is going to have to come to an end. We have to have a situation in this country where those who can afford to pay a little for drugs will pay and those who cannot afford to pay must have drugs at no cost at all. That is the point. Illness is not a thing that sends you a telegram or a telephone message to tell you it is coming, it arrives. In some cases if you abuse your body you should be able to see that it is coming or you will know that it is going to come, but generally it does not send and tell you that it is coming, it arrives, and we have to be able to cope and cater when it arrives, and that is one

of the very important tenets of the Barbados drug service; availability of drugs and quality and the best price for the best quality. That is what it is all about, and this in effect is the launching of the first phase of the Barbados National Health Service.

Once the drug service is off the ground and moving, Mr. Speaker, we will then begin to phase in what we are now referring to as the other medical phases of the National Health Service, but this is the most important part. Part of the rationale for the selecting out of drugs to be the first phase of the National Health Service is the fact that in almost every illness drugs is the common factor. Drugs is something too that you can take away from the general body of health care delivery and deal with, and most importantly it is one of the high expense factors which have been plaguing Barbados for years and years and years.

Those are the three main reasons which prompted me to select out drugs to be the first phase. In 98 cases out of 100 when you go to the doctor he gives you a prescription to take away and you have to go to a drug store or to a dispensary for that prescription to be filled and you have to pay for it.

Before I sit down too, Sir, there is one other significant bit of general information which I should like to introduce to hon. members. It is the intention that every polyclinic in Barbados must have a dispensary and the dispenser must be able to dispense drugs at any time of the day and for a large time of the night. The day will come when we will be able to offer a 24 hour service at all, in the beginning we will be able to offer it at some. The polyclinics are designed and the architects have been instructed, and you can already see from the ones on the ground, certainly at the Maurice Byer Polyclinic in St. Peter, Sir, where you were able to see for yourself that the dispensary is designed within the polyclinic so that you can have an outside dispensing window to the exterior, so that even at times when the clinic itself may be closed at times of the day or night or weekends or whatever you can still offer a drug dispensing service to the public. Every clinic has a dispensary, every clinic is going to have a qualified dispenser. We have already long years ago had talks with the authorities at the Community College about the number of pharmacists which we need, proper manpower surveys have been done, all of these things have been looked into. This is no slap-dash, fly-by-night thing, Mr. Speaker, I want that clearly understood. This is not an issue that can be rushed, it has got to be just right, we cannot afford to make a mistake with the Barbados National Health Service. In fact now that we are framing out the plan on the ground and people can begin to see what it is we are aiming for for Barbadians it is amazing the number of persons and institutions who want to be associated with the Barbados National Health Service.

The University of the West Indies wants in, they want to be associated with it, the Pan American Health Organisation from whose Directing Council I returned last week want very much and are parking on our doors daily wanting to know that they can be a part of this National Health Service and what they can do to be associated with it. The World Health Organisation wishes to be associated with the Barbados National Health Service, and the Barbados Association of Medical Practitioners, Mr. Speaker, I am sure you saw it on Page 2 of yesterday's Advocate News, they announced that they do not only wish to be associated with the Barbados National Health Service but intends so to be associated, to the extent that we are at a very delicate stage of relations with the Barbados Association of Medical Practitioners that we have now established a task force which is a working committee comprising doctors nominated by BAMP as their union is called and Government officers, and this is the beginning of it, Mr. Speaker, Sir.

I am proud to be piloting this Barbados National Drug Service Bill through this Hon. House today, and I am proud to announce that this is in fact the beginning of the Barbados National Health Service. Like I said when I first got up, Mr. Speaker, Sir, it is part of massive social legislation which this Government has brought to this country during the past four years and we are not yet finished, we are not yet finished, Mr. Speaker. It is very popular especially in developed countries to hear a lot of talk and summary talk about social legislation. You have to get ahead with trade, you have to get ahead with industry, but this Government has never and does not now make any apology for the kind of priority which it gives to social issues and social matters. Health and Education still enjoy the largest chunks of our national budget. There are few countries in the world both developed and developing where as large a percentage of the national budget is spent on Health as is spent in Barbados. 16% of the national budget is spent on Health and this Government makes no apology for it, and we are all right on this issue, Mr. Speaker, because it indicates the kind of high priority that Barbadians themselves accord to the matter of their health. It cannot be too important, we cannot be too careful with and this is why I cannot make a mistake and why it has got to be done on a well planned, well designed, well phased, well implemented basis. We do not intend to make the mistake that the British made when they launched their National Health Service. They tried to launch a comprehensive health service offering everything from peg legs to wigs from the first day to everybody and they got into financial trouble and they are still in financial trouble. All that notwithstanding, there is no Government, not even Mrs. Thatcher's Government, who will even dare to suggest that they would dismantle the British National Health Service, but we have had the benefit of looking at the pitfalls and mistakes made by other Governments who have tried to nationalise health so to speak and this is one

of the reasons that we are not copying lock, stock and barrel anybody else's health service or health plan, and why we are so insistent that for Barbados we will tailor-make a health service which must be suited to the needs of Barbadians.

1.40 p.m.

What suits Australians does not necessarily suit the people in St. Lucy; what suits Belgians does not necessarily suit the people of St. Joseph, and that is why we have to tailor-make a plan for Barbados and for Barbadians, and we cannot make a mistake. If you make a mistake with a building you can knock it down and start again. Even in education if you make a mistake with a curriculum you can get other books and start to teach again. In health there is no room for mistake, and I make no apologies for the speed at which I move or for the care that we are taking in this business of the national health service. And that is a significant word too, care. This is a caring administration, Mr. Speaker. The kind of emphasis that we place on social legislation, especially this legislation to do with women, with children and with health will mark out this administration in time to come as an administration which cares about people and about the things that matter to people.

Mr. Speaker, it gives me the greatest possible pleasure to move that this Bill be now read a second time.

Hon. L. B. BRATHWAITE: I beg to second that and reserve my right to speak.

Dr. CADDLE: Mr. Speaker, I would like to say at the outset that the provision of drugs at a reasonable cost to the people of this country can never be a political issue. However, I should like to draw to the attention of the Hon. Minister that while that is so, there have been and still are some misgivings about the operations which this National Health Service will take. If I say anything here which may appear to be critical in the course of my speech, I hope the Minister will take it seriously and do some analysis or investigation into these matters, because we are all concerned with the health of people in this country, therefore I would not want her to feel that her concern or the concern of the Government can be any greater than the concern of the Democratic Labour Party on this matter of adequate health service for the people of this country.

Let us examine what goes on in Barbados at the moment. Potentially or theoretically there is a free health service in this country provided by the Government. Anyone who cares to take advantage of that can do so by going to certain centres, notably the Queen Elizabeth Hospital where they can get free medical attention including drugs dispensed to them at no cost. We accept that there are problems surrounding the administration or operation

of the Queen Elizabeth Hospital and other health clinics in this country, but let us not take that to mean that potentially this free service does not exist, and therefore one has to examine very carefully that when you attempt to remove something which is potentially free to the people of this country and replace it by something that no matter how small the cost there may be they will still have to pay that cost, the people of this country are going to require rather adequate explanation and satisfaction on that point. I hope the Hon. Minister in her deliberations over the period of time has not lost sight of that point.

Sir, as regards the drug service in this country as presently dispensed in the hospital and outside the hospital, the position is very simple. Drugs like every other thing that is sold in this country carries a mark-up which is expected to defray the cost of the drug and the other services that go with dispensing or acquisition of the drugs, and also allowing some profit for the person operating the drug service. In Barbados like in most other Eastern Caribbean countries the people who supply the drugs recommend that there should be a 50% mark-up on the drugs when it is retailed by the dispenser or druggist. One has to accept that that 50% mark-up although it does sound large not only takes care of the cost of acquisition of the drug, but it also goes for labels, it also goes for containers, it goes for pencils, scales and many other things, paying of staff and also some profit to the individual. So in reality the profit that the dispenser actually gets is only a small fraction of the 50% mark-up. I do not want you to take that to mean that drugs are not costly. Drugs in Barbados are costly; drugs all over the world are costly, and I should like to draw to the attention of the Hon. Minister that at the last World Health Conference that I did attend, one of the matters that engaged the attention of that conference was the explosion of health care cost all over the world, and drug cost is one of those things which has exploded especially as a result of the increase in oil prices and also inflation which has overtaken many of the countries which manufacture drugs.

One has to look very carefully at the manufacture of drugs. There are many drug firms, some of which may be known to members of this Honourable Chamber. There are Schering, Pfizer, Park & Davis, Squibbs and a host of others, and each one of these have built up a reputation over many years of activity, and because of that reputation doctors and patients are more tempted to feel that they are getting their due and getting proper satisfaction when the patient takes a drug or the doctor prescribes a drug made by one of these manufacturers of repute. A lot of research has to go into these drugs. A lot of refinement has to go into these drugs, not only the presentation or the advertisement to which the hon. member has so aptly paid attention. What is disturbing the world today, Sir, is that while these people have very high prices on their

drugs because of the outlay which they spend before they manufacture the drugs, there are some people who seem not to be able to manufacture their drugs with the same amount of refinement, with the same amount of research and the same amount of expertise, but who also have gone into the drug field and want their drugs to be sold or to be taken by the patients, to be prescribed by the doctor, and the best way of getting around this has been to introduce the concept that drugs should be prescribed by their generic name.

Let me explain that. Every drug has a chemical or pharmacological name and that is what in a way we are referring to when we say a generic name. When we say "penicillin", that is a pharmacological name of a substance which is extracted from certain types of moulds, but penicillin is sold in Barbados and in all parts of the world under a large number of brand names Saclapin, hostacillin, V-cillin, Carlpin and a host of other names, but whenever you get down to it the active substance or ingredient in these drugs is penicillin, and if you prescribe a particular drug by the name penicillin rather than by the brand name, you are opening the gates for many other firms of drugs to get on the market, and this is what we are concerned with. The doctors and the patients want to know that when a doctor prescribed penicillin 250mg. tablets, take one every six hours for seven days as the case may be, that the patient is getting precisely 250 mg. of penicillin, and we are satisfied for a lot of reasons that when you prescribe penicillin as manufactured by the manufacturing firms of good repute that the patient most assuredly will get that. This cannot be said of many of the new manufacturing firms which are now producing drugs, and also joining the bandwagon of prescription of drugs by generic names.

1.50 p.m.

Right in Barbados we have now a lot of drugs on the market, all types of tetracycline, oxi-tetracycline, benincillin and a host of other drugs which find their way in here from Italian Manufacturers but there is no guarantee that the amount of drugs as expressed on the information is carried in the capsules or the tablet or the mixture that we find here and this is the problem in this country and it is going to be a problem for sometime.

It is difficult for the Barbados Government in the absence of good laboratories and good personnel to take all of these goods and give them the type of analysis that is necessary to ensure that when these drugs come in here they stand up to what they say they contain. The testing of drugs is a very costly affair. It is something that cannot be taken lightly and it is something that nobody either on this side or on the other side can say that the Government can rush and set up a Laboratory purely for the testing of drugs. It is a very costly affair and you need special expertise in that area and therefore in the absence of that assurance we have to go very

cautiously in this matter of prescribing drugs by generic names.

