

## A NOTE ON OPEN PRESCRIPTION DEPARTMENTS.\*

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The present trend toward visible prescription departments is perhaps one of the most hopeful signs of the reawakening of Pharmacy's professional pride. It is beginning to realize that it has professional obligations to itself as well as to the physician and his patient.

Pharmacists are beginning to realize that a more professional atmosphere in the store goes far toward increasing his prestige and business.

It is hoped that the trend toward the visible prescription department becomes more wide-spread, but it is a move that must be considered carefully before it is undertaken.

As no two locations are identical the pharmacist must make his own decisions as to the probable advantages to be derived from an open department. The following are a few of the things he may do well to consider before making his decision.

As the primary object of the drug store is the filling of doctor's prescriptions, the opinion of the local physicians should be sought and their suggestions given serious thought. The good-will of the physician is one of the most potent factors in building a remunerative prescription practice and every effort should be made to secure his coöperation.

With this object in view the writer interviewed a number of our local physicians and they have been unanimous in their disapproval of a department in which it was possible to see the different ingredients that enter in the finished prescription.

At this point it would be well to add a word about the meaning of the term "visible prescription department." As the writer understands the term it means a department where the customer can see the top of the work-bench on which the prescription is being prepared and is able to follow every move the pharmacist makes and see the different ingredients that go to fill the prescription. Of course if the department is one in which the customer can only see the head and shoulders of the pharmacist, the following objections do not hold.

In the recent "Prescription Ingredient Survey" a tabulation of the number of ingredients in the average prescription showed that between 41.4% and 46.8% of all prescriptions studied contained only one ingredient and from 60% to 72.7% had no more than two ingredients. The average for all prescriptions studied was 2.29%.

It can readily be seen from this report that the filling of the greater number of prescriptions consists chiefly of pouring from one bottle to another, or possibly adding a salt to a liquid or mixing two liquids. Of course the care and ability necessary in compounding the ingredients in the first place does not enter into the consideration of the customer when he sees the actual filling of the prescription. Unless the patron understands this the natural reaction of the customer will be one of resentment toward the prescriber for giving him a prescription so simple in its ultimate composition. The fact that the customer can see the ingredients in his prescription is the chief objection of the doctor. The next objection presented by the doctors was the tendency toward self-medication.

Another point that must be considered is that if the prescription calls for "a

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poison" to be used internally and the customer sees the label, it may engender an unwarranted fear in his mind—for to him "a poison" is a poison in any quantity.

Then again, every pharmacist has had the experience of a prescription "going wrong" and being forced to throw it away and start over again. To the initiated this has no particular significance but to the patient it may mean that the pharmacist was either lacking in ability or was careless in his work.

Of course, all of these factors may not enter into the consideration of those contemplating a change but the writer thinks they will all be well repaid if they interview their local physicians and give the other points careful thought before they make any changes. In the larger stores, where the prescriptions are received at a desk and the customer is unable to identify his own prescription in process of being dispensed, none of these objections may be serious.

As an alternative to the visible prescription department the writer offers the suggestion of a visible manufacturing department where the pharmacist can make up his pharmaceuticals. Seeing a pharmacist making one of the various types of pharmaceuticals would show the patron that there is more to pharmacy than selling stamps or wrapping packages.

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### THE PROFESSIONAL OUTLOOK.\*

BY L. M. KANTNER.

Several months ago, a gentleman who is deeply interested in professional pharmacy asked my opinion regarding the future of pharmacy. In reply I asked for his opinion on the subject. Rather dolefully we both shook our heads.

Somehow I am led to believe that the public appreciation of pharmacy has slumped. We can remember the long rows of glass-stoppered and glass-labeled bottles that were first encountered upon entering the drug store of a generation ago. The public really had a high appreciation of the professional phases of pharmacy in those days. The stores themselves seemed to radiate confidence, respectability and balance.

The change in the public reaction and the change in the drug stores are almost incredible when contrasted with the advances made in pharmacy as a whole. The educational system has made vast improvement. In earlier days, there were no legal requirements for pharmaceutical practice. Later, a specified number of years of experience was required in addition to passing a state board examination. High school training and college of pharmacy graduation came in due course. Finally, the college course has been increased from two years to four. In my opinion it can be truthfully said that pharmaceutical education is on a standard collegiate basis.

These magnificent advances came in response to the efforts of those who appreciated and understood the importance of pharmacy and the need for placing it on a sound educational foundation. It was accepted that to become a fully recognized profession sound educational training must be made a basic requirement.

Later, there developed another class of individuals who saw an opportunity to commercialize the advances pharmacy was making professionally. A deliberate

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\* Section on Practical Pharmacy and Dispensing, A. P. H. A., Washington meeting, 1934.