

Authors' reply

Sir,

We thank the reader for his interest in our paper titled "Prescription errors in cancer chemotherapy: Omissions supersede potentially harmful errors."^[1] The term "omissions" in our article refers to missing information in a standard prescription. This has been clarified in the article as well as in the abstract itself. Out of the total 4253 errors, 47.1% were due to missing information or omissions. When the errors

were analyzed for their propensity to result in harm to the patient, the rate of potentially harmful errors was 11.7%. It is these figures that are reflected in the title and we did not intend to say that the two are mutually exclusive. The fact that omissions or missing information as mentioned in our article are distributed both in the potentially harmful and not potentially harmful errors has been clarified in the article.

As pointed out by the reader, omission in medication errors refers to failure to administer a dose by the time next dose was due. But in our study, we have only analyzed for errors in prescription writing and not included administration of drugs. As we could not find any standard definition for omission

or missing information, the term has been used for its English meaning as found in several published articles.^[2-6]

In our study, we have not used the term “prescribing faults” to classify the errors. Velo *et al.*'s study has been cited as a reference only to clarify as to what components of a prescription may be considered for analyzing errors.^[7] There is lack of uniformity in the published studies with regards to what constitutes prescription errors. To quote an example, the study by Ranchon *et al.* has listed incomplete prescription, errors linked to choice of antineoplastic regimen, and dosing errors under prescription errors.^[8] This is contradictory to the classification in Velo *et al.*'s study where these errors have been classified into prescription errors and prescribing faults. In our article, we have used “prescription errors” as a generalized term to include all errors associated with the information available or missing in the prescription.

**Jayanthi Mathaiyan, Tanvi Jain, Biswajit Dubashi¹,
K. Satyanarayana Reddy², Gitanjali Batmanabane**

Departments of Pharmacology and ¹Medical Oncology, Jawaharlal Institute of Postgraduate Medical Education and Research, ²Department of Radiation Oncology, Mahatma Gandhi Medical College and Research Institute, Pillaiyarkuppam, Puducherry, India

Address for correspondence:

Jayanthi Mathaiyan, Department of Pharmacology,
Jawaharlal Institute of Postgraduate Medical Education and
Research, Puducherry - 605 006, India.
E-mail: jayanthi.m@jipmer.edu.in

REFERENCES

1. Mathaiyan J, Jain T, Dubashi B, Reddy KS, Batmanabane G. Prescription errors in cancer chemotherapy: Omissions supersede potentially harmful errors. *J Pharmacol Pharmacother* 2015;6:83-7.
2. Al Shahaibi NM, Al Said LS, Kini T, Chitme H. Identifying errors in handwritten outpatient prescriptions in Oman. *J Young Pharm* 2012;4:267-72.
3. Ansari M, Neupane D. Study on determination of errors in prescription writing: A semi-electronic perspective. *Kathmandu Univ Med J (KUMJ)* 2009;7:238-41.
4. Bates K, Beddy D, Whirisky C, Murphy M, O'Mahony JB, Mealy K. Determining the frequency of prescription errors in an Irish hospital. *Ir J Med Sci* 2010;179:183-6.
5. Biswas M, Roy DN, Islam M, Parvez GM, Rahman MM, Tajmim A, *et al.* Prevalence and nature of handwritten outpatients prescription errors in Bangladesh. *Int J Pharm Pharm Sci* 2014;6:126-30.
6. Keers RN, Williams SD, Vattakatuchery JJ, Brown P, Miller J, Prescott L, *et al.* Prevalence, nature and predictors of prescribing errors in mental health hospitals: A prospective multicentre study. *BMJ Open* 2014;4:e006084.
7. Velo GP, Minuz P. Medication errors: Prescribing faults and prescription errors. *Br J Clin Pharmacol* 2009;67:624-8.
8. Ranchon F, Salles G, Späth HM, Schwiertz V, Vantard N, Parat S, *et al.* Chemotherapeutic errors in hospitalised cancer patients: Attributable damage and extra costs. *BMC Cancer* 2011;11:478.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website: www.jpharmacol.com
	

How to cite this article: Mathaiyan J, Jain T, Dubashi B, Reddy KS, Batmanabane G. Authors' reply. *J Pharmacol Pharmacother* 2015;6:182-3.