
FIP STATEMENT OF POLICY

Pharmacists: Gateway to self-care

Preamble

Knowledge, prevention, and management of disease continue to evolve rapidly, reflecting advancements in science, technology, and people-centred care. In addition to the responsibility of governments to provide access to fundamental health care, citizens also have a responsibility to care for themselves — “self-care” — through illness prevention, strengthening health literacy, and applying healthy living principles. The “medical model” of care, characterised by relying on a primary care provider to take primary responsibility for managing one’s health, was and still is an important concept and practice. However, there has been a significant shift toward more holistic and person-centred approaches. The emerging “social model” of care focuses more on public policies, education, and health promotion strategies that address the broader social, economic and environmental determinants of health, may well be essential now and in the future. This correlates with the “pharmaceutical care model” which focuses on therapy management and places accountability for addressing patients’ drug-related needs at the core of practice.^{1,2}

This Statement of Policy underscores the importance and benefits of self-care. It recognises both the personal responsibility of patients¹ to enhance and maintain their health and well-being, and the responsibility of pharmacists to promote, inform and support patients in self-care activities. Pharmacists can assist individuals to achieve their desired health outcomes by increasing their capacity to self-manage² their health conditions, and, in tandem, lower their healthcare cost burden. The accessibility of pharmacists, coupled with their professional health expertise, makes them and their services a critically important component of self-care. The collaborative relationship between patients and pharmacists—whether or not a medicine is supplied—bridges the gap between public health initiatives and individual health responsibilities, supports self-care, delivers evidence-based benefits to the healthcare system and contributes to universal health coverage. Furthermore, this relationship between pharmacists and patients plays a vital role in addressing social determinants of health, helping to reduce barriers to healthcare access, and supporting vulnerable populations, ultimately contributing to reducing social exclusion and promoting greater social inclusion.

Introduction

Self-care as part of the healthcare system

Definitions of self-care vary across systems depending on who engages in self-care practices, what motivates these behaviours, and the extent to which healthcare professionals are involved. Although self-care may vary across cultures and reflects individual and community beliefs, confidence and experiences, it can be broadly defined as the ability of individuals, families and communities to promote and maintain their own health, prevent disease, and cope with illness – with or without the support

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¹ The word patient in this statement shall be an all-inclusive term for conventional patients, consumers, individuals and customers of advice, knowledge, services and products.

² An individual’s belief in his or her capacity to learn and perform a specific behaviour successfully.



of a health care professional. Fundamentally, the concept of self-care puts responsibility for health and well-being on individuals.

Self-care is at the foundation of healthier lives and therefore healthier populations and is vital to health and well-being across all life stages. With the efficient use of health resources, self-care is a pillar of more sustainable health systems and a better contributor of universal health coverage.³ Any national health system, whether it seeks to provide universal health coverage or not, faces challenges in addressing health determinants and optimising resource use in health care delivery. It is important to recognise the place of self-care within the health system while noting that access to medicines, information and health services varies across national and sub-national jurisdictions.⁴

Urgency of investing in self-care

Studies comparing the cost and health-related outcomes associated with providing various self-care support in the community pharmacy setting demonstrated a positive clinical and economic impact by decreasing the cost associated with treating certain minor conditions, reducing the workload burden for other healthcare settings and improving patient health.⁵

In fact, findings from systematic reviews, randomised controlled trials and observational studies suggest that supporting “behaviourally focused” self-management can benefit people’s attitudes and behaviours, quality of life, independence, and productivity, clinical symptoms and use of healthcare resources.⁶

Furthermore, the evidence from the study by the Global Self-Care Federation indicates that with the largest influence on productivity and quality of life (25%), followed by individual time savings (20%), physician time savings (18%) and welfare (17%), self-care policy measures are estimated to increase monetary savings for healthcare systems and national economies by 16%.⁷

Ever-increasing financial constraints in the healthcare system and growing societal awareness of the influence of self-care strengthen the importance of early self-care investments to minimise costly, more complex illnesses and maximise healthy living. With improved hygiene, nutrition, and medical advancements, people are also living longer. This longevity trend amplifies the burden on health systems. Consequently, individuals and governments must assess how a self-care infrastructure can enhance the efficient use of health resources, address health disparities and ensure equity in self-care access across different socioeconomic groups.⁸ Evidence indicates that support provided by pharmacists for patient self-care is valuable.⁹

Consequently, the concept of self-care has emerged as a key focus in strategies to manage and improve health with the available resources, but also with the involvement of individuals in resource allocation. Self-care advocacy groups believe appropriate and convenient access to medicines is a means of promoting timely and safe treatment, thus minimising the need for care escalation.

Background

Empowering patients

While a survey conducted in 2013 by *Epposi* on consumer perception of self-care in Europe indicated that 90% of respondents saw self-care as a vital part of managing and preventing chronic conditions and diseases, as well as common ailments, it is important to acknowledge the diversity both among and within individuals globally.¹⁰ This diversity is exemplified by patient factors such as level of health literacy, personal confidence and degree of engagement to manage their health, previous experiences with self-care, and satisfaction with the health system.



