Visual information about medicines for patients:

Designing for Don Quixote?

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1 Some examples: Medicines information

2 Motivations for current practice

3 What's wrong?

4 An alternative approach?

5 Windmills?

6 Closing remarks

1

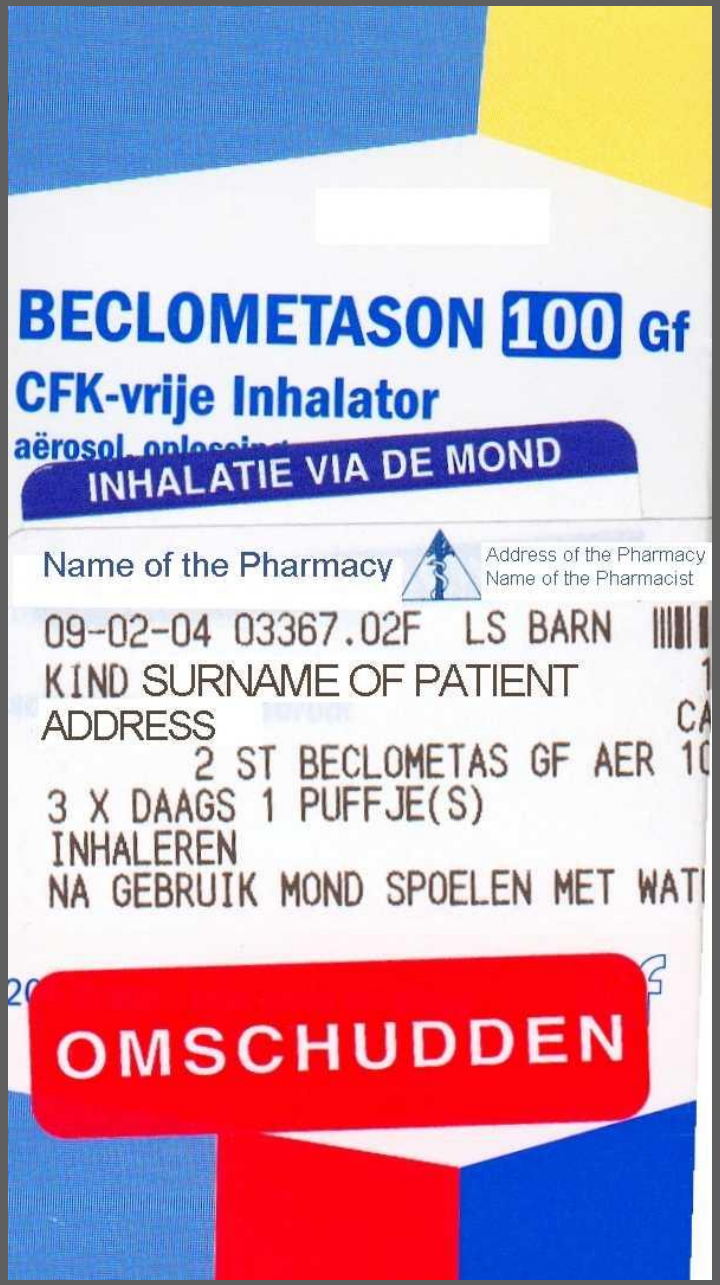
Example 1:

A persona: a lady with asthma.

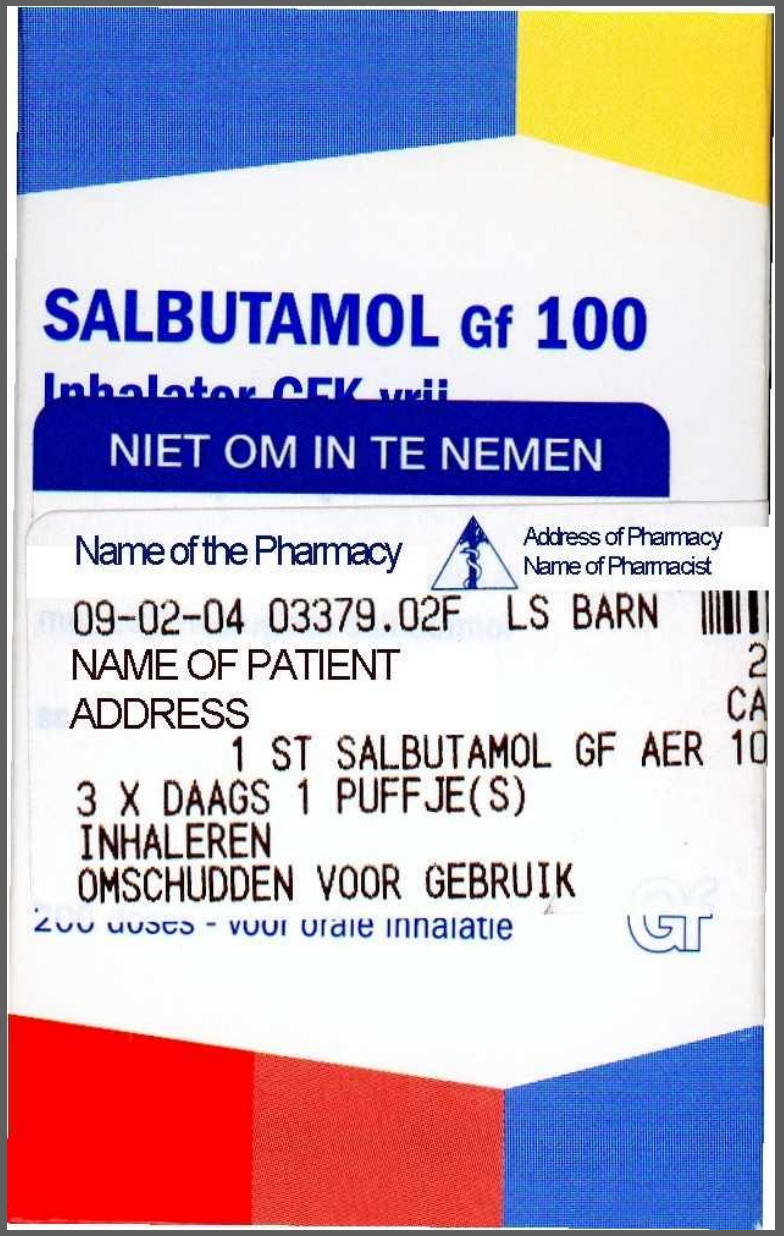
She has just returned from the pharmacy.

What does she see?

