FIP World Congress – a personal account

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I was privileged to attend the FIP World Congress that was held in Seoul during September 2017. I attended sessions covering a range of subjects. It was interesting to listen to colleagues from around the world facing similar challenges to us in South Africa. I wish I could have cloned myself so that it would have been possible to attend more sessions.

This is my *nutshell* feedback from

Seoul: Medicines and beyond! The Soul of Pharmacy

The theme of the congress referred to the new challenges and changes the pharmacy profession is facing worldwide. The soul of pharmacy needs to be nurtured and preserved, based on tradition, education, innovation and dedication.

In her opening address Carmen Peña, President of FIP, said that education should not be considered a burden, but must be seen as an investment. The world needs an appropriately trained healthcare workforce that can provide the necessary health services. Without a healthcare workforce there would be no healthcare!

In order to fulfil our role with regards to the World Health Organisation's Sustainable Developmental Goals 3, 4 and 9 we need to develop an appropriately enabled workforce. As we move towards universal healthcare we must re-evaluate our professional education programme. Pharmacy practice is transforming from a primarily supply function to a patient-care function. Training and education should change from being product orientated to being patient orientated. Our education programme thus must change to empower our current and future pharmacists, as well as our support personnel for the new roles expected of them.

The sessions were divided in 5 streams:

- Nurturing the soul of pharmacy
- Precision Pharmacotherapy
- Pharmacy Services: Going beyond prescription
- Smart Pharmacy
- Targeting special interests

1. Improved outcomes, better health

During the five days speakers spent time on different aspects of improved health outcomes and adherence to treatment.

1.1 Adherence

The World Health Organisation (WHO) defines adherence as:

The extent to which a person's behaviour – taking medicines, following a diet, or making healthy lifestyle changes – corresponds with agreed upon recommendations from a healthcare provider.

According to WHO reports for 2003 non-adherence is as high as 50%. The consequences of non-adherence are

- Clinical – poor health outcomes
- Humanistic – poor quality of life
- Economic – $500 million wasted annually

Non-adherence happens in all phases of treatment:

- Initiation – Taking the first dose according to the prescription. 4% of patients never initiate treatment
- Implementation – Settling into treatment according to prescription.
- Persistence – Time elapsed from initiation to discontinuation. By the 5th repeat only 50% of prescriptions are filled

The big question is WHY? Why are patients non-adherent? Ms Victoria Garcia Cardenas reported that research showed that patients cited over 700 factors which have an impact on adherence. These can be divided into 5 categories:

- Socioeconomic
- Healthcare professionals
- Condition
- Therapy
- Patient (75% of factors)

Pharmacists are part of the solution to improve treatment adherence. There is no future in the mere act of dispensing. Elements of that task can be taken over by the internet and machines. Pharmacists have an academic training and are healthcare professionals. This puts a burden on us to better serve our communities by providing healthcare instead of just pills.

1.2 Health literacy

Patient characteristics are associated with their level of health literacy. The pharmacy is an environment where specialised skills and equipment are used as well as a *pharmacy language*. This is an intimidating environment for the patients, who refrain from asking questions, rather than reveal their ignorance.

One of the reasons patients gave for non-adherence is their interaction with the healthcare professional. They did not understand the instructions given by the doctor or the pharmacist

and instead of taking the medicines incorrectly they rather did not take it at all. Pharmacists should be aware of the impact of low health literacy on health outcomes. FIP President Carmen Peña reminded the audience that health literacy is a basic human right. Pharmacists can play an important role in improving health literacy.

1.3 Listen better, talk better

Warren Meek (Canada) reminded the audience that every patient has a story. We need to listen better to better care for our patients. We need to understand the drivers for intentional and non-intentional non-adherence. As the interaction with the healthcare professional has an impact on a patient's adherence to treatment, we need to improve our communication skills.

Do we ever ask: "What does my patient need?" Is our communication age appropriate, culture appropriate, does it take the level of education into consideration; does it have a personal touch?

To overcome language and literacy barriers we can utilise communication tools, e.g. pictograms, to improve health communication in an environment of low literacy and low health literacy. $500 million dollars could be saved annually worldwide if responsible use of medicines is achieved.

1.4 Healthy ageing

Healthy ageing is wellbeing in older age, enjoying health and happiness; it is not only the absence of disease.

Heung-Bong Cha spoke on population ageing in Korea. The Korean government has a new vision for healthy ageing and is developing new policies to enable people over 65 years of age to continue living independently. In a pre-industrial era children used to look after ageing parents, but this is no longer the case.

The challenges are:

- How to fund improved income security and expanded medical cover
- Sustainability of these initiatives

Ms Mair (Scotland) discussed the challenges of poly-pharmacy in an older population.

