Unprofessional behaviour

I READ THE COLUMN “ON BECOMING A NEW PHARMACIST” with some dismay.¹ At best, the physician’s response was unprofessional; at worst, it is a damning indictment of his character and of his attitude toward collaboration. There is always a degree of uncertainty that surrounds most clinical decisions. If he disagrees with the pharmacist’s recommendation, the physician simply needs to say so. An explanation would be nice although certainly is not required. But to state, derisively, “Mind your own business” is neither acceptable nor defensible.

But equally troubling is the fact that our new pharmacist’s boss “expressed concern that he had ‘pissed off Dr. X’ and that they’d better talk.” The manager is actually worried about the physician’s feelings? Should he not be outraged by the physician’s callous behaviour? There are no lines of ambiguity in

this scenario. Even the slight suggestion that the pharmacist is somehow responsible for angering the physician gives the impression that the manager is questioning the actions of the victim rather than the perpetrator. If that is the case, then he is an enabler of shockingly egregious behaviour.

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Practical guidelines are necessary for successful pharmacist integration into primary care

TO THE AUTHORS OF THE RECENT GUIDELINES FOR PHARMACISTS integrating into primary care teams: We thank you and your team for this recent publication in the *Canadian Pharmacists Journal*.¹ Vermont is a geographically small, rural U.S. state of 626,000 people. Through Vermont’s innovative health care reform effort, the Vermont Blueprint for Health, many of our 218 primary care practices have transitioned to patient-centred medical homes. Pharmacists are not typically members of the primary care team.

The need for pharmacists to be fully integrated into medical homes is more critical than ever. Payment reforms that provide sustainable opportunities for pharmacists to integrate into medical homes are necessary, but not sufficient. Stakeholders, including pharmacists, prescribers, policy-makers and others, must have guidelines for effective integration.

We are completing a pilot project partnering pharmacists in several medical homes around Vermont. The feedback from prescribers has been overwhelmingly positive and the pharmacists are making valuable contributions related to direct patient care, population management and prescriber education or academic detailing. However, questions remain about the best approach to integration, underlying principles and which activities will offer the most value to the patients served.

The recently published guidelines are practical, are based on evidence with a sound search strategy, have tremendous face validity and are exactly what we need in our state. We plan to use the guidelines as a framework for our ongoing efforts to integrate pharmacists and primary care. Big thanks!

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