Example 1: front box a



Example 1: front box b



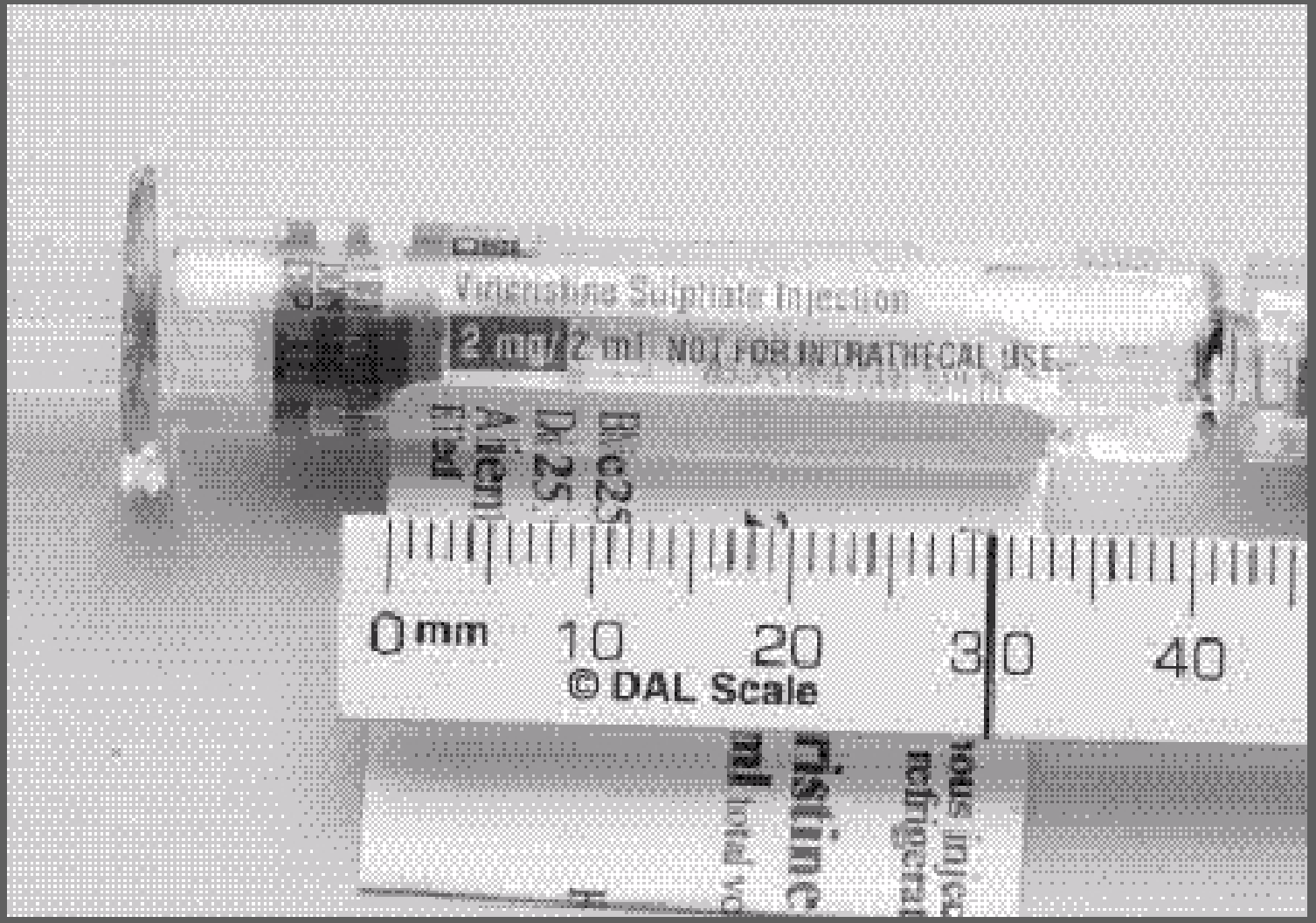
Example 1: inhaler

Example 1: leaflets

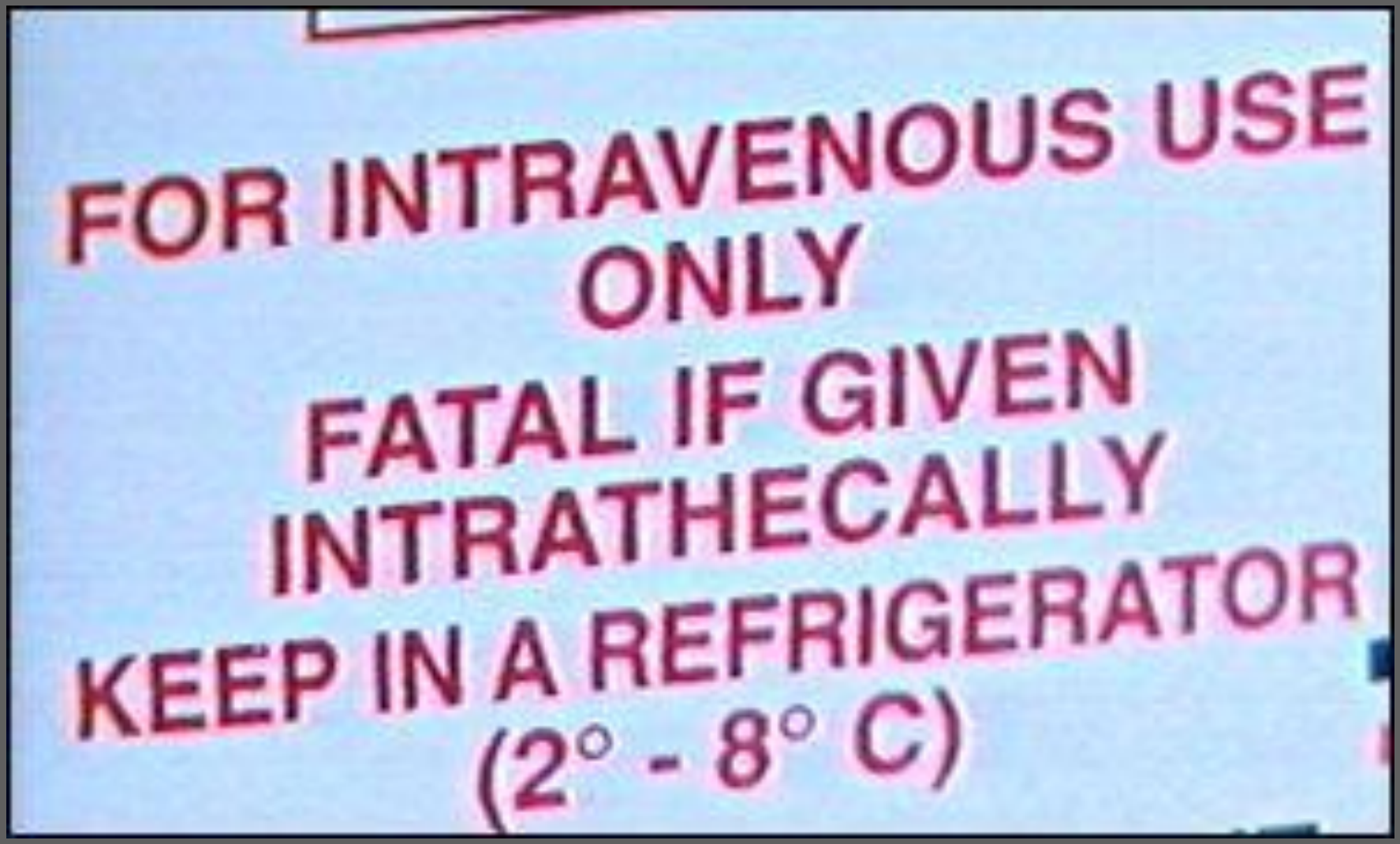
Adults and Elderly:

For the relief of symptoms of acute asthma attack and intermittent asthma the starting dose is one puff (100mcg) that may be increased to two puffs (200mcg). To prevent symptoms before exercise or contact with whatever triggers your asthma attack the starting dose is two puffs (200mcg) that may be increased to four puffs (400mcg).

