

A NEED FOR AN ASSOCIATION OF EXCLUSIVE PRESCRIPTION PHARMACISTS.*

BY A. L. MALMO.¹

The general trend of the drug business from the old apothecary shop, then to the ordinary drug store, followed by the chain store and now the cut-rating pine boards has about dropped Pharmacy to the depths of nowhere. The A. P. H. A., a splendid organization, has done its utmost to keep it aloft but the good ship Pharmacy is destined to sink unless help is offered soon. In recent years, in each issue of the leading pharmaceutical journals, articles have been appearing relative to professional pharmacy. Many new graduates are gravely concerned about their future. On entering the drug field, the professional atmosphere falls so very short of their expectations. For years they have been told that a druggist was more than a merchant, that his professional standing would be equal to that of his companion professions, namely, the medical and dental. In other words, he was proud to be a pharmacy student. On passing the State Board he is thrown into the whirlpool of competitive general merchandising. His hours are long and tedious; working nights, holidays and Sundays, he soon discovers that his chosen career is not as pretty as painted. This, added to the usual small salary the first few years, makes the average young man wonder what it is all about.

Fortunately, for those who are especially interested in Pharmacy and are professionally minded, there is an opportunity for them in either hospital or professional pharmacy work. Recognized hospitals are gradually becoming Pharmacy conscious. Their standards now provide for the pharmacy to be in charge of a registered pharmacist. This is a mighty important step as it not only provides employment for many men and women but it automatically places Pharmacy on a higher plane. The recent hospital pharmacist internship plan has placed young pharmacists in a splendid position to help Pharmacy. If these positions are held by representative professionally-minded young men, they can do a splendid job for Pharmacy by closely contacting medical internes in an effort to encourage and teach prescription writing.

In communities where these internships are now available and used, it would be a fine gesture on the part of the older professional pharmacist to aid the younger one by offering the benefit of his experience. If this were done throughout the nation, the younger generation of physicians would have a great deal more respect for our profession. The various hospital pharmacists' organizations throughout the country are doing a tremendous lot of work for Pharmacy and should be further encouraged by all employers of former hospital pharmacists who are still interested in that phase of our work. Their hospital experience is valuable to all professional pharmacists.

In the last twenty years or so, many pharmacists have been brave enough to enter the field of so-called "exclusive prescription pharmacists." The great majority have been quite successful and they are deserving of their success and position by their untiring efforts to promote professional pharmacy.

* Presented before the Conference of Professional Pharmacists, A. P. H. A., Atlanta meeting, 1939.

¹ Pharmacist, Duluth, Minn.

Now with the rapid increase of professional shops, I believe an association should be perfected, incorporating the highest ideals of standards known to Pharmacy, memberships to be limited to exclusive prescription stores which in turn will be strictly governed by a rigid Code of Ethics. The A. M. A., a successful and well-thought-of association, owes its success to its high ethical standards. Were it not for the strict enforcement of their national, state and local regulations they soon would be as unprofessional as many among the ranks of modern druggists. Picture, if you can, the position Pharmacy would enjoy to-day had a Code of Ethics been established and maintained when Pharmacy was in its infancy, and during succeeding years.

The A. M. A., recently, I understand, considered certifying a list of pharmacists, especially in the larger centers, as a protection for public health and A. M. A. member prescribers. Let us relieve the A. M. A. of this task and responsibility, or better yet, let us ask them for their assistance in setting our standards high enough to warrant certification or membership in a professional organization. Adopting their standards would automatically give us their seal of approval, which is really what we are seeking. Then it is up to us to live up to these ideals and, as we grow older, gain the respect of the entire medical profession.

The organization among other things should include the following in its Code of Ethics: (a) Having foremost in mind the matter of public health; (b) A registered pharmacist always in charge of the pharmacy; (c) Close coöperation with all allied professions, especially medical, by, 1, no counter prescribing; 2, discouraging self medication; 3, ethical advertising; 4, activities confined to prescription dispensing and sale of only physician, hospital and sick-room supplies; 5, members must be registered pharmacists owning own stores; 6, encourage the prescribing of more U. S. P. and N. F. preparations.