That, Sir, brings me to a most important point. You do not have necessarily to prescribe drugs by generic names to get the cost reduced because Manufacturers are prepared to sell drugs cheaper, the more you buy. Not only in other commodities like food and those things, but even in drugs. If you can intimate to Manufacturers how many million doses of a particular drug you will require for a year and you can guarantee them, they will have a contract for that year. They will be prepared to bring the price down to you at a level that you can accept. It is when you are going to buy in small portions, a lot of us know, not only in drugs but there are many other things where the price goes down if you go and buy in large quantities if you can give a person a Contract. If you are going to give them a Contract they are prepared to cut their prices down and this is an area which can be investigated by either side, this side or that side so do not let us get the idea that the only way you can reduce the cost of drugs in this country is by prescribing drugs by their generic name.

What is also disturbing people in this country is the type of advice that the Government has been giving or more specifically, the source from which this advice has been given because a lot of questions have been asked about the source from which the Government has been getting advice in relation to those prescriptions of drugs by generic names and I do not wish to go into any great detail about the particular individual but I want to assure the Minister that that is a point that certainly has to be cleared up and the sooner she pays particular attention to this, the better she will be able to find the co-operation coming from other areas in this matter.

There is a lot of concern about that particular source and people who have been able to check out the information relative to that source are not satisfied yet in their minds that the Government is getting advice on this matter in the best interest. There may be some ulterior motive which is operating behind the advice that the Government gets but it is for the people who are most directly affected by the introduction of a National Drug Service to impress upon the hon. members what are the fears for this particular matter.

Also closely related to this is the rapidity with which a particular business in Barbados has set up itself in conjunction with non-Barbadians and operating purely for the purpose, as it would now appear, with supplying the Barbados Government with a large quantity of drugs when this plan goes into operation. (ASIDES — name it). The name will come. You do not have to tell me what to say.

Mr. SPEAKER: Please do not heckle. There must be no cross-talking in this Chamber.

Dr. CADDLE: That, Mr. Speaker, is an area of concern which I figure the Hon. Minister would look at because she is very concerned about the health care of the people of this country and what people who are in that area are concerned with is that the drug prices may have been dropped so low as to induce the Government to give Contracts in a particular direction that later on having got the Contract one will find that at some time the price will start to spiral.

We are concerned about this because we do not wish our Government to be saddled with this type of expenditure in the future where we have said to people that these prices are lower. They rush in and they give out the Contract and then later on to the detriment of themselves and the people of this country they find that the prices start going up more rapidly than they could fulfill. This is an area of concern to the people of this country.

Sir, a lot has been said here by the Hon. Minister but a point which has to be drawn to the attention of the public is what will the people of this country have to pay for the drug when they go to the various dispensaries, whether they can get these drugs only from Government Dispensaries or whether they can go to any Dispensary and get those drugs. This matter has not been made clear from her remarks so far here today and I do hope that in her reply she is going to make it clear, not for my benefit, but for the benefit of the people of this country because already it has been mooted about that although Government will be making serious efforts which are intended to reduce the cost of drugs to the dispensary that the dispensary will be allowed to charge \$2 per prescription and in the essential terms of a prescription, in practice, would mean \$2 for either because while Doctors may write more than one drug on the sheet of paper to the Dispenser, each one of these drugs rightly and truly constitutes a particular item so that if you go to a Dispenser and a drug is prescribed, after you have been assured of the price as determined by the Government, there is an additional cost of \$2 and in cases where there may be more than one item on that sheet of paper coming from the Doctor you may end up with paying an additional cost of \$6, \$8 or \$10 as the case maybe but to the patient, the total cost is important. The patient is not going to swallow the idea that.....

Mr. SPEAKER: I take it that you will wish to continue on resumption.

Dr. CADDLE: Yes, Sir.

SUSPENSION OF SITTING

Mr. SPEAKER: The time is now 2 o'clock. This Sitting stands suspended until 2.45 p.m. today. 2 p.m.

On Resumption:

Mr. SPEAKER: This Sitting is now resumed.

QUESTION TIME

Mr. SPEAKER: It is now Question Time. I am advised that there are no replies to questions.

PRIVATE MEMBERS' BUSINESS

Mr. SPEAKER: We now go into Private Members' Business. There is one item of Private Members' Business in the name of the Hon. Member for St. Michael South Central, whom I do not now observe in his place. This brings us to the end of Private Members' Business.

GOVERNMENT BUSINESS

Mr. SPEAKER: Government Business is the Instant Order of the day. When the Suspension was taken, the Hon. Member for St. Michael North Central was addressing the Chair. He may continue to do so, if he so desires.

Dr. CADDLE: Thank you, Mr. Speaker, Sir. In continuing my address to you, Sir, I would like to revert to a topic, Production and Refining of Drugs because this is a very important aspect whether, or not a Drug Plan was envisaged, by the Government and supported by this Side, will satisfy the public of Barbados.

A lot of research a lot of skill, a lot of expenditure goes into the production of drugs and their refinement. Very often the people who produce the raw product, are not the same people who will fashion it into tablets, capsules, drapsules, powders and liquids, or suppositories. Those people who produce the raw product, quite often sell it to a firm, who will then refine it and produce it as the doctor, or patient so requires. Just bear in mind, that the presentation of the drug, the appearance, the taste, go a far way in determining whether, or not, the drug is accepted by the patient. It is not only a question of the therapeutic value of a drug.

One brand type of drug will make a patient vomit because of the way in which it is compounded, the solvents, or the actual container whereas, another brand type of the same name, from an agent would have no such effect on the patient. Then, patients have their tastes about how the thing looks, the colour and so on. All of these go a far way in influencing the acceptance of the

particular drug by the patient and when a patient has, for a long time, come to accept a certain type of drug, it is very difficult to come at a later stage and change him overnight from that particular type of drug to another drug, although the therapeutic value of the old drug may very well be the same. This is something which has to be borne in mind and knowing the peculiarities of the Barbadian public, this matter cannot be treated lightly.

One has to bear in mind also, that the established drug firms of the world who have a lot of experience in this matter of salesmanship where the drug is concerned, have an advantage over many of the new people who are going into the production of drugs. They are better equipped to ensure that the drug, when presented, is not only acceptable in appearance to the doctor, but also, in appearance to the patient and I am not really dealing with the therapeutic value because that is another issue by itself. Therefore, people would like to know, that when it comes down to the question where drugs are going to be substituted, that their peculiar idiosyncrasies, or likes, or dislikes will be, in some way, accommodated.

To the storage of drugs by agents, the Hon. Minister has carefully pointed out that the Government is not going to order any large quantity of drugs and have them lying around and so, we will have to commend her for such an approach. At the same time, one has to bear in mind that if drugs are ordered in this country and agents keep them, on behalf of the Government, they, at some time are going to want Government to pay them for storage facilities and this is going to be an additional item of cost, on the total cost of the drugs. One has to bear in mind also, that with the way things go in Barbados, it is quite likely that the same amount of scrutiny, the same amount of care that a person may exercise when he was previously responsible for the sale and distribution of the drug, may not any longer obtain knowing now, that he is doing that on behalf of Government. This is not really going down to criticise unnecessarily, this is a trend which has developed in Barbados, over the years, where people tend to believe that things owned by Government, things managed by Government, they can take any type of approach, or attitude towards it because as they say, it is Government. This is an attitude not to be condoned, this is one to be deplored and this is one which I hope the Hon. Minister will bear in mind and I hope also, that she will have the necessary mechanics to ensure that this problem does not weigh heavily, on the quality of the Drug Service which she intends to introduce into this country.

There is the fate of the drug representatives, a very important matter, a matter which dwells heavily on the minds of some of the people nowadays who make a living by retailing drugs to doctors. Every drug representative house in this country has at least one, or in

some cases, more than one drug representative. The duty of those people is to go around to doctors, at regular intervals and remind them of the products at a particular pharmaceutical house and also to remind them when new drugs are introduced into this country and to give them first hand knowledge of the qualities of the drugs and the cost of the drugs and the therapeutic value of the drugs.

One has to bear in mind also that in Barbados, much of the success which many of those agents have in this country, depend to some extent, on the largesse if I may say so, of the Government in that the Government buys a substantial amount of drugs from nearly every drug house in Barbados.

Now, one has to be realistic. With the introduction of this Plan, as envisaged by the Ministry of Health and being piloted by the Hon. Minister, that the Government will, in some way, find it no longer possible to be that generous to each and every drug agent, or drug representative in this country and if that is borne out in fact, there are going to be some drug representatives who are going to be adversely affected by the introduction of the Scheme. I am not using that as an argument to forestall the Scheme because as I stated in my opening remark, this is not a political matter, I am seeking to draw things to the attention of the Hon. Minister.

But, I think that some assurance somewhere has to be given to these individuals, that if it so happens that their means of livelihood is brought to an end, some assistance, some other manner would have to be given to them, to continue to have an existence not necessarily in retail of drugs, but maybe in some area where they have the necessary skills. I think that an assurance from the Hon. Minister in this regard will go a far way in softening the hearts of those representatives who are now caught up with this element of fear concerning their fate.

A very important point, in any drug plan, whether you are concerned primarily with the drawing up of a National Formulary, a Drug Formulary, or the actual introduction of the Scheme is a Clinical Pharmacologist. There is in Barbados, as far as I know, if he is serving on the Drug Formulary Committee, he is not serving there in the capacity of a Clinical Pharmacologist. In fact, in Barbados, that individual is not practising as a Clinical Pharmacologist, he is practising as a Physician. I am throwing it out to the Hon. Minister that it is to the advantage of the Ministry, to have somebody in that capacity, somebody who has been trained specifically in that field, who has the expertise to look at the different types of drugs, already in existence in this country, also the new ones which are being constantly introduced into this country and make a proper assessment.

It is not the duty of the dispenser, it is not the duty of a Pharmacist to do that type of

exercise and I am saying that if we have one in Barbados, who is so qualified, the right thing to do is to set up a post with the requisite conditions, salary and so, appoint that person in that capacity and let the Hon. Minister and her staff in the Ministry have that person, at their disposal, to advise them all the time on these matters.

There are a lot of drugs which come in here, when you check out Reports of the Bureau of Drugs in the United States, you get entirely different impressions, contrary to what the drug rep. may be telling you about the particular drug. Even next door, in Trinidad, you will find that a lot of drugs which have found their way into Barbados have not yet found their way into Trinidad because a little more scrutiny is exercised on these drugs before they are permitted to come in and be widely dispensed than in Barbados. This is a necessary safeguard because I do not want to go back to the history of some dangerous drugs like Thyladamide and problems which it had created. They start off the manufacture and salesmanship of these drugs and then, sooner or later, they have to be withdrawn. They have to be withdrawn because when the United States Government sets about investigating these drugs, they cannot satisfy themselves that these drugs have the therapeutic values which are claimed for them.
3.00 p.m.

