

“The Most Invisible Part of Health Care”

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At the February 2001 Professional Practice Conference of the CSHP, André Picard, a health reporter for *The Globe and Mail*, used the phrase appearing in the title of this editorial to describe pharmacy and, by extension, our own segment of the profession, hospital pharmacy. He based his assessment on a review of the newspaper's archives for the past 25 years, where he found only 3 references to pharmacists or hospital pharmacists. One reporter's comment, based on a survey of one newspaper. Maybe I shouldn't get so excited about it . . . yet I have had the same perception for years while reading about drug-related and health care issues in the papers: rarely have I seen any reference to the profession as a whole, let alone hospital pharmacy. At most, we might be considered one of the “other health care professions”. Still more evidence of this relative invisibility appeared in a recent editorial in the same newspaper.¹ The editorial's title, “Collecting Drug Reports Would Save Lives”, sprang from a coroner's inquest into the role of cisapride in the death of a patient. I counted the number of references to pharmacists and physicians in the editorial, and the physicians won, 4 to 1. If we can't get at least equal billing to physicians in an editorial about drug reactions and the reporting of such reactions, then maybe there is some truth to Mr. Picard's description. Why are we “invisible”? Is it that important that we don't have a high profile? How can we overcome this label?

Why are we “invisible”? By our very nature, in my opinion, we are modest professionals who neither seek out publicity nor feel completely comfortable with it when it does come our way. We are used to working “in the shadows”, supporting other health care professionals. Only now are we starting to practise pharmaceutical care, an important improvement in patient care that should also make us more visible. In contrast, physicians and nurses have a long history of direct patient care. When people are unwell, they expect to be cared for by physicians and nurses. In addition, each of these 2 professions has a critical mass of practitioners whose voices are heard through their equally large professional associations and unions. Furthermore, the

medical profession has developed several highly visible but also very beneficial organizations associated with humanitarian causes, including Physicians Without Borders (Médecins sans frontières) and International Physicians for the Prevention of Nuclear War. Medical journals are peppered with articles dealing with broad social but not strictly health-related issues, such as gun control, topics that tend to get attention from the media.

Is it that important that we don't have a high profile? As a profession, we must think so. The annual Pharmacy Awareness Week is one example of our attempts to change the situation. A primary reason for doing so is to enhance the respect and progress of our profession through positive visibility to the public, governments, and other health care professions. In this regard, our “invisibility” in several areas has implications for our development as a profession:

- The shortages and migration of physicians and nurses are frequently mentioned by the media, but the shortage of pharmacists, including hospital pharmacists,^{2,3} generally goes unnoticed.
- In discussions and debates about who else besides physicians and dentists should be allowed to prescribe drugs, nurse practitioners are mentioned frequently and in fact have been given that responsibility, albeit in a somewhat restricted capacity. However, I don't recall pharmacists being considered or even mentioned in either the lay media or the nonpharmacy professional literature for a function that seems a natural, indeed obvious, extension of our education and training.
- Those developing Canadian emergency contraception programs seem, to me at least, to be proceeding very slowly and cautiously toward giving some responsibility to pharmacists. However, given the urgency of the clinical situation and the relative safety of the short course of medication, I wonder why the regulatory bodies did not give pharmacists the authority to prescribe these products during initial discussion and development of the programs.
- Research conducted by pharmacists does not have the visibility it deserves. For example, 2 Canadian studies on the insufficient stocking of antidotes by



hospital pharmacies have been published recently, one in this journal⁴ and one in a medical journal.⁵ Widespread media coverage was given only to the one published in the *Canadian Medical Association Journal*.⁵

There has been, I think, a negative price to pay for this invisibility. It reflects either a low expectation of pharmacy services on the part of the media and the public or their narrow perception of our role.

How can we overcome this label? On an individual basis, we should all make a greater effort to be more visible to patients and other health care professionals in the provision of care and in all other functions of our jobs. Personally, I try to make sure that patients know I am a pharmacist; however, a recent Australian study found that 14% of patients were unaware that a pharmacist had spoken to them.⁶ The challenges faced by our profession as we try to increase the resources available for pharmaceutical care need to be delineated in understandable but more forceful terms to all stakeholders. When the media are covering issues related to drug therapy they need to hear from us. If they do not seek our opinions initially, then we must at least respond in follow-up correspondence when appropriate. Pharmacy-generated research with broad implications should be submitted to major journals that are scanned by the media, and pharmacy journals should alert the media to any high-impact research that they are publishing. As a profession, we must become better acquainted with and more involved in some of the broad social issues affecting us all.

An increase in positive visibility could lead to recognition of our vision for the role of the pharmacist in health care, now and in the future. The profession's

visibility has increased over the past several decades, but the examples I have cited attest to the need for further improvement. We cannot afford to remain "invisible"—the price is too high. Let's get visible!

References

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