

## I want an antibiotic, doctor



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This issue of *CME* is about antimicrobial therapy and its rational use. When antibiotics were first developed, they revolutionised the treatment of microbial infections — and it wasn't all that long ago. My mother was one of the early recipients of 'sulpha-drugs' when she nearly died from mastoiditis as a child, although surgery was the mainstay of her treatment.

Early antibiotics were somewhat shotgun in their approach, but without widespread resistance they tended to work. However, we are now in the unenviable position of patterns of antibiotic resistance that could mean the difference between life and death, and the epidemic of resistant *Staphylococcus* spp. that regularly makes the headlines in countries such as the UK and the USA.

Where has this come from? In any biological population there is genetic variation, which will change factors such as susceptibility to pathogens. In the case of bacteria, this genetic variability is the reason for the emergence of antibiotic resistance. As we challenge different bacterial species with antibiotics, those that are resistant have a selective advantage over those that are susceptible. This is normal and inevitable in large populations. However, what is not normal is the increasing use of antimicrobial drugs and other preparations that has allowed this natural population variation to become so widespread.

Which brings me to the title of this editorial: 'I want an antibiotic, doctor.' How many of you in non-specialist practice have heard this? When I was a GP in Scotland and Canada I heard it all the time. I was not in private practice and therefore my income was not dependent on patients returning — and I am very stubborn — so they went away empty handed, unless of course they needed an antibiotic (which was seldom).

But, even in those situations there were wide variations in prescribing practice and some of my colleagues had a much lower threshold for prescribing antibiotics when these were not strictly necessary — particularly on a Friday before a weekend on call!

Here, where private practice means that your income depends on return visits, I am sure that the threshold is much lower. I was sacked from a locum some years ago when the GP whose practice I was covering discovered that I would not automatically prescribe an antibiotic to everyone who came in with a sore throat.

Herein lies the problem. There is an expectation of antibiotics for every little cough and snuffle — and every time a child has a cold or a sore ear. That expectation is largely met. I am amazed by how many courses of antibiotics my friends' children have every year — in fact, astonished that the children are taken to the doctor as often as they are.

There are also the antimicrobial bathroom and kitchen products on sale at every Pick 'n Pay, Woolworths and Spar. I understand that these too are contributing to the ever-growing problem of antibiotic resistance. There is an obsession with destroying the normal microbial environment, brought about largely through marketing that plays on people's ignorance of the importance of the unseen microbial world around us.

We need to use these products wisely, so that they continue to do the job for which they were originally intended — to prevent people dying from serious bacterial infections.

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