

# THE ANNALS: 40-YEAR EVOLUTION

2006 marks the 40th year of publication for *The Annals*. Over that time, *The Annals* has been an important contributor to the development of clinical pharmacy. Throughout 2006, we are publishing articles reflecting on the history of clinical pharmacy through the eyes of practitioners, including those pioneering clinical pharmacy, as well as those who have more recently entered the profession and a well-established specialty. In addition, we are also presenting articles and editorials from the early history of *The Annals* that have given direction and shape to the practice of clinical pharmacy (see page 1857).

## Role of the Pharmacist in the Community: From Corner Drug Store to Corner Pharmacy in 40 Years with Friends Like Harvey

J Daniel Robinson

During the summer of '55, I loved to catch baseball, “frog gig,” throw water balloons, and ride my bike into downtown Tifton. It was a sleepy little college town in South Georgia where everyone met on hot days at the corner inside Tift County Drug Company—an intriguing name for a bustling place that caught my imagination as I sat with other so-called “Drug Store Cowboys,” sipped on the most delicious cherry milk shakes, and peeked over the counter in the back at Doc Grimes mixing up some potion of sorts. I fell in love with pharmacy that summer, mostly because it was cool inside, all the pretty girls seemed to hang out there, and Doc Grimes and Doctor Doss seemed to be the most admired men in town. Everyone came by to seek their advice. It seemed as though no one went to a physician; rather, they would come in to town and say, “I’ve got to get back to my tobacco patch and my beans. You got anything to treat this thing growing on my leg?” Many of the ladies inquired as to when they could bring their children to Doctor Doss’ renowned Sunday school class. These doctors seemed not only to mend bodies but to mend souls as well.

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A sultry destiny settled into the summer of 1964 as I found myself behind the soda fountain at lunchtime making all kinds of milk shakes for the pretty girls. The remainder of the time, I enjoyed making up exotic concoctions of “Dr. Robley Smith’s Belly Wash” and cocoa butter suppositories. In the late afternoons, I even got to deliver the prescriptions to the patients’ homes. What a deal! They paid me \$25 a week to actually talk with all of the patients about these “mystery drugs.” I perceived the patient’s concept of the role of pharmacist to be that of mystical compounder of fancy medications who was always willing to answer patients’ questions and share wisdom about health and drugs. It seemed as though the terms “pharmacist” and “personal service” went hand in hand. In fact, my first assignment in pharmacy by my mentor was to learn the names of every patient, not the names of the drugs.

In 1969, I graduated from the University of Georgia with a 5 year BSP Pharm degree and the 1 year internship requirement complete. My first job was to “be the pharmacist” for Ms. Bailey, whose husband had recently passed away. What a shock! This profession for which I had worked so hard to become a member had somehow left my dreams. Here I was, not doing any of the interesting things anymore. I was counting tablets and capsules from a manufacturer’s bottle and placing them into a vial, typing a label, and “worrying with” Medicaid and insurance forms

that I did not understand. To be perfectly honest, I went through some very dark searching times about the choice I had made for a career.

## Mentors

While serving in Vietnam, I realized 2 things: patients didn't understand how to take medications, and I didn't know much about how to use drugs clinically. I returned to the University of Georgia graduate school and began working part-time for Hodson's Pharmacy near campus. Doc Hodson had a soda fountain with high-back booths where he sat counseling patients about their meds. His staff pharmacist along with pharmacy students filled prescriptions and brought them out to him and the patient, along with a medication history card. My faith in community pharmacy was restored. I soon discovered that graduate school was not what I needed.

Harvey Whitney Jr was currently the director of the University of Cincinnati PharmD program, one of only 2 such programs east of California. After he took a chance on me, I realized firsthand how important mentoring is to our profession. His father, Harvey Whitney Sr, is credited as being the father of hospital pharmacy at the University of Michigan. Among the many students he influenced was a young Don Francke, who is credited as being the father of clinical pharmacy. Dr. Francke founded the PharmD program in Cincinnati as well as *Drug Intelligence*, the journal that would later become *The Annals of Pharmacotherapy*.

Harvey Whitney Jr has often told me what a great influence both his dad and Don Francke were on his life. People often ask me, "What is the definition of a mentor?" since I am involved with a mentoring program. Rather than trying to define it, I tell them that, throughout my career, Harvey has held my career in his heart. I know that because he often calls me and asks me 2 important questions: "How is your professional life?" and "How is your spiritual life?" Clinical pharmacy began because pharmacists like Don Francke and Harvey Whitney Jr, through their personal leadership and writings, instilled in our generation of pharmacists a sense of caring about the outcome of a patient. We learned how to find out everything we could about our patients' health and drug history and then help improve their therapy. The mistake we made was in assuming that people would eventually pay us for these services without setting up elaborate studies to prove the value of them. We were doing the right thing for the patients; however, patients came to expect nothing less from a pharmacist. Patients were already paying an increasing amount for their medications, and pharmacists were not being reimbursed separately for these clinical services. When surveys began to be taken about the most admired professions, pharmacists were consistently at the top of the list.

## The Care in Pharmaceutical Care

Over the past 25 years, there have been many studies to verify the cost effectiveness of clinical pharmacy services. During this time, the definition and focus of the services have been refined and relabeled by pharmaceutical health care administration research scientists, particularly Doug Hepler and Linda Strand. Many of these researchers, like my friend Rich Segal, have helped those practicing their clinical skills to better document the value of their services to inpatients and to patients in ambulatory settings. If this had been done from the beginning of pharmacy practice, I feel we would currently be receiving better reimbursement for pharmaceutical care.

There are several reasons why pharmacy is such an admired profession. First, pharmacists have always had the reputation of being willing to provide personal services without starting a clock ticking in terms of fees. Pharmacists are available at unusual hours to put the patient's needs first. They have always been trusted to provide patients with life-saving medications that have been checked properly for accuracy.

However, I think there are 2 additional very important reasons why patients will probably be willing to reimburse pharmacists for their pharmaceutical care services. Pharmacists care in 2 ways about their patients and always have. This is what I saw in Doctor Doss over 40 years ago, it is what I admired most in Harvey Whitney Jr, and it is what was modeled for me the last 25 years by my mentors at the University of Florida, former Dean Michael Schwartz and Pharmacy Practice Chair Ron Stewart. Ron Stewart's quiet, humble leadership has mentored literally thousands of pharmacists in Florida over the years. He was my first mentor at the University of Florida. I have been blessed to have had several of the best mentors in our profession. It is what I see in the eyes of our chair, Julie Johnson, our associate chair, Larry Lopez, and in students and pharmacists everywhere.

Pharmacists provide good, quality pharmacotherapeutic care, which means that the pharmacist makes sure the patient is getting the right drug, at the right time, in the right dose and that there are no other drugs creating a problem for reaching a good outcome. Secondly, pharmacists actually care enough to follow-up with their patients and make sure that they experience the desired therapeutic outcome. This is the image that patients have about pharmacy as a profession: we are real people practicing our profession who care about our patients as if they were members of our own family. We must never delegate this to an institution, for such caring can never be accomplished by an institution. The recent tragedy in New Orleans and Mississippi demonstrates that individual responsibility for doing the right thing cannot be delegated to institutions.

## Rounding the Corner

Everywhere you look, it seems that a new “corner store” is appearing along the landscape across America. It is a different breed of store, with “drive-through shopping.” Rather than containing a soda fountain, these stores offer drinks and food that are found in coolers. The charm of the high-back booths is gone; however, many pharmacies do have counseling areas for specialty products and home-monitoring products for diabetes, blood pressure, cholesterol, ovulation/pregnancy, international normalized ratio, and bone density. Clerks and technicians are still handing the filled prescriptions to the patients and asking them whether they have any questions for the pharmacist. As in medical and dental care, professionals provide the care directly to the patient, and support personnel take care of charging the patient. Pharmacists must create a workflow to provide the information and the medications to the patient after the support staff charge the patient. When this happens, our profession will have come full circle back to where we need to be, interacting directly with patients each and every time they visit our pharmacy.

January 2006 ushered in a new era. Our profession’s leadership has fought long and hard for pharmacists to be reimbursed for improving the way Medicare patients use

medications. If the rate of growth in the cost of health for this group of patients is reduced by pharmacists, it will quickly catch the attention of younger patients and their insurers. This represents a wonderful opportunity for Americans to fully grasp the value that pharmacists bring to protecting their health. This value has been perceived among most Americans; however, Medicare Part D recipients can document it in very tangible terms of cost and quality of care.

Over the past 40 years, *The Annals of Pharmacotherapy* has grown and prospered under the vision and leadership of Harvey Whitney in continuing the development of clinical pharmacy. Over the past 2 years, Harvey has fully recovered from necrotizing fasciitis with the modern medical and pharmaceutical care only dreamed about by his father from those early days in Michigan. So many of us across America have benefited from his professional and spiritual mentoring and, because of that recovery, those benefits will be maintained. May God continue to bless *The Annals* for the next 40 exciting years, and may it document many reasons why the public continues to hold clinical pharmacy professionals in high regard.

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