

LS22-024 - Less is More: De-Prescribing Pharmaceuticals for Patient Safety and Sustainable Public Health

Abstract

Today, the right to health is often enacted as a right to access pharmaceuticals. This pharmaceuticalization of public health creates both opportunities for relief and new risks for patient safety and sustainability such as overmedicalization, waning effectiveness, and iatrogenic harm. In health policy making, a “less is more” approach of de-prescribing has become part of quaternary prevention with optimization of services at its core. Existing policies focus on guidelines for providers and indirect user regulation. Yet, little is known about provider and user experience or circulation pathways—pharmaceuticals’ “cultural efficacy”—that could inform a more context-sensitive, evidence-based policy approach. Our project uses antibiotics and benzodiazepines as similar-but-contrasting cases and an integrated anthropology-public health approach to investigate their prescription, circulation, and use. We will develop an ethnographically grounded, expert-validated policy blueprint with an implementation model for de-prescribing at the macro (policy), meso (institutions), and micro (provider/patient) level to explore as-yet invisible social arenas, close the data gap, and mitigate unwanted side-effects. With its population density and diversity, health service availability, and robust drug policy program, Vienna is the ideal location for an ambitious study to generate an innovative de-prescribing model for sustainable public health outcomes that can be adapted to other local contexts.

Scientific disciplines:

Cultural anthropology (50%) | Public health (25%) | Social medicine (25%)

Keywords:

pharmaceuticals, patient safety, antibiotic resistance, benzodiazepines, drug policy, de-prescribing, sustainability

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Further links to the persons involved and to the project can be found under

<https://www.wwtf.at/funding/programmes/ls/LS22-024/>