The same thing may obtain in Great Britain or other European countries, but in a place such as Barbados — and I must point out again — where due to our restraints affecting our economy we cannot afford to have the type of machinery to look into each and every one of these drugs and satisfy ourselves that their therapeutic value is not only good but they will not produce any permanently harmful effects on the patient who happens to use them. Therefore I want to stress on the Hon. Minister that she will look at it very carefully that the Ministry has someone who is a trained clinical pharmacologist and not leave this matter simply in the hands of a pharmacist or a dispenser to advise upon these drugs. It is too important a matter to be so slightly treated and relegated down to dispensers and ordinary pharmacists.

A very important point which the Minister has touched upon in her address is the substitution of drugs by the dispenser. Usually in Barbados, as the practice now obtains, if a dispenser does not have a drug that is prescribed by the doctor he will call the doctor to ask him if he can substitute. In some cases the doctor says yes, he can substitute, and he will also specify which drug can be substituted for the one he has on the prescription. In other cases he will say no, return the prescription and let the patient try another drug store, but it does appear that by the introduction of the particular section of this Bill a dispenser may very well be empowered to substitute a drug whether or not the particular doctor so requires. Now, there may be nothing wrong with that, I am not saying that the dispenser does not have the skill to do so,

but there are a lot of problems that are likely to ensue if this happens in practice. One, you have to look at the attitude of the patient. A patient is not going to feel happy to know that his doctor has prescribed a particular drug for him and one to which he has been accustomed for a long period of time, whether for his hypertension, diabetes or asthma, as the case may be, and then find that the dispenser has substituted something else. His immediate reaction is likely to be that the dispenser is pulling a fast one on him. The outcome of that will be that he will take himself back to his doctor to find out if the doctor has changed the drug or if the doctor has approved of this change of drug. Worse, he may take the drug and go home and refuse to take it, because in his way of thinking he is not satisfied any longer that this substitute is going to do the work of the other drug to which he has been accustomed.

One has to appreciate, Sir, that in the patient's response to treatment there is a psychological element. If a patient has got accustomed over the years to a particular drug and he has been satisfied with the results that he has got from using this drug, he is going to find it very difficult to accept a new drug in its place when he can see no good reason for changing the drug, especially when the drug has not been changed by the doctor and he has not been told so before he left the doctor to go to the place of the dispenser.

This is something that is very important, and that brings us to the question of public relations. There is an urgent need at this stage, or even before this stage was reached, for an immense public relations approach to be carried on by the Ministry of Health. We are taking it for granted that the Barbadian people are going to accept a lot of things. Governments have a way of doing that, and we only find out too late that when these things have been introduced the Barbadian public does not react the way we thought they would have reacted, very often they oppose it, and this is an area where the probable response of the Barbadian public to this system of drugs may very well turn out to be one that the Government does not like, or would not have wished for, and I can only stress to the Hon. Minister that long before we have reached this stage today where we are debating this Bill a public relations exercise should have been undertaken to clarify for the benefit of the public, not for the benefit of the doctors at this stage, the benefit of the public, a lot of the doubts that are likely to creep into their minds when they are saddled with the new drug plan.

I will even go a step further. When you come down to health care personally you can also get problems, and one will also have to have a public relations exercise directed at the health care personnel in this country, because they also have their likes and dislikes, they also have their peculiar way of thinking about things, very often

influenced by the doctor they worked with, or the department in which they worked, and the type of drugs they have been using for a very long time, and all of this can be brought out to influence the patient either for or against a particular drug, and in the finality towards the patient's attitude towards the drug plan as a whole.

Therefore, I hope the Hon. Minister will look very seriously at this matter, and I am going a step further. I hope that if such an exercise is undertaken that an effort will be made to get some of the best people available out of the health care personnel, out of the druggists and other people in this country who are concerned with the delivery of health care in this country, to participate in such an exercise, because to approach it purely on a political partisan basis is not going to go as far as to convince the public of the righteousness of the particular exercise as if you try to ignore people's political affiliations and get the people who are best suited to influence the public towards a proper acceptance of this exercise.

The Minister in her remarks has commented on the abuse of the racketeering that takes place in the present system. I would like to assure her that it is not going to disappear overnight. In fact, my Association has been very concerned about one aspect of abuse which is likely to take place, and that is, people going and getting drugs and accumulating them for the purpose of selling them at a future date. This happens in many parts of the world, maybe even in Barbados now on a small scale it is happening, and one may very well find that it turns out to be on the increase after the introduction of this scheme. What is the answer to it? The answer cannot be produced overnight, it is one that needs to be properly thought out and introduced to make sure that this type of behaviour does not become a problem feature when the drug plan comes into operation.

If it does, it is one way of ensuring that your drug costs will go up because you will find that a lot of drugs will be withdrawn from the system unnecessarily and hoarded by individuals to be sold at a later date, or very often as happens in Barbados they become lost, destroyed, because right now in Barbados you do get a situation where people are handing out a lot of tablets, a hundred or two hundred at a time, they go home, they take them for a week, and after that they are fed up with taking them and they stay there and eventually they are thrown away. If they are not thrown away they deteriorate after exposure, the moisture and other atmospheric conditions and also with the vermin that you may find around the house. This is one of the areas which has always cried out for some attention.

3.10 p.m.

There are a lot of reasons in Barbados why that has been so. Usually doctors are hard pressed in the

Queen Elizabeth Hospital, some of them may even feel that the patients are coming there unnecessarily to annoy them, and one way of getting rid of the patient may be to give the patient a lot of drugs that will keep him away, say, for three or four weeks at a time, but in practice it does not work that way, because unless there is adequate and proper monitoring of the situation, what you do find, and I know this has happened when I used to be at the hospital and I assume it may still be happening, is that a patient may very well sit down in the Casualty this morning and see one doctor, get a prescription, get it filled, he is not happy with something he has received, and then he goes back in the afternoon or the next day when he knows that that doctor will not be there and another doctor sees him, and he gets another set of drugs, and you find that is the type of abuse to which we have been exposed and the type of abuse which I believe is going to continue, unless definite steps are taken to hold it down to a minimum. I do not believe for one moment that it can be eradicated because it will call for a change in the attitude of the patient and that is not going to come overnight because it requires education. Education is a tedious process and it takes time, and while you are taking time to educate the people, a lot of things are going wrong.

There is another serious aspect that I want to draw to the attention of the Hon. Minister. It is very easy to come in and legislate a drug plan and put it into operation, but it is not as easy to make the public of Barbados accept it and to get their compliance. What you can very well find in Barbados, and I am quite certain that some hon. members on that side are aware of this, is that a patient will find that he can no longer get a particular drug to which he was accustomed, he has relatives overseas or he has friends overseas in Canada, the United States, and he says to himself let me get the name of the drug from the doctor and see if my friends or relatives in those places can get it for me. You may very well feel happy with that type of exercise in that people may not be making use of the drug plan and therefore if they are not making use of it less drugs are being used, therefore the cost is being further reduced; but they are not making use of it because they are not satisfied in their minds that they are getting the drugs to which they are accustomed, and if another source is available, they can do that. Therefore one has to bear in mind those aspects in putting into operation a plan of this size and of this importance.

Another important point which I have heard outside is that this plan is going to cost a lot more money in the long run than presently envisaged. I should like to hear the Hon. Minister's comments on that, because this is a point which is being carried around this Island in all quarters. One has to concede that there must be increases in the cost of drugs. Everything is going up and therefore it would be unreasonable to expect that the

cost of drugs from the country of origin and from the manufacture will not be increasing at some time in the future, and when one bears in mind the cost of oil and oil products, you have to expect that this is going to happen. But what we are really concerned with is whether the increase in the cost of the drug plan in Barbados will be commensurate as a result of cost coming out of the manufacturing, cost of transportation and these other costs which we have some idea have a bearing on the final cost of a drug or other products in Barbados.

Now we have been told or I have heard it said that there is no way you can tell the manufacturers overseas or control what they are going to charge for their drugs at source. This is a matter that needs to be looked at very carefully. There is also the question of what the agents here will charge for storing the drugs. At the same time one has to bear in mind the position of the dispensers. If they find as they operate the system that they are at a disadvantage when compared with the old system that they operated, obviously they are not going to be satisfied and this will make way for the inefficiency of the system. These are matters which I believe the Hon. Minister has already paid attention to, but they need to be drawn out and publicised, because we need to make people aware of the fact that we are concerned with the success of the drug plan, and we are well aware of some of the probable areas where something can go wrong. I can only ask the Hon. Minister to pay careful attention to these matters. I should like to join with her in saying that the drug formulary has taken a long time; it is not something that has come about overnight. When I was Minister an effort was made to produce a drug formulary; I believe that effort has been continued through successive Ministers and maybe reached a finality with the present Minister, and a lot of work has gone into it. Sometimes I have had the fear that with the amount of redrafting that has gone on at some stages that we might very well end up with a situation not unlike the one that was obtaining, because you would draw up a drug formulary, ask fellows to comment, and when they looked into it and they did not see a particular drug that they used in it, they would write and ask you to have it included, and if everybody had everything they wanted included, we would be back where we were.

I should like to say this for the benefit of those who may not be fully aware of the importance of a drug formulary; you cannot have a system where everybody prescribed willy-nilly as it suits them without any thought for the cost of it or the therapeutic value to the patient. I have found it strange at times to believe that in Barbados a person can enter a Government institution as an employee and set about to prescribe drugs without any effort being made by the administration to say to the individual, well look, in this hospital we treat this particular disease along this particular line, and I am saying so be-

cause I recall my days when I joined the hospital for the first time you were given a formulary and told, this is what we carry here, we treat this disease this particular way, please stick to that; if it does not work, there are other methods which we can have recourse to.

One of the problems that the Government has always faced in Barbados is that being a small society friendship and one's association with individuals very often has a very important effect on one's judgment and one's final behaviour. You know an individual, he comes to you and says "I have this drug, I am retailing it, I would like your help; and your association with the individual or your friendship may so strong that you find it difficult to say to the individual "well in the present circumstances I cannot help you because it is not in the interest of the institution, it is not good hospital economics", and this is the problem you find in small societies where this factor of one's association, one's friendship comes to bear on many things. We may get up here and show and talk and say it should not be so, but it is so, and one has to face up to this, and unless you are going to take a strong hand and try to reduce it, you are likely to find that more and more of it comes into play until eventually we start wondering where we are heading.

It is important for a Government to have a formulary for its institutions. I am not necessarily saying that every institution should have the same formulary because institutions will vary depending upon the number of patients that they have and the type of diseases which you have in those institutions; but the formulary must be there. You cannot have a situation where in Barbados doctors are always on the move, they come and go in frequent intervals, where one fellow comes in today and starts prescribing a drug and the dispenser sends to town and says "do you have so and so" and orders some, and then he moves on and another fellow comes and rather than using that he starts prescribing something else and that is left hanging around there. When the dispenser gets back to it the date has expired and therefore it becomes a loss to the Government or to the taxpayers of this country. You cannot have that situation.

I would like to say that it is not beyond the doctors of Barbados, who are employed by Government to come together and sink their petty jealousies and arrive at a formulary for the institutions, whether it be the Queen Elizabeth Hospital, the St. Michael's District Hospital, the Psychiatric Hospital or wherever it is and adhere to it.

3.20 p.m.