Example 2: syringe

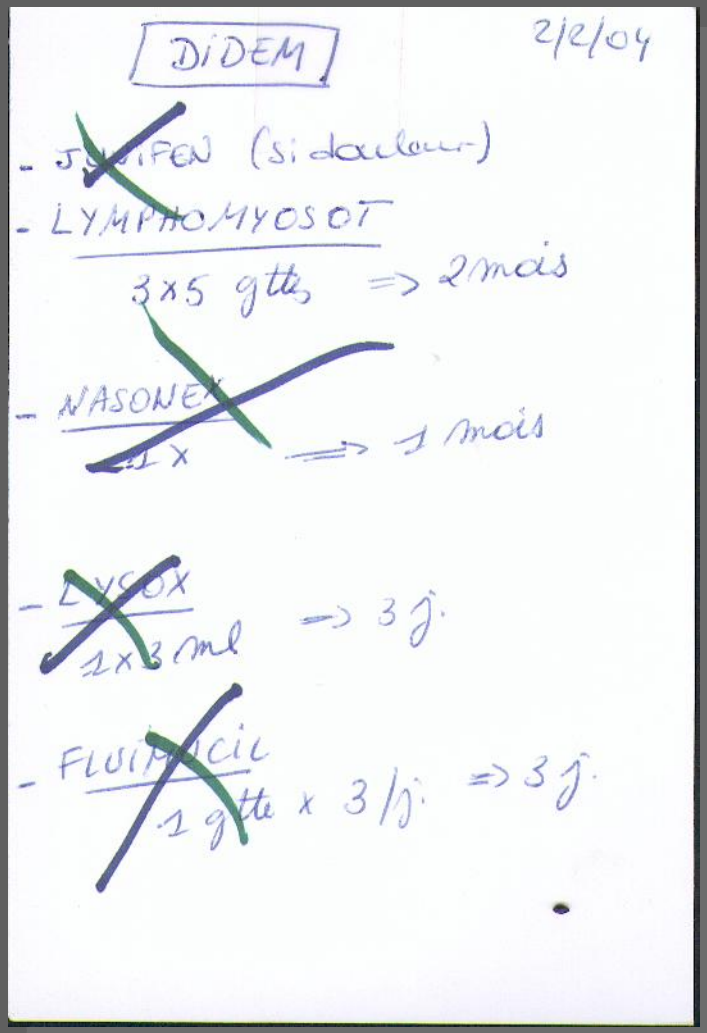


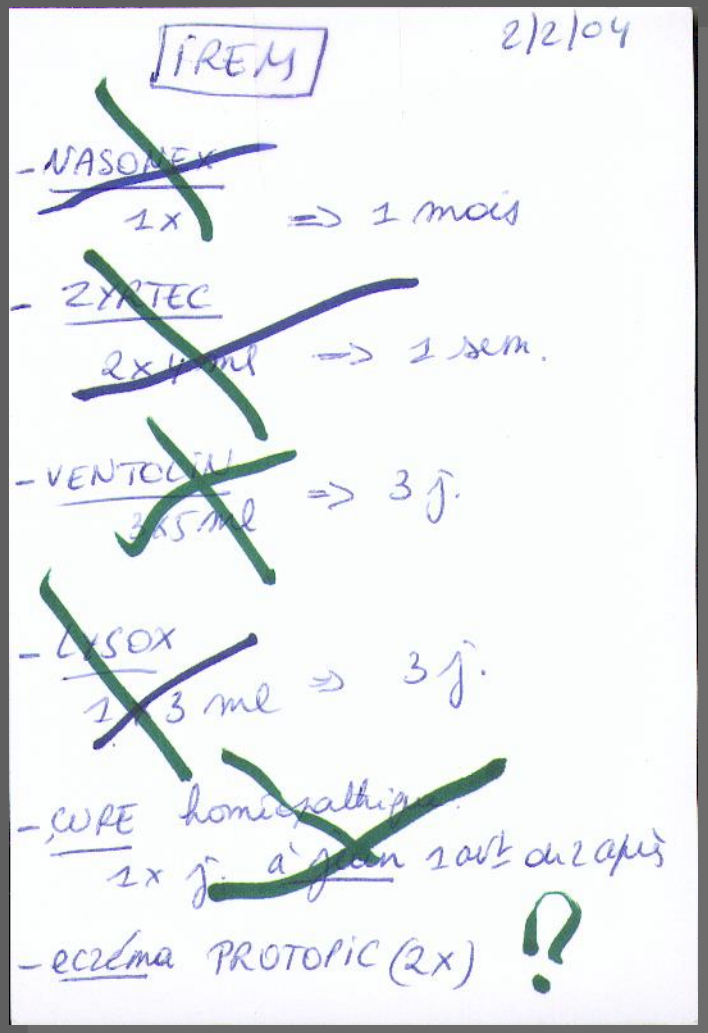
Example 2: label



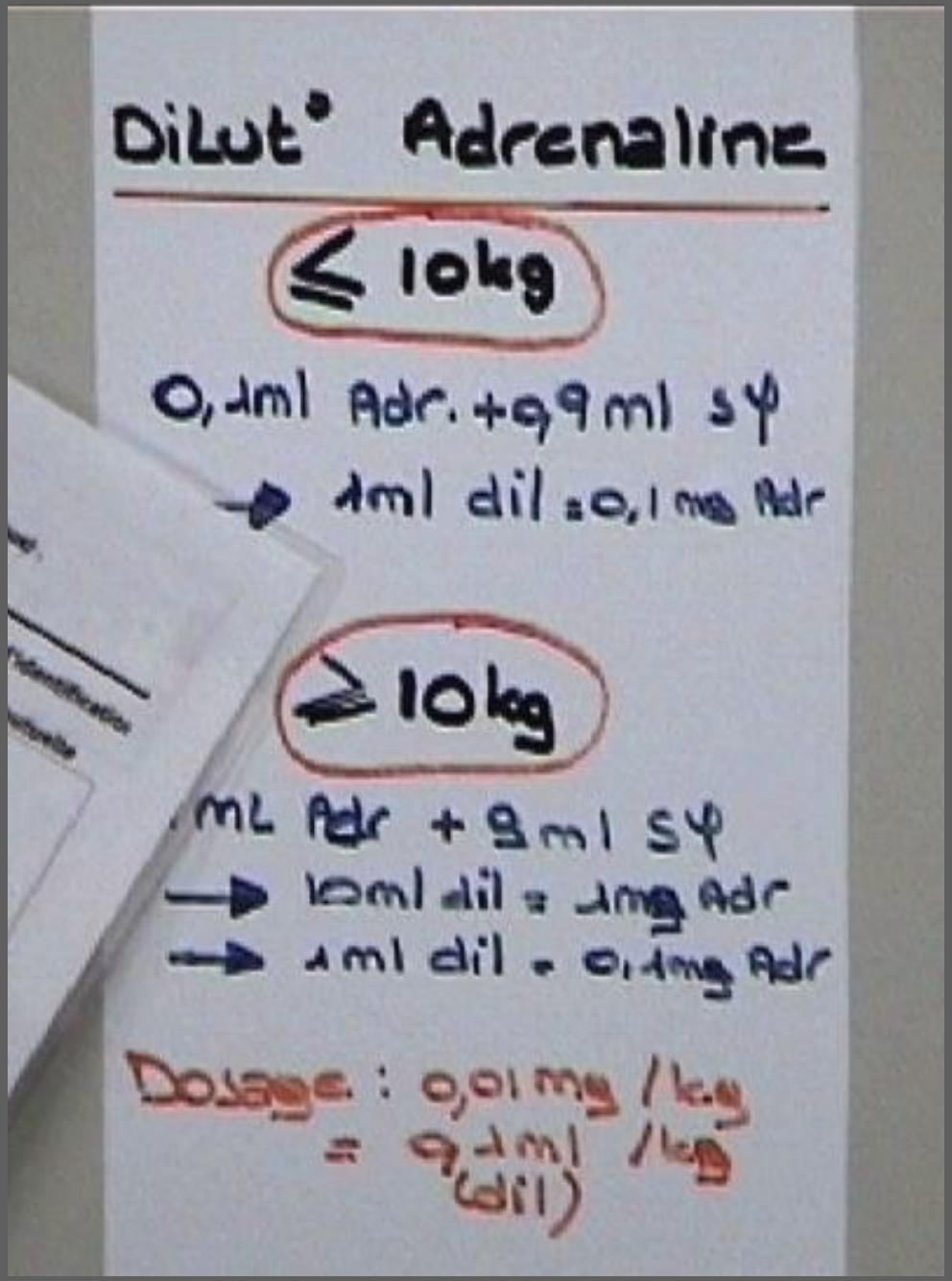
Example 3
Pharmacy

Example 4: medicines for children





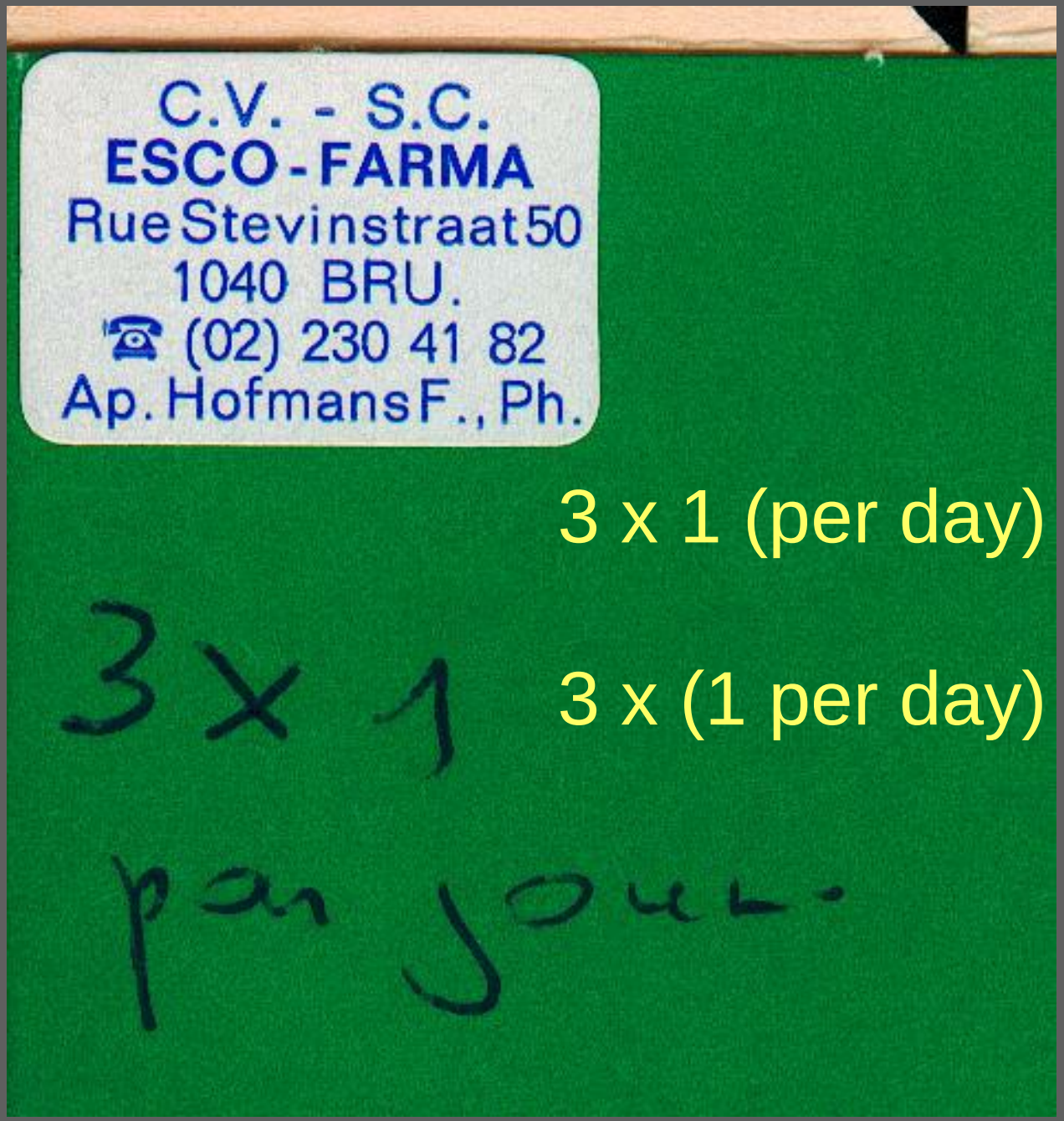
Example 5: hospital



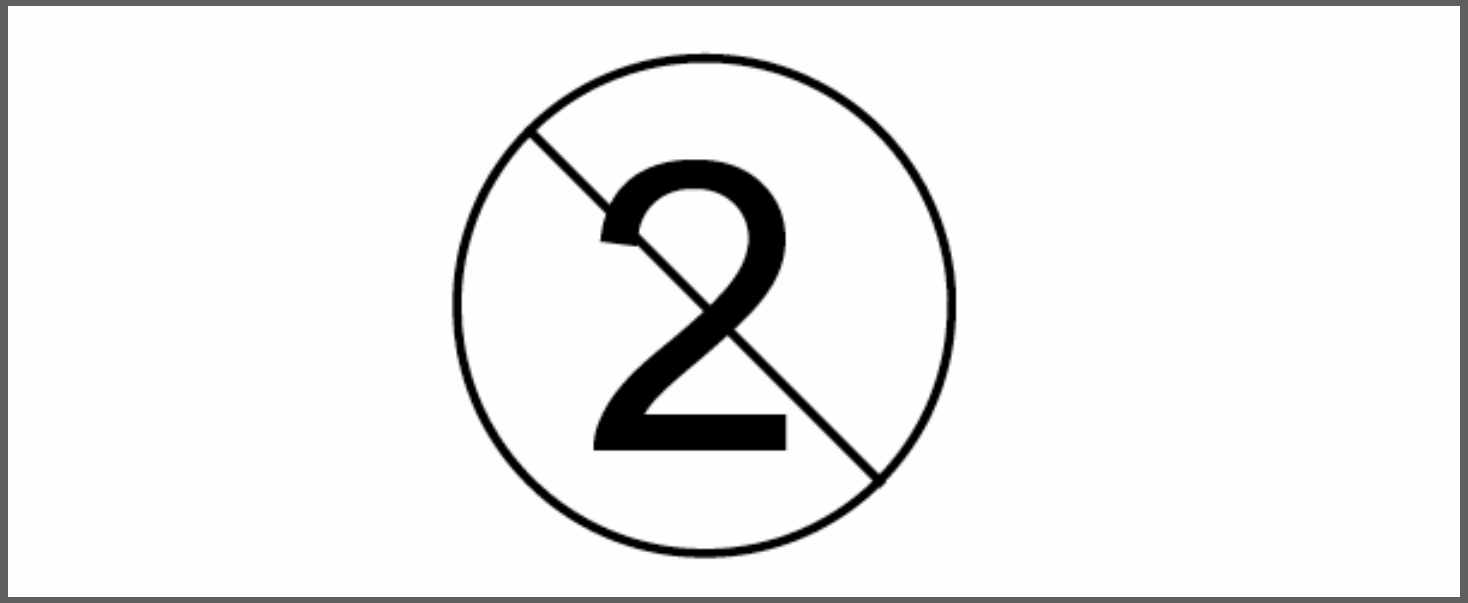
C.V. - S.C.
ESCO - FARMA
Rue Stevinstraat 50
1040 BRU.
☎ (02) 230 41 82
Ap. Hofmans F., Ph.

3 x 1

par jour.


C.V. - S.C.
ESCO-FARMA
Rue Stevinstraat 50
1040 BRU.
☎ (02) 230 41 82
Ap. Hofmans F., Ph.
3 x 1 (per day)
3 x 1
par jour.
3 x (1 per day)

example 7: Pictograms



example 7: Pictograms

What does single-use mean?

Do not reuse. A single-use device is used on an individual patient during a single procedure and then discarded. It is not intended to be reprocessed and used again, even on the same patient.

Not entirely satisfactory?

Patients, pharmacists, doctors, and nurses have problems using information because it is:

- inappropriate,

-confusing,

-poorly designed,

-incomprehensible.

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DG3: Enterprise and industry

DG3 priority:

‘To regulate the pharmaceutical sector in the dual interest of protecting public health while completing the single market for pharmaceuticals.’

Current priority: single market

Aims:

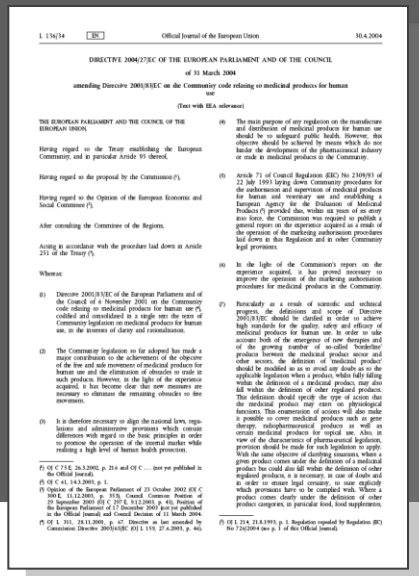
- Free movement of medicines across Europe
- All Europeans must have complete access to ‘full and comprehensible’ information about medicines.

Regulations and guidelines

- Directives: 92/27/EC - 2004/27/EC
- **Readability guideline 1998 – 2009**
- **Range of advice, templates, guidance, glossaries**

also about visual design ...

EU-Directive 2004/27/EC 2004



L 136/34 EN Official Journal of the European Union 30.4.2004

DIRECTIVE 2004/27/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 31 March 2004

amending Directive 2001/83/EC on the Community code relating to medicinal products for human use

(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 95 thereof,

Having regard to the proposal by the Commission (1),

Having regard to the Opinion of the European Economic and Social Committee (2),

After consulting the Committee of the Regions,

Acting in accordance with the procedure laid down in Article 251 of the Treaty (3),

Whereas:

(1) Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use (4), codified and consolidated in a single text the texts of Community legislation on medicinal products for human use, in the interests of clarity and rationalisation.

(2) The Community legislation so far adopted has made a major contribution to the achievement of the objective of the free and safe movement of medicinal products for human use and the elimination of obstacles to trade in such products. However, in the light of the experience acquired, it has become clear that new measures are necessary to eliminate the remaining obstacles to free movement.