Due to co-morbidities older patients are taking a number of medications and have an increased risk of adverse drug reactions (ADR) and drug interactions (DI). Every year ADRs and DIs due to poly-pharmacy result in 8.6 million unplanned hospital admissions in Europe. Fifty percent of these admissions due to ADRs are preventable. This has a tremendous impact on the healthcare budget of a country.

Healthcare systems are not designed to care for the elderly. With 50% of the world population over 50 years of age, we need to develop and design.

- Healthcare systems for the population we serve
- Systems of long-term care
- Age friendly environments

At the same time we must also

- Equip pharmacists to better serve an ageing population
- Equip pharmacists to intervene to decrease adverse events
- Review pharmacy staffing models to have the necessary capacity to care for these patients

We, the pharmacists of the world, have a huge responsibility to care for our patients. It is time to hand over the supply function to the pharmacy support personnel. To change the culture of the profession will be difficult. Change is always difficult, but we must persist.

2. Ethical issues

I particularly enjoy attending sessions on ethical issues. One aspect of ethics that I find interesting is how different pharmacists interpret the same ethical rule. Same principles, different personalities, different interpretations, different routes of actions and different outcomes. Who is right? Is one wrong?

Ms Meštrovič from Croatia discussed the dilemma of emergency contraception in a country with 75% of the population being Roman Catholic. And what about dispensing intra-uterine devices and birth control tablets? Are you, as a pharmacist, entitled to *conscientious refusal*? Being a pharmacist you signed up for the whole package of care. Your conduct should not endanger the health, welfare or safety of a patient.

Speakers from the Netherlands and Iran discussed Big Data, Personalised Therapy and Pharmacogenetics.

A number of ethical questions arise:

1. Is personalised therapy patient centred care or is it technology?
2. Intellectual property: Who owns the data?
3. What about patient confidentiality?
4. Access to *Big Data* is in the interest of progress, but what laws and ethical rules are applicable?
5. Who may use the data?
6. Should the patient carry his/her information on a flash drive and decide themselves who to share the information with?

Farshad Shirazi (Iran) suggests that careful observation and control of the present transitional phase of extensive personalized information disclosure for scientific purposes is mandatory. To prevent unethical use of personal data international regulations and laws are essential.

3. Hot topic: refugee crisis

A refugee is someone who has been forced to flee his or her country because of war or persecution or political violence.

Mohammed Hendaus (Lebanon) spoke on the Syrian refugee crisis. There are one million registered Syrian refugees in Lebanon. Of the refugees, 54.7% are younger than 18 years. Twenty seven percent of Lebanese already live under the poverty line and now the population has increased by 50%.

The influx of refugees results in an increased demand for healthcare services in a resource limited environment. This not only has an impact on the refugees, but also on the host community.

Healthcare workers also need to overcome language and cultural barriers and deal with previously unknown diseases like *Leishmaniasis*.

Pharmacists are the first healthcare professional consulted by refugees as the pharmacist is the most accessible healthcare professional and the most trusted. Many pharmacists left Lebanon and are now working in high income countries like Sweden. Lebanese pharmacists are providing much needed healthcare to the growing population, but are under severe stress because of limited resources.

Iman Basheti (Jordan) discussed post-traumatic stress disorder among Syrian refugees living in Jordan. The refugees have to deal with forced migration and social exclusion as refugee children may not attend school. This translates to an uneducated and illiterate generation. Here pharmacists are also providing healthcare to the refugee population.

4. Hospital pharmacy sector meeting

At the sector meeting I listened to reports on a number of projects:

1. Antimicrobial stewardship and global solutions
2. Medication shortages
3. Counterfeit medication
4. Opioid abuse
5. Lack of access to analgesics in certain parts of the world
6. Basel statement 2015 on the future of hospital pharmacy practise
   www.fip.org/baselstatements
7. The term "biological: to be added to documentation

Once again, pharmacists around the world are facing similar challenges!

5. In closure

What an amazing experience! I have learnt so much! All over the world pharmacists are facing challenges and are doing amazing things. Around the world patients are discharged on incorrect Warfarin doses; pharmacists experience resistance when they join ward rounds, until they have gained the respect and trust of the team and their input is valued, antimicrobial stewardship programmes are up and running.

The 2018 FIP World Congress will be held in Glasgow, 2019 in Abu Dhabi and 2020 in Barcelona.

Just do yourself a favour and attend a FIP World Congress. It is a life changing experience.

See you in Barcelona!

Aleta Wege in traditional dress for the closing ceremony

The old and the new – the Seoul Tower in the background

Aleta Wege standing in the middle of the third Infiltration Tunnel, which is a tunnel running from north to south, passing under the border between North Korea and South Korea

Last day in Seoul – Aleta Wege (far right) with Laurel Legenza (Wisconsin University) and friend Matthew flanking a guard in the Korean Demilitarised Zone

A library in the middle of the shopping centre under the conference centre!