It is not beyond them and if anybody believes that it is beyond them, well then, you are only creating a conflict for them so that they can perpetuate the conditions that continue in this country. In fact, I would like to say

that the Barbados Association of Medical Practitioners are concerned about the mechanics of this Drug Plan and they have every right to be concerned about the mechanics of it because they are involved in prescribing drugs. They know a lot about the reaction of patients to drugs and things of that nature and they have every right to be concerned. People should pay particular attention to this concern and in spite of that, they welcome any assistance which the Government or anybody will be giving the people to help Barbadians to keep the drug cost down.

Any doctor in Barbados will tell you that over and over again he will encounter patient after patient who will be able to pay him but then cannot pay for the drugs and will come back and say to him "do you have any samples to give me" or "can you give me a letter to go down to the Queen Elizabeth Hospital where I can get them free," so Doctors are not going to be against the principle of this service. They accept it.

I will go a step further and I am saying for the benefit of the Hon. Minister that in a survey conducted by one of your teams in the Ministry of Health, patients pointed out that they would prefer assistance with the drugs and other appliances that they would have to use with their health medical care than Government having to pay the Doctor for their services because they are put at a great disadvantage very often when they go to get drugs because of the high price and as the Minister has pointed out I would like to support her on this that in this country there are a large number of hypertensive people who suffer from High Blood Pressure.

There were two surveys which were conducted in this country. One has been published and the other has not been published but there are only two that I know of and I think the Minister can get that information. One set of information is already in the Ministry which puts the incidence of High Blood Pressure in Barbados as high as 58%.

There is also a very high incidence of Diabetes in this country. I was disappointed last year or earlier this year when Professor Waldron and his team attempted to get accurate data concerning the number of diabetics in this country. The response of the individual Doctors, with a few exceptions, one example not praising myself was myself, would not give out the information and therefore we are not as clear as to the number of diabetics in Barbados as we may be in the case of Hypertension.

There are also a large number of people who suffer from Arthritis of which there are many kinds. There are also many Asthmatics. There are also many children and adults suffering from insect bite reactions; to use the medical term, lichen urthricarium which means Sandfly bites. We refer to it in layman language as poxy-legs.

You find that these people have to use a lot of drugs and they will tell you that it takes a lot out of them because when you look at the man at the bottom whose income is low and then it has to be distributed among rent, light and power, water, food, clothing and transportation, you find very often when he is sick there is very little left for him.

Very often in the Barbadian situation at that level when an individual is sick, he requires far more money than when he is well because when he is sick the money that he needs to carry his usual resources still have to be provided and in addition to that he still needs other money to look after his affairs, to help pay to nurse him back to a proper level of health and you will find that because of that every doctor in Barbados will support the principle of a Drug Plan which attempts to reduce the cost of drugs to the patient.

I say, and I repeat, that they are concerned about the mechanics. They are concerned about the mechanics for this reason and I have already adverted to this aspect. What about the cost that druggists are permitted to charge for each item on the prescription? Will that not affect the final cost to the patient? How do you explain to the people in the Queen Elizabeth Hospital, in the Health Centres, and some of the Out-Patient Clinics along there that they are not getting the drugs free. They only have to present themselves and they can get it free and I would say for the benefit of the Minister, not only by doctors who are working at those institutions but in some cases by doctors who are working outside of those institutions. They can take their prescriptions to those places and get their drugs free of cost.

How are you going to tell them now that they would have to pay for these drugs even although you are reducing the price of the individual drugs. You may be because we do accept that the price of some drugs are going to be reduced. We are talking about the total cost. The price of some will be more or less than they are now and the price of others are going to be higher. How are you going to tell people that they now have to pay?

One has to bear in mind that some years ago an attempt was made to make the people going to the Casualty of the Queen Elizabeth Hospital pay 24 cents for their prescriptions and it led to a lot of criticism and much outcry in this country to the extent that it has never been implemented. We cannot lose sight of that. These are the mechanics that we are dealing with. We are not dealing with the principles. These are the mechanics. How are you going to deal with that? Have you given any serious thought to that? This is where I say that your public relations are being at fault because you should be able to foresee these types of problems and prepare the necessary programmes to sort of reduce the probable opposition that would come about when you

implement it. You have not done that. It has not been well thought out and so one of the things we have to be concerned with and I will say this, too often we bring in non-Barbadians from overseas who are not fully seized of the Barbadian experience and they set out to get Government to do things which seem attractive and pleasing but then when you put them into operation in Barbados they know nothing about the Barbadian experience which is lacking and many of these things fail.

I am saying that there are people in Barbados, doctors and other health professionals who are capable of telling you what you want to know about the Barbadian experience.

3.30 p.m.

There are. You may feel that I am contradicting myself. (ASIDES).

Mr. SPEAKER: There must be no cross talk in this Honourable House.

Dr. CADDLE: Sir, you find that this is a situation which any Government — I am not particularly concerned with this — faces this often, where that happens and this is a situation where you may very well find, that in the absence of proper preparation you will find, although looking at the principle, supporting the principle, you may find that when it comes to applying it, you get dissatisfaction in various quarters of the Barbadian public.

We are dealing with people, we are concerned with people, we are interested in people, we say that we are caring for people. We also have to find out how people feel about things which we do. Sir, if I were looking at this purely in political terms, one could sit down here and say nothing. Say, go ahead, let us wait until they fall down and when the fall down comes, we will be here, depending on how the fall down comes, but I do not think that this is good responsibility. One has to get up and air the areas in which there has been concern. One has to get up and point out the areas in which there may be pitfalls and it is only then left to the Hon. Minister and her Cabinet, to look at these things critically. She does not have to accept them, but at the same time, she does not have to dismiss them. Look at them critically and see where adjustments need to be made and when made, if we would get a better plan.

This Party is committed to the concept of good care and at a good cost to all Barbadian citizens, at all levels. Those who cannot afford to pay for it, they must have it free and they must have it free at a quality which is equal to the quality which you give to those who can pay for it. A lot of what is going on in this country, in Government Institutions cannot be condoned by any person, whether they are professional, politician,

or ordinary citizen, if they have the best interest of the Barbadian public at heart.

It is our responsibility to appeal to those who would seek to provide difficulties where Government — or any agencies — sets out to cater to the good health of the total population. Health is very important. For a very long time, in this society, and in some other societies, the economic importance of health has been down played, overlooked, in some instances.

The productivity of your workers cannot be as good as, it is, or it should be, if they do not have good health and if you are interested in your industrialisation, good tourist potential and so. All of this depends upon the individual Barbadian, especially the worker, and his productivity depends upon his health. Therefore, if you have a large number of people, in this community who are in bad health, who cannot produce as they should, you find that they are running in great difficulties and with that, I would like to say again that there can be no political sides in the particular matter, as introduced by the Hon. Minister.

What we are concerned with, is the mechanics and I hope that the Hon. Minister will pay adequate attention to the mechanics of the implementation of this scheme, to ensure that the areas of discontent and probable pitfalls will be reduced, if not completely eliminated.

Mr. SPEAKER: The question is

Mr. SANDIFORD: Mr. Speaker, I did not intend to speak on this measure, but there are a few matters which I would like to raise.

I would like to say, first of all, that as I understand it, the whole area of drugs is one which is of vital, crucial importance to the people of this country because whenever illness comes on, the people of Barbados, those who become ill, do not believe that they have been adequately treated by the doctor, unless they get a piece of paper at the end of it, even if on that paper is written some type of placebo, some particular drug which probably has no effect one way, or the other on the person, but may have some type of psychological influence on the person.

As I understand it, a drug is any substance which, when taken into the body, alters the physical, mental or physiological state of that particular person. In that category, we have a lot of substances which may be taken into the body, some harmful and some not so harmful. The whole point which I wish to make is that drugs do tend to affect a large number of people a large number of people come into contact with drugs at some point during their lives.

So far, we have had a system whereby drugs have been made available to the public of Barbados, on a commercial basis, through the capitalist system. I regret that I was not here when the Hon. Minister introduced this particular measure and if I raise a question which she has already dealt with, I am certain that she will understand that it is because I was not in here to hear her explanation. But, I would like to know if, with this Drug Service, for Barbados, whether the individual entrepreneurs those business houses which have, up to this day of Grace, 1980, been able to import drugs for the service of the people of this country, whether they will be able to continue to import those drugs, or whether it will all be directed and channelled through this Drug Service for Barbados? In other words, will Government be the sole importer of all drugs into this country? If indeed, the answer to the question is yes, I will be forced to issue a caution and I will implore and beseech the Hon. Minister to do everything in her power to ensure that whatever levels of efficiency may have existed, when these matters were handled through the private entrepreneurial system, that when Government puts its bureaucratic hand on these matters, that those levels of efficiency would not, in any way, be reduced.

On the contrary, there would be improvement in those areas, in efficiency, in terms of ensuring that at all times, the drug which may be deemed necessary for the cure of illnesses would be available at the house and in the quantities, when they are required. I think that the people of Barbados require some type of assurance on these drugs.

If indeed, the answer is no, then I fear that the question which I have raised would not be a valid one. I raised this question because I realise that even in those areas.....

Mr. SPEAKER: You raised it because you were absent when the Hon. Minister dealt with it.

Mr. SANDIFORD: I realise that even in those areas for which the Government has responsibility now, without taking on the additional burden for ordering and for ensuring the availability of drugs, in the quality and quantities required by the people of Barbados, that there are complaints, in Government Institutions, about the availability of certain drugs.
3.40 p.m.

So this is not any issue which I am merely raising for the sake of raising it, it is a problem that Government encounters now, and if the Government is taking on additional work Government must ensure that the resources are there to iron out the problems which have occurred in the existing services in the limited areas in which Government operates now, and also to ensure that for the wider public those problems would not arise.

A second area to which I wish some further clarification is in the area of the financial arrangements that will operate in respect of the ordering of drugs. As I understand it, the arrangements which have been set out in laws passed by this particular Hon. Assembly in relation to the Financial Administration and Audit Act, and in relation to the Financial Rules, that the ordering of drugs will not be going through the Tenders Committee but that some other procedures might be used. I looked at clause 4 subsection (3) which indicates that the Director may, with the approval of the Minister, enter into arrangements or contracts with persons in Barbados and persons abroad for the providing of drugs and related items and services required for the purposes of the Drug Service. I am not discussing the details.

Mr. SPEAKER: No, not at all, but you will deal with this particular aspect of it in Committee stage.

Mr. SANDIFORD: I am forced, Mr. Speaker.....

Mr. SPEAKER: I am only saying that you will deal with it in Committee stage.

Mr. SANDIFORD: No, if I wish to deal with it in Committee stage. I am dealing with the general principles of the Bill, and one of the general principles of the Bill is enshrined in this particular clause. I am not questioning your ruling, Sir.

Mr. SPEAKER: I appreciate that, because the Minister has already dealt with all this extensively.

Mr. SANDIFORD: Yes, but I am raising a particular question, as an hon. member I require some information. I am grateful to the Minister for sending me a document entitled "Barbados National Drug Formulary — First Edition" for my perusal, but the question I am raising in relation to this is whether the general procedures as set out in the Financial Rules and all of the matters related thereto would apply in respect of the arrangements and contracts in relation to persons in Barbados and persons abroad as far as the providing of drugs may be concerned.

