THE RELATION OF THE HOSPITAL PHARMACIST TO THE MEDICAL AND ADMINISTRATIVE CORPS.*

BY E. T. OLSEN, PH.G., M.D.[1]

In presenting this subject I do so with mingled feelings of regret and pleasure. Regret at being out of the active field of the practice of pharmacy, and pleasure at being permitted again, on practically the 25th anniversary of my receiving the degree of Ph.G. from the old Chicago College of Pharmacy, to associate intimately, if only for an evening, with my former teachers, classmates and fellows in pharmacy.

This subject is so broad and it presents so many aspects and conditions of interest for discussion, that I apologize for inevitable digressions from the strict path of my topic. In order to convey a better understanding of the situation generally, the following statements relative to hospitals and hospital administration are made.

Primarily the hospital is a business institution, and "Hospital Business" is "big business." Our hospital with only 150 beds represents an investment of about half a million dollars, and our expenditures last year were about $150,000.

Most hospitals are charitable institutions and are not conducted for profit in the sense that individuals or groups of individuals derive pecuniary benefit, in the form of cash or stock dividends, from their operation. Unlike any other business they operate with the advance knowledge that a greater or less percentage of their "production" will be given away to unknown "customers" every year.

The only function of a hospital is "the care of the sick" and all of our activities center around this one purpose. To properly care for the sick requires the coordination of many activities, each of which must be under constant competent supervision, with many subordinate employees—trained, in training, and untrained—and with final expert management, for we deal directly with life and death as the ultimate termination of our endeavors.

Not the least of these activities is the drug department or pharmacy, and yet it is one which, in many hospitals, has received less attention than it deserves.

For the purpose of this discussion, hospitals can be arbitrarily divided into three groups: (1) the large hospitals, many of which maintain dispensaries and are obliged to and do employ pharmacists; (2) the medium sized hospitals, a few of which employ pharmacists, and (3) the smaller hospitals which usually depend upon the superintendent of nurses, who is also the hospital superintendent, for the dispensing of medicines and the purchase and issue of simple drugs, and send the few prescriptions they may have to a neighboring druggist to be filled.

Many of the Catholic hospitals have a Sister, who is a graduate of pharmacy or who has had special training in this work, in charge of the pharmacy, and other institutions make arrangements with a local druggist for his services for a short period of time each day, for issuing drug supplies, making stock mixtures and filling prescriptions. The practice followed depends largely upon the volume of work involved and the expense entailed.

Until quite recently it has been customary to make no charge for most of the medicines furnished, excepting serums, salvarsan and other costly articles, but with

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the largely increased general cost of hospital maintenance, the increased cost of drugs and chemicals, and the greater demand for expert service of all kinds, I believe the hospitals generally are beginning to realize the necessity for having a qualified individual in charge of this department, and that a charge for medicines furnished is a legitimate expense to which all patients should be subjected. This additional revenue, therefore, helps to increase the general efficiency of the hospital and to make this department self-supporting—a very important factor in hospital administration.

The trouble with many apparently well conducted institutions is a lack of general efficiency in their conduct, and one of the besetting evils is the indiscriminate purchase and waste of supplies. This applies alike to government and civil hospitals, and I speak advisedly from an intimate knowledge of both classes of institutions based on an experience of over 20 years. I do not mean that the group of individuals comprising hospital employees or the department heads are incompetent. Neither do I mean that the patients do not receive good care; on the contrary, hospital employees are usually efficient, and the patients in practically all hospitals receive excellent care. I do mean, however, that this individual efficiency is not properly coördinated, all of which is evidenced by the financial balance sheet at the end of the year.

You say "what's the difference, the wealthy contributors to charity and the friends of these hospitals will make up the annual deficit." My reply is—they have done so in the past, and may continue to for some time, but they do not conduct their own business in that manner, and they will eventually insist that hospitals get on the same sane, sound basis.

One of the most important maxims of efficiency is "fixed duties and fixed responsibilities for all positions, with the coördination of individual efficiency into group efficiency."

A hospital administrator must be a versatile individual, but it is manifestly impossible for him to be an expert in all lines of business. Did any of you ever give his responsibilities a thought or stop to consider what a mass of well classified knowledge and information he must possess? He must have some general knowledge of law, of finance (banking and accounting), business administration and methods, medicine and surgery in all its branches, Roentgenology, pharmacy, nursing, building and construction work in all of its branches, engineering, painting, decorating and cleaning, household work, cooking in all of its divisions, laundering and laundry operation. He must also have a good general knowledge of the varieties and qualities of all kinds of general merchandise and the ability to purchase intelligently any or all of the articles used in hospitals, or which might be used in the construction, alteration or repair of a building, or its equipment.

Only few hospital administrators are medical men with any knowledge of pharmacy, and most of them are graduate nurses with no knowledge of pharmacy or any of its branches.

This brings us more directly to the hospital pharmacist.

To my mind the ideal hospital pharmacist—for a civil hospital—would be a man or woman of mature judgment, whose education in pharmacy had been supplemented by a sufficient experience in the drug business to insure competence in the purchase of drugs and chemicals and their preservation and care.