(3) It is therefore necessary to align the national laws, regulations and administrative provisions which contain differences with regard to the basic principles in order to promote the operation of the internal market while realising a high level of human health protection.

(4) The main purpose of any regulation on the manufacture and distribution of medicinal products for human use should be to safeguard public health. However, this objective should be achieved by means which do not hinder the development of the pharmaceutical industry or trade in medicinal products in the Community.

(5) Article 71 of Council Regulation (EEC) No 2309/93 of 22 July 1993 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Agency for the Evaluation of Medicinal Products (5) provided that, within six years of its entry into force, the Commission was required to publish a general report on the experience acquired as a result of the operation of the marketing authorisation procedures laid down in that Regulation and in other Community legal provisions.

(6) In the light of the Commission's report on the experience acquired, it has proved necessary to improve the operation of the marketing authorisation procedures for medicinal products in the Community.

(7) Particularly as a result of scientific and technical progress, the definitions and scope of Directive 2001/83/EC should be clarified in order to achieve high standards for the quality, safety and efficacy of medicinal products for human use. In order to take account both of the emergence of new therapies and of the growing number of so-called 'borderline' products between the medicinal product sector and other sectors, the definition of 'medicinal product' should be modified so as to avoid any doubts as to the applicable legislation when a product, whilst fully falling within the definition of a medicinal product, may also fall within the definition of other regulated products. This definition should specify the type of action that the medicinal product may exert on physiological functions. This enumeration of actions will also make it possible to cover medicinal products such as gene therapy, radiopharmaceutical products as well as certain medicinal products for topical use. Also, in view of the characteristics of pharmaceutical legislation, provision should be made for such legislation to apply. With the same objectives of clarifying assurances, where a given product comes under the definition of a medicinal product but could also fall within the definition of other regulated products, it is necessary, in case of doubt and in order to ensure legal certainty, to state explicitly which provisions have to be complied with. Where a product comes clearly under the definition of other product categories, in particular food, food supplements,

(1) OJ C 75 E, 26.3.2002, p. 214 and OJ C ..., (not yet published in the Official Journal).

(2) OJ C 61, 14.3.2003, p. 1.

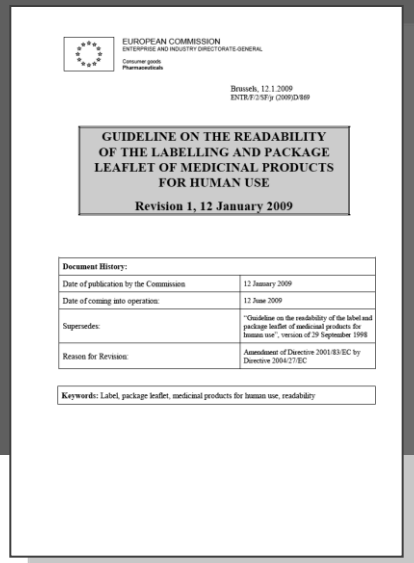
(3) Opinion of the European Parliament of 23 October 2002 (OJ C 300 E, 11.12.2003, p. 353), Council Common Position of 29 September 2003 (OJ C 297 E, 9.12.2003, p. 41), Position of the European Parliament of 17 December 2003 (not yet published in the Official Journal) and Council Decision of 11 March 2004.

(4) OJ L 311, 28.11.2001, p. 67. Directive as last amended by Commission Directive 2003/63/EC (OJ L 159, 27.6.2003, p. 46).

(5) OJ L 214, 21.8.1993, p. 1. Regulation repealed by Regulation (EC) No 726/2004 (see p. 1 of this Official Journal).

'2. The package leaflet must be written and designed to be clear and understandable, enabling the users to act appropriately, when necessary with the help of health professionals. The package leaflet must be clearly legible in the official language or languages of the Member State in which the medicinal product is placed on the market.

EU-Readability Guideline January 2009



EUROPEAN COMMISSION
ENTERPRISE AND INDUSTRY DIRECTORATE-GENERAL
Consumer goods
Pharmaceuticals

Brussels, 12.1.2009
ENTR/F/2/SF/jr (2009)D/869

GUIDELINE ON THE READABILITY OF THE LABELLING AND PACKAGE LEAFLET OF MEDICINAL PRODUCTS FOR HUMAN USE

Revision 1, 12 January 2009

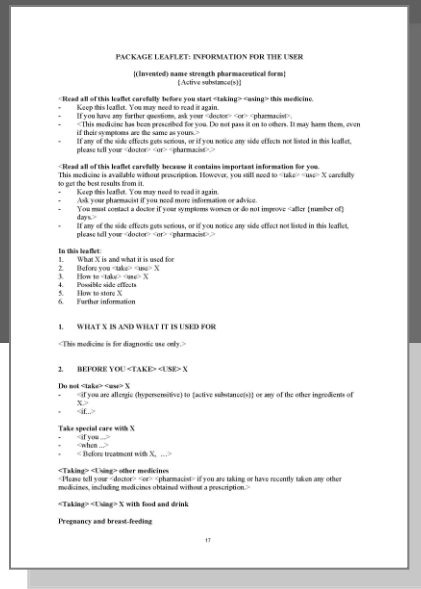
Document History:	
Date of publication by the Commission:	12 January 2009
Date of coming into operation:	12 June 2009
Supersedes:	"Guideline on the readability of the label and package leaflet of medicinal products for human use", version of 29 September 1998
Reason for Revision:	Amendment of Directive 2001/83/EC by Directive 2004/27/EC

Keywords: Label, package leaflet, medicinal products for human use, readability

GENERAL CONSIDERATIONS

The package leaflet is intended for the patient/user. If the package leaflet is well designed and clearly worded, this maximises the number of people who can use the information, including older children and adolescents, those with poor literacy skills and those with some degree of sight loss. Companies are encouraged to seek advice from specialists in information design when devising their house style for the package leaflet to ensure that the design facilitates navigation and access to information.

QRD-template (Quality Review of Documents)



PACKAGE LEAFLET: INFORMATION FOR THE USER

{(invented) name strength pharmaceutical form}
{Active substance(s)}

<Read all of this leaflet carefully before you start <taking> <using> this medicine.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your <doctor> <or> <pharmacist>.
- <This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.>
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your <doctor> <or> <pharmacist>.>

<Read all of this leaflet carefully because it contains important information for you.
This medicine is available without prescription. However, you still need to <take> <use> X carefully to get the best results from it.
- Keep this leaflet. You may need to read it again.
- Ask your pharmacist if you need more information or advice.
- You must contact a doctor if your symptoms worsen or do not improve <after {number of} days.>
- If any of the side effects gets serious, or if you notice any side effect not listed in this leaflet, please tell your <doctor> <or> <pharmacist>.>

In this leaflet:
1. What X is and what it is used for
2. Before you <take> <use> X
3. How to <take> <use> X
4. Possible side effects
5. How to store X
6. Further information

1. WHAT X IS AND WHAT IT IS USED FOR

<This medicine is for diagnostic use only.>

2. BEFORE YOU <TAKE> <USE> X

Do not <take> <use> X
- <If you are allergic (hypersensitive) to {active substance(s)} or any of the other ingredients of X.>
- <if...>

Take special care with X
- <If you ...>
- <when ...>
- < Before treatment with X, ...>

<Taking> <Using> other medicines
<Please tell your <doctor> <or> <pharmacist> if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.>

<Taking> <Using> X with food and drink

Pregnancy and breast-feeding

17

In this leaflet:

1. What X is and what it is used for
2. Before you <take> <use> X
3. How to <take> <use> X
4. Possible side effects
5. How to store X
6. Further information

1. WHAT X IS AND WHAT IT IS USED FOR

[Pharmacotherapeutic group.]
[The pharmacotherapeutic group or type of activity should be stated here using patient understandable language.]

[Therapeutic indications.]
[The therapeutic indications should be stated here, using patient understandable language. If appropriate, specify that:]
<This medicine is for diagnostic use only.>

1

In this leaflet:

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2

In this leaflet:

1 What Lisinopril tablets are and what they are used for

Lisinopril belongs to a group of medicines called ACE inhibitors. These cause the blood vessels to relax, making it easier for the blood to pass through them.

3

actavis

Lisinopril 2.5mg, 5mg, 10mg and 20mg tablets

Read all of this leaflet carefully before you start taking this medicine.
- Keep this leaflet. You may need to read it again.
- If any of the side-effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.

