

"A PROFESSIONAL DISPENSING PROBLEM."*

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It has been the writer's responsibility for several years to teach a course in "The Art of Compounding." A major part of this course is devoted to the study and discussion of the so-called incompatible prescription. Many of these prescriptions require special methods in filling, and, in many other instances, changes in quantities or ingredients, or both, are essential before dispensing would be permissible.

The usual texts and reference works on this subject have been consulted and each contains hundreds of combinations presenting difficulties in compounding, and some of them would be dangerous or even fatal if dispensed as written. Of course, it is our business to guard and protect the patient against these errors in prescribing. This is a grave responsibility the pharmacist has assumed. It is an important part of a student's training, and must be emphasized again and again.

From the time the course opens until the last day before final examinations the question is frequently asked: "What would you do in this case?" Students are referred to the discussions given in our leading textbooks and articles in the journals relative to this subject, and to a copy of the "Code of Ethics," as approved by the AMERICAN PHARMACEUTICAL ASSOCIATION. About all we can do to answer these questions is to point to the opinions of experts and give them the benefit of our personal experiences. It all seems quite clear, clean cut and precise, and looks fine in a nicely bound book, but somehow when we get out of the class room and a patient brings a prescription to us with an overdose or a badly incompatible mixture, the rules we learned do not seem to apply to our entire satisfaction. Of course we must call the doctor in regard to overdoses. That, as a rule, is not a difficult matter to handle. But what about the use of other non-active ingredients, or minor substitutions, that would correct an otherwise possible dangerous combination? We must, of course, secure the approval of the physician before any changes are made. That we have been taught from the very beginning of our pharmacy training, and should continue to emphasize the importance of carrying out the intentions of the physician in compounding his prescriptions.

Several druggists have been consulted in regard to this phase of dispensing. The majority of them are frank to admit that they have tried discussing such matters with the physician, but were never quite satisfied with the results. The inability of the doctor and the pharmacist to get together on this problem has resulted in an inferior type of service to the patient. Every dispensing pharmacist in America has probably sent prescriptions out that could easily have been improved upon with minor changes, and that did not represent their idea of professional dispensing. The pharmacist has learned, however, that repeated calls suggesting such changes lead to the loss of that physician's business. This the pharmacist cannot afford. Thus we have a condition in which the pharmacist is afraid to suggest or make improvements; the doctor, not knowing he is mak-

* Presented before the Section on Practical Pharmacy and Dispensing, A. Ph. A., New York meeting, 1937.

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ing errors in prescribing, continues to err, and the patient suffers whatever the ill effects may be.

At this point in compounding that badly written prescription, we should begin to think of the patient, and the first paragraph of the adopted Code of Ethics might be called to mind, which states: "Pharmacy has for its primary object the service which it can render to the public in safeguarding the handling, sale, compounding and dispensing of medical substances."

We try to instil in the minds of our young pharmacy graduates that pharmacy is an "Old and honorable profession." We try to instil in them the necessity of upholding the ethics of the profession. But somehow when he tries to uphold these ethics, he finds that a part of a legitimate business begins to slip away. He learns from experience that it does not pay financially to attempt to render the highest type of service to the patient when that service involves calling the physician.

We believe the doctor wants his patients to have the best possible service. We know the ethical pharmacist wants to cooperate, but, due to a gap in the relationship between the doctor and the pharmacist, it does not seem possible for them to get together and solve this problem. One reason, and probably the chief reason, for this is that the doctor is not keenly aware that such a problem exists and, due to keen competition, the pharmacist is afraid to bring such matters to his attention. We probably will all agree that, if the physician knew he was making errors, he would do all he could to correct them; but he does not know, and if he did, he has not had ample training in compounding to make corrections in all cases. The pharmacist is in a better position to solve this technical problem. The physician will undoubtedly concede us this point. Why, then, does the physician object to the criticism of his prescriptions? The answer might well be, that all pharmacists do not have sufficient knowledge to wisely advise the physician, and further they may not have those indispensable qualities, personality and tact, so necessary to discuss such matters.

Now suppose we had some way of conveying our ideas about ethical compounding to the medical profession in an undistorted manner, by some one outstanding enough to command the respect of the profession; by some one who could make them conscious of the problem, and by some one who could convince them of the financial advantage of correct prescribing, what would be their reaction? Certainly they would support any reasonable scheme that would improve both professions.

With the advent of our four-year course in pharmacy, the registered young pharmacist must have a better knowledge of chemistry and pharmacy than his older brothers, who only spent two years in college, or, perhaps, offered practical experience entirely as a prerequisite to taking the Board examination. The young pharmacist must then have a better appreciation of incompatibilities and the chemical changes that might take place in compounding. Assuming this is true, we should be in a position to-day to render a higher service to both the patient and the medical profession than ever before. Unfortunately, however, we seem to be unable to apply this improved training in a manner acceptable to our higher appreciation of professional pharmacy, for reasons already discussed.

Our graduates are encouraged by their employers to refrain from ever making the slightest change in a prescription. The young graduate soon begins to lose sight of the stress placed on this subject when in college. He begins to feel the

whole subject of incompatibilities is a theory that cannot be applied. Naturally a subject that is not used is soon forgotten. This point was very forcibly brought to our attention within recent weeks. A young honor graduate from a recognized four-year school reported that in filling some seven thousand prescriptions he could only recall one that was of such nature that he considered it necessary to call the physician. A survey had previously been made of his files, noting the prescriptions of one doctor for one year. Five different prescriptions were found that had been written a total of seventy-five times, containing incompatible chemicals that should have been referred to the physician for alterations. This did not include the refills.

One of the factors that has brought this condition about is the pharmacist's attempt to cultivate the friendship of the doctor, thereby securing his prescription business. While the friendship and the professional respect must be cultivated, the results of the present system are not satisfactory. This system has existed for a long time and no immediate signs of reform are in sight. Perhaps our improved educational standards have not been in effect long enough yet to realize the results we hope to obtain. Improved educational requirements will not directly solve this dispensing problem. Some encouraging signs that may eventually bring pharmacy up to a plane it rightfully deserves are, however, beginning to appear. These encouraging signs are in the nature of improved legislation in the several states, eliminating some of the cut-throat devices in competition. If this can be curbed, together with our improved educational status, pharmacists will organize and become more of a fraternal group than has ever existed before.

When this has been accomplished, and not before, the pharmacist may in a large measure correct one of the evils of his profession. As an example of one thing that might be done by organization that could not be done otherwise, incompatible prescriptions that need alteration could be referred to some outstanding pharmacist. His office might assume the title of "Bureau of Professional Dispensing Information." This office would criticize the prescriptions of any given physician, suggest improvements from a chemical and physical standpoint and return the copies and the criticisms to the physician. This office might also be delegated to offer its service in an advisory capacity to the physician, who might be interested in eliminating future incompatible prescriptions.

With some such system, the young pharmacist would be alert and on the watch for an opportunity to display his professional knowledge. There might be a tendency to go to the opposite extreme, but there would always be the intermediary pharmacist to check the overzealous and enthusiastic prescription clerk. The physician would soon learn to take advantage of this super prescription service and the patients would begin to experience a new era in their professional service.

OLIVER KAMM NAMED OFFICIAL OF RESEARCH INSTITUTE.

Oliver Kamm, scientific director of Parke, Davis & Co., has been named a member of the executive committee of the newly formed Industrial Research Institute.

Scientific research men from many fields of industry are represented in the Institute, which was formed to discuss common problems relating to laboratory organization and administration.