Should doctors keep calling medicines “drugs”?

Ronald V Trubuhovich

The terms drug and medicine are far from synonymous.

FN Fastier, 1998

Notwithstanding the sanction from Acts of the New Zealand Parliament, various dictionaries, and common usage, I propose that medical professionals should adopt the habit of referring to medicines solely as medicines, not as “drugs”, because of the unfortunate associations of the latter word. And, in this respect, I see our profession as having an educative role. Difficulties have often arisen when words have widely different meanings in technical versus popular usage, and, in the context of this essay, that applies to drug and addiction. What meaning you take on meeting any word depends on what you understand it to mean (see the Footnote). Something called a medicine would invoke a beneficial image.

While reading for my research degree in pharmacology in 1960, I was much taken with a suggestion to medical practitioners in a small pamphlet issued by (I think) the NZ Department of Health, now the Ministry of Health: that medical practitioners restrict their use of the word “drug” (I imagine, when used as a noun) to “substances of abuse”. (The word’s use as a verb appears straightforward and appropriate: general practitioners do not medicate them.) Background reasoning for that advice probably reflected the fact that what doctors prescribed were pharmaceutical preparations, suitable for administration to patients, called medicines, medications, or agents. Neither the Ministry of Health Library nor I can now locate that 1960s pamphlet with its wine-coloured cover. But now it is just history, having long been superseded by other reports and publications from the Ministry, particularly the first (1970) and second (1973) reports of the Board of Health Committee on Drug Dependency and Drug Abuse in New Zealand; while Acts of Parliament have set down legal definitions for New Zealand of both the term “drug”, by the Food and Drug Act 1969, and the term “medicine”, by the Medicines Act 1981. I saw virtue in separating our conversations and our prescribing practice from association with a word which, in the mind of the lay public, could have some of the meanings that drug had for them. Although in lay use the word drug can be used for medicine when the latter term should be the appropriate one, there also is the risk of doctors understanding of drug in another meaning: as an undesirable agent with a powerful, probably sinister action on the brain (thus, think of drugged out, drug abuse, drug addicted); or with associations that are illicit (such as drug offences, positive drugs test, drug conviction, drug gangs and drug wars). As an aside here, it can be noted that, of the pair of terms drug abuse and drug misuse previously used, the expert committee’s second report in 1973 removed one, favouring the “‘more general and less emotive term ‘misuse’”.

Accordingly, since those times, it has always been my practice to try to follow the Department/Ministry of Health’s original suggestion, by using the word medicine in any context where it properly applies. Such a concept appeared to be novel then: a glance at a British textbook from the 1950s, my Clark’s applied pharmacology, revealed universal and total employment of drug (a word with a listing for almost a quarter of a page from an index totally bereft of the word medicine). By contrast, today in our reading we may see both drug and medicine.

Official versus commonplace usage in New Zealand

For all the commonplace usage of the word drug for medicine, I find it interesting to take note of use of the word drug by officialdom. The NZ Parliament has this year been discussing revision of the Medicines Act, which for that purpose is not called a Drugs Act. Officials or spokespeople of the NZ Ministry of Health, when discussing issues on the radio or television and in written pronouncements, seem to be most careful to preserve use of the word medicine for medicines (although in many talks, after half a dozen correct uses of medicine, the next use may be an apparently inadvertent slip-up, in reversion to drug). Yet little of this official usage appears to rub off onto interviewers, who habitually use the word drug for medicine, or most newspaper reporters. To my mind, wider issues are involved, some of which may become obvious from looking at definitions in Box 1, also from a pharmacologist’s remarks outlined below.

What irony to hear only of alternative or complementary medicines, not alternative or complementary drugs.

Pharmacologists and drugs

My research supervisor long ago, Emeritus Professor FN (Fred) Fastier, wrote eloquently on the subject of drugs and

Footnote. Professor Fastier asks us to consider the meanings in:

- Cannabis is a far worse substance than alcohol; cannabis is a drug.
- Smoking is habit-forming but not addictive.

For good measure he also adds: He studied medicine so that he could practise medicine and prescribe medicines.
drug abuse in his 1998 booklet *Drugs and the law in New Zealand* (still available). Pharmacologists use the term *drug* as part of their technical language (ie, for others it would be pharmacologists’ “jargon”), and pharmacology is “the scientific study of drugs”. He points out that, whereas a *medicine* is a pharmaceutical product used to diagnose, prevent, cure or alleviate disease, as per the *Medicines Act 1981*, a pharmacologist’s *drug* is a substance studied for the sake of its biological effects, whether these are wanted or unwanted. “Thus a drug may be the active principle of a medicine, but it may also be a compound which owes its interest to some other kind of biological effect.” He reminds us that it is normal for pharmacologists to talk about *drugs*, because many of the substances of interest to them (and he instances, say, acetylcholine, carbon monox-
optimistically to establish practice within it in accordance with that Department of Health advocacy, to avoid bad associations in the minds of our patients, and their families. My mild campaign was doomed to failure. Nurses, the “owners” of our unit’s big lever-arch file boldly labelled with 2-inch letters as the “Drug Book”, long proved intransigent (after I had retired it was changed to “Meds Man”, and is now, in more modestly sized letters, labelled the “Medications Manual”). Colleagues argued that if they wanted to call everything they prescribed or referred to in writing or conversation a drug instead of a medicine, it was perfectly valid to do so, because of the actual definition of a drug. The dictionary will confirm that they were — and still are — quite correct in that respect. My point is, are they “right” to do so? This essay was first entitled aggressively, Why do doctors keep on calling medicines “drugs”?; and any colleague’s simple answer to that question had to be “Because it is legitimate to do so”. Also, it is easier and quicker to say drug instead of medicine or, worse, a longer syllabled word such as “medication”. (For the same reason, fancier words such as “therapeutics” or the even more elaborate “pharmaceuticals” would just not be considered.) And they would argue further that, when a physician says something such as “We would like to see if this new drug will help”, then everybody knows that a medicine and not “a real drug” is meant. When an expert was asked on the radio the other day what did he think of GHB (gamma-hydroxybutyrate), he replied, “Well certainly, it is a drug”. No one could take it he was talking about or meaning a medicine in that context. And if a medicine is not a Class A drug (or Class B or C), should we still be calling it a drug?

There are some words that do not lie quite easily beside “medicine”, but this is readily overcome by substituting the word “agent” to make, for example, the expression “anaesthetic agent”.

In conclusion

I would advocate that the medical profession take an educative role to try to condition the public to expect us to describe medicines as medicines, even if dictionaries allow otherwise. The profession’s members — in fact all health professionals — can help towards that end by presenting a unified front to the public. I do not know about others but, for my part, I do not want to be prescribing drugs for my patients, or for them to get their drugs from me, with which word descriptions such as “illicit” or “addictive” or “dependency” are associated. My viewpoint is that, for the sake of abolishing unwanted connotations and associations, it is worthwhile that we strictly call a medicine, only a medicine.

So my answer to the question of this essay’s title is, “Please think about it”.

Acknowledgements

I wish to express my sincere thanks to Professor Fred Fastier, Emeritus Professor of Pharmacology, Dunedin, for his valuable advice and help; and Mr Donald Gregory, Reference Librarian, Ministry of Health, Wellington, for his kindness in locating earlier documents for me.

Author details

Ronald V Trubuhovich, Honorary Specialist Intensivist
Department of Critical Care Medicine, Auckland Hospital, Auckland, New Zealand.
Correspondence: rvt.met@pl.net

References