MARCH 1978
VOLUME 67 NUMBER 3

JOURNAL OF PHARMACEUTICAL SCIENCES

The *Journal of Pharmaceutical Sciences* is published monthly by the American Pharmaceutical Association at 2215 Constitution Ave., N.W., Washington, DC 20037. Second-class postage paid at Washington, D.C., and at additional mailing office.

All expressions of opinion and statements of supposed fact appearing in articles or editorials carried in this journal are published on the authority of the writer over whose name they appear and are not to be regarded as necessarily expressing the policies or views of the American Pharmaceutical Association.

Offices—Editorial, Advertising, and Subscription Offices: 2215 Constitution Ave., N.W., Washington, DC 20037. Printing Offices: 20th & Northampton Streets, Easton, PA 18042.

Annual Subscriptions—United States and foreign, industrial and government institutions $50, educational institutions $50, individuals *for personal use only* $30; single copies $5. All foreign subscriptions add $5 for postage. Subscription rates are subject to change without notice. Members of the American Pharmaceutical Association may elect to receive the *Journal of Pharmaceutical Sciences* as a part of their annual $70 (foreign $75) APhA membership dues.

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A PROFESSION IN TRANSITION

Pharmacy's present condition can be summed up rather cryptically: *It's a mess!*

But before our readers get unhappy with us for making this blunt assessment, we would hasten to point out that such a condition is not inherently bad or objectionable, provided that it is only temporary.

Let us explain it this way. Improvement in any program, activity, project, or what have you, requires some sort of change to occur. During that period in which the change is being implemented or effectuated, there is going to be disorder and disruption. To cite an example from everyday life, most of us at one time or another have decided that our living room would benefit from a different furniture arrangement. In going from one state of orderliness to another, we must endure a temporary and brief period when the room looks like a disaster area.

Consequently, if we agree that improvements are desirable in pharmacy education, practice, and regulation, then change is required and, in turn, that automatically means a degree of disorder.

Now let us take our analogy one step further. The rearrangement of the living room furniture will proceed successfully and happily only on two conditions. First, there must be some sort of advance "master plan" even if it is only very informal in nature; and second, there must be general agreement or concurrence on that master plan on the part of all the family members. Given these conditions—plus some muscle, some determination, and a couple of strong backs—the project will proceed to satisfactory completion with a minimum of disorder and inconvenience.

This brings us to the point of this editorial. From our perspective, we are not certain that the changes presently in process in pharmacy are following any distinct master plan or that they enjoy the support of a majority of people within the profession.

On the subject of regulation, we continually hear comments on the one hand that "there ought to be a law . . .," but at the same time we hear protests about all of the red tape, paperwork, and government interference. Some of our people advocate increased regulation at the federal level, some hold out for a resurgence of state regulation, and others want a return to voluntary self-regulation. Mandatory continuing education and mandatory patient medication records are only two issues about which there is sharply divided opinion as to the desirability of a regulatory approach.

With regard to the nature of pharmacy practice, we have an equally broad spectrum of apparent viewpoints. At one extreme, there are mail order pharmacies where the pharmacist performs only the dispensing function, working exclusively with drug products and having zero contact with the patient. At the other extreme, there are office-type practices in which certain pharmacists spend their entire time with the patient, taking drug histories, advising on drug compliance, monitoring therapeutic results, and so on, resulting in no immediate contact with drug products. In between there are all variations as to the proportion of patient contact or "clinical" involvement, and this holds in the institutional environment as well as the community environment. Pharmacists in some hospitals are still relegated to a corner in the basement, while in others they make daily rounds with the medical staff.

Turning to pharmacy education, we find an even greater diversity of opinion. One degree *versus* two degrees, four-year programs to six-year programs, internships *versus* externships, are just a few of the unsettled issues. At least as fundamental, if not more so, is the nature or thrust of the curriculum. Voices are heard advocating less emphasis on the basic sciences, while others argue for a return to basics; some voices urge more clinical exposure, while others say that the classroom should be emphasized; some that want more clinical training say it should be in an institutional environment, while others want more exposure in the community environment; and yet other voices are pushing for more or less business training, more or less courses in the humanities, more or less emphasis on communicative skills, and so on, seemingly *ad infinitum*.

Clearly, pharmacy needs to "get its act together" and settle on where it wants to go. Short of doing so, there will be further splintering and deterioration, perhaps to a point beyond retrieval.

This is not to say that responsible pharmacy organizations have been negligent in addressing these questions. On the contrary. The APhA policy committees and the House of Delegates have had some very spirited sessions in recent years wrestling with these controversial matters. The American Association of Colleges of Pharmacy has had some equally emotional sessions, and in late February conducted a special open hearing, inviting views from all interested segments on the subject of the types of pharmacy personnel necessary to meet society's needs.

Pharmacy in America is now at a point where its people must begin to arrive at some sort of consensus as to what pharmacy is; in turn, this means we need to reach general agreement on the issues of how pharmacists should be trained, how they should practice, and how they should be regulated.

We have already pulled all the pieces apart, and unless we begin the job of putting them back together—and pursue the task to its successful completion—we shall be inviting pharmacy's eventual demise. —EGF