

# The Pharmacist as Patient Educator

*Lalitha Raman-Wilms*

In this issue of the *CJHP*, pharmacist Marie Craig shares her experience in educating and supporting patients at the Arthritis Clinic in Newmarket, Ontario.<sup>1</sup> This important role for pharmacists is well recognized by our Canadian professional and academic associations, as it is globally. In 1997, the World Health Organization (WHO) introduced the role of teacher as 1 of the 7 key responsibilities of pharmacists.<sup>2,3</sup> In their professional capacity, pharmacists continue to provide information and advice on medications to patients and their caregivers. However, nonadherence to therapy remains high, with some studies reporting that more than 50% of patients do not take their medications as prescribed.<sup>4</sup> In addition to the negative impact on patients' quality of life, the financial impact of nonadherence has been estimated at \$100 billion per year in the United States.<sup>5</sup>

Why does nonadherence continue to be so prevalent? The reasons why patients may not adhere to therapy are complex. In spite of the abundance of drug and disease information that is available to consumers, both in print and online, there is sometimes a gap in the information that a particular patient requires, or the information provided by various sources may conflict.<sup>6</sup> When this happens, patients may resort to their own beliefs about how a medication may or may not help them, which results in self-regulation of medications, sometimes without their health care providers' knowledge.<sup>6,7</sup>

Many factors influence a patient's decision to be nonadherent to therapy. Just as we realize the importance of understanding patients' experience of their illness (their subjective response to a disease), we need to also understand patients' medication-taking experience. This is determined by their lifetime exposure to unique cultural and health beliefs, as well as previous experiences with health care providers and with medicines.<sup>8</sup> All of these factors influence patients' medication-taking behaviour.

Research indicates that patients must be able to rationalize the need for their medication, which can influence if and when they will take it.<sup>6</sup> To have a positive influence on the patient's medication experience, pharmacists and other health care

providers need to shift away from providing general information about drugs and simply expecting patients to adhere to prescribed therapy toward "learning how they can contribute to the patient's decision-making process related to their medications".<sup>9</sup> This requires individualized education, such as that provided by Craig to her patients with arthritis. The WHO uses the term "therapeutic patient education" to describe this activity, defining it as education that is designed "to train patients in the skills of self-managing or adapting treatment to their particular chronic disease, and in coping processes and skills".<sup>10</sup>

In concordance with this approach, the Pharmaceutical Group of the European Union recently endorsed a statement on the pharmacist's role in therapeutic patient education.<sup>11</sup> This statement indicates that patients should be trained in skills useful in self-management of their health condition and in adapting treatment to personal situations. In addition, health care professionals must be trained to develop effective patient education tools.<sup>11</sup>

Research to date has allowed an appreciation for the complexity of the patient's decision-making process and explains why simply providing information may not be effective for most patients. Further study in this area will enable pharmacists to better understand how best to translate disease and drug information into information that patients will understand and act upon. What is clear is that individualized patient education, such as that provided by Marie Craig, can be very effective in helping patients to "acquire a self-managing competence,"<sup>11</sup> allowing them to make informed decisions on their drug therapy in collaboration with their health care providers.



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**Lalitha Raman-Wilms**, BSc(Phm), PharmD, FCSHP, is an Associate Professor and Director, Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Ontario. She is also an Associate Editor for *CJHP*.

### Address correspondence to:

Dr Lalitha Raman-Wilms  
Leslie Dan Faculty of Pharmacy  
University of Toronto  
144 College Street  
Toronto ON  
M5S 3M2

**e-mail:** [l.raman.wilms.a@utoronto.ca](mailto:l.raman.wilms.a@utoronto.ca)

## ON THE FRONT COVER

### Cobequid Community Health Centre, Lower Sackville, Nova Scotia

Cobequid Community Health Centre, located in Lower Sackville, Nova Scotia, is part of Capital Health, the health authority for Halifax and



the surrounding area. It is often referred to as “the hospital without beds” because it has no in-hospital beds. Instead, it offers a free-standing emergency department and a host of diagnostic services and ambulatory clinics, for a wide variety of disciplines, including cardiology, diabetes, respiratory, urology, and mental health. This community facility provides care for both pediatric and adult patients between 0700 and 2200 every day of the year. Patients needing further treatment (i.e., not well enough to go home directly from Cobequid or perhaps needing a specialty consult) are transferred to the Halifax Infirmary,

the IWK Health Centre, or one of the other hospitals in Capital Health.

Like most community health centres, Cobequid does not have on-site pharmacy staff. However, staff in the Capital Health Department of Pharmacy, located at the tertiary care hospital (the Halifax Infirmary), use a medication and supply management system to provide needed medications to patients at the community health centre. The Cobequid Community Health Centre is connected to other Capital Health facilities through a computer system that provides access to medical records, electrocardiograms, radiographs, discharge summaries, laboratory results, and other patient information, all of which is helpful in providing the best care possible.

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