The “seven pillars framework” outlines a set of activities that individuals may undertake to improve and preserve optimal levels of health and quality of life.¹¹ Patients with limited health literacy or lower self-care confidence often rely more heavily on healthcare professionals, accentuating the need for accessible and inclusive pharmacist-led support. Significant digital health advancements and patient interaction with technology and applications now enhance patient-centred care. These emerging enablers of self-care further enable pharmacists to play an expanded role in supporting patients in making informed decisions about their health.

Pharmacists support people-centred care when they apply health literacy-conscious approaches to developing and delivering health care guidance. Community pharmacists provide access to treatment, healthcare and advice while developing key competencies, such as patient-centred care, decision-making, collaboration, personal conduct, evidence-based practice, and communication.¹² This credible self-care support empowers individuals and vulnerable populations to take control of their health and adopt healthier behaviours.

There is evidence of the value and effectiveness of improved health literacy leading to greater use of self-care, which contributes to easing the burden on any country’s hard-pressed health services and associated budget, while improving health outcomes, patient convenience, and quality of life for all.¹³

Evidence-based and appropriate advertising empowers individuals to make informed decisions about managing their health. Ensuring adequate product labelling with factual and evidence-based information enables pharmacists involved in the continuum of care to provide evidence-based and unbiased guidance and advice.¹⁴

Pharmacist practice guidelines and contributions

Patients’ access to pharmacists as their first-line health professional is well documented.^{11-13,15} Pharmacists globally are developing various individual and collaborative initiatives to support self-care.

More than a decade ago, two specific roles and functions of pharmacists, as described in the 2011 “*Joint FIP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services*”, refer directly to self-care. First, “to disseminate evaluated information about medicines and various aspects of self-care”. In this case, pharmacists should ensure that the information provided to patients, other healthcare professionals, and the public is evidence-based, objective, understandable, non-promotional, accurate and appropriate.

Furthermore, they should educate patients and carers on how to identify sources of unbiased information, evaluate and use web-based or other forms of healthcare and medicine information (including health applications and wearable devices), and strongly encourage them to seek advice from a pharmacist regarding the information they find, particularly if obtained from the internet. Pharmacists should assist patients and their care providers in obtaining and critically analysing information to meet their individual needs.

Secondly, “to engage in preventive care activities and services. Minimum national standards should be established for these activities”. Essentially, there is a role for pharmacists to help patients navigate health systems and to evaluate health information. Pharmacists should engage in preventive care activities that promote public health and prevent disease, for example, promoting smoking cessation and safe sexual health practices, patient education and consultations. Consultations might include recommendations of over-the-counter vitamins and nutritional supplements, as



well as communicating the importance of yearly immunisation for life-course vaccination.¹⁶⁻¹⁸

Pharmacists may also provide reliable point-of-care testing, where applicable, alongside other health screening activities for patients at higher risk of disease.¹⁹ Balancing the advanced clinical roles of pharmacists alongside access to patients is critical to ensuring that the profession continues to meet the evolving needs of both patients and the healthcare system.

Self-care benefits both individuals and communities by promoting active participation in health management, self-reliance for managing common ailments, cost savings through optimised medical consultations, reduced work absenteeism, and decreased pressure on healthcare services, particularly in areas where the workforce is limited. Extensive evidence shows that pharmacist involvement in self-care is highly effective, leading to active patient participation in healthcare, positive lifestyle changes, better adherence to prescribed treatments, a preference for optimal support, a greater sense of responsibility for their health, and timely referrals.⁵ The value of these pharmacist-led inputs derive from:

- Their competency: The ability to safely assess common ailments effectively and distinguish them from major diseases;
- An economic factor: The ability to support self-care efficiently by reducing healthcare costs and by enabling people to remain at work or to minimise absenteeism;
- An integration factor: The ability to ensure continuity of care;
- Communication and access factors: The ability to interact effectively with the public, patients and other healthcare professionals; and
- Long-standing healthcare: In rural areas, pharmacists are often the nearest—and sometimes the only—healthcare professionals. They are trusted figures who understand their patients, as well as their families and social circumstances, allowing them to identify needs, provide support, and offer solutions. This makes them an indispensable part of our communities.

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AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Government and insurers:

1. Recognise, promote, and invest in self-care frameworks that ensure equitable access and integration of pharmacists within sustainable healthcare systems;
2. Measure success and returns on national self-care interventions using parameters such as population-reported quality of life;
3. Fully incorporate and integrate pharmacists/pharmacies within their health systems both for the prevention and management of illness, at both the individual and health system levels;
4. Liaise with the pharmaceutical industry to ensure access to safe, affordable and efficacious self-care products;
5. Invest in infrastructural support to expand resources for community pharmacies in remote and underserved areas, especially where that is the only healthcare service available for those communities;
6. Invest in a properly educated and regulated pharmaceutical workforce, including pharmacists, pharmacy support personnel and interns;
7. Invest in pharmacist involvement in early childhood and primary school education curricula on the key points of health and healthcare including promoting talks or training sessions on health promotion and healthy habits by local pharmacists;
8. Assure proper coverage of and compensation for self-care services offered by pharmacists, and encourage health sector collaboration to optimise efficiency, safety and value;



9. Endorse evidence-based self-care practices and safeguard against misinformation; and
10. Support organisations to develop national networks of self-care pharmaceutical services.

