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THE ROLE OF PHARMACY IN HEALTH CARE PLANNING

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Health care planning calls for a comprehensive method for the delivery of health care. It has been suggested that this method should include the following elements,

1) Primary Health Care
2) Health Maintenance Organizations
3) Professional and public control.

Efforts have also been made to define comprehensive health care thus, the form of health care which provides to the public preventive care, hospital care, medical, surgical and nursing care and social services and any other care or service that is related to the total health of the individual. One should therefore plan a comprehensive health-care system in order to have an effective delivery system.

Pharmacy has, over the years, been playing a traditional role. Lofholm (1972) commented that the traditional pharmacist's role is the storekeeper of drugs for the community. He then went on to state that the concept was based on the inherent nature of drugs, i.e. the public has had to obtain medication on the prescription of a physician, due to the dangers of self diagnosis and self treatment. It has also been recognised that the pharmacist is expected to prepare extemporaneously those pharmaceuticals which are not commercially available or are too unstable to be prepared by the manufacturer in the ready-to-use state. In addition to all these, the pharmacist assures the safety and purity of a prescribed drug and its dose for the patient. Consequently, the pharmacist, by tradition, individualizes the prescription to meet the needs of the patient and to satisfy the requirements of the law and provides an adequate inventory of pharmaceuticals to meet the prescribers needs.

If a comprehensive health care is planned the pharmacist who is seen as a custodian of the safe use of drugs must re-examine his role. The pharmacist should see his role, primarily, as one that ensures the use of drugs in the manner conducive to **optimal benefit** and **safety**. How does he challenge himself with this role and how well can he play this role? Various factors will definitely affect the optimal benefit and safety in the use of drugs, highlight of these are:

self-medication,
patient non-compliance,
patient's attitudes etc.

Pharmacy and Pharmacists:

Pharmacy and Pharmacists should play a role in the provision of primary medical care. This function has become increasingly important in our own environment and situation where the health of an individual would not be maintained in a normal state by virtue of easy access to a medical team whose expertise lay in the field of preventive medicine.

Factors affecting optimal delivery:

If we take the point of view of the patient; it is recognised that not all illnesses are serious and not all minor illnesses require treatment with medicines but in the case of those which do, e.g. occasional headache, indigestion, constipation; the sufferer feels that he should have immediate access to treatment and symptomatic relief. This patient should, at the same time, be guided in his choice of treatment by a qualified expert. Indeed one who has no financial interest in any particular brand of medicines and whose advice is biased only in favour of the patient. It has been stated by Edwards **et al** (1975) that self treatment of recognised, self-limiting symptoms is relatively straightforward and safe, but many patients need **guidance** about the most suitable medicine to take and for this they frequently turn to the pharmacist. Elliot (1974) indicated that over 60% of people treat their ailments by means of self medication. Self medication is therefore widespread and helps, in a way, to ease the burden on medical services. Consequently, the pharmacist, by virtue of his training, experience and accessibility, acts as a filler between patients, and physicians in some cases. The responsible pharmacist may, in some cases, see cause for concern in symptoms regarded by the patient as simple and thus advise seeing a doctor. Pharmacists in pharmacies can offer a great deal of advice upon minor medical matters which relieves the patient's anxiety. It is to be emphasised that, if self-medication is to continue, and we also accept that self-treatment represents an important aspect of medical care, the patient must be protected; from faulty diagnosis, from commercial exploitation, from potentially dangerous medicine, from inexpert and/or irresponsible suppliers, and from overdosage. 'Which?' magazine in October 1964 commented that self medication is part of the routine of living. It contented that most people resort to occassional self medication and that we all need to be able to relieve headaches, ease sore throats, counteract hangovers, disinfect boils or soothe insect bites without seeing a doctor. But it is essential that a knowledge of the contents and the true function of the medicine being used is obtained.

Consequently for optimal benefit from use of drugs, as reflected in self-medication, some problems which came into the primary care of health delivery are identified; Need to have well defined criteria for acceptable ingredients formulations, therapeutic limitations and directions for use are required in respect of the main classes of over-the-counter preparations. Godding (1975) suggested that these are basic requirements which need the collaboration of doctors, pharmacists and health administrators.

Problems relating to self-medication may be tackled as a preventive measure and allied to self-medication are other factors affecting the effective and optimal use of drugs, such as, Health education Communication, Drug Information to primary and secondary drug users

and Control of Drug Distribution. In fact, patient's non-compliance to appropriate prescribed use of drugs can depend on health care planning, the resultant effect being the unavoidable loss in the benefit and safety in the use of drugs. The question may be asked, 'Does the patient understand how to take his medication, and if so, is he taking it according to the directions provided? This question can relate to both preventive and curative care. What then is the role of pharmacy in coping with such needs. It may have reflection on patients attitude, Salako and Adadevoh (1972) reported 60% failure rate by patients to take their drugs as exactly prescribed by the doctor and that 35% of patients described their prescriptions wrongly. There are factors which have been suggested to contribute to patient's non-compliance e.g.

a) Poor understanding of the instructions,
b) Multiple drug therapy,
c) Frequency of administration,
d) Duration of therapy,
e) Unpleasant taste of medication,
f) Waiting to see the physician or pharmacist,
g) Cost of medication,
h) Measurement of medication,
i) Patient may be asymptomatic or the symptoms subside,
j) Failure to comprehend the importance of therapy,
k) Adverse effects,
l) Illness.

If by the expression 'patient noncompliance' the patient appears to be at fault for the inappropriate use of medication we must accept that the responsibility for many cases of non-compliance could be directed at the physician and/or pharmacist for failing to give the patient adequate instructions or presenting them in manner he understands.

This possible failure highlights another level of participation which would provide for effective use of drugs for optimal benefit and safety—patient counselling. Direct patient involvement calls for understanding of patient behaviours and clinical pharmacy activities would enhance these desired reactions. There is the need to consider communication skills and health education in planning health care.

The effectiveness of communication must be seen to answer some of the questions the patient would be asking during use of drugs. We should note that the patient's decision to either continue or to terminate therapy is predicated on his perception of the consequencies of each decision. Generally, his perception of the consequences is based in part upon the sufficiency of information he has relative to those consequencies. The pharmacist may help insure patient compliance to a drug therapy regimen by providing information to persuade the patient that his most rational decision is to continue the full course of therapy. It has been suggested that patient counseling can be categorised into three types:-

1) Counseling with verba information,
2) Counseling with written information
and 3) Counseling with both verbal and written information.

Considering written information, these may be inadequate, however if the patient is illiterate or cannot read due to poor eye sight, verbal information in the vernacular may be used. Salako and Adadevoh (1972) reported that in their study instructions were in English and Yoruba which was the most popularly spoken Nigerian Language in the environment. The workers went on to comment that the fact needs to be stressed since the study revealed that of the 191 illiterate patients (64% of the whole study group), 152 had literate persons in their household whom they could consult for an explanation of the instructions on drug containers. It was pointed out that most patients customarily seek such advice and it contributes to a huge extent to reducing the rate of misunderstanding of prescriptions.

There is no doubt that in order to give adequate counseling on drugs one must be able to have appropriate information on the drugs and as such in approaching an effective health care delivery one must ask Pharmacy to provide adequate Drug Information Centres or information retrivial sources.

CONCLUSION

It is obvious that pharmacy has to go beyond its traditional role for effective health-care planning. The challenges which highlight this new role reflect very strongly on involved participation on Primary Health Care, Health Education, and Control on Drugs. In general, the pharmacist will have to be more involved with patients in order to be effective in his new role.

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