In this leaflet:

1 What Lisinopril tablets are and what they are used for

Lisinopril belongs to a group of medicines called ACE inhibitors. These cause the blood vessels to relax, making it easier for the blood to pass through them.

Lisinopril tablets are used to treat:
- high blood pressure.
- heart failure.
- diabetic kidney disease in patients with high blood pressure.
- patients who are stable but have had a heart attack within the last 24 hours (short term treatment).

2 Before you take

Do not take Lisinopril tablets and **tell** your doctor if you:
- are **allergic** (hypersensitive) to lisinopril, other ACE inhibitors (such as captopril, ramipril) or any of the other ingredients in Lisinopril tablets (see section 6).
- have **previously had allergic reactions** with swollen legs, arms, face, mucous membranes and tongue with ACE inhibitors.
- or any of **your family have experienced allergic symptoms**, which may be unrelated to the use of medicines.
- are more than 3 months pregnant. (It is also better to avoid Lisinopril tablets in early pregnancy – see pregnancy section.)

Check with your doctor or pharmacist before taking Lisinopril tablets if you:
- are **dehydrated** due to sickness and diarrhoea, use of diuretics (water tablets), on a low salt diet or have severe renin-dependent hypertension.
- have **reduced blood flow** to the heart (ischaemic heart disease) or disease of the blood vessels in the brain (cerebrovascular disease).
- have any of the following **heart diseases**: heart failure, narrowing (stenosis) of the opening of the aortic or mitral valve or enlarged heart (hypertrophic cardiomyopathy).
- have had a **heart attack** and have low blood pressure or are in cardiogenic shock.
- have reduced **kidney** function, narrowing of the arteries supplying the kidneys or renovascular hypertension (high blood pressure due to a blockage in a blood vessel in the kidney).
- are having **dialysis** or have had a **kidney transplant**.
- are receiving treatment to lessen your reactions to bee or wasp stings or for so called LDL apheresis
- have had **surgery** on your **airways**.
- have problems with your **immune system** due to some illness or medicines such as scleroderma, lupus erythematosus, allopurinol, procainamide or drugs to suppress the immune system (especially if you also have impaired kidney function). You should tell your doctor if you have any sign of infection.
- have **diabetes**.
- are **Afro-Caribbean**. If you are taking Lisinopril tablets as the only treatment for your high blood pressure, you may have a reduced response to this medicine. This may mean that you may need a higher dose than usually recommended.

Take special care with Lisinopril tablets

You must tell your doctor if you think you are (or might become) pregnant. Lisinopril tablets are not recommended in early pregnancy, and must not be taken if you are more than 3 months pregnant, as they may cause serious harm to your baby if used at that stage (see pregnancy section).

Taking other medicines

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription. Especially:
- **Diuretics** (water tablets) – cause a large drop in blood pressure.
- **Potassium-sparing** diuretics (eg. spironolactone, triamterene or amiloride), potassium supplements, potassium salts or any other medicines that can increase levels of potassium in the blood such as heparin. Frequent monitoring of the potassium levels in the blood is necessary.
- **Anaesthetics** – the blood pressure lowering effect of Lisinopril tablets is enhanced when taken with these medicines. Therefore, it is important that the doctor/hospital is informed about your treatment with Lisinopril tablets.
- **Lithium** (used to treat depression) – when taken with Lisinopril tablets an increase of lithium levels may occur. Frequent monitoring of lithium levels in blood is necessary.
- **Non-steroidal anti-inflammatory drugs** (NSAIDs – pain killer and anti-inflammatory medicines including aspirin doses of 3g a day) – may reduce the blood pressure lowering effect of Lisinopril tablets. These medicines also cause an increase in potassium levels in blood and reduce kidneys function.
- **Allopurinol** (used to treat gout), medicines used to suppress the immune system or **procainamide** (used to treat heart rhythm disorders).
- **Tricyclic antidepressants, muscle relaxants or antipsychotics** – may further reduce your blood pressure.
- **Sympathomimetics** (used in asthma) – may reduce the blood pressure lowering effect of Lisinopril tablets.
- **Antidiabetics** (tablets and insulin) – when taken with Lisinopril tablets blood glucose may be reduced further, particularly during the first weeks of treatment with Lisinopril tablets and in patients with reduced kidney function.
- Other **blood pressure lowering** medicines e.g. fosinopril – cause an increase in the blood pressure lowering effect when taken together with Lisinopril tablets.
- **Glyceryl trinitrate**, other nitrates or **vasodilators** e.g. hydralazine – may lower your blood pressure further.

Pregnancy and breast-feeding

Pregnancy

You must tell your doctor if you think you are (or might become) pregnant. Your doctor will normally advise you to stop taking Lisinopril tablets before you become pregnant or as soon as you know you are pregnant and will advise you to take another medicine instead of Lisinopril tablets. Lisinopril tablets are not recommended in early pregnancy, and must not be taken when more than 3 months pregnant, as they may cause serious harm to your baby if used after the third month of pregnancy.

Breast-feeding

Tell your doctor if you are breast-feeding or about to start breast-feeding. Lisinopril tablets are not recommended for mothers who are breast-feeding, and your doctor may choose another treatment for you if you wish to breast-feed, especially if your baby is newborn, or was born prematurely.

Driving and using machines

Use of Lisinopril tablets may cause side-effects such as dizziness, tiredness or confusion which may affect your ability to drive or operate machinery. Make sure you are not affected before driving or operating machinery.

Continued top of next column

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Continued over page

1 What Lisinopril tablets are and what they are used for

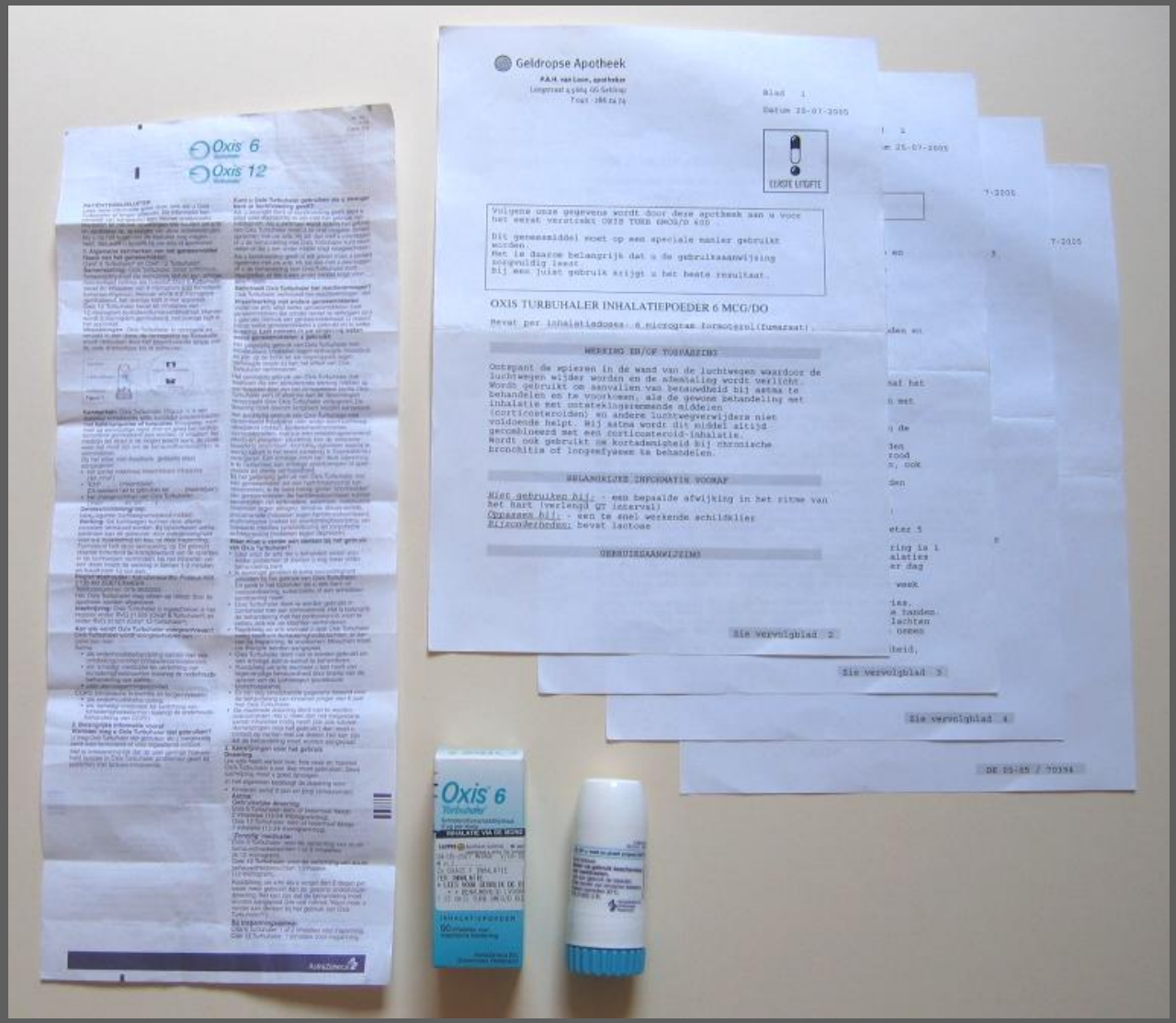
Lisinopril belongs to a group of medicines called ACE inhibitors. These cause the blood vessels to relax, making it easier for the blood to pass through them.