Patients, caregivers, and their organisations:

1. Actively participate, partner and collaborate with pharmacists to promote self-care and self-management of disease symptoms.

Pharmacy organisations:

1. Strengthen the case for pharmacists' role in self-care by supporting the collection and dissemination of pharmacist-led care initiatives that improve patient outcomes and advocate for the further expansion of pharmacists' role;
2. Provide professional leadership for the greater establishment and implementation of self-care policies by supporting pharmacies to achieve a better understanding of local health and social needs of the community they serve, so that they can be responsive to local needs through new services;
3. Support their members to achieve high standards of self-care practice through education, application of evidence-based practice, and adherence to practice guidelines;
4. Promote collaborations with patient organisations to encourage self-care initiatives among their members;
5. Promote and support the professional development of their members in the responsible use of emerging technologies, including artificial intelligence (AI);
6. Ensure the integration of digital solutions to enable equitable access to local and committed community pharmacies to deliver essential public and private services;
7. Guide the innovation of service and service delivery within pharmacies; and
8. Promote a culture of further data collection among pharmacists to help quantify their interventions and resulting outcomes;
9. Optimise the use of data and knowledge to develop and share intelligence for sound policies and national self-care strategies; and
10. Integrate and use to their full potential, digital platforms to register interventions applicable to self-care.

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Pharmacy academic institutions and education providers:

1. Strengthen curricula development to address emerging challenges such as digital health, equity, and inclusion in care;
2. Incorporate case studies and modules on interprofessional collaboration and intersectionality in care, promoting continuing education, and fostering research to tackle these challenges; and
3. Conduct research projects to foster the development of evidence-based policies that consider the unique realities of each pharmaceutical system.

Pharmacists:

1. Assist individuals to:
 - Seek to be better educated in caring for themselves. This education, sourced from local or global health providers, health promotion resources of the local or national health system or patient organisations, will yield greater patient confidence in managing one's health and personal level of health literacy;
 - Commence self-care initiatives to encourage greater acceptance;
 - Clearly communicate their health needs, by encouraging them to share inherited and indigenous cultures and beliefs with their health providers;
 - Be aware of the health determinants and indicators for themselves and their children; and
 - Manage common ailments and symptoms.



2. Develop and adopt standard operating procedures for quality management of self-care presentations, such as, but not limited to:
 - Applying the pharmaceutical care concept to self-care;
 - Assuring quality and safety of self-care through proper documentation of their work and provision of services such as medicines reconciliation, adherence support and medication management;
 - Applying pharmacovigilance daily by reporting adverse events with the use of a self-care product to regulators and/or manufacturers. Inform individuals of national reporting options if available;
 - Ensuring accurate use and interpretation of results derived from current best self-care technologies; and
 - Triage by pharmacists, including appropriate patient referral to and from alternate services within the healthcare system.
3. Advocate, promote, support and engage in:
 - Work that maximises the potential of the pharmacist's given training and scope of practice;
 - Patient-centred care within the health system;
 - Training that expands professional knowledge and understanding to provide culturally competent care;
 - Various public health promotion activities and health education campaigns;
 - Regulatory and policy framework that support responsible self-care practices;
 - Enhancing their personal communication and coaching skills under the theme of health literacy — “listen to learn” rather than “listen to respond”; and
 - Actively listen to patients and engage in empathetic, two-way communication that builds trust and health literacy.
4. Collaborate with other healthcare professionals to triage, manage and refer patients.

AGAINST THIS BACKGROUND, FIP COMMITS TO:

1. Collaborate with other healthcare professionals to promote the role of pharmacy practice in self-care;
2. Support member organisations in developing quality standards for self-care services and protocols for self-care provision appropriate to their national context;
3. Advocate for pharmacist-delivered self-care services to improve and manage health;
4. Collect and disseminate data to inform the development and provision of self-care, as well as provide a searchable repository for knowledge sharing;
5. Work with its members to continually improve professional ethics for self-care;
6. Promote public understanding of self-care through its constituent bodies;
7. Liaise with the pharmaceutical industry to promote the responsible use of medicines for self-care, including but not limited to, the development of self-care products, therapies and information;
8. Facilitate national collaboration on pharmacist-mediated self-care initiatives; and
9. Advocate with governments, healthcare organisations (e.g., WHO, UN) for the inclusion of pharmacists in self-care initiatives with the allocation of appropriate reimbursement models.

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