



It's time to make things happen

Pharmacists can no longer remain silent about drug misuse

“Silence is golden,” I was told as a boisterous 8-year-old (some 80 years ago). Another popular saying was, “Children should be seen and not heard.” Useful advice? I’m not so sure. Both of these adages came to mind as I was reading an article in the January/February 2006 issue of *CPJ* entitled “Silence from our profession is part of the problem.”¹ It’s true, of course, that the profession of pharmacy is sometimes too silent for its own good, and the public’s.

What are the effects of this silence? Today’s health care suffers from 2 fundamental problems that are tough and currently irreversible:

1. Drug costs are jumping at the alarming rate of 11% annually, reaching almost \$25 billion in 2005. It’s a cost society cannot afford.²

2. The misuse, waste, and abuse of today’s superbly crafted medicines is causing costly and horrible drug-induced damage. It is estimated that some 12,000 people die annually from this misuse, and many more are injured, with many of these events being avoidable.³ This too is a cost society cannot afford.

For health care to begin to work on these problems it must find experts in the field to come forward and rescue the system. And who are those experts? Well, the only professionals I know who are trained specifically in drugs and are widely available are pharmacists! The previously disregarded pharmacist has become essential to well-run health care.

There are many examples of the “disregarded pharmacist.” At a 1999 Conference of the Institute of Pharmacy Management, pharmacist Peter Curphey suggested that pharmacy is “seen by many as a supplier service manned by nice people.” In an April 2005 issue of the *Globe and Mail*, Heather Mallick wrote, “Pharmacists have always puzzled me. At university, I remember them studying terribly hard and yet it seemed they were training for jobs that did not call for leeway.”⁴

The obvious question to ask is why does this perverse public image persist? Is it that pharmacists are too shy to discuss pub-

licly what they do? I can’t believe that. Is it that someone has told them not to? I don’t know. Of possibly a dozen reasons, the most likely is due to pharmacy’s institutions, in the 1960s, prohibiting pharmacists from advertising their dispensing, though they have always been allowed to promote their retailing function. But that ruling slipped somewhat when Shoppers Drug Mart recently bundled dispensing with their front-store business by attributing the recent doubling of its share price to “an increase in cosmetic and prescriptions sales.”

So does this open the door to public discussion on dispensing? Why not? Bare bones dispensing is work for supervised artisans, not highly trained drug experts.

Of course, for the practicing pharmacist the real question is how to put this requisite in place? How do we express ourselves (boasting a little) without treading on too many sensitive toes?

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Those are the most ticklish questions because, at present, it is not for our drug expertise that we are highly respected and trusted by the public (see current TV advertisements advising listeners to, “Ask your doctor, he’s the drug expert”), but rather

for our attractive stores, easy availability, obvious sincerity, free services, and eagerness to help.

Thus, the first step has to be to invent a subtle way or two to enlighten — but not frighten — the public and physicians on the usefulness of our drug expertise. That is, I don’t believe we could get away with a flat claim of drug expertise today. Better by far would be to imply it. I can think of half a dozen ways to do that, but I’ll give you 3.

First, individual pharmacists, using the adage “think globally and act locally” should look for reasons to write to newspaper editors. As an example, a recent *Globe and Mail* article carried this statement: “Doctors and patients should not be dependent on pharmaceutical company handouts.”⁵ Of course they shouldn’t. A pharmacist could have written in, pointing out that local

pharmacists are easily available for expert personal advice. Now that's a fairly easy way to get a message out.

Second, doctors, nurses, and nutritionists do it, so why not pharmacists? All have volunteer organizations directed at specific problem areas. I know of a number of practicing pharmacists who could design and launch an association that could be called "Pharmacists for the best use of medicines."

Ultimately, the most dramatic action would be for pharmacists to walk out from their dispensing benches and admit culpability for past failure to use their expertise to counter medicine-

induced disease. The effect of this action would be to quickly and publicly define pharmacists as scientists with a powerful enough knowledge base to modernize the current medicine distribution system.

But, whatever choice we pharmacists make, we can no longer remain silent — we must speak out against the misuse of fine medicines. Each pharmacist should see it as his or her responsibility to change the system. The time has come to more fully use our education and expertise to save money and lives. ■

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