Pharmacist? What Pharmacist?

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> *Public relations: the business of inducing the public to have understanding for and goodwill toward a person, firm, or institution; also: the degree of understanding and goodwill achieved.*
> —Merriam-Webster Online (http://www.m-w.com)

If you have a relative or a friend who has been admitted to hospital recently, ask them these questions: "While you were in the hospital, who was your physician and what did he or she do for you? Who was your nurse, and what did he or she do for you? Who was your pharmacist, and what did he or she do for you?"

I'm willing to bet that most will be able to name at least one physician and one nurse who contributed to their care, and I'm also willing to bet that the majority will be able to clearly describe what their physicians and nurses did to benefit their health and well-being while in hospital. But I wonder how many will know that a pharmacist was involved in their care and what services that pharmacist provided? Will even a single person be able to name a pharmacist who contributed to the care they received? I doubt it.

To paraphrase the astronauts of Apollo 13, "Pharmacy, we have a problem." Specifically, we have a public relations problem.

The problem exists in all major sectors of pharmacy practice: community, hospital, long-term care, and others. In institutional practice, the problem even exists in those hospitals where an advanced level of clinical pharmacy service is provided. The public simply doesn't know or understand what we do or its importance. Why? *Because we don't tell them.*

Most hospital inpatients don't know that a hospital pharmacist participated in patient care rounds and collaborated with the medical team to develop drug therapy plans for preventing or resolving drug-related problems. Most don't know that a hospital pharmacist was working to ensure that they received the right medications, in the right doses, by the right routes, and at the right times. Most don't know that a pharmacist was actively screening their medications for potential drug interactions or drug duplications, or that a pharmacist performed medication reconciliation at the time of admission or discharge, or that a pharmacist was monitoring for the occurrence of adverse reactions or drug-induced diseases. We have a public relations problem.

Much of what we do is cognitive in nature. When a patient sees a community pharmacist staring at a computer screen, she can't know whether the pharmacist is evaluating her drug therapy or playing solitaire — unless someone tells her. When a patient in the hospital sees a group of people in white coats walk into the room, he can't know that one member of the team is a pharmacist, there to help optimize drug therapy — unless someone tells him. Usually these things go unrecognized and unexplained. We have a public relations problem.

It is an axiom of practice that if a patient-related activity is not documented in the medical record, then the activity effectively did not occur. A corollary of this axiom, particularly as it relates to pharmacy practice, is that if an activity and its benefits are not communicated to patients, then, as far as the patient is concerned, it didn't happen. We must begin to routinely initiate a discussion of the services we have provided, and their benefits, with every patient that we serve. For example: "Today I reviewed the medicines that you take at home to make sure that they were started here in the hospital and that the doses are correct. I also reviewed your list of medicines to see if there are any drug interactions, particularly with new medicines that we are starting. I determined that the symptoms that brought you to the hospital are not being caused by a side effect of your drugs. I checked your medical record to make sure this new medicine that we are starting won't duplicate other medicines that you are taking. I checked to make sure there's nothing in this drug to which you have a known

allergy. Later today, I will talk to your physician about starting you on a new medicine to treat your [insert relevant symptoms here] and make you feel better."

No patient should be discharged from the hospital without knowing that pharmacists were directly involved in his or her care. No patient should ever leave a community pharmacy without knowing exactly what cognitive services the pharmacist provided. Over time, this type of communication with our patients will yield immeasurable benefit with respect to public perception and understanding of the scope and importance of the services we provide. Nothing could be more important to the growth and development of our profession. We can all help to resolve our public relations problem — one patient at a time.

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