Your pharmacist is now equipped to accept a hospital position and to begin his postgraduate education. He must learn the drug needs of the institution, which are those of a household with from 100 to 500 sick members with many different ailments and all requiring more or less constant medication. He must make a study of the methods of the issue, handling and administration of drugs and medicines, with special attention to narcotics, for the purpose of insuring proper returns to his department for all items used.

He is now in a position to be of actual value to the institution and its administrative head. As the head of his department he becomes an assistant to the administrator of the hospital, to whom his loyalty must be unimpeachable. As such, he becomes responsible for the proper performance of all of the work of his department, he should act in advisory capacity in the purchase, and the regulation of purchases according to needs, or market conditions, of supplies for his department; he should seek to eliminate waste through various channels; eliminate the use of needless items, manufacture many preparations too frequently purchased, and in every way conduct the department as though it was his own business and upon which he was dependent for a livelihood.

As his acquaintance with the staff develops he will be consulted regarding matters connected with the medicinal treatment of patients—to a greater extent than pharmacists in the average drug store, and will eventually find himself acting (unconsciously) as an instructor in materia medica, pharmacy and the art of simple prescribing. He may, in addition, be called upon to lecture to student nurses on Materia Medica and Pharmacy, and to prepare reagents and solutions for other technical departments and the laboratories.

In some hospitals an opportunity to do some of the routine laboratory work may be developed. This, however, requires special training, is usually under other supervision, and is outside of the regular sphere of the pharmacist, whose time can be fully occupied by the work of his own department, if the hospital is large enough to employ him at all.

As the head of a department he is a member of the official hospital family. His social and fraternal relations with the administrator and his associates, and with the staff, will be in direct proportion to the dignity and efficiency with which his department is conducted and with the manner in which he conducts himself. Ability, personality and efficiency will usually receive from all sources the recognition it deserves.

To digress again for a moment—the question of education naturally comes up in connection with positions of this character—and it has recently become more acute, in connection with all the professions. Get this clearly—I am not opposed to higher education—I am strongly for it, but, I believe we are going too far in our preliminary requirements for admission to our professions, and that, as a result of our so-called raising of standards, we are creating classes of specialists who are too highly trained, and who are not only unwilling, but are also frequently unable, to do the routine work of their professions without highly specialized facilities and numerous assistants. At the same time we are, undoubtedly, preventing many ambitious young men and women of moderate means from making plans to enter a profession, who would serve the public in a capacity not filled by the specialist, and where the public is now lacking in service.

In conclusion, I believe the field for pharmacists in hospital work is large, and that it can be made better and greater. It should be especially attractive to the younger men and women to whom the sale of postage stamps, telephone slugs, candies, hair nets, etc., does not appeal, and for which their education is unnecessary. It should also be attractive to the older man who belongs to the "pre-lunch-counter-soft-drink drug store age," whose knowledge of pharmacy is an art and whose ideals eminently fit him for such a position.

COÖPERATING IN PHARMACY.*

BY HENRY B. SMITH.

A few years ago one of our presidents in his annual address to the American Pharmaceutical Association stated that every president had made many valuable suggestions for the benefit of pharmacy and pharmacists. Many of these ideas which required study and thought were referred to some committee, and then dropped into oblivion. The men who made the recommendations have had many and varied experiences in pharmaceutical matters and have the interests of the trade at heart. Some method should be found to have these many suggestions brought before Local Branches of the American Pharmaceutical Association for discussion, instruction and action.

The "tree" of pharmacy is a good old tree that has weathered many a storm. It has had many odd branches grafted on the original trunk, but it still lives and flourishes; keep the roots active and healthy and the branches and leaves will look after themselves. The roots are the local associations. A pharmacist should interest himself in his neighbors. So few recognize the power of the local organizations to regulate prices, hours of labor and many problems requiring coöperation.

A person purchases an established drug store. He immediately starts in to "stir up things"—new fixtures, new front—and rehabilitates the entire establishment—these things are very commendable and desirable. Then he starts to cut prices—there is where he makes the mistake.

Just as soon as he starts to cut, the trade in the entire district meets the cut and oftentimes goes lower. Consequently the public "laughs up its sleeve." Purchasing of goods sold at little or no profit to the retailer demoralizes the entire neighborhood for quite a period of time. There is where the local association comes to the rescue. In many localities a minimum schedule is adopted and service and personality are depended upon to increase the volume of business.

When we consider from best figures obtainable that the lowest average overhead of a retail drug store is 27.2% on the gross year's business, and if 50% of the business is of patented articles at 15% profit, not counting shelf warmers, a lot of work is being done without compensation or profit.

Many have tried the cutting game, and lost all they had and all the credit obtainable from manufacturers, jobbers and wholesalers, and then sell out. The local association tries to overcome these conditions. In many places stores have shorter hours and operate on the zone system, Sundays and holidays, usually four in a zone, one keeping open one in four Sundays and the other three stores exhibiting a sign directing people to the store open in that zone on that particular day.

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