

A Report from an Interactive Debate Held at the 10th Annual Meeting of the International Society of Pharmacovigilance (ISoP), 2010

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Public communication on safety concerns over medicines and advice on how to prevent medicine-induced patient harm is a decisive challenge for the overall success of those responsible for pharmacovigilance.

It was in this spirit that the topic of communication in drug safety was put on the agenda of the 10th Annual Meeting of the International Society of Pharmacovigilance (ISoP) in Accra, Ghana, on 5 November 2010, as a follow-up to the sessions on communications at previous annual meetings. The informal environment chosen this time was different and unusual but ideal for the topic at stake: an interactive debate involving all participants in the session with the objective of understanding the characteristics of effective communication.

Around 30 participants from all over the world came together and presented views from their various perspectives: community and hospital pharmacy, academia, pharmacovigilance centres and regulatory agencies, as well as international bodies.

Much is known in theory about good communication practices, particularly with regard to the need for clear messages targeted at different populations. But how to achieve this in practice? Reciprocity was defined as the starting point:

an exchange of information based on mutual respect and shared interest. Two crude communication levels are to be distinguished: one-to-one communication between patients and healthcare professionals, versus mass communication – with smaller or larger audiences – by those investigating and regulating medicines. Independently of the level, the principles of reciprocity and interaction should apply, not least in the research and planning stage, before communication takes place.

The interactive debate was a free-flowing discussion where almost all participants took the floor and presented examples, bringing the principles and challenges of their application to life. Patients' misunderstandings as to the indication and adverse effects of medicines seem frequent. This was illustrated by examples, including one on women's fears over adverse effects resulting in infertility and termination of pregnancy. The introduction of a communication protocol for thoroughly informing the women concerned in the presence of a third-party witness or supporter has solved the problem in the setting presented. Other examples related to communication over counterfeit medicines, another difficult area given that many people feel they do not have the financial means for, or easy access to, quality-assured products.

The discussion then turned to the topic of feedback, a further crucial characteristic of reciprocal communication. In one-to-one settings, this may well be achieved, as a participating pharmacist explained, through actively soliciting from the patient a repetition or rehearsal of what was understood. In mass communication settings, obtaining feedback is no less essential but more complex, and regulators will have to look into designing participation models accordingly.

Other aspects for regulators to look at were identified. Participants in the debate stated that regulators often do not consider in their decision-making the situation of health workers in their local setting (particularly relating to easy access to up-to-date safety information), and that there is a need to build sound, trusting partnerships with patients and healthcare professionals. These partnerships may also provide a framework to develop recommendations for one-to-one communications between healthcare professionals and patients on certain safety concerns. The participants highlighted the need for regulators to better explain to the public the rationale for regulatory decisions.

Towards the end of the workshop, the experiences shared during the discussion helped to identify more accurately what targeted, clear messages mean in practice:

- Messages should address, in clear terms, the information needs of the various audiences, in an appropriate language and by suitable methods and, in particular, fill the respective information gaps.
- Messages should describe the action desired as outcome from the communication, where that action has been agreed between the communicating parties on the basis of shared understanding and purpose.
- Messages prepared for targeted populations should easily enable further individualization for one-to-one communications, taking into account the literacy level, psychology and social environment of the given patient.

Implementing these recommendations will require outreach to the healthcare communities and finding ways to engage patients. A comment was raised that thought should also be given to how to strengthen communication with health politicians and policy makers, who need information for decision-making on the one hand and shape so much of the communications environment by their decisions on the other.

The workshop concluded with a vision that those working in drug safety approach communication as passionate advocates, creating campaigns on major topics concerning safe and effective use of medicines, and using various media and original interventions. Special events in schools were considered important as well as using the Internet and social media in all ways possible.

“Pharmacovigilance in the global village” was the slogan of ISoP’s 2010 meeting, and for which aspect could this more apply than to news travelling around the globe in seconds? There is more to do on communication in drug safety, and the slogan of the 2011 meeting “Next stop: Istanbul – bridging the continents!” shows the way forward – bridging from the continent of drug safety to patient safety!

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