Discourage the prescribing of proprietaries, especially in the case where a manufacturer develops a certain chemical and then combines it with all other drugs and chemicals in the U. S. P., which not only makes the price prohibitive but encourages dispensing by many physicians or tends to make the trade name so common the physician often recommends the product and it often becomes an over-the-counter item. When a combination of drugs is necessary it is the job of the pharmacist to prepare the prescription and not have to purchase same from the manufacturer made in capsules or tablets in all pretty pastel shades.

The manufacturers have stayed awake nights competing with each other in an attempt to place the dispensing pharmacist in the rôle of a "pill and capsule counter" or a "liquid pourer out" from one bottle to another.

As an example of the above-mentioned prohibitive price, let us take a well-known capsule which consists of theobromine, potassium iodide and sodium salicylate. They cost us to dispense, including pharmacists' time, 82 cents for 125. The wholesale price is \$2.75.

Then, too, the manufacturer changes his size, color or general make-up of his preparation too often, necessitating an explanation to the patient which is not always accepted so willingly by the everlasting suspecting public.

Membership would be entitled to a certified professional pharmacy emblem, loaned to the pharmacist for duration of membership and to be returned upon request of board of governors when found guilty of violation of Code of Ethics. Em-

blems should be used on all advertising copy, labels, windows, stationery and delivery cars.

The public and medical profession are entitled to be certain their prescriptions are being filled by a registered pharmacist. This they can be assured of in any store bearing the above-mentioned emblem. Some state boards have not been as active as the law allows in apprehending many violators of pharmacy laws with the result that many more pharmacists are trying to conduct their stores without being covered with registered pharmacists. Pharmacy always suffers when this happens. An organization of this type can encourage pharmacists in other communities to throw out the commercial lines and practice Pharmacy as it was intended. Cities of 5000 or more can well support a professional pharmacy.

While most prescription shops enjoy a fine prescription business, there are still many physicians who do not quite appreciate the value of professional pharmacists and allow their prescriptions to fall where they may. They do not quite recognize, first of all, the professional interest imbued in professional pharmacists. Few appreciate the time and expense required in preparing the following:

Pharmaceutical library, professional and ethical advertising, professional co-operation, professional service, professional knowledge, and last but not least, professional ability.

The exclusive prescription stores which dispense the majority of the nation's prescriptions are entitled to more coöperation from the pharmaceutical manufacturers. There are too many duplications on the market and in many instances the prescription prices quoted by detail men are ridiculous. We should establish a reasonable mark-up and notify each manufacturer that it will be used. As it is, no two detail men now quote the same price in any city. Manufacturers should be told to put a stop price on their entire line to the Physicians and should be asked to stop selling direct to them. A National prescription price schedule should be formulated by a committee. We owe it to the public, the medical profession and ourselves to perfect an organization which will keep Pharmacy professional.

We should have the full support of all colleges of pharmacy, since they more or less hold the future of our profession in the palm of their hands. They should discourage all young men and women whom they believe not to be professionally minded from finishing pharmacy. It would take hours to enumerate the advantages of this organization. I have touched on only important factors. We have all to gain and nothing to lose by association.

I truthfully hope that an organization is started at this convention. I recommend that a committee be appointed to make a further study of this and be empowered to call another Conference of Professional Pharmacists if they deem it advisable, before the closing days of this fine meeting.

Vitamins are replacing sleeping medicines in the newest treatment of insomnia or sleeplessness, reported by Dr. Louis J. Karnosh, Western Reserve School of Medicine, Cleveland, according to the *Jour. A. M. A.* for September 30th. The vitamin treatment may, in fact, be looked on as a cure, since it attacks an underlying cause of the condition, whereas the sleeping medicines are palliative.