I think those were the two main points that I wished to raise in relation to this particular matter, and the third and final point which I wish to direct attention to relates to one raised by my colleague, the member for St. Michael North Central, and it relates to this question of the acquisition of drugs under their generic names. I too would like to throw out a caution because I know that there are other developing countries, and indeed some countries which are in the middle stages of development, which have also gone in for this question

of the purchase of drugs by generic names and then have found themselves in considerable difficulty because they have been unable to check on the efficacy of the drugs. In other words, they had no drug testing service and could work out no satisfactory collaborative arrangements for testing those drugs, and so they were at the mercies of the persons from whom they had purchased the drugs, and this indeed is one of the advantages of the proprietary companies with their large research and development sections, and it is that research and development which have indeed stood countries unable to establish any drug testing services which those countries have been able to rely upon. I believe up to this point Barbados has been in that category.

Maybe the Minister will wish to explain a little further exactly what will be the relationship between the generic and the brand name method of acquiring drugs for the use of the people of this country, but I think that some further explanation might be required. My colleague has dealt with this particular matter in some detail and I need not go into it, but the Minister should be assured that this is a matter which is not limited or drawn on any narrow political basis, it is a major problem which, as I have said, not only developing but some developed countries have also faced and it would be well that we face these problems from the start rather than trying to paper them over and assume that there are no problems in these areas.

Hon. Miss B. A. MILLER: Mr. Speaker, I first must regret the fact that the Shadow Minister of Health who was in this Chamber has not seen it fit to come back after the luncheon break and let himself be heard in this debate. I am grossly disappointed, particularly since that person is the hon. member for St. Michael South West, who sits opposite me there. His papers are still partly there, I suspect that he will come back after this debate is finished, but it is really particularly disappointing for me, because on the 9th September when this Bill was read a first time, and when I wanted to proceed with the matter, and was ready to proceed with it, the hon. member for St. Michael South West, who is the Shadow Minister of Health, so I am made to understand, spoke with me behind your Chair, Mr. Speaker, and gave argument as to why the then Acting Leader of the House, the hon. member for St. James, should not proceed further than the First Reading of the Bill because he wanted time to study it, and wanted to speak on it, and it was an important matter, etc, etc. It is not that he was not here today, he was in here and now has run away from the debate.

Mr. SPEAKER: He might have been the Shadow Minister then, you don't know what he is now.

Hon. Miss B. A. MILLER: Well, Mr. Speaker, you took the words out of my mouth and better they come from you than they come from me.
3.50 p.m.

But I would like to address, Mr. Speaker, comments which have been made by hon. members on the other side. The first thing I wish to say to this Honourable House, Mr. Speaker, is that the hon. member for St. Michael North Central is really being more than modest. The fact is that the hon. member who is also a member of the Barbados Association of Medical Practitioners has been one of those practitioners who during the past three or four years has been most cooperative with the Ministry of Health. When we have had surveys to be done he has cooperated without demur; when we have wanted discussion, when we have wanted advice, the hon. member for St. Michael North Central has been most cooperative. He has been one of the more cooperative of his colleagues in his profession, and I wish to take this opportunity to commend him for it.

I take the points made by him in the spirit in which he has offered them. I know that he does not wish to be hypercritical. He is very much more in the know about this national drug service than other hon. members are, and I recognise that he is trying to prod my memory to perhaps give more information to this Honourable House on subjects which I glossed over or perhaps I suspect he is trying to encourage me to repeat points which bear repetition in this important moment of reply, and I am very grateful to him for jogging my memory in this fashion. I again take it from both hon. members sitting on the other side in the spirit in which it is meant that the matter of a national health service for Barbados cannot be a matter for partisan political comment, and that it cannot in fact be a political issue.

I do not wish to spend any much time commenting, Mr. Speaker, on the fact that the hon. member for St. Michael North Central has said that there is ostensibly in Barbados a free medical health service. Sure there is ostensibly one, but I would not like all the Barbadians who need it to call on it all at the same moment, because it could not stand up. There is a great deal wrong with it and we are in the process of trying to correct that.

Now the first thing I really want to deal with is this business of the public relations. Again I think that this is an issue that the hon. member for St. Michael North Central knows is given much attention by myself and by the Ministry of Health, and he is trying to jog my memory. We have a sizable public relations programme prepared. Government has in fact employed the

services of a public relations consultant firm to help advise us on this matter. I have even brought to the House with me, Mr. Speaker, a copy of the logo which we are going to use in the PR for the Barbados National Health Service. Mr. Clerk, would you please oblige so that the other side can see it? I don't know what becomes of the Marshal in here, Mr. Speaker.

This debate, Mr. Speaker, is meant to launch the public relations programme for the Barbados National Health Service of which the drug service is the first phase. All systems are green and ready to go and the literature is going to start to turn out once this debate is finished, and that is the logo that we are going to use. Everytime in the media, the press, T.V. whatever the national drug service is going to be talked about, we are going to use that logo so that people will see it as a symbol. People will know right away when they see it that they are looking at something to do with national health service; so we are ready. All systems are green to go and the hon. member for St. Michael North Central need have no fear that the public relations aspect of this health service is going to be done in any slap-dash manner.

Now, Mr. Speaker, another matter which I have marked very carefully and must draw to the attention of hon. members is the fact that there is in the Caribbean today a drug testing laboratory. It has just gone into operation in Jamaica under the auspices of the Pan American Health Organisation; but apart from that both hon. members who were former Ministers of Health must know that through all the years and today in Barbados no drug can be imported into Barbados unless it is accompanied by a certificate which certifies that it is used in the country of manufacture. In other words, countries are not encouraged to manufacture cheap drugs for export to places like Barbados. I cannot speak for other developing countries, but I can say that in Barbados no other country may export drugs to us unless I have a written certificate to the effect that the drug is used in the country of manufacture itself. In other words, it must be good enough for your people if it is going to be deemed good enough for our people. Apart from this, certificates in respect of quality testing must accompany all of the batches of drugs which come into this country, and both hon. members sitting on the opposite side as former Ministers of Health must know that, but I say it again for the public's information and for the information of hon. members. There is going to be absolutely no sacrificing of quality in this national health service, and in this national health the name would kill it quicker than poor quality drugs. It does not behove hon. members or members of the medical profession to stand up and talk in this country about poor quality drugs coming from Italy or any other country because these are drugs that have got to be prescribed by a doctor. The druggist cannot prescribe

drugs; he may only dispense them. Only a doctor is authorised in this country to write a prescription.

This brings me to another very important point and I have to be careful how I put it because we have members of the press in here and you have to be careful what you say in their presence. Doctors in their long arduous training, whatever else they may learn, are not taught by their University to be cost conscious, and I have not met one yet, Mr. Speaker, who has been able to deny that. They admit that they have not been taught to be cost conscious. They have been taught to provide the best care for their patients irrespective of cost, but in today's world doctors have got to face the fact that cost is a prohibitive factor in the whole business of health care. Doctors do not know a great deal about drugs either and the hon. member who is a doctor on the other side will not contradict me on this. The drug representatives that he referred to are not even trained druggists in this country. The drug representative in this country is a salesman just like people are salesmen who sell anything else. They sell motorcars, they sell Vicks, they sell Ferrol, they sell hairpins and they sell drugs, and doctors not only in Barbados but everywhere in the world, Mr. Speaker, are influenced in their choice of drugs by the drug representatives who go and sell, either hard sell or soft sell, as a salesman, a particular drug to a doctor. The patient will take what the doctor prescribes. I do not know, I have never heard of a patient contradicting or opposing a prescription that a doctor writes. In the first place you cannot understand what the doctor has written, and as is now the custom in this country and has been for years in the matter of substitution, where the druggist substitutes when he phones the doctor, I am not aware that the druggist informs the patient or the customer at the counter that he has spoken to the doctor and the doctor has authorised substitution. You see the man go to the telephone, you do not know what he is telephoning about and you take what he brings and gives to you and you go home and take it, and when you feel better you stop taking it.

That brings me on to the matter of over prescription. There is a lot of it in this country and this is another aspect of the Barbados National Health Service. We are trying to contain this problem of over prescription, because we have got to do it; doctors prescribing 100 pills and the patient takes ten and the other 90 go down the plug hole. All of this we have to try and contain, and as the hon. member for St. Michael North Central quite rightly said, a lot of it can only be done by educating the doctors. The doctors, Mr. Speaker, need more education in these matters than the consumers. So do not let us get into this syndrome of deifying that profession. The World Health Organisation through its Director General is now trying to undeify them.

4.00 p.m.

The Director General of the World Health Organisation, who is a Doctor himself, has had very recently to

say of the medical profession that before it can truly help to improve health conditions, the medical profession must first replace its imperial trappings with a real concern for people and he goes through and through this article which I hope the Press, when I present it to them, will reproduce it for everybody in Barbados.

It is time that the medical profession wakes up to the fact that people understand. People are better educated today and understand more clearly what the care of their health is all about and this dignifying of a Doctor, those days are gone, where a doctor lives in a big house with a driveway from here to the Deep Water Harbour and that you had to literally genuflect to his presence. Those days are gone, Mr. Speaker.

We understand as consumers that doctors sometimes have the power of life and death over us and in the end we all have to die and this is the last excuse that every doctor has to fall back on. You have to die anyhow. In other professions you do not always have that excuse, so let us get it quite clear, Mr. Speaker, Sir, that the medical profession itself has a lot to learn.

I expect the hon. member for St. Michael North Central to defend brand name. He is a doctor. It is how he has been trained. He cannot help it but I am glad that he has given some little credence to the fact that the world itself is going generic. The medical field is becoming more and more sophisticated. The choices are difficult.

I have a situation facing me now in the Ministry of Health where at least one pacemaker has been inserted in a patient in Barbados, at least one, but we still under our Medical Aid Scheme have people applying to be sent to Jamaica and Canada to have pacemakers inserted. It is a hard, hard decision. Do you provide basic drugs for people in the community before you bring more fancy specialties into the Queen Elizabeth Hospital? The hospital oriented doctors are going to tell you, "yes, bring in all the fancy specialties." The next thing they would want to do is transplant surgery, even if it is only two patients a year, and yet at the grassroots, at the community level, where you need basic health care, where you need clean running water in every house, where you need access to basic drugs, not the fancy equipment, that there are very few doctors in this country who will stand up and say, that is where the priorities are.

Ministers of Health have been faced with this kind of decision and they have to make it and one of these decisions is that Barbados should go generic. Why should we encourage Barbadians to pay four times or six times the cost of a drug when a drug with the same quality and of the same efficacy can be obtained at a fraction of the cost. Why?

That brings me to the question asked by both hon. members on the other side. The Government of Barbados

is not going to become the sole importer of drugs in Barbados. There is no reason why any drug firm as it now does cannot import what it wants to import. In the end the consumer will decide what is going to be imported simply by virtue of what he is prepared to pay for. Any druggist, any commission agency, any drug house can import any drug into Barbados and will continue to have the privilege to be able to do that even under the Barbados National Drug Service, Mr. Speaker, but the Government is setting the example with its National Formulary and hoping that the private sector will co-operate fully with us on this because drugs are going to be available in the private sector; in other words, in the drug stores in Bridgetown at the same prices, we hope, and this point was made earlier that we would want to be selling drugs in the dispensaries which will be found in the polyclinics and the health centres. Even the health centres are going to have this facility, the health centres which are going to be upgraded to the status of polyclinic.

