

# LETTER TO EDITOR

## Nursing Prescribing Is not Implemented in Iran: Suggestions for Health Policymakers

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**Received:** 10 November 2023

**Revised:** 23 November 2023

**Accepted:** 27 November 2023

### DEAR EDITOR

Nurses, as the largest part of human resources in the field of health, have many roles. Prescribing nurse is one of the professional roles that has been noticed in recent decades.<sup>1</sup> This role was first performed in the United Kingdom (UK) in 1986 by community health nurses.<sup>2</sup> In Europe, as of 2019, a total of 13 countries have adopted laws on nurse prescribing (Cyprus, Denmark, Estonia, Finland, France, Ireland, Netherlands, Norway, Poland, Spain, Sweden, UK, and Switzerland).<sup>3</sup> All over the world, nurse prescribing is done in one of three forms: independent, complementary, and patient group directions. In the independent prescribing method, the nurse is responsible for clinical evaluation, diagnosis, decision-making, and drug prescriptions. In the complementary method, there is cooperation between the nurse and the physician. Therefore, in this method, after the initial evaluation and diagnosis of the patient's condition by the physician, the final prescription is made with the cooperation and consultation of both persons. In the method of patient group directions, specific drug lists are defined for a specific group of patients who are suffering from a specific disease, and the duty of the nurse is only to issue the prescription of predetermined drugs to the specific patient.<sup>4</sup> In leading countries in the field of nursing prescriptions, its process is different. In England, since 2006, the right to have independent and widespread prescription has been legalized. While independent prescribing by nurses is legal in half of the states in the United States, in some states, prescribing must be done under the supervision of a physician.<sup>5</sup>

In the fifth meeting of the World Health Organization Eastern Mediterranean Advisory Board in Islamabad, Pakistan, the role of professional competence and nursing prescription was emphasized.<sup>6</sup> However, currently in Iran, nurses do not have the legal right to prescribe medicine.

It seems that suggestions such as focusing on the nurses' prescription in the rural population and the marginalized areas of the cities, the elderly care centers, nursing home visits, mental illness care centers focus on over-the-counter drugs and insurance coverage in case of nursing prescriptions, prescription of laboratory routine tests, and increase in pharmacology courses in the nursing curriculum of different levels can be a basis for implementing nursing prescriptions in Iran.

Given that the cost of nursing prescription is lower than the physicians prescription, with the implementation of the nursing prescription program in Iran, it is expected that more attention

will be paid to the financially and physically vulnerable people in rural and poor areas in order to achieve justice in health. Also, measures to increase motivation in nurses, use up-to-date drug information, practice evidence-based performance in their drug use, and prevent unnecessary outpatient visits to specialist physicians' offices due to the availability of nurses to write prescriptions are other possible effects of implementing nursing prescriptions.

## **ACKNOWLEDGMENT**

We appreciate and thank all the authors whose articles we have used in writing the text.

**Conflict of Interest:** None declared.

**Please cite this article as:** Molavynejad S, Imani A, Gheibizadeh M. Nursing Prescribing Is not Implemented in Iran: Suggestions for Health Policymakers. *IJCBNM*. 2024;12(1):73-74. doi: 10.30476/IJCBNM.2023.100750.2381.

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