

Young Pharmacists' Group Asks



Currently, even as pharmaceutical sciences and technology are improving, there are still threats against pharmacy which negatively impact our practices as pharmacists. While we share some of these problems in common, they may vary from one country to another as well. Therefore it is important that we learn more about the threats and obstacles in different countries so we may be aware of them and wrestle with them until we reach the best solutions. This new section aims to help us do this by publishing different responses to the questions we have asked on our Yahoo e-group. We believe that the comments, ideas, and experiences shared here will help us in this endeavor. So, here is our first question:

"What are the main threats to current pharmacy practices in your country? In your opinion, how can these problems be overcome?"

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...I think one of the largest "threats" to pharmacy here, at least retail pharmacy as it exists today, is the increase in mandatory mail order programs. Additionally, talk of automation such as "refill kiosks" (read: vending machines where patients can swipe their credit card and pick up their meds 24/7, no pharmacist present), off-site staffing, such as telepharmacy, etc. And perhaps an increase in prescriber dispensing (to a lesser degree). Most of these changes are driven by decreased reimbursements from third party payers that have become so tight, and labor costs have become so high, that soon the technology costs will be justified to almost even the smallest competitor. The future of pharmacy here will require much more personal contact and effort on the part of all of us, in stark contrast to the prevailing culture of the last decade or so that has been fostered by a pharmacist shortage, which has everyone feeling pretty secure in their jobs. I think we need to take a second look at the changes going on and the speed with which they are occurring.

Patricia , USA

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... I think there are a lot of challenges facing pharmacy as a career in Egypt as follow: The increase in the number of pharmacies and pharmacists all over Egypt, There is no co-operation between physicians and pharmacists. People look to the pharmacist as the person who dispense or sell the medication ordered by the physician, ignoring the scientific role of the pharmacist and their knowledge about drug-drug interaction and therapeutic and side effects of the medication. And other unqualified people practice this career and consider it as a business.

Nancy Ali, Egypt

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...Another issue is on the challenges facing the Pharmaceutical Society here in Tanzania! Very few pharmacists are interested in devoting their time and money for a strong society. I guess that nobody feels that Pharmaceutical Societies are important to them, and can do a lot to make pharmacists benefit professionally. For those who would like to have strong organizations are probably puzzled on how to move forward.

Frank Komakoma, Tanzania

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... In my country the community pharmacist can only work in the own or others drugstore. You work for 4 hours per each shift and nearly receive the similar prescriptions and give the drug to the patient. Each drugstore is placed nearby the certain doctor's office and dispensing the similar prescriptions in all of the weeks and year. So boring for poor pharmacist! Other situations are limited for community pharmacist such as working in factory or university or laboratory in my country graduation is very important and have to take PhD to succeed more and have more opportunities.

Zarrin Sarhadi Nejad, Iran

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What I can tell you about the threats at German pharmacies is that refund for Rx medications get cut so that what we get back from assurances is 6 smth euros per prescribed package. The biggest thing they started this year is that the assurances (which are a number around 250 more or less) can make contacts with the industry to get percentages for saving money. This means that now it depends where a patient is assured he will get the medication just from a certain factory independent which he was taking over years. For us pharmacists it means that we nowadays have 20 different generics in our stock and if the patient is in a special assurance we still have to order the 21st. The patient has to come back, and we at the pharmacy have to do an extra step, and a logical stock strategy. Bad for the patient, he maybe can get a preparation where there are other additions to the tablet, or it looks different (from big and brown to small and yellow) that especially old people will refuse taking the pills and the industry is not able to produce enough packages in time because the have to supply more patients than before (before: e.g. 100 patients were supplied by lets say 10 firms, now those 100 patients have to be supplied by 2 firms, means that those two firms have to produce 5 times more than before) the lack means that we again have to find an other (again different) generic.

Dana, Germany

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My opinion is those pharmacists do not get themselves involved in practice research that could enhance their image as public health professionals... My suggestion is that we should document our practices in a research oriented manner and theorize from this so that policy can be altered through evidence. Poverty, lack of sufficient basic knowledge in general and specific understanding of the dangers of medicines by the public and some health care professionals, pride and influence of corruption on some unscrupulous politicians all affect the way people view pharmacists and interfere in our profession. The time for action is never tomorrow but now. So let's join forces and evaluate the role pharmacists play in public health through out Africa and try to influence policy from an international level.

Robert Chana, Cameroon