

The Role of the Pharmacist in Self-Care and Self-Medication

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Acronyms

AESGP	Association Européenne de Spécialités Grand Public (The European Proprietary Medicines Manufacturers' Association)
DAP	Action Programme for Essential Drugs
FIP	Fédération International Pharmaceutique
HAI	Health Action International
IPF	International Pharmaceutical Federation
OTC	over-the-counter
PGEC	Pharmaceutical Group of the European Community
PMR	Patient Medical Record
WHA	World Health Assembly
WHO	World Health Organization
WSMI	World Self Medication Industry

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1. Introduction

This was the fourth in a series of consultative group meetings on the role of the pharmacist in the health care system organized by WHO in collaboration with the International Pharmaceutical Federation (FIP). Previous groups met in New Delhi (1988), Tokyo (1993), and Vancouver (1997), dealing with the role of the pharmacist, pharmaceutical care and preparing the future pharmacist, respectively. These meetings were held in response to WHO Revised Drug Strategy resolutions relating to the role of the pharmacist, notably the 1994 resolution WHA 47.12. This resolution recognizes the key role of pharmacists in public health and the use of medicines. It emphasizes their responsibility to provide informed and objective advice on medicines and their use, to promote the concept of pharmaceutical care, and to actively participate in illness prevention and health promotion.

This consultation brought together experts from around the world to express their views on the role of the pharmacist in self-care and self-medication. Its objectives were to:

- identify the main health problems and opportunities that can be addressed by self-care and self-medication in developed and developing countries;
- describe the scope of self-care and self-medication in the prevention and treatment of diseases, indicating their advantages and disadvantages or limits;
- identify the responsibilities and functions of pharmacists towards consumers, prescribers and manufacturers;
- define the key functions for community pharmacists in self-care and self-medication;
- identify the ethical and regulatory issues relating to the role of pharmacists in self-care and self-medication.

Good pharmacy practice

In 1992, FIP developed standards for pharmacy services entitled “Good pharmacy practice (GPP) in community and hospital pharmacy settings”, which have since been adopted and presented in a WHO document (WHO, 1996).

One of the four elements of good pharmacy practice addressed in this document covers activities associated with self-care, including advice about and, where appropriate, the supply of a medicine or other treatment for treating ailments that can be self-treated successfully.

In 1993, the charter of collaboration between the Pharmaceutical Group of the European Community (PGEC) and the European Proprietary Medicines Manufacturers' Association (AESGP) noted the following:

“The pharmacist is an adviser to the public on everyday health care and is a key figure in the supply and delivery of medicines to the consumer. He is a partner of the manufacturer of non-prescription medicines. Both share the common goals of service of high quality for the patient and encouragement of the rational use of medicines. The pharmacist in his professional capacity and in direct

contact with patients is competent to provide sound advice on the medicines he supplies” (PGEC & AESGP, 1993).

Increasingly, people are managing a large proportion of their ailments without consulting either a doctor or pharmacist. Yet pharmacists can play a key role in helping people to make informed self-care choices.

Self-care and self-medication raise the issue of the responsibility of consumers and patients to ensure that the care or medication they select is appropriate to their needs, safe and effective. Equally, they pose several questions for pharmacists:

- How are patients and consumers advised regarding the technical and ethical issues associated with self-care and self-medication?
- What determinants and factors must be taken into account regarding the implementation of self-care and self-medication for the prevention and treatment of diseases in developed and developing countries?
- What are the key features of self-care and self-medication in developed and developing countries?

Considering the scope of pharmacy and the functions of pharmacists, the role of pharmacists regarding self-care and self-medication must be specified. Professionals also need guidance concerning how they can best discharge their responsibilities, not only at community level, but also through the development and distribution of drugs. Additionally, ethical, regulatory, pharmacotechnical and quality assurance aspects should be addressed, as well as consumers' attitude and perceptions.

2. Definitions

Several authors, including WHO, have defined self-care and self-medication. The following are the definitions provided by the consultative group, and on which the current document is based.

Self-care

Self-care is what people do for themselves to establish and maintain health, prevent and deal with illness.

It is a broad concept encompassing:

- hygiene (general and personal);
- nutrition (type and quality of food eaten);
- lifestyle (sporting activities, leisure etc.);
- environmental factors (living conditions, social habits, etc.);
- socioeconomic factors (income level, cultural beliefs, etc.);
- self-medication.

Self-medication

Self-medication is the selection and use of medicines¹ by individuals to treat self-recognised illnesses or symptoms.

Self-medication is one element of self-care.

Responsible self-medication

This is the practice whereby individuals treat their ailments and conditions with medicines which are approved and available without prescription, and which are safe and effective when used as directed.

Responsible self-medication requires that:

1. Medicines used are of proven safety, quality and efficacy.
2. Medicines used are those indicated for conditions that are self-recognisable and for some chronic or recurrent conditions (following initial medical diagnosis). In all cases, these medicines should be specifically designed for the purpose, and will require appropriate dose and dosage forms.

Such products should be supported by information, which describes:

- how to take or use the medicines;
- effects and possible side-effects;
- how the effects of the medicine should be monitored;
- possible interactions;
- precautions and warnings;
- duration of use; and,
- when to seek professional advice.

3. The increasing importance of self-care and self-medication

The role of the pharmacist has been changing over the past two decades. The pharmacist is no longer just a supplier of medicines and a concocter of medicinal products, but also a team member involved in the provision of health care whether in the hospital, the community pharmacy, the laboratory, the industry or in academic institutions.

Pharmaceutical care is growing in importance with the challenges of self-care. For pharmacists, their greater involvement in self-care means greater responsibility towards their customers and an increased need for accountability.

¹ For the purposes of this definition, medicines include herbal and traditional products.

The increase in self-care is due to a number of factors. These factors include: socioeconomic factors; lifestyle; ready access to drugs; the increased potential to manage certain illnesses through self-care; public health and environmental factors; greater availability of medicinal products; and demographic and epidemiological factors.

Socioeconomic factors

Growing empowerment, resulting from improved educational levels and greater access to information, combined with increased individual interest in personal health, is resulting in growing demand for direct participation in health care decisions.

Lifestyle

Awareness has increased of the impact of certain lifestyle factors - such as avoidance of smoking and keeping to a well-balanced diet - on maintaining health and preventing illness.

Accessibility

Consumers prefer the convenience of readily available of medicinal products to long waiting times at clinics or at other health facilities. In many countries, however, such availability may mean paying higher prices.

Management of acute, chronic and recurrent illnesses, and rehabilitation

It is now recognised that certain medically diagnosed conditions may be appropriately controlled by self-medication, or no medication at all. Indeed, in some countries this may be a necessity rather than a choice.

Public health and environmental factors

Good hygiene practices and appropriate nutrition, safe water and sanitation have contributed to the capacity of individuals to establish and maintain their health, and prevent illness.

Demographic and epidemiological factors

Demographic transition towards a more elderly population is requiring changes in health policy and delivery. Likewise, epidemiological factors arising from changing disease patterns are necessitating adaptation of primary health care provision and funding. These changes and adaptations include enabling individuals to assume greater responsibility for their health care needs. This in turn means increasing individuals' capacity for self-care.

Health sector reforms

In the midst of declining economic activity and resources, governments and other third-party payers and individuals worldwide are grappling with escalating health care costs. Many countries are establishing mechanisms whereby these costs can be contained and health care made more cost-effective. Worldwide, self-medication is being promoted as a means of reducing the health care burden on the public budget. Structural changes including increased reliance on private sector delivery are also increasingly being put in place.

Availability of new products

New, more effective products, which are considered suitable for self-medication, have recently been developed. In addition, many long-established products with a good safety profile have been rescheduled as over-the-counter products; for example: topical and oral imidazoles for vaginal candidiasis; topical fluorinated steroids for hay fever; acyclovir for cold sores; H₂ blockers for prevention of heartburn; H₁-agonists for asthma. In other words, they will be available without prescription.

4. Role of the pharmacist in self-care and self-medication

The pharmacist has several functions, outlined below.

As a communicator

- the pharmacist should initiate dialogue with the patient (and the patient's physician, when necessary) to obtain a sufficiently detailed medication history;
- in order to address the condition of the patient appropriately the pharmacist must ask the patient key questions and pass on relevant information to him or her (e.g. how to take the medicines and how to deal with safety issues);
- the pharmacist must be prepared and adequately equipped to perform a proper screening for specific conditions and diseases, without interfering with the prescriber's authority;
- the pharmacist must provide objective information about medicines;
- the pharmacist must be able to use and interpret additional sources of information to satisfy the needs of the patient;
- the pharmacist should be able to help the patient undertake appropriate and responsible self-medication or, when necessary, refer the patient for medical advice;
- the pharmacist must ensure confidentiality concerning details of the patient's condition.

As a quality drug supplier

- the pharmacist must ensure that the products he/she purchases are from reputable sources and of good quality;
- the pharmacist must ensure the proper storage of these products.

As a trainer and supervisor

To ensure up-to-date quality service, the pharmacist must be encouraged to participate in continuing professional development activities such as continuing education.

The pharmacist is often assisted by non-pharmacist staff and must ensure that the services rendered by these auxiliaries correspond to established standards of practice.

To achieve this the pharmacist must develop:

- protocols for referral to the pharmacist;
- protocols for community health workers involved with the handling and distribution of medicines.

The pharmacist must also promote the training and supervise the work of non-pharmacist staff.

As a collaborator

It is imperative that pharmacists develop quality collaborative relationships with:

- other health care professionals;
- national professional associations;
- the pharmaceutical industry;
- governments (local/national); and,
- patients and the general public.

In so doing, opportunities to tap into resources and expertise, and to share data and experiences, in order to improve self-care and self-medication, will be enhanced.

As a health promoter

As a member of the health-care team, the pharmacist must:

- participate in health screening to identify health problems and those at risk in the community;
- participate in health promotion campaigns to raise awareness of health issues and disease prevention; and
- provide advice to individuals to help them make informed health choices.

Specific situations

In many developing countries, the ratios of pharmacists and pharmacies to population are so low that access to pharmaceutical care is impeded. In such cases, consultation with other health workers or community health care workers, household carers and other appropriate lay people, provided they have received the appropriate pharmaceutical training and orientation, should be encouraged.

5. Standards of practice

The primary focus of the pharmacist is to promote good pharmaceutical practice. There are several elements to this task: ensuring and promoting adherence to relevant national and international drug regulations, working with national and international organizations, and forming collaborative partnerships with relevant sectors. Specific issues or areas of activity within these categories, and to which pharmacists can contribute, are outlined below.

Regulations

- classifying products (determined on the basis of safety, efficacy and local need, and subject to regular review of the classifications and regulations);
- ensuring quality assurance of all medicinal products (for example, by supporting and using known reliable sources of supply only);
- ensuring that protocols and performance standards (with standardized measures) are followed;
- ensuring that pharmacy premises reflect the professional nature of pharmacy.; see IPF, 1996);
- ensuring that supervision and training (whether this be of the pharmacist, pharmacy technician or counter staff) are adequate;
- contributing to enforcement and implementation of laws and regulations in cooperation with national authorities;
- helping to ensure controls on advertising of medicinal products are enforced.

The role of international organizations

- process for development of protocols and methodologies (inter-country studies involving patient and treatment outcomes);
- development and testing of guidelines;
- dissemination of materials;
- exchange of information and experiences;
- operational research for evaluation of changing self-medication practices.

The role of national organizations

- adaptation of self-medication protocols, reference materials and training activities to meet local needs;
- implementation of training and support activities for organization members;
- participation in curriculum development for training of pharmacists and para-professionals' training;
- encouraging members to participate in teaching in academic and practice settings;
- monitoring professional performance in response to self-medication needs of the public, according to national benchmarks, and including recognition of superior performance;

- providing input for self-care and self-medication policies established by governments and policy-makers;
- collaboration with pharmacy students and recent graduates regarding research aspects of self-care and self-medication; educating the public about self-medication in collaboration with consumer groups, self-medication industry and other stakeholders based on good standards of practice.

Formation of partnerships

- encouraging the self-medication industry and related organizations to contribute to publication of high-quality information materials on self-medication, and contributing to training of pharmacy staff on self-medication issues;
- seeking financial support from governments and third-party payers for self-care and self-medication initiatives;

forming partnerships between national pharmaceutical associations, the self-medication industry and consumer organizations, to identify potential areas of collaboration, agreeing upon goals and joint financing.

6. Evaluation of performance relating to self-care and self-medication needs

Several indicators can be used to evaluate the role, efficiency and performance of pharmacists in response to self-care and self-medication needs. These include:

Structural indicators

- level of training:
 - pharmacists (continuing education)
 - other staff;
- feedback mechanisms;
- documentation of detailed patient medical record (PMR) and medication history.

Process indicators

These include whether or not PMRs, reference materials, and adverse drug reaction monitoring are used in pharmacy.

Outcome indicators

- customer satisfaction regarding the purchase and use of the product acquired, including the intervention of and advice provided by the pharmacist;
- comprehension of information delivered by the pharmacist;
- health outcomes;

- increased patient knowledge of the practice of self-care and responsible self-medication.

These outcomes should be reflected in a more positive attitude on the part of the patient towards self-care and self-medication.

7. Conclusions

There was general recognition that self-care is undoubtedly the primary resource of any health care system. People already manage or treat a large proportion of their ailments without consulting a doctor or pharmacist. However, the pharmacist can play a key role in helping people to make informed choices about self-care, and in providing and interpreting the information available. This requires a greater focus on illness management and health maintenance, rather than on product selling. Indeed, self-care does not always require use of a medicine. If, however, there is a need for self-medication in self-care, then the role of the pharmacist must be extended. To address this issue, the group discussed communication, evaluation, quality, screening, training and supervision, collaboration and performance review. It felt that activities could be included under each heading which could contribute to such an extension of the pharmacist's role. Specific recommendations are given in Section 8.

8. Recommendations

Education

- Undergraduate pharmacy curricular should be reviewed and revised to ensure that students learn about the relevant aspects of information management and technology, behavioural sciences, and communication and health problem solving.
- Where possible, pharmacy schools should be administratively located in such a way that joint training of health professionals is possible.
- Professional associations should be actively involved in accreditation of pharmacy courses.
- The use of “teacher-practitioners” in education and training should be encouraged.
- All practitioners should be encouraged to participate in operational research, with the objective of improving knowledge about and care of patients and the general public.

Training

- Pharmacists should be trained in the development and use of protocols for investigating practice-related problems.
- Continuing education for pharmacists should be undertaken and supported to ensure maintenance of pharmacists' capacity to respond to the changing health needs of the public.

Self and peer audit

National pharmaceutical associations should develop and agree certain performance standards, based on the concept of pharmaceutical care. Self as well as peer audit of practising professionals could then be carried out.

Ethical and commercial factors

Pharmacists survive commercially through product sales, but these should never be their principal focus. Product selection must be appropriate to the need and circumstances of the patient, and based on informed judgement. Additionally, whenever necessary and appropriate, the patient must be referred to a physician.

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Annex 1: Presentations²

1. Ethical and regulatory aspects of self-care and self-medication. J. Ferguson (UK).
2. Health-care problems and opportunities related to self-care and self-medication. R. Laing (USA).
3. Guiding principles and functions for pharmacists. F. Martin (Canada).

² All presentations are available on request from the documentation centre of the Department of Essential Drugs and Other Medicines (EDM) (formerly Action Programme on Essential Drugs).

4. Pharmacists' capacity building in self-care and self-medication. M. Murray (Australia).
5. The role of the pharmacist in self-care and self-medication. M. Torongo (Zimbabwe).
6. The manufacturers' point of view. S. Kelly (WSMI).
7. The consumers' point of view. E. 't Hoen (HAI).
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³ The Essential Drugs and Other Medicines Department (EDM) includes the former Action Programme on Essential Drugs (DAP) and most components of the former Division of Drug Management and Policies (DMP).