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# SOCIAL AND ECONOMIC VALUE: TWO SIDES OF THE SELF-MEDICATION COIN

## Conclusions of the session

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*It is my task to draw some conclusions from this morning's work. I would like to present my conclusions by referring to the economic, the social and the political aspects of our work.*

### **Economic aspects of self-medication**

As far as the economic aspect is concerned, we have looked at the micro-economics, i.e. the consumer's choice and the macro-economics, i.e. global balance. At the micro-economic level, we have heard about work which has been very persuasive in the way it has been presented to us. It has shown and helped us to quantify (or at least given us the method for quantifying) consumer choice in favour of self-medication by explaining a number of parameters which affect this choice. Examples are alternative costs, in particular in the presentation of Professor Ii, and also the timing and duration of treatment, an aspect referred to by Dr Morich. We have an explanatory model which enables us to quantify and helps us to predict for example the consequences for self-medication of these factors which influence the decision taken by the consumer.

As far as macro-economics is concerned, the task has been simpler because we have known about this for a long time. We have seen that there are some determining factors, including the growing costs of health systems, partly because of the ageing of the population, the risk of a cost explosion which will overwhelm the health systems and the logic of a growing awareness of the consumer's role in containing these costs.

When talking about minor ailments, we can address this aspect of the health budget through self-medication, and quite a few countries have witnessed this, some more than others though. Dr Morich told us for example that doctors have been consulted too often by patients who are not seriously ill, and that there is scope in the long term to reduce the burden. He has also told us about the conflict

between the concern to maintain a high-quality medicine and the growth in health spending.

### **Social aspects of self-medication**

Whether talking about micro- or macro-economics, we have heard a number of presentations which have given us a convincing and cohesive framework for our explanatory model. I think we have made some progress. When addressing this theme, we should not restrict ourselves to the economic aspects but we should also include the social facets. It has therefore been very interesting to hear about this aspect in some of the contributions referring to very different sociological contexts. We heard about developing countries from Dr Gasman, about the Japanese context from Professor Ii and from Dr Morich about the European context. In all these contributions, we have seen some common denominators which are very striking.

Dr Gasman recalled for our benefit that in the developing countries, all social and family groups have a certain understanding of their health problems and are looking for a response. The problem is as old as humanity.

Alongside this, we have heard from Dr Morich that the better patients are informed, the more they expect to take decisions relating to their own lives, whether they apply to health or other matters. There is a kind of correlation here with democratic progress in the political field.

### **Three-phased development**

We therefore have a tri-phased development in which each group is taking responsibility for its own health problems; we have seen the importance of health technology which can enable the consumer to take decisions; and we have also seen how in some cases consumers try to regain control of aspects of their life. These three phases are not unusual and can be found in other fields such as information technology and data management, we have seen this with regards to the information contained in shoe boxes and we have seen this with regard to major

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information systems whereby new technologies have encouraged the spread of new information which has helped consumers to start regaining control, having felt they had lost it for an intermediate phase because of the technology.

There is thus an analogous development in terms of health and health spending. This analysis places the emphasis on the very deep-felt desire by many individuals to have more responsibility in their own life.

### **Education and information**

We heard again and again about the importance of education and information. Every speaker has referred to this in one way or another. This is a central issue and the following formulation was very apt: information should not be seen so much from the point of view of the supervisory authority but the end-user because the end-user needs to be empowered to take his or her decisions on the basis of this information, which will of course be very different depending on whether we are in Mexico, Japan or Germany.

Having reached this phase in our work, we could say that the case for self-medication is very clear and convincing. All we have to do now is to promote self-medication as all required elements are there to convince our adversaries. Professor Ii contained a statement in her presentation which I think is very far-reaching and important for our work when she said that promoting self-medication has never been included in health reform. I do not think that is unique to Japan. I am sure we find this in other countries too.

### **Political aspects**

Other speakers have mentioned the difficulties they have had in convincing politicians and administrators of the need to update the regulations and no longer treat consumers like children. This brings me to the last point of this overview, i.e. the political facet in our discussion. The political debate and the problems we have with this do not really address the question of what we have to do. We heard a very clear answer to that from Mr Jamison at the beginning of the conference, who explained that what we needed to do, i.e. expand the indications with regard to OTC products, remove the hurdles for registration and generally promote the freedom of choice on the part of consumers concerning health issues. This is the programme and these were the main lines of development as presented by Mr Jamison.

The problem lies with the players in the health field and we have heard a number of references to this problem during the course of the morning. On the side of the ad-

ministration we have heard emphasised that very often the administrators are concerned about the risks of self-medication. No doubt there are some, especially when consumers are not well informed. If we wish to make the administration a vector rather than a brake in the development of self-medication, we have to set some objectives which coincide with the administration's own objectives by proving and explaining the economic/financial and social advantages of self-medication.

### **Doctors**

We have also devoted a great deal of attention to doctors/physicians, and – very prudently if you have listened between the lines – we heard what Dr Milton was telling us. I think we are well aware from experience that this is a sensitive issue and that the attitude of doctors towards self-medication cannot be reduced to a few simple propositions. This is of course an essential issue and the attitude of doctors will very much influence the progress made by self-medication in the years to come. I thought it was a positive indication that Dr Milton was here at all and that he addressed us and spoke publicly of his concerns.

### **Clients**

The logic of what we have been doing should lead us now to address the attitude of the clients, because there seems to be a very fundamental movement at play whereby more and more clients are claiming they want to take control of their own lives. This is important in promoting self-medication. It enables patients to express themselves in the political debate in order to raise their demands. It is very important that we assist patients to raise those demands. Perhaps we will be hearing more about that following the conference.

### **The European Commission and the European Union**

A final player in this game – and we heard about this from Dr Bangemann (and I think we all heard what he said with his usual force of conviction) – the European Commission and the European Union in general have taken part in the development of self-medication. This is certainly one of the keys to its potential future development. One of the conclusions we can draw from this morning's work is that this procedure should continue and we are quite sure that the spirit expressed by Commissioner Bangemann is something we all hope will be maintained by the future European Commission.