

As an immigrant to NB in 2003 from the Netherlands and an RN for 32 years at the time, it was shocking for me to enter a medical setting here and to witness the meekness of patients that were overloaded by their GP's with too many medications. Since verbally almost none of the patients would protest against a handful of meds four times a day I wondered what was the difference with Dutch consumers and MD's.

Doctors in the Netherlands are all monitored by the Pharmacies and any outstanding prescription behavior is questioned, too many meds in general and also too many narcotics and benzo's etc.

All MD's are requested to follow protocols which are on the internet for all to see. Patients are educated about use and abuse in all sort of ways and as a result are extremely "mouthy" and critical, the biggest difference with NB. The MD's in rural areas are not used to informed and critical patients, who will refuse prescribed meds, because of side effects that will trigger other prescriptions to counter these side effects.

In the Netherlands a tremendous lot of time goes into educating the patients and less med use per patient, which for example gave it the lowest MRSA numbers in the past, due to a low prescription of antibiotics.

As large as NB, but with almost 17 million people it has done a great job to keep costs down and inform the public to expect as little medication from their MD's as possible. To cut high use of certain meds, like benzo's, people have to pay out of pocket for them, on the other hand birth control meds have been free until 18 years to cut down on early pregnancies in the high school age.

Since I grew up with two parents being MD's and a pharmacy included into their practice, I learned from a young age how to keep health up and costs of meds down. My parents did not like to prescribe except when absolutely necessary, their practice consisted of farmers, older rural people and most were not well off. They only came in dire need and my father did all deliveries himself, while my mother did the consultation gatherings for parents of children, lots of teaching was involved which taught them med use when and where and when not. For patients that only felt well if meds were prescribed my dad had a placebo scheme called the white, yellow and red aids. These were sugar coated pills, which my father would prescribe for two weeks according to the patient and which he accompanied with a house visit every two weeks in the afternoon to have a cup of tea with the patient, since often they were elderly, alone and not working anymore. My mother started a health education program in the local all girl high school teaching girls about health issues and sex education, since in the rural areas getting the women on board would automatically reach the men, through their mothers, wives, daughters and girlfriends.

It is all about education of patients and MD's. The amount of meds people have and the side effects that go unnoticed, the falls that cause hip fractures due to keeping patients on too low a blood pressures, due to companies lowering the expected level every few years, thus they can

sell more meds are incredible here. The enormous amount of statins prescribed, with dire side effects going unnoticed and patients not knowing a diet would do the trick too. Gout pills given out like candy without diets. You are what you eat, was my parents credo....This certainly goes for New Brunswick too in this time and age. Marion Jurrjens

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