Minor ailments and self-limiting conditions: NOT

PHARMACISTS IN CANADA FROM COAST TO COAST TO COAST are beginning to exercise new expanded scopes of clinical practice. We have come such a long way in the development of our clinical services to our patients, and as we all work together towards entry-level PharmD implementation in Canada, a “renaissance” in the profession of pharmacy is evident.

Pharmacists have always exercised a great deal of careful oversight and scrutiny in the professional accuracy of our profession. Indeed, this is part of the “DNA” of a successful pharmacy practitioner. However, in recent years, I have heard the terms “minor” ailments and “self-limiting” conditions, used by pharmacists, governments and national pharmacy regulatory bodies in Canada and abroad. I do not believe that we have exercised optimal judgment over the adjectives associated with some pharmacy services that we are providing. I cringe whenever I hear the use of the word “minor.” I find it professionally demeaning to pharmacists and our patients. The Oxford dictionary (www.oxforddictionaries.com/definition) defines “minor” as an adjective: “Lesser in importance, seriousness or significance.” Synonyms include “unimportant, insignificant, negligible, trivial, and petty.” “Self-limiting” is also an adjective: “Relating to or denoting something which limits itself, in particular: Medicine (of a condition) ultimately resolving itself without treatment: Money is wasted on prescriptions for self-limiting illnesses.”

Pharmacy as a profession is being reconceptualized in the 21st century, and we have made great strides. Certainly, there is a bright future ahead; however, we must ensure that the monikers that we choose to use to describe ourselves are professionally appropriate, accurate and less restrictive. As pharmacists are clearly taking on greater roles in the area of primary care and given the walk-in, accessible nature of pharmacies/

pharmacists to our patients directly and caregivers by extension, we should consider using alternative appellatives such as “ambulatory ailments.” The Oxford dictionary defines “ambulatory” as “related to or adapted for walking: 1.1 Another term for ambulant (of a patient) able to walk about; not confined to bed. 1.2 Movable; mobile.” This label could more accurately describe many of our patients without undermining the seriousness of their afflictions and the professