# Nostalgia for the Past: Prescribing and Dispensing Practices in Macedonia

Neda Milevska Kostova[1], Richard Cooper[2], Katy Cooper[2]
[1] Studiorum think tank, Macedonia, [2] ScHARR, University of Sheffield, UK

**Background** – Major health care reform in Macedonia involved privatization and a concession model in primary care within national health insurance scheme between 2005-2007, and budget ceilings on prescriptions and legal enforcement of prescription medicine dispensing in 2009. Study aimed to explore impact of policy changes on various stakeholders after these reforms.

**Methods** – qualitative semi-structured interviews with purposive and snowball sample of key stakeholders.
Braun and Clarke's 6 stage analysis undertaken.

| Policy makers | | N= 12 |
|---|---|---|
| Gender | Female | 6 |
| | Male | 6 |
| Education | Medical doctor | 7 |
| | Pharmacist | 4 |
| | Economist | 1 |
| Position | Policy maker | 7 |
| | Professional association representative | 3 |
| | Academia representative | 2 |

| Doctors in primary care | | N= 17 |
|---|---|---|
| Gender | Female | 9 |
| | Male | 8 |
| Geographic location | Capital | 5 |
| | Small town or city | 10 |
| | Rural | 2 |

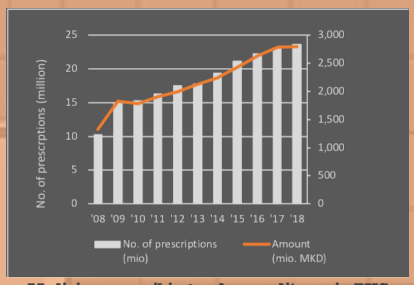
| Pharmacists in primary care | | N= 12 |
|---|---|---|
| Gender | Female | 9 |
| | Male | 3 |
| Geographic location | Capital | 3 |
| | Small town or city | 8 |
| | Rural | 1 |
| Status | Owner | 2 |
| | Employee | 10 |

| Patients | | N= 14 |
|---|---|---|
| Gender | Female | 6 |
| | Male | 8 |
| Geographic location | Capital | 5 |
| | Small town or city | 7 |
| | Rural | 2 |

## Key policy changes in prescribing and dispensing

Expected effects:

- Improved efficiency of primary care, including rational prescribing and dispensing
- Effective implementation of dispensing policies



Medicine prescribing and expenditures in PHC

***"They shouldn't have privatized the primary care, we were 'one' and working together with hospitals, maternities, community nurses... now we are separate worlds..." (primary care doctor)***

## Key Findings

### Policy makers

Considered policy changes NECESSARY but made NOSTALGIC comparisons to the communist system ASSOCIATING with providers

***"When the doctors are prescribing, very often they are concerned with what is going to happen to them. The doctor has to be creative in the prescription of treatment, with untied hands ... isn't health the biggest national treasure?" (policy maker)***

### Patients

New PRESSURES in negotiating medicine supply
Justify self-medication and buy medicines without prescription

### Doctors & Pharmacists

Dual PRESSURES: from system to prescribe less & patients to prescribe more.
LACK of guidance from system DISEMPOWERED and with REDUCED AUTONOMY

***"Back then we had the liberty of prescribing. So we could prescribe medicine with no limits..." ..."I am a physician for over 15 years, and the least I know is what is the best therapy for the patients..." ... "...professional integrity and ethics' are in question..." (doctors and pharmacists)***

## Conclusions

Disruption of communicative action (Habermas):

- policy changes reflect 'a system that threatens individuals' lifeworlds'
- induced professionals' perception of being isolated, uninvolved and unsupported

Need for improved communication and involvement of practitioners and patients to ensure policy change is sensitive and not threat to individuals' autonomy.

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