Results after 18 years

- Free movement of medicines across Europe
- All Europeans have more access to ‘full and comprehensible’ information about medicines

but from a visual point ...

Information for patients?



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Motivations for involvement:

- High error rates (1 fatality per million per day)
- Increasing costs (+ 10% per year)
- Poor effectiveness (around 50%)
- Increasing use: more medicines, more elderly

More cracks in the system

- patients, pharmacists, nurses: problems using information
- industry: problems with following guidance
- regulatory authorities: problems with controlling

Industry: Guideline and template?

6. STYLE

When writing, an active style should be used, instead of passive. For example:

- '*take 2 tablets*' instead of '*2 tablet should be taken*','

- '*you must....*' is better than '*it is necessary ...*'

<Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.>

Industry problem: Pictogram-use?

Vinercyd is given to you through a drip in a vein (an infusion).

2. DESIGN AND LAYOUT OF THE INFORMATION

The use of "justified" text (that is text aligned to both left hand and right hand margins) should in principle not be used.

Line spaces should be kept clear. The space between lines is an important factor influencing the clarity of the text. As a general rule the space between one line and the next should be at least 1.5 times the space between words on a line, where practical.

Contrast between the text and the background is important. Factors like paper weight, colour of the paper, size and weight of the type, colour of the type and the paper itself should be considered. Too little contrast between the text and the background adversely affects the accessibility of the information. Therefore, background images should in principle not be placed behind the text since they may interfere with the clarity of the information making it harder to read.

A column format for the text can help the reader navigate the information. The margin between the columns should be large enough to adequately separate the text. If space is limited a vertical line to separate the text may be used. Related information should be kept together so the text flows easily from one column to the next. Consideration should be given to using a landscape layout which can be helpful to patients. Where a multi-lingual leaflet is proposed there should be a clear demarcation between the different languages used; all the information provided in each language should be assembled.

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Conflict between template and reality

‘Keep out of the reach and sight of children.’

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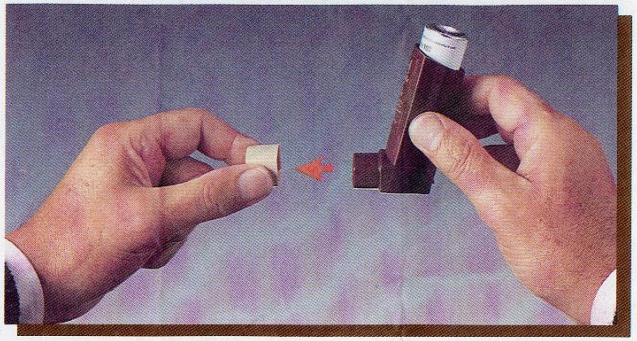
Inhaler leaflet 1985: United Kingdom

IF YOU TAKE TOO MUCH

* Tell your doctor as soon as possible if you accidentally take a larger dose than you were recommended.

HOW TO USE YOUR INHALER

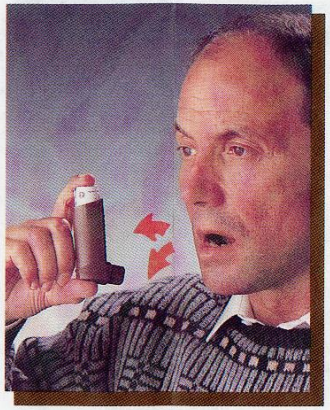


1 Remove the mouthpiece cover and check the mouthpiece inside and outside to see that it is clean.

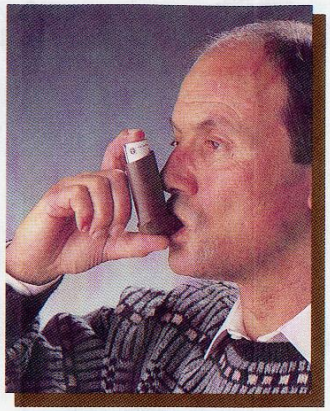
2 Shake the inhaler well.

TESTING YOUR INHALER
If you have not used your inhaler for a week or more release one puff into the air to make sure that it works

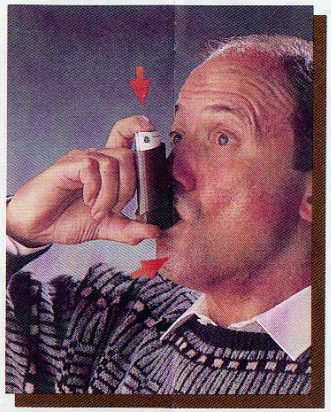
These instructions have been devised in agreement with the National Asthma Campaign
300 Upper Street, London N1 2XX
Tel: 071-226 2260 and
The British Lung Foundation
250 Kings Road, London SW3 5UE
Tel: 071-376 5735



3 Hold the inhaler upright as shown above with your thumb on the base, below the mouthpiece. Breathe out as far as is comfortable and then....



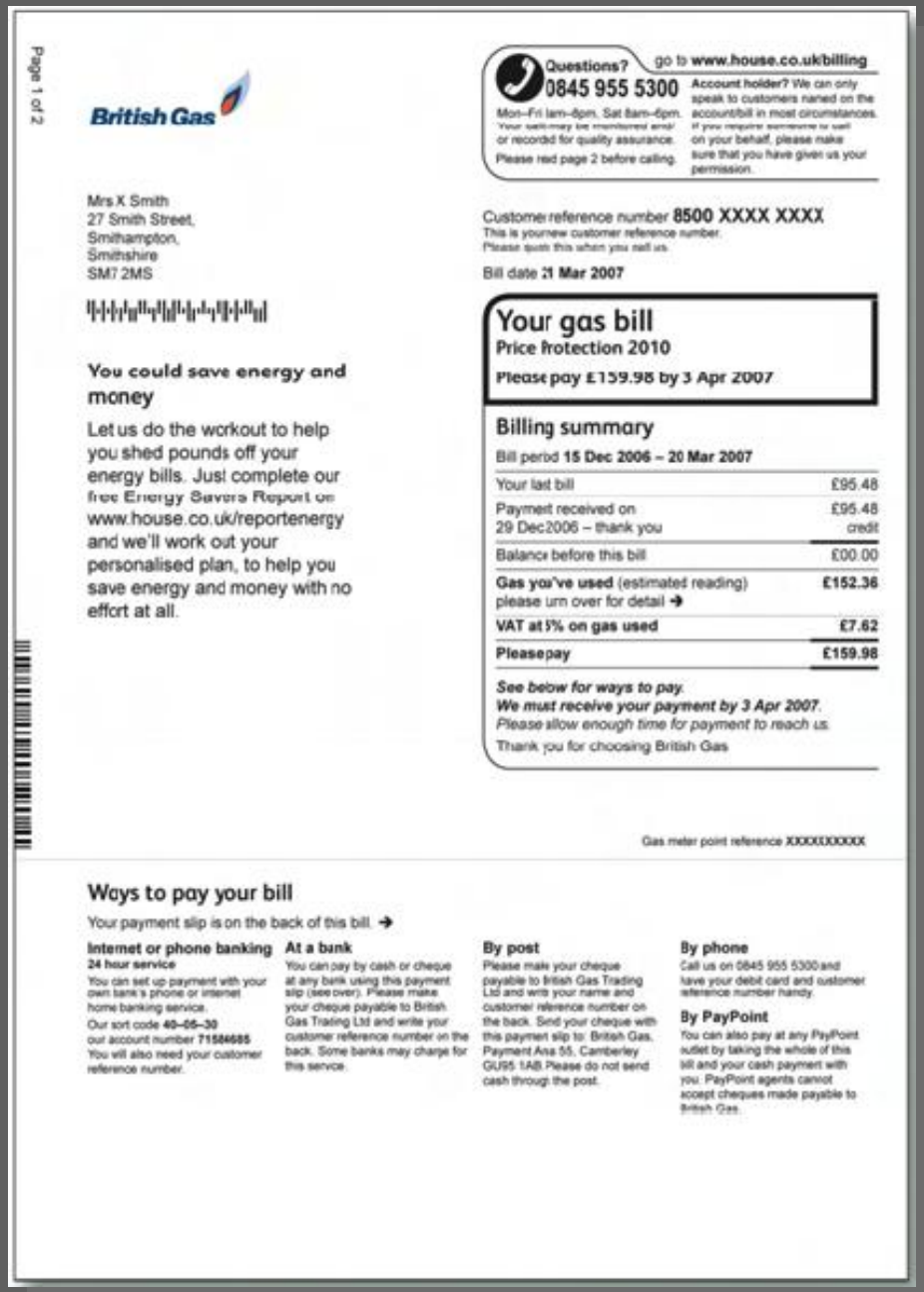
4 Place the mouthpiece in your mouth between your teeth and close your lips firmly around it **but do not bite it.**



