Pharmaceutical care

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Helping people make the best use of their medications

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As pharmacy practice has striven to align itself more closely with public health needs over the past 25 years, it has latched on to clinical pharmacy as its salvation. But clinical pharmacy, as it has come to be understood and practiced, is not sufficient for the challenge at hand.

That is a major theme of the three leading papers in this issue of *AJHP*. These articles have a profound message that merits pondering by anyone connected with pharmacy practice or education.

In the keynote paper, Hepler and Strand[1] argue that the reprofessionalization of pharmacy can be achieved only by changing the work of pharmacists so that they focus on important health needs of individual people. Clinical pharmacy, as it has evolved to date, will prove to have been an important transitional step in this reform. It shifted pharmacists' outlook from the chemical and physical properties of drug products to the effects that drugs have in people. But in itself, clinical pharmacy is not the ultimate reform because of its separatism from the rest of pharmacy practice and because of its conceptualization as an array of discrete services.

Quoting directly from Hepler and Strand,

. . . clinical knowledge and skills by themselves are not sufficient to maximize the effectiveness of pharmaceutical services. There must also be an appropriate philosophy of practice and an organizational structure within which to practice. We term the necessary philosophy of practice pharmaceutical care and the organizational structure that facilitates the provision of this care the pharmaceutical-care system. The mission of pharmacy practice, which is consistent with its mandate, is to provide pharmaceutical care.

The authors explain further that pharmaceutical care "involves the process through which a pharmacist cooperates with a patient and other professionals in designing, implementing, and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient." Further, pharmaceutical care is "provided for the direct benefit of the patient, and the pharmacist is responsible directly to the patient for the quality of that care."

Simply stated, within this construct the mission of the pharmacist is to help people make the best use of their medications. This mission is stated in terms of the responsibility of the *individual* pharmacist for the medication-related care of the *individual* patient. Further, this mission is constructed against the backdrop of everything that can (and too often does) go wrong in the drug-therapy process. As Manasse has catalogued,[2] there is strong evidence that medications cause significant harm to patients, and there is ample reason to believe that many drug-therapy-related problems ("therapeutic misadventures" in Manasse's terminology) could be prevented through proper monitoring and follow-up.

The implications of the pharmaceutical-care philosophy of practice will be difficult to accept in many hospital pharmacy departments because of the way they have evolved. They have taken a bureaucratic, systems approach to the delivery of services. Moreover, individual pharmacists have defined their roles in terms of making the system work, not in terms of caring for individual patients. Consider, for example, how the profession responded to the shocking revelations in the 1960s about the incidence of medication errors. The response — unit dose drug distribution systems, both centralized and decentralized — was a systems engineering approach. Overall, hospital pharmacy's methods have been very successful and have done much to elevate the profession. But the time has come to move on to the next level of professional maturity.

Indeed, the concept of pharmaceutical care is a maturation of thinking that took root following the landmark ASHP Hilton Head conference in 1985. Coming out of Hilton Head was a strong consensus about the importance of integrating traditional and clinical services under the banner of a departmental mission dedicated to fostering safe, effective, and cost-conscious drug therapy. This was a clear advance in the philosophy of pharmacy practice, but it tended to focus on the aggregate needs of a patient population and the provision of services that address those needs. This line of thinking does not necessarily bring the pharmacist closer to the patient.

The transformation to pharmaceutical care will entail a major cultural shift in a profession that is practiced largely by employees who, in both health-care institutions and community pharmacies, have become comfortable with their primary allegiance to the employer. Patients, too, have become accustomed to thinking of a pharmacy establishment, not of a pharmacist, as the source of their pharmaceutical needs.

Many pharmacy departments in health-care institutions have established a sound infrastructure for the control and distribution of drug products and for monitoring drug therapy. The challenge now is to transcend the operational