Pharmacy beyond imagination

This article is an adaptation of the speech given at the SAAHIP Conference in March 2012. The theme of the conference was “Pharmacy Beyond Imagination”, hence the title of this column.

In my readings, I found something about imagination that can be applied to pharmacy’s survival fitness: “Imagination, also called the faculty of imagining, is the ability to form mental images, sensations and concepts, in a moment when they are not perceived through sight, hearing, or the other senses. Imagination helps provide meaning to experience and understanding to knowledge. It is a fundamental facility through which people make sense of the world.”

One hypothesis for the evolution of human imagination is that it allowed conscious beings to solve problems, and hence increase an individual’s survival fitness, by use of mental simulation. (www.beyondimagination.org)

I wondered, as we gathered at the Conference, what “mental images, sensations and concepts” are we forming about pharmacy, and the delivery of pharmaceutical care in South Africa? Yes, pharmacy faces many challenges, and has always done so. This is unlikely to change in the future.

The question is: “Is our imagination going to ensure our survival fitness, or are we going to succumb to the challenges that we face?” We cannot refer to pharmacy as one profession, with many careers, if we do not believe in the many possibilities that it creates for us, and those still to come.

At the recent SAHIP conference, I challenged members to create new realities for medicine regulation in this country. This challenge was based on Peter Senge’s foreword to the book, Synchronicity: the inner path of leadership, by Joseph Jaworski (San Francisco: Berret-Koehler; 1996). I quote: “Because of our obsession with how leaders behave, we forget that in its essence, leadership is about learning how to shape the future. Leadership is about creating new realities”.

I extend the same challenge to all PSSA members: create new realities for pharmacy. You are a leader in your own right, so take control! What are some of the challenges or disguised opportunities?

Nurse prescribers and clinical associates

The Medicines and Related Substances Act (Act 101 of 1965), provides for other authorised prescribers, in addition to doctors, dentists and vets. Authorised nurse prescribers are normally institution-specific. Names, together with sample signatures, are listed by the institution. As pharmacists, we must obtain a list of these individuals from our institutions in order to ensure compliance with the Act, otherwise we run the risk of contravening Act 101. Please advise the national office of your challenges and practical experiences regarding this matter. The PSSA recognises the possible need for task sharing due to the shortage of the required skills, but maintains that it should occur within the law, and after due consultation. Similarly, prescribing by clinical associates must be accommodated within the law.

Developments in health care

State-owned pharmaceutical manufacturing facility

A recently published ANC discussion document on education and health mentions a state-owned pharmaceutical manufacturing facility, as a means to address the escalating costs of medicines. We all need to examine and engage with the document and relevant stakeholders.

National Health Insurance

The pilot sites for NHI have been announced. It is my plea that pharmacists in these areas get intimately involved, and share their experiences and observations with all of us, so that we remain informed and engage meaningfully with the authorities.

Quality of care improvement

The revitalisation of the public sector and upgrade of public facilities is high on the priority list. Pharmacists must ensure that they make their voices heard to ensure the implementation of high standards for facilities and processes. While hospital pharmacists should ensure that the state complies with its own rules, i.e. the National Core Standards and the Good Pharmacy Practice, they should also aspire to comply with the Basel statements. We all have the responsibility of ensuring that every citizen in this country has access to the most appropriate pharmaceutical service.

Related to the physical facility are challenges relating to the management of such facilities. The Minister of Health, Dr Aaron Motsoaledi, in his introduction of the recently published policy on the management of hospitals, talks of the need to improve the quality of health care in an efficient and caring environment. It is necessary to turn the existing negative perception into a positive one by building a culture of efficiency and caring within the healthcare environment.

As healthcare providers, we need to re-examine our interactions with the people we serve, in order to produce that “caring environment” to which the Minister refers. What is our behaviour like? Are we beyond reproach, as stated in our goals?

Conclusion

We all have personal and professional dreams. We know that dreams without action are futile. As we go from here and beyond, I would like to leave PSSA members with this thought, and I quote: “In order to keep moving, and especially to lead such a movement, we can and must make, and must keep on making, only one simple choice: what is our next step?” (Kahane A, Power and love, Tafelberg, 2010).

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