At the very moment that we are in here speaking, Mr. Speaker, Sir, we are upgrading Six Roads Health Centre. The dispensary which was formerly at the St. Michael District Hospital, and quite inaccessible to people, will be relocated at Six Cross Roads within the health centre there which is being slowly upgraded to the status of a polyclinic and which cannot be upgraded to a polyclinic unless it has a dispensary, among other things. That is going on even now. A lot of infrastructure has got to be laid down for us to be able to deliver this drug service and a lot of it is already underway and it is that I do not scream at the top of my voice about it and dance in the road about it. We are getting on with the people's business quietly. That is what they put me in here to do, that is what they are paying me to do, that is what the Government has been mandated to do in 1976 and we are getting on with it.

The hon. member for St. Michael North Central is perfectly correct in saying that the National Formulary is the result of many years' work. It is not my fault if successive Ministers of Health on that side could not get it off the ground in 15 years. I have it tabled here today in this Hon. House after four years. That cannot be my fault.

Now, Mr. Speaker, Sir, it is not the easiest thing for me to be answering things in my reply coming from two former Ministers of Health. I have already commented on the fact that the Shadow Minister is not here. The Leader of the Opposition who was here before lunch and who was one of those persons who, on the 9th September too, Mr. Speaker, Sir, insisted that we could not proceed with the matter then, that it required thought and discussion among members on the other side, has not seen fit to come back either for an important debate like this. After all, this is the beginning of the Barbados National Health Service and the strategy of the Democratic Labour Party

permits me to be addressing my reply to two former Ministers of Health.

Mr. SPEAKER: It is still their privilege to come or not to come.

Hon. Miss B. A. MILLER: Yes, Mr. Speaker. Now on the question of those people who are receiving free drugs at the Queen Elizabeth Hospital today, Sir. It is a fact that there has been in existence long before 1976 an apparatus whereby a fee was charged for drugs at the Queen Elizabeth Hospital. It is a fact, as has been said on the Opposite bench that when a feeble attempt was made to institute the charge, there was uproar, but it is the manner in which these things are done. You cannot do that kind of thing in isolation of a global plan. I am not surprised that there was an uproar.

I do not think that this Government or the Ministry of Health is going to have any difficulty explaining to the public of Barbados that a lot of people who are now abusing free drugs being available at the Queen Elizabeth Hospital will not any longer be able to get free drugs except those people who truly need free drugs will always be able to get them. I do not think I am going to have difficulty with that. I am sorry I did not bring my package of drugs.

We have a terrible system at the Queen Elizabeth Hospital. Some of it is fair and some of it is not fair. We have a lot of people at the Queen Elizabeth Hospital getting free drugs who can afford to pay for drugs. Some can afford to pay the whole cost and some of them can afford to pay something but because of the way the system was allowed to be set up, you have avenues where any and everybody can just come in there, present the right kind of letter, get in the right queue and find themselves the recipients of free drugs.
4.10 p.m.

It cannot continue. The only people who should be getting free drugs at the Queen Elizabeth Hospital are the patients who are lying down in the public wards because in the private wards, when people pay for a private room, you have to pay something for drugs too. But, the people in the public ward do not have to pay for drugs and that is how it is meant to be. The Queen Elizabeth Hospital is not meant to be any free pharmacy on the side and I cannot wait for the day to come when that dreadful system of people lining up in long queues to get free drugs comes to an end.

People who are to get free drugs will be directed to the dispensaries in the polyclinics, or to any drug store in Barbados. They will have the identification which will entitle them to free drugs and this business of lining up for 17 hours waiting to get a prescription filled at the Queen Elizabeth Hospital will come to an end. It is an un-

dignified system, it is an improper system, it is an unhealthy system and I am glad that the Drug Service is going to put an end to it and any doctor who is worthy of his professional calling should be glad of this too.

It is the case now because it has continued all of these years because you see, Mr. Speaker, there was not that broad vision of a National Health Service. It was picking at the problem here and picking at a problem there. That is why the Hon. Member for St. Michael North Central always came to grief during his tenure as the Hon. Minister of Health because that is never going to be the way to solve the problem. The only solution for the problems attending to the delivery of health care in this Island is a National Health Service, such as this Government has planned and is about to implement. That is the only cure for it, Mr. Speaker, to all these lines of people waiting in the Casualty to get a belly hurt attended to and a stumped toe attended to, is a National Health Service where you would not have to go to the Casualty and line up for that because you will have your own doctor, to whom you can go whether you have money in your pocket, or not.

I hear the other side saying that they are all for the Drug Service and so forth. The Hon. Member for St. Michael North Central referred to a survey which was carried out by my Ministry, in his office and other doctors' offices, which showed that people themselves agree that they wanted the matter of drugs addressed first, even before they wanted the matter of payment of the doctors addressed, that drugs is the number one priority, which shows that our judgment was correct.

But, the Other Side is not to think, for one moment, that the Government is going to double think, or re-think its position on this matter of a pre-paid health service, where people will not have to go into their pockets for any money when they go to the doctor. That is very much o - n, on, Mr. Speaker. And that is what the task force which comprises officials of the Ministry of Health and members of the Association of Medical Practitioners is currently addressing. We are at that delicate stage of negotiation and that is going to come. We may appear, to some people, Mr. Speaker, Sir, to be ahead of our time, but that is the nature of the Administration of the Barbados Labour Party. We cannot help that, but this is what the people voted for and this is what the people of Barbados want, and what they are going to accept.

In answer again, to the Hon. Member for St. Michael North Central, let me stress, any Barbadian should be able to go to any dispensary, in Barbados, whether it is a public dispensary, or a private dispensary and have his prescription filled according to this Barbados Drug Formulary. If there are people who are so well off, or who are so opposed to the Government's idea that

they want to continue to pay high costs for brand name drugs, they can do that too. This is a free country, a democratic country and they can do that too. But, I do not think that the majority of people will choose to do that. I think that people will come to respect the National Formulary and as doctors begin to use it more and more and to appreciate the benefits of it, more and more, so too, will their clients get a greater confidence in it because in the end the patient, or the consumer accepts what the doctor recommends.

Now, Mr. Speaker, Sir, on the matter of the questions raised by the Hon. Member for St. Michael South. I think that I have answered the first question, will the Government be the sole importer, can the private sector import as they wish? The answer to that is yes, the private sector can import as they wish, no, the Government will not be the sole importer.

Drug Testing, I have addressed. Quality Testing, quality is something to which we pay the greatest importance. Drugs imported will continue to have to be certified, as to quality and where we, ourselves are not satisfied with the quality, we now have the service of the Drug Testing Laboratory at Jamaica, at our immediate disposal.

Now, on the matter of financial arrangements. Again, this was a matter which was addressed when I introduced the Bill. It is unfortunate that the Hon. Member for St. Michael South was not here then, but we have the Financial Drug Service Rules, 1980. I have a copy in my hand here, Sir, all carefully laid out. I spoke about the fact that we have separated this whole matter of drugs from the Central Purchasing Department. We are subject to Financial Rules. We have our own Financial Rules.

We have a Tenders Committee which has on it, representation from as wide a cross section of persons who have an interest in this matter, as possible and all of the proper financial procedures are being observed. I do not know what more I can say, in this respect, to re-assure the Hon. Member for St. Michael South.

Mr. Speaker, Sir, I do believe that I have addressed most of the important questions raised by Hon. Members, on the Other Side. I hope that I have been able to give the kind of re-assurance about the quality of service which we wish to offer and I hope that the kind of co-operation which the Government and in particular, the Ministry of Health has been receiving from the Pharmaceutical Industry, from the druggists, I hope now, in the immediate future, the kind of co-operation which we are going to get from the Press, in this important matter of Public Relations, will be of the same level, as that which we have received during the four years, when we were planning and preparing the ground for the introduction of this Drug Service.

Sir, I beg to move that this Bill be now read a second time.

Hon. L. B. BRATHWAITE: I beg to second that.

The question that the Bill be read a second time, was put and resolved in the affirmative without division.

On the motion of Hon. Miss B. A. MILLER, seconded by Hon. L. B. BRATHWAITE, Mr. SPEAKER left the Chair and the House went into Committee on the Bill, Mr. ODLE in the Chair.
4.20 p.m.

Clauses 1 to 3 were called and passed.

Clause 4 was called.

Hon. Miss B. A. MILLER: Mr. Chairman, for the benefit of the hon. member for St. Michael South, in clause 4(3) in addition to this paragraph contracts and agreements of the Drug Service must be in accordance with the Financial Drug Service Rules of 1980. I beg to move that clause 4 stand part.

Hon. L. B. BRATHWAITE: I beg to second that.

Mr. SANDIFORD: I am grateful to the Minister for the information given. I would like to raise a question in relation to the Director of the Drug Service. Could the Minister give this Hon. Committee any information as to the types of qualifications and so on that would be applicable in the case of the Director of the Drug Service? Would this be a professionally qualified druggist or is this the administrator type or what specifically is involved?

Hon. Miss B. A. MILLER: Mr. Chairman, the Director of the Drug Service has got to be a trained pharmacist. We have tried in vain to recruit a Barbadian, even though we have Barbadians on development scholarships abroad studying pharmacy, we have tried in vain to recruit a Barbadian.

The present Director of the Drug Service is a Canadian who is a retired pharmacist and who enjoys the best and the highest possible reputation. He is a former Secretary of the Canadian Pharmaceutical Society for 25 consecutive years who has worked in many respects doing similar work for some of the Provinces in Canada. He is a much respected and admired man in his own country, and here in the Ministry of Health I may say at this opportunity that we have come to respect and admire his competence and have great trust. He is working with us on a contract from year to year. We are hoping to attract a Barbadian national into the Barbados National Health Service who will eventually take this post, but it is not an easy thing to accomplish. Pharmacists are a scarce

resource everywhere in the world, and pharmacists with the kind of background and the kind of experience which we require of a Director in the early years of the Drug Service are very exceedingly hard to come by.

Mr. SANDIFORD: If I may raise another question, we of course are very pleased to know that such an experienced and highly respected and highly qualified person is directing such services as there are at the moment. May I ask whether the Minister would give us some additional information and tell us roughly what size staff, complement of staff she expects in this particular Drug Service? How large is it likely to be and what are the other qualifications and so on which may be required? We know the Director is the Accounting Officer; will there be a qualified Accountant and so on? What is the size of staff? What types of positions does she envisage putting into place for this particular Service?

Mr. CHAIRMAN: Before the Hon. Minister replies, does any other hon. member wish to ask any other question?

Hon. H. B. St. JOHN: I feel that it is very important. The hon. member did not have the privilege of being present when the Hon. Minister made the introduction to this Bill and dealing with this area. Perhaps if he were here the hon. member would understand.

The Minister explained in the opening that this Bill seeks to encourage the purchase by tender of the total requirements of drugs in Barbados, not only for institutions but also the drugs that will be used generally. It is not contemplated that the private sector will be deprived of their existing role, they will still be the stockists in respect of these jobs, you will still have pharmacists, you will still have distributors and things of that kind.

From the questions the hon. member asked it appears to me that he feels that all the drugs as required by everybody will have to be stored in one central warehouse and everybody will have to draw from the central warehouse. That is not how it is going to operate.

The hon. member raised the question of tenders again. There is absolutely nothing wrong with any law which amends the generalised provisions of the Financial Regulations to have special regulations in relation to a special class of purchase, and a special Tenders Committee has been established under these regulations, because this is a very highly specialised area. I sat on the Planning and Priorities Committee when this came up. There was a greater argument by the Central Purchasing Department that it should not be taken out of their responsibility, and as one of the referees we listened very carefully, and the formula that was eventually agreed upon, that a special Tenders Committee would be appointed to deal

with this specialised service but that the function of the Auditor General would still be in play. The Auditor General of Barbados will still be the supervisor of the audit in relation to the purchase of drugs, particularly those drugs that come within the Government institutions, so do not let us get away with the impression that we have no financial rules in relation to this because that is not true. The composition of the Committee is changed, but there is in fact a Tenders Committee but it is not composed in the general manner that the general central purchasing tenders committee is composed.

I may say this for the benefit of the hon. member, that there are other Ministries, two in particular, who have systematically been quarrelling about the Central Purchasing Committee. I know that the Ministry of Communications and Works and the Ministry of Education have systematically said that in respect of specialised areas of purchase that there should be a special Tenders Committee with the safeguards of the Auditor General's fiat and accounting responsibilities.

The other point I think should be emphasised in this area, having regard to the questions that were asked, is that a large part of the component that determines the drugs that are needed in Barbados consists of doctors themselves. If the hon. member was here when the Hon. Minister introduced this Bill, he would have recognised that out of the eight members who comprised the Committee that determines the formula five are doctors, two are pharmacists. What more can the profession want? 4.30 p.m.

They amount to the people who would be involved in ordering and they have the vast majority, so I cannot see there can be any quarrel in that direction.

Hon. Miss B. A. MILLER: Mr. Chairman, with respect to the drug service office, we have at present a director who is supported by two professional staff and three administrators. The accounting staff is shared with the Ministry of Health. For the future we are hoping to see an expansion so that we have a director and two assistant directors with one or perhaps two pharmacists, four administrators and maybe two people in its own accounting department. As the hon. member for Christ Church South Central says, it is just a pity that the hon. member for St. Michael South was not here, but I am really not prepared to go on and repeat over again all the stuff I said when I introduced this. I went into great detail about the Committee, the importance of the financial rules being observed, the importance of being separated from the Central Purchasing Committee. It is all down in Hansard and I am really not going to go over it again; but that is the size of the staff. We are out to show that you do not have to have a super-abundance of civil servants sitting down on top of each other to run a service of this kind.

The question that Clause 4 stand part, was put and resolved in the affirmative without division.

Clause 5 was called and passed.

Clause 6 was called.

Hon. Miss B. A. MILLER: With respect to Clause 6, Sir, dealing with interchangeability of certain products by the dispenser, the hon. member for St. Michael North Central drew such a farfetched example of Barbadians possibly having to send abroad to relatives and friends in the United Kingdom and the United States to get drugs. It is as ridiculous as it is farfetched. This whole business of substitution is something which has been going on in Barbados all of the years, but no druggist in Barbados to my knowledge interchanges without first consulting with the doctor, and if we look at the clause before us we will see that the druggist does not have the kind of *carte blanche* that the hon. member might be suspecting. It is very clear. It is a permissive act and not a mandatory act. If substitution is taking place, the drug involved must be a drug of a lower cost and not a higher cost; the drug prescribed must be from among the drugs listed in the Formulary, unless of course it is, and we will come to this later on down if not in clause 7 in another subsection, a specially authorised drug, because there is latitude also. We are bending over backwards to accommodate everybody. We have a special category of drugs called SAD drugs, specially authorised drugs, where if a doctor can make out a case to us for a brand name product for some of the reasons that we have heard from the other side or any other reason he can satisfy us that he should be able to prescribe this drug, he will be permitted to do so. We are not trying to muzzle the professionals' clinical freedoms, but there is a lot that the profession will learn from this national Formulary; so it is not as though the druggist can re-write a prescription. There is going to be nothing of that kind. All that will happen here is that we are formalising what is the current trade practice and professional practice in Barbados, that if a drug is not available, a druggist may, having consulted with the physician, interchange, but it must be a drug on the Formulary and it must not be a drug of higher cost. The druggist has a little greater latitude here now because if he cannot get hold of the physician, he is entitled and he is skilled and trained to interchange on his own account. Like I said earlier, Mr. Chairman, if the physician is specifically against any interchangeability for whatever reason, without let or hindrance he may simply write on his prescription "no substitution" and that cures the problem. So I want to make that perfectly clear.

I beg to move that Clause 6 stand part.

Hon. L. B. BRATHWAITE: I beg to second that.

The question was put and resolved in the affirmative without division.

Clauses 7 and 8 were called and passed.

Clause 9 was called.

Hon. Miss B. A. MILLER: Mr. Chairman, an amendment to Clause 9 has been circulated.

I beg to move that Clause 9 as amended stand part.

Hon. L. B. BRATHWAITE: I beg to second that.

The question was put and resolved in the affirmative without division.

Clauses 10 and 11 were called and passed.

The Schedule was called and passed.

On motion of Hon. Miss B. A. MILLER seconded by Hon. L. B. BRATHWAITE, Mr. CHAIRMAN reported the passing of one Bill in Committee with amendments, and Mr. SPEAKER resumed the Chair and reported accordingly.

On separate motions of Hon. Miss B. A. MILLER seconded by Hon. L. B. BRATHWAITE, the Bill was read a third time and passed.
4.40 p.m.

MENTAL HEALTH ACT, 1980

Order No. 3 was called – To move the Second Reading of a Bill to provide for the care and treatment of persons of unsound mind and for related matters.

Hon. Miss B. A. MILLER: Mr. Speaker, Sir, this is another massive piece of legislation. The Barbados National Health Act – the fact is that the whole business of the amendment of the Mental Health legislation in this country has been under review and discussion for many, many years. This file is exceedingly ancient, well before 1976 and I came and found a large pile of files and new files had to be made.

Mr. Speaker, Sir, all sorts and manner of people had to be consulted, particularly the psychiatrists in Barbados and we have to be very careful in the reform of this legislation because for the most part you are seeking to act on behalf of people who are incapable by virtue of mental health from acting on their own behalf and in that sort of connection one would have to be even more careful than one would normally be with people who have to be questioned on their own behalf.

Now, the main import of this Bill, Mr. Speaker, Sir, is to update, upgrade and modernise current legislation in respect of those who are mentally ill, those who are patients at the Psychiatric Hospital. It is important that we were able as this Bill now does, to give to certain persons such as for instance, the Police, certain powers and that we should limit in other respects powers enjoyed by other persons.

We have had great difficulty in the Ministry of Health over many years in respect of persons who are known to be mentally ill in the community and who could not or would not or did not for whatever reason commit themselves to the Psychiatric Hospital. It had not been possible for an officer of that Hospital, so to speak, to arrest a person living in the community who was mentally ill and who was in a difficult situation.

We have cases of people who were mentally ill locking themselves in the houses and creating hazards and dangerous situations not only for themselves but for other people and we have had to call on the Police Force who have not been always able to respond in a manner that we considered suitable.

When we get to the Committee stage, Mr. Speaker, Sir of course I will elaborate on these matters but generally speaking, we have sought in this legislation to categorise patients more clearly than they were formerly. We now have a category of voluntary patients, patients who know they are mentally ill, or perhaps know they have a history of it and they come and commit themselves or volunteer themselves as patients.

We have a category now of medically recommended patients. Persons who are recommended by Doctors or referred by Doctors to the Psychiatric Hospital or in other Hospitals. We have a category of hospital order patients, persons such as those persons who are referred to the hospitals by Magistrates, Judges, yourself, Mr. Speaker, Sir, I believe you may have some residual power to refer people under this kind of Hospital Order.

The Bill also makes it possible for us now to establish a Mental Health Review Board so that members of the Public who have relatives, guardians, friends or otherwise, or patients of the Hospital will have the privilege of applying to this Board in respect of unreasonable detention of patients at the hospital. It is also a matter of clinical or medical opinion but there have been occasions which have given rise to unhappy circumstances where there has not been any body so to speak to whom one would have appealed and this will be one of the major functions of the Mental Health Review Board.

Provision is also included here for aggrieved persons to appeal to the High Court against decisions of that

Board because we have to bear in mind that persons who are patients at the Psychiatric Hospital, although they may be mentally ill, are people who have civil rights and liabilities in other respects. Some of them own property, considerable property and often that property becomes the subject of a family dispute so this sort of thing, will get, I hope, better, more efficient and quicker attention than it did in past years.

We are also in this legislation outlining for the first time the duties and responsibilities of the Hospital Director. Now there are a few things that I need to say about the Psychiatric Hospital, Mr. Speaker, Sir, things which hon. members may not be aware of. The Psychiatric Hospital is the largest institution owned by the Government of Barbados, some 37 acres. It is no fun at that hospital, Mr. Speaker, Sir. Maintenance is a nightmare for the Ministry of Health, 10 acres of roof alone to keep repaired. It is not easy.

It is a larger hospital than the Queen Elizabeth Hospital, although people do not realise it. It is physically larger than the Queen Elizabeth Hospital. Its bed capacity is larger than the Queen Elizabeth Hospital. The Queen Elizabeth Hospital is a 500 bed Hospital and the Psychiatric Hospital is a 620 bed Hospital and yet it operates to its credit and to the credit of its Director with a smaller staff than the Queen Elizabeth Hospital and with less of the fancy equipment and plant that you can find at the Queen Elizabeth Hospital.

Last Friday in this House a question asked by the hon. member for St. Michael South West had to be tabled in his absence. It was a question, Mr. Speaker, Sir, with respect to the Psychiatric Hospital. There was a wildcat strike at that Hospital some weeks ago and following the wildcat strike which took place in the middle of negotiations between the Ministry, the Union and the Establishments Division in respect of posts for the Hospital this strike took place. As a result of that strike I set up a Working Party to investigate the situation and the grievances in particular at the Psychiatric Hospital.

4.50 p.m.

The answer to last Friday's question would have said that I expected the Report of that Working Party before the end of September. Today, is 30th September and I have the Report of the Working Party in my hand. I do not intend to refer to it at this stage. It must now be studied by myself and officers in the Ministry, before we can make decisions about what we intend to do.

I wish to take this opportunity, Mr. Speaker, Sir, to make some observations about the Psychiatric Hospital. Like I say, it is a vast institution and the whole business of maintenance, of renovating, of expanding the physical facilities at that hospital is a serious headache. It cannot

be done all at once, in any one year. You are dealing with a hospital which was built during the last Century, you are dealing with a Victorian building which is not really purpose built, by today's standards, but still, we have to live with it, until we can afford to build a new Psychiatric Hospital. I would like to say that I have since been in the Ministry of Health, on a regular, yearly basis, every year during Estimates, we like to do some major act of maintenance, or repair, or renovation at that hospital.

