Pharmacists

"Pharmacists pitch cure for ailing health care budgets," read the front page headline of our local daily newspaper. The article that followed summarized the BC Pharmacy Association's (BCPA's) proposal to government on "staking out a bigger role in health care." They plan to build on their experience administering 200 000 flu shots in the last year and dispensing emergency contraception without a prescription. Pharmacists claim they would save the health care system tens of millions of dollars if they could deal with some simple problems such as headaches, heartburn, insect bites, back pain, diaper rash, and nasal congestion. They also offer to play a bigger role in smoking cessation and in the management of chronic diseases like diabetes and asthma. The BCPA states its members would require extra training to properly diagnose and treat people. They also feel that there would be no financial incentive for pharmacists to prescribe during these minor ailment visits. Lastly, they state they would be helping us overburdened family physicians by lightening our caseloads.

Interestingly, the article makes no mention of whether the pharmacists' current programs are cost effective or beneficial. I am curious to know if a larger proportion of the provincial population has received flu shots since the pharmacists have been administering them or if less money overall was spent on these immunizations. Also, are more patients currently likely to receive emergency contraception at a reduced cost to the system?

I am also curious as to what extra training the pharmacists are going to receive so that they can properly take a history, perform an adequate clinical exam, and come up with a differential diagnosis. Are they going to start performing fundoscopy for headaches or cardiac auscultation to assess a possible cardiac problem masking as heartburn? Are they going to start ordering basic tests such as urine analysis to look for kidney problems posing as back pain, blood work to rule out multiple myeloma, or an ECG to look for myocardial ischemia? Last time I checked, the extra training required is already available and it is called medical school.

Does the BCPA really think there isn't a financial incentive for pharmacists to prescribe medication when dealing with these minor ailments when many pharmacists have a financial stake in the pharmacies in which they work?

I am very appreciative of my pharmacy colleagues' desire to lighten my load and make my life easier by dealing with these minor ailments and chronic diseases. I feel I should return the favor and show my gratitude by starting a small dispensary in my office. I will fill prescriptions for my exiting patients thereby reducing the workload for my busy pharmacy colleagues. I will only do this for the majority of patients with straightforward needs as this will leave the more complicated and time-consuming patients better suited to the pharmacist's expertise—it is the least I can do.

—DRR

Leaving home

I learned to be a doctor in hospitals. For my generation, there was none of today's going out into the community to see what it's like—the patients came to us and our superiors told us what to do. So when I became a doctor, like many of my colleagues I stayed in the hospital. And stayed.

That was it until the end of last year, when I ventured out into the real world (or the "dark side," as hospital-based purists see it). Seeing patients in a setting other than a hospital took some adjustment, because the hospital environment leads to a singular way of doing things. But after the adjustment, it became clear that there are advantages to working in a free-standing unit (and no, Dr Brian Day had nothing to do with this epiphany). My observations have been made previously by others, and naturally there is a tendency to view the new environment through rose-colored glasses, but I still like what I have seen. Here are some of the things I have concluded:

A hospital is a hospital, and anywhere else is not

The most frequent comment from patients who have come with me out of the hospital is "Wow, this is nice!" The environment can be whatever you want it to be in the outside world, with the views and decor that we all like, whereas the hospital environment arises from what the budget and the administration allow. Hospitals must guard against the greatest possible threats, such as superbugs and physical violence, whereas a private unit is unlikely to face these threats. The point of a hospital is the provision of serious care, but it must also concern itself with the administration of complex programs. Outside the hospital the patient is the point.

A hospital is a department store; a private office is a mom-and-pop operation

While practising in a hospital meant that most required services were available within the facility, being outside means that not everything comes immediately to hand. Hospitals have specific people to do specific jobs, but in a private unit it helps to be generally capable. I understand and respect the need for unions—a big organization can't function efficiently without them—but there is something attractive about having whoever is first on the scene fixing the problem. It certainly helps keep morale high.

Institutional pride is one thing; pride in personal accomplishment is another

Having a place in an institution or corporation with a reputation for excellence instils a feeling of pride, but it is not the same as the pride that comes from unique personal accomplishment. Both are desirable, but the former relies on the performance of many people and the systems that make them function together. The latter won't attract as much attention, but the feeling of reward is more intense. Building a practice or unit from scratch, and then establishing a reputation for excellence in that practice or unit, is about as rewarding as it gets in the business of medicine.

I'm excited to be in my new location, and I am astonished by the all-round capabilities and cheerfulness of all who work there. The continued presence of trainees is a link back to the hospital and keeps me on my toes. Of course, medical practice in any location has its business side, so naturally I have always listened to what politicians say and I read the financial pages closely. But since leaving home I am paying more attention, especially to the politicians. I can confirm that there are clinicians in both hospital-based and independent practice who strain to do their best with the resources they have, and do an outstanding job. And, as has been said before, each group thinks that the other has it easier. Of course, they're right.

—TCR