

## Austria

### Working party on the safe handling of cytotoxic drugs

The Austrian Ministry of Health recently established a multi-disciplinary working party to develop a new guideline on the safe handling of cytotoxic drugs. The guideline is intended to cover the whole life cycle from preparation to safe disposal of waste and will replace the 1980 guideline, similar guidelines from other countries were examined. Sub-groups will now comment on best practice for the particular situation in Austria.

Although in larger hospitals cytotoxic drugs are generally prepared in hospital pharmacies quite a lot of reconstitution is still done by nurses and doctors on wards. Apart from safety issues there also arises the question of legal classification: is reconstitution of cytotoxic drugs (in accordance with the manufacturer's instructions) a matter of production or preparation and hence should it be reserved for pharmacies? If so, why should doctors and nurses be entitled to reconstitute any other drug, e.g. a parenteral antibiotic, as the steps involved are practically identical to those for a cytotoxic drug?

Which regulations should be followed? GMP is clearly inappropriate since it is intended to give guidance on industrial batch production and does not adequately cover aspects of manual preparation of medicinal drugs for individual patients or on wards.

Clearly there is demand for a purpose-designed regulation to assure product quality and occupational safety covering both (highly preferred) preparation in pharmacies and reconstitution on wards. Austria's new guideline will provide a state-of-the-art resolution of these issues.

*Thomas Langebner, MPharm, MBA, aHPH*

## Belgium

### Pharmaceutical legislative changes

Two important royal decrees (RD) have been published in 'Le Moniteur' (the statute book) since the start of 2009.

The first RD of 21 January 2009 has a short title, 'Instructions for pharmacists' but runs to 50 pages. It replaces the RD of 31 May 1885 and it introduces new regulations for pharmacists in public pharmacies. These aim to improve the management of pharmaceutical work, the responsibility of pharmacists, the accessibility of pharmacies, the delivery of medicines and they also specify good practice in preparing medicines. Article 29 of this decree also regulates the sale of medicines on the Internet. Circular 536 draws the attention of pharmacists in public pharmacies to a few key points related to this issue. This RD will be followed in a few months by a RD for hospital pharmacists.

The second RD of 07 June 2009 regulates "electronic documents replacing the medical order of the doctor in hospitals". Electronic prescriptions and signatures are thus legal now in hospitals.

*Jean-Daniel Hecq, PhD*

## Spain

### SEFH national congress 2009



The 54th National Congress of the Spanish Association of Hospital Pharmacy (SEFH) was held in Zaragoza, Spain, 22–25 September 2009, with the motto 'Hospital pharmacy and sustainable development'. The SEFH's objectives for the next ten years were presented by the working group 'Action 2020'.

Major themes were chronic care, education, sustainability and economics. Patients with chronic illnesses (haemophilia, cancer, etc.) increasingly need hospital pharmacist support. Education and training are needed so that health professionals develop as the working environment changes. Sustainability was understood as the duty of all hospital professionals to share their knowledge and experience. Nowadays multidisciplinary teams are the only way to ensure that patients have the best pharmacotherapy. As new treatments become more and more expensive and complicated the economic system has to be refined. Safety is paramount through the selection, prescription, dispensing, administering and monitoring processes.

Interest groups within the Association explained their regular work and new objectives. More than twenty different groups discussed issues of training, research, new technologies, nutrition, medical devices, antibiotics, etc. presenting oral communications during these sessions. Posters were electronic this year and this was a successful idea that attracted a high level of participation.

The congress also celebrated the second Meeting of Latin-American Hospital Pharmacy. This sharing of experiences with the Latin-American hospital pharmacists consolidates the bonds between SEFH and associations from Latin America.

*Ana Herranz, PhD*