5 Just after starting to breathe in **through your mouth** press down on the top of the inhaler to release Becotide while still breathing in **steadily and deeply.**

Alternatives: Target Pharmacy 2003

Alternatives



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British Gas

Questions? 0845 955 5300
Mon–Fri 8am–6pm, Sat 8am–6pm.
Your call may be monitored and/or recorded for quality assurance.
Please read page 2 before calling.

go to www.house.co.uk/billing

Account holder? We can only speak to customers named on the account/bill in most circumstances. If you require someone to call on your behalf, please make sure that you have given us your permission.

Mrs K Smith
27 Smith Street,
Smithampton,
Smithshire
SM7 2MS

Customer reference number **8500 XXXX XXXX**
This is your new customer reference number.
Please quote this when you call us.

Bill date 21 Mar 2007

You could save energy and money

Let us do the workout to help you shed pounds off your energy bills. Just complete our free Energy Savers Report on www.house.co.uk/reportenergy and we'll work out your personalised plan, to help you save energy and money with no effort at all.

Your gas bill
Price Protection 2010

Please pay £159.98 by 3 Apr 2007

Billing summary

Bill period **15 Dec 2006 – 20 Mar 2007**

Your last bill	£95.48
Payment received on 29 Dec2006 – thank you	£95.48 credit
Balance before this bill	£00.00
Gas you've used (estimated reading) please turn over for detail →	**£152.36**
VAT at 5% on gas used	**£7.62**
Please pay	**£159.98**

See below for ways to pay.
We must receive your payment by 3 Apr 2007.
Please allow enough time for payment to reach us.
Thank you for choosing British Gas

Gas meter point reference XXXXXXXXX

Ways to pay your bill

Your payment slip is on the back of this bill →

Internet or phone banking
24 hour service
You can set up payment with your own bank's phone or internet home banking service.
Our sort code **40–05–30**
our account number **71584685**
You will also need your customer reference number.

At a bank
You can pay by cash or cheque at any bank using this payment slip (see over). Please make your cheque payable to British Gas Trading Ltd and write your customer reference number on the back. Some banks may charge for this service.

By post
Please make your cheque payable to British Gas Trading Ltd and write your name and customer reference number on the back. Send your cheque with this payment slip to: British Gas, Payment Area 55, Camberley GU95 1AB. Please do not send cash through the post.

By phone
Call us on 0845 955 5300 and have your debit card and customer reference number handy.

By PayPoint
You can also pay at any PayPoint outlet by taking the whole of this bill and your cash payment with you. PayPoint agents cannot accept cheques made payable to British Gas.

EU-Directive 2004/27/EC

'2. The package leaflet must be written and designed to be clear and understandable, enabling the users to act appropriately, when necessary with the help of health professionals. The package leaflet must be clearly legible in the official language or languages of the Member State in which the medicinal product is placed on the market.

‘enabling the users to act appropriately’

- Who are the users?
- Which actions need to be enabled?
- What do we consider ‘appropriate’?

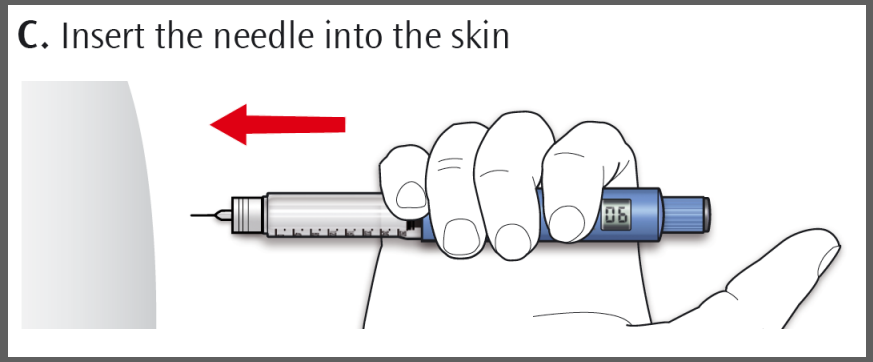
1. Who are the users?

- pharmacists, elderly, children, nurses?
- in which specific situation do they use medicines? (night shifts? several medicines at the same time, anxiety?)

2. Which actions?

- considering whether to take or not
- storing correctly
- taking at the right time

This depends on the medicine, context, user, ...



3. What is appropriate?

- Establish current performance beforehand
- Consider if improvement is required
- Modify the information (situation)
- Measure again.

Example

<Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.>

1. How do patients throw away their unused medicines?
2. Is this acceptable?
3. Modify information and situation
4. Test to see if modification has an effect

Context: hospital use.

1 Some examples: Medicines information

2 Motivations for current practice

3 What's wrong?

4 An alternative approach?

5 Windmills?

6 Closing remarks

5

Fundamental assumptions 1

- not necessary to involve all stakeholders

pharmacists? doctors? nurses?

Fundamental assumptions 2

- not necessary to involve all stakeholders
- not necessary to look at alternatives

web-based, patient-generated?

Fundamental assumptions 3

- not necessary to involve all stakeholders
- not necessary to look at alternatives
- not necessary to differentiate

context, language, medicine, patient, ...

Fundamental assumptions 4

- not necessary to involve all stakeholders
- not necessary to look at alternatives
- not necessary to differentiate
- not necessary to look at design processes

writing, designing, testing?

Fundamental assumptions 5

- not necessary to involve all stakeholders
- not necessary to look at alternatives
- not necessary to differentiate
- not necessary to look at design processes
- not necessary to look at practical use

hospital, home, emergency?

Fundamental assumptions 6

- not necessary to involve all stakeholders
- not necessary to look at alternatives
- not necessary to differentiate
- not necessary to look at design process
- not necessary to look at practical use
- not necessary to discuss criteria

Fundamental assumptions

- focus on regulation of pharmaceutical industry
- focus on package leaflet
- focus on single template
- reduce design process to simple rules
- ignore practical use
- use only criteria ‘finding’ and ‘understanding’

Opportunities

- involve all stakeholders
- look at alternatives
- differentiate (context, language, medicine, patient, ...)
- look at design process
- look at practical use
- discuss criteria

1 Some examples: Medicines information

2 Motivations for current practice

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Conclusion 1:

If we want to optimise information, than we need to consider who we are optimising for.

At the moment, we optimise to register medicines and make information similar and accessible across Europe.

That does not really help people ...

Conclusion 2:

If we want information ‘to enable the users to act appropriately’ than we must reconsider our approach.

‘users’, ‘actions’ and ‘appropriateness’ must form the basis for the design of information about medicines.

Giants or windmills?

Thank you.

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• AKV|St Joost – Avans University

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