Bold goals for health-system pharmacy: Perspectives of a seasoned observer

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My candidates for bold new goals for health-system pharmacy involve ethics, applied sciences, and planning.

Ethical obligations

My top candidate for a contemporary bold goal for health-system pharmacy is “Instill in practitioners and students a deep sense of pharmacists’ ethical obligations to patients and the will to fulfill those obligations.” I nominate this goal because of my sense that there is growing conflict between the professional imperative and the business imperative in healthcare. The effects of this conflict are already felt by many health professionals and will increasingly touch pharmacists. We need only to reflect on the ethical quandaries posed by drug shortages¹ and the ethical lapses related to the compounding of sterile products² to gain an appreciation for the importance of this issue to health-system pharmacy.

In the United States, the ethical challenges experienced by pharmacists are likely to escalate as the elements of health reform begin to penetrate more deeply and as corporatization of healthcare expands. Under health reform, the shift from fee-for-service to global payments and the shift of financial incentives from specialization to primary care will affect institutional and practitioner behaviors. Will the response of practitioners be, “What’s best for the patient?” or “What’s best for me?” With respect to corporatization, those who make the rules in healthcare are increasingly driven by financial considerations. With the watchdog function of government frequently subverted by business interests, the classical role of health professionals in defending patient interests will become more vital than ever; that is a role worth fighting to preserve.

It seems that most pharmacy students and pharmacy residents receive relatively little instruction in professionalism and ethics. There is much work to be done in building and buttressing pharmacists’ understanding of the risks to patients and practitioners posed by eroded professional autonomy and ethics.³ This work must be led by the colleges of pharmacy and professional associations in pharmacy.

Practitioner expertise in the applied sciences

My second proposed goal is “Expand expertise among health-system pharmacists in the applied pharmaceutica and interdisciplinary sciences.” I am referring to sciences such as pharmaceutics, dosage-form design, drug stability and compatibility, environmental engineering, human error prevention, systems science, and pharmacogenomics. These areas of knowledge are not the strong suits of pharmacy education, but they are vital in health-system pharmacy practice. The advent of biosimilars, genome mapping, biomarkers, gene therapies, and, in general, more complex biopharmaceutical therapies (many administered as injectables) supports the need for this goal. We cannot expect new pharmacy graduates or first-year residency graduates to have attained a high level of expertise in these areas, which means that the expertise must be developed either as a pharmacy practice specialty or as a major component of a broader specialty.⁴ Most of these specialists could be based in academic health science centers, and it might be feasible for other hospitals to develop linkages to them.

Strengthen the planning process

The final goal I suggest is “Expand authentic strategic planning by health-system pharmacy departments.” Most pharmacy departments probably engage in operational
planning, responding to the priorities identified by the executive leaders of their organizations and addressing immediate needs for service improvements. However, fewer pharmacy departments seem to be involved in strategic planning, which encompasses identifying emerging trends beyond the current practice environment,\(^5\)\(^6\) making plans to address those trends, and providing meaningful pharmacy-specific input into the long-term strategy of the entire organization.

Strategic planning is a vital component of pharmacy practice leadership. Without the benefit of effective planning of this nature, pharmacy departments can find it difficult to (1) function as a cohesive team, (2) optimize their transformation into patient care departments, (3) ensure that institutional leaders understand the capacity of pharmacists for contributing to the strategic imperatives of the organization, and (4) influence vital medication-use-safety activities outside of pharmacy’s immediate purview.

References