

Pharmacy Profession

#1 “Pharmacy – a health profession or a business”

The leadership in the profession of pharmacy has proposed the Vision 2015 statement with the goal of the pharmacist assuming the responsibility for achieving quality drug therapy outcomes. The leadership in pharmacy education as proposed by the Commission to Implement Change adopted the concept of pharmaceutical care as the mission of the pharmacist and to guide the development of new curriculums resulting in the Doctor of Pharmacy (PharmD) degree.

A look at the community pharmacy setting reflects which conclusion – pharmacy is a business or a health profession? Answer from most people would be a business. Some examples of business practices include:

- Drive through windows
- Tobacco products
- Merchandise coupons for each transferred prescription
- Sign the form, the electronic box or whatever rather than receive drug therapy counseling
- Free antibiotic prescriptions
- Free diabetic prescription medications
- Products for human use that have no science behind the promoted use

Pharmacist time away from the computer terminal to counsel patients or provide other professional services – almost non-existent to not existent. My third year pharmacy students in a recent report on their views and experiences with pharmacy generated the following general comment “the pharmacist is like a fast food server, no time to think and provide care to patients.”

A health professional is described as having the following characteristics:

- A unique body of knowledge
- Provides an essential service to people
- Generates new knowledge
- Self regulation

The pharmacist unique body of knowledge is drugs and how drugs affect people. Providing access to prescription medications is an essential service, however, there are many methods for a patient to obtain prescription medications that does not have a direct pharmacist – patient relationship. The generation of new knowledge from pharmacist practice is very limited.

Promotion of health and wellness is a goal and responsibility of a licensed health professional, including pharmacists. The provision of services by a licensed health professional should contribute to the quality of patient care. How does each of the topics listed earlier as examples of “business” contribute to patient care? My response is very little if at all. In fact, several inhibit the provision of care to patients by pharmacists.

A compilation of drug related outcomes for ambulatory patients include: poor adherence rate at about 50% of patients taking their medications as prescribed; drug related admission to hospitals with legal drug use is at least 5% of all patients and 20% for geriatric patients; increased patient visits to physician offices and to hospital emergency departments. These drug related patient

care problems have been in the professional literature for the past 4 decades. I suggest these poor outcomes result from limited clinical pharmacy services in community pharmacy. The basic practice in the community pharmacy does not change. I recently watched the operation in a community pharmacy in the prescription area while waiting for some prescriptions to be filled. At the conclusion of this 40 minute experience, I concluded there were 2 differences from when I was an intern in a community pharmacy in San Francisco some 47 years ago. The two differences were: prescription label printed by a computer and not a typewriter, and the bag of medicines had some drug information as part of the receipt stapled to the bag that came out of the computer. The interface of the patient with the prescription department personnel is the clerk.

The current environment in health care at the federal, state, or local level is reform. Change that will improve the delivery of care, the quality of care, and the costs of care are being discussed and debated. As decisions are made by whomever, how pharmacy will fare in the debates and discussions regarding health care reform is an important question. One of my major professors, Dr. Donald C. Brodie, taught his students that “pharmacy is a component of health care delivery and whatever happens in the big picture of health care will affect pharmacy.” I subscribe to that kind of thinking. The pharmacy profession argues or presents its views as to what we can contribute to health care delivery. Yet a critical review of current operations, services, and facilities and what is easy to see – is a business not a health profession. Some challenging questions before us include. How can the profession on one hand present “adherence” as a new initiative and at the same time not provide effective patient drug therapy counseling services? How can effective drug therapy counseling for eye drops and other dosage forms be provided through a microphone and window in a drive thru situation? How can we talk about promotion of health and wellness and at the same time sell tobacco products, alcoholic products, and products that do not have any science to support the claims for patient use? How can we provide medication therapy management services when our manpower is ill equipped to provide such care services? How can we provide patient care services with inadequate pharmacist time to think about the individual patient and the pharmacist works at a pace like a fast food server? How can we transform thousands of pharmacists to be more competent to provide clinical services for individual patients when employers do not support continuing education or too many pharmacists are “cheap” with their own investment of time and dollars for more drug therapy education? More tough questions can be listed, but the point is “talk is cheap”. Actions that will gain the support of decision makers are really needed.

What will the future of the profession be in the near term? I am afraid that “business” practices as listed earlier will continue to dominate. What will it take to transform pharmacy into a health profession which can be seen and experienced in the services provided by the pharmacist? The answer lies with corporate pharmacy and individual pharmacists. It also lies with the decision makers regarding health care reform. Interesting times to say the least.