In 1977, we built a dormitory for the mentally retarded children with bunk beds and so on and so forth. Also we completed the upgrading of a ward known as the Grassfield Ward. When I went on my first visit to the Psychiatric Hospital — I want the Hon. Minister of Housing to hear me on this matter of Grassfield because the extension of the Fernihurst Housing Complex is now literally trespassing on the grounds of the Psychiatric Hospital. The Ministry of Housing has promised to build a suitable fence and wall because it is impinging upon the security of the Psychiatric Hospital and I am here appealing to him to give his personal attention to this matter. I know that this matter is now bogged down in a whole bunch of matters which are enjoying a certain priority in the Ministry of Housing, but I want him to single out this in particular, please and let us have the wall which was promised to separate the Housing Complex, from the Psychiatric Hospital. But the Ward which it would abut and abound on to is this said Grassfield Ward. On that first occasion in 1976 when I went on tour of all the Institutions of the Ministry of Health, I was horrified at what I saw at Grassfield, Mr. Speaker, Sir. I saw Victorian conditions. I saw conditions such as Dickens would have written about. I saw a ward even without a dining room which has an open space which faced the weather side, so that when the rain fell, I do not know where people ate, I saw people sleeping still on cots which had to be scrubbed every day, on stone floors which were scrubbed every day and so, were damp and people just had to run about outside how well they could, until everything dried off. I saw one broken down bathroom with a pipe stuck at waist level in the wall having to accommodate the entire ward of male patients in Grassfield Ward.

Immediately, the decision was taken, that it would have to have top priority in our renovation programme. That ward has since been renovated, it now has its own dining and recreation area, it now has proper beds, it now has bathrooms, plural, which are tiled, it has toilets, it has showers, it has a Nursing Station and it has a proper verandah with plants. The transition Sir, is virtually unbelievable. It is a ward that if I have to show people from abroad around the Psychiatric Hospital, I tend to go to first Sir, but you cannot do all, in one year.

In 1978, we upgraded another male dormitory the B Ward and upgraded the bathroom facilities there. In the Female Observation Ward, we completed a dining area, a recreational area and also put in a Nursing Station in 1978. In 1979, we upgraded the E Ward which was also another Female Ward and put in a dining area. You see, in a lot of these wards there was no dining area. You had to sit down at the edge of the cot and eat. There was no recreation area, so you spent your whole day either sitting on the bed, or standing up at the window. All of this, we have tried to improve upon in recent years.

In 1980, we have completely rebuilt the maximum security unit, totally renovated. The old school building which we used to see there, people passing the Hospital can see it, it has been upgraded, recreational centre and also for teaching and also used it as a church for the in-patients who can appreciate that kind of service down at the Psychiatric Hospital. We have also converted some of the buildings into rooms for the maintenance staff at the Hospital, such as drivers messengers and so on and so forth. We have installed a lot of emergency lighting, so that the Hospital is not as insecure, as it used to be.

There are a lot of things which people did not know. For all the years, there was not a thing known as a Hospital Maid at the Psychiatric Hospital, unknown. Nurses were forced to do those duties which naturally, of course, prevented them from doing as efficiently, as they ought to be, their own nursing duties. The Establishments Division has since, Mr. Speaker, Sir, given us a staff of maids and general workers, given us another housekeeper, so that we are beginning now to put a maid service into the Psychiatric Hospital, so that nurses can be free to do their proper duties.

For the benefit of this Honourable House and for the Unions, I am going to be tedious, Mr. Speaker, Sir, and read out the staff increases at the Psychiatric Hospital between 1977 and today:

8 Security Guards, November, 1979,
6 Male Nurses, November, 1979,
1 Hospital Director established February, 1977,
1 Accountant,
1 Senior Clerk,
1 Clerk Typist,
2 Sisters,
8 Nurses in the Male Nurse category,
2 Nursing Assistants in the Children's Wards,
2 Occupational Therapy Assistants,
Temporary Posts, June, 1980 — 1 Housekeeper
Category 1,
1 Housekeeper, Category 2,
10 Maids,
2 General workers, Category 2.

Temporary Posts now placed on the establishment, that is, this month, September, 1980, —

1 Psychotherapist,
1 Psychologist,
1 Cook which makes a total of 13 cooks,
20 Nurses bringing the number to 138,
1 Clerical Officer, bringing the number of
Clerical Officers to 3,
7 Orderlies,
1 Gate Keeper, making a total of 4 Gatekeepers.
For the present, or the permanent Nurses establishment,
1 Principal Nursing Officer,
2 Deputy Principal Nursing Officers,
5 Senior Sisters,
24 Sisters,
138 Nurses, bringing a total of 170 in the temporary category,
10 Ward Nurses,
10 Students Nurses, giving a total of 20.

I hope that that would put a pad to a lot of chat which I hear coming from the Unions and from people who should know better.

Now, if I may proceed, Mr. Speaker, Sir, with the generality of the Mental Health Bill, this Bill will put the staff of the Mental Hospital and I believe that that is what professional people prefer to call the Hospital. They had difficulty making up their mind and were advised that it ought to be called the Psychiatric Hospital. Now, I am hearing that it ought to be called Mental Hospital because there is a difference between mental and Psychiatric and that psychiatric does not include all mental, but mental includes psychiatric. It does not matter, Sir, we know to which institution it refers. It brings the staff at that hospital under the general direction of the Chief Medical Officer of Health.

5.00 p.m.

The Bill also will authorise the High Court to exercise certain powers in respect of the management of the property and the affairs of persons whom the High Court on medical evidence considers incapable of managing their own property and affairs. The Bill also deals with a whole bunch of miscellaneous matters, such as offences involving medical certification, documents, making of false statements; it provides also for the punishment of persons in charge of or in the employ of the hospital who ill-treat patients or wilfully allow them to escape or have unlawful carnal connection with them. We cannot overlook these matters, Mr. Speaker, they are matters which have each come before me during my short time as Minister of Health and they have got to be attended to in this legislation.

The legislation also will empower the Minister, whoever that person is at any given time, to make regula-

tions which will deal with matters of management of and the conduct of business at the Psychiatric or Mental Hospital or any approved Homes where psychiatric or mental patients will find themselves.

Generally, Mr. Speaker, there is very little more that I think that I can add at this stage in the debate. In the Committee stage there are specific comments that I would want to make about specific clauses, but I think that I have sufficiently given a broad outline. It is mainly a Bill dealing with administrative aspects of the care of the mentally ill and of the management of the Mental Hospital in Barbados.

Mr. Speaker, I move that this Bill be now read a second time.

Mr. ODLE: I beg to second that.

The question was put and resolved in the affirmative without division.

On the motion of Hon. Miss B. A. MILLER, seconded by Hon. L. S. CRAIG, Mr. SPEAKER left the Chair and the House went into Committee on the Bill, Mr. ODLE in the Chair.

Clause 1 was called.

Mr. CHAIRMAN: This may be done in Parts.

Part I was called.

Hon. Miss B. A. MILLER: Mr. Chairman, in moving that Part I stand part, I am grateful that the hon. member on the other side has agreed that we will do this in Parts rather than having us call 35 sections and a Schedule.

There are just three more points that I wish to make, Sir, which will be made in their generality but can suitably be addressed in Part I. It is important for a hospital the size of the Psychiatric Hospital that I make the point that we are slowly ward by ward going to solar water heating in an effort to conserve energy, but most importantly to point out that over the past two years very important additional services are now available at the Psychiatric Hospital.

In 1978 a Child Guidance Clinic and Centre was started and in 1979 an Alcoholic and Drug Information Centre was started. That Alcoholic and Drug Information Centre is considered to be a very important service, and I believe the public in coming months is going to hear a great deal about it. I felt I had to say it, Mr. Chairman, because more people than not do not know that it exists. We have a serious problem of alcoholism in Barbados which is being addressed at the moment by Alcoholics Anonymous and one or two other private organisations,

but I wish it to be known that the Government has taken cognisance of this problem and the Ministry of Health has encouraged the establishment of the Alcoholic and Drug Information Centre down at the Psychiatric Hospital. The fact is that a lot of the serious cases of alcoholism do end up being referred to or volunteering themselves to the Psychiatric Hospital.

Generally speaking, as I have said, we spend a great deal of money on maintenance of that hospital. It is an old complex of buildings, and just to give an idea, every year we try, we beg the Minister of Finance to give us a bit more; as times get better he is giving us a bit more. In 1977-78 the Ministry of Health spent \$104,000 just on maintenance of the buildings at the Psychiatric Hospital repairing roofs, putting new floors in wards and that kind of thing, repairing bathrooms, tiling showers and that kind of thing. The next year, 1978-79, the Minister of Finance was a little more generous and we got to spend \$112,000 on maintenance alone, that has nothing to do with the balance of the vote for the Psychiatric Hospital which naturally runs into millions of dollars, and in this current financial year we are preparing to spend \$120,000 on maintenance alone.

Mr. Chairman, I beg to move that Part I stand part.

Hon. L. S. CRAIG: I beg to second that.

The question was put and resolved in the affirmative without division.

Hon. Miss B. A. MILLER: Mr. Chairman, I beg to move that Part I be recommitted. There is an amendment in the definition clause to mental health worker.

Hon. H. B. St. JOHN: I beg to second that.

The question was put and resolved in the affirmative without division.

Hon. Miss B. A. MILLER: Mr. Chairman, in the definition clause "mental health worker" we wish to amend to read "mental health officer" for the simple reason that mental health worker already has a designation at the psychiatric hospital. The social worker is referred to as a mental health worker and we do not wish to confuse this person with persons who are really officers of the hospital, and so we wish to have that amended at clause 2 in the definition clause.

I beg to move that Part I as amended stand part.

Hon. H. B. St. JOHN: I beg to second that.

The question was put and resolved in the affirmative without division.

Part II was called.

Hon. Miss B. A. MILLER: In respect of Part II, Mr. Chairman, at Clause 7(3) and 7(4) the same amendment "mental health worker" to read "mental health officer".

I beg to move that Part II as amended stand part.

Hon. H. B. St. JOHN: I beg to second that.

The question was put and resolved in the affirmative without division.

Parts III, IV, and V were called and passed.

The Schedule was called and passed.

On motion of Hon. Miss B. A. MILLER seconded by Hon. H. B. St. JOHN, Mr. CHAIRMAN reported the passing of one Bill in Committee with amendments and Mr. SPEAKER resumed the Chair and reported accordingly.

On separate motions of Hon. Miss B. A. MILLER seconded by Hon. H. B. St. JOHN, the Bill was read a third time and passed.

THE ADJOURNMENT

Hon. H. B. St. JOHN: Mr. Speaker, that concludes Government Business.

I beg to move that this House do now adjourn until Tuesday, 7th October, 1980, at 12 o'clock noon.

Mr. SISNETT: I beg to second that.

The question was put and resolved in the affirmative without division, and Mr. SPEAKER adjourned the House accordingly.
5.18 p.m.