EDITORIAL

by DON E. FRANCKE

THE CLINICAL PHARMACIST

ONE OF THE MOST DRAMATIC EVENTS in pharmacy in recent decades is the emerging role of the hospital pharmacist as a member of the health team practicing in the patient care area. The origins of this new role have come from both inside and outside pharmacy. Within the profession, young pharmacists with an educational background of from five to six years at a university have become impatient with the role of being primarily a dispenser of drugs and have sought a closer involvement with the physician and the nurse in direct patient care. Simultaneously, developments in unit-dose packaging together with those of centralized and decentralized unit-dose dispensing have made even pharmacists see that their major contribution to patient care must take some form other than the dispensing of prepackaged, prelabeled drugs.

Outside pharmacy, two factors have been influential in bringing about an expanded role for the pharmacist. The increased potency and complexity of modern drugs and the growing awareness of their propensity to cause adverse reactions have made both nurses and physicians willing and eager to accept help from the pharmacist. In addition, the chronic shortage of physicians and nurses has made efforts of pharmacists to expand their role in health care eagerly sought and heartily welcomed by health administrators in all fields.

The most conservative estimate of the need for physicians is that required to hold the level of 153 physicians per 100,000 population, the national ratio in 1965.[1] Even by expanding the nation's 85 medical and 5 osteopathic schools and by constructing 12 to 15 new schools, this ratio cannot be maintained in 1975, if the population reaches a predicted 232,221,000, without the licensing of graduates of foreign medical schools. In 1964, 390,400 nurses were employed in hospitals and related institutions whereas about 520,000 will be required by 1970.[2] It is interesting that only 7.1 percent of the 117,400 pharmacists are classified by census data as being engaged in health services.[3] Pharmacists represent a great national health resource which is now virtually untapped, with many whose skills in health areas are not being utilized.

It is doubtful that ever again we will be able to train enough physicians and nurses to do the things they now do. Rather, the education and training of physicians, pharmacists, and nurses must be coodinated and integrated. There must be greater insight and knowledge as to the capabilities of the other person, and each profession must be encouraged to contribute to patient care to its utmost ability. Pharmacists must learn the vocabulary of the physician and the nurse and be able to dicuss the condition, the needs, and the response of the patient easily with them. This, and other needs, will require a different pattern of pharmaceutical education.

The United States is almost the last of the developed countries to adopt governmental support of medical care. While this support is only partial now, few doubt that it will expand; in fact, numerous bills are pending in the Congress to expand the support. America is also one of the few developed countries of the world which do not train pharmacy technicians. Although pharmacy technicians are widely used in hospitals, their training is left to the individual hospital. Pharmacy, as other health professions, must be prepared to spin off some of its tasks to others who can be trained to perform them well under proper supervision, retaining responsibility for those matters requiring professional judgment. This need should be recognized by the profession and steps taken to create a subprofessional group of hospital pharmacy technicians, with proper training, to work under the supervision of pharmacists.

The role of the clinical pharmacist is only now being developed. Certain aspects of this role are discussed by William E. Smith in this issue of DRUG INTELLIGENCE, beginning on page 244. In September, Dr. Joe Smith and Andrew T. Canada, Jr. of the Jefferson Medical College and Medical Center, will discuss another aspect in their article, "The Role of the Pharmacist in Drug Surveillance." The clinical pharmacist will gradually evolve and develop into one of the specialists of hospital pharmacy, practicing in an interdisciplinary setting along with the physician and nurse in close proximity to the patient. This development should be welcomed and encouraged by all pharmacists. At the same time they must recognize that the clinical pharmacist is only one of the specialists of hospital pharmacy and that the others do not lose their importance because of this development.

1. National Commission on Community Health Services: *Health Manpower, Action to Meet Community Needs.* Report of the Task Force on Health Manpower, Public Affairs Press, Washington, D.C. 1967, page 46.
2. *Ibid*: page 50
3. *Ibid*: page 30

See also page 325. Published Online, 13 Feb 2007, *www.theannals.com*, DOI 10.1345/aph.140054
Originally published in *Drug Intelligence* 1967;1:243.