Pharmacists at Ermelo Hospital

In his column in the May 2013 issue of the SAPI, the President of the PSSA, Johann Kruger, wrote of the sterling work being performed by young pharmacists at Ermelo Hospital. Chrizaan and Kevin Helena are two of these young pharmacists, and they are clearly both hardworking and talented. In 2012, Chrizaan won the award for the best poster presentation at the SAAHIP conference, for work on the Green Card system of educating pharmacy staff. This year, Kevin won the award for taking the Green Card system further, and introducing structured presentations to train staff. I guess we need to congratulate all of the pharmacists at the hospital. Clearly, their team work and enthusiasm is producing results that can only improve therapeutic outcomes.

Speaking our minds in plain English

If you’re old, you’ll remember the 1964 movie, My Fair Lady, although you’ll call it a film. (If you’re even older, you’ll remember the George Bernard Shaw play, Pygmalion!) Even as a schoolchild, I loved the song in which Prof Higgins laments the inability of one English speaker to communicate so that another will understand what he is saying: “Why don’t the English teach their children how to speak?”

It seems that there may be some similarity in written English as well. I’m reluctant to say it, but I think I may have found a cause that I need to support. Actively support. If you subscribe to druginfo, you will have seen the recent discussions on package inserts (PIs) and patient information leaflets (PILs).

To pharmacists, it’s obvious that PIs are legal documents. They aren’t patient-friendly, but they’re not intended to be, and nor do they need to be. Dr Sarah Slabbert of the Plain Language Institute has brought to the media’s attention that consumers are given PIs, but shouldn’t be expected to understand them.

The law makes provision for PILs, but very few are available. The major issue appears to be the cost. When the concept was first introduced many years ago, there were discussions as to who should write them, and it seemed obvious that this should be done by the manufacturers, or at least in conjunction with them.

For years and years, people have been talking about PILs. I mean that literally. The first PILs were pioneered in Australia in the early 1990s. That’s nearly a quarter of a century ago, and yet we don’t seem to have completely moved into the implementation stage.

Who should print the PILs? Well, that seems to be where we’ve come unstuck. There is obviously a huge cost. SAAPI members have campaigned for a logical solution to the problem. In SAAPI’s 2008-2009 Annual report, it says: “Meetings were held with both Prof Green Thompson and the SAPC on the PIL, and in particular, the replacement of the PI in the medicine container with the PIL, and the creation of a central repository for all PIs”.

What could be more logical than that? A central electronic repository makes so much more sense than bombarding patients with technical information that they can’t understand. Supplying patients with PILs that are written in an easily understandable language would go a long way towards improving patient adherence to therapy. Not to mention the fact that although there would still be challenges, translating the PIL into other languages would be considerably easier than translating the package insert!

The matter of cost is still of concern, but if a PIL was utilised, instead of a PI, some of the cost would be offset. Another option would be to use the TrustaTAG™ technology that is being utilised for the Codeine Care project. We’ve told that 98% of the mobile phones used in South Africa have the capability of scanning tags, so surely that would be a cost-effective option?

Giving a patient a piece of paper containing words that are easily understood or scanning it into a smart phone won’t solve the entire problem. Quite apart from the problem of literacy, even the most intelligent, well educated and well read consumer still needs help when making decisions on correct medicine use. With the complexity of medicines today, pharmacists still have an obligation to counsel patients comprehensively. But it would help if patients were able to go home with something to remind them of their discussion in the pharmacy.

Pharmacy Council elections

I’d like to add my congratulations to the newly elected Pharmacy Council members, and to wish them well. But I need to be like the doorman in the Carnival City radio advertisements. If you don’t live in Gauteng, you won’t have heard it. As people enter the casino, they are told that they can leave their problems at the door, e.g. the mother-in-law, the husband, the pesky dog, work problems and all sorts of people or things that bother them. The message is clear: enter here and leave your personal annoyances or pet hates at the door so that you can just relax, be yourself and enjoy the experience.

It’s the same with Pharmacy Council. When you walk through the door, there’s no place for personal issues. You cannot solve your problems or your friend’s problems by being a member of the Pharmacy Council. So just relax. Remember that you were elected because your judgement is trusted. Use that judgement wisely. Then you’ll make a huge difference.

Therapeutic outcome of a conference in the Bahamas

I’d still like to be floating over the Bahamas, gazing at the distant horizon, the small islands, the beautiful turquoise water and the white beach. Maybe I can keep the peace with me for just a little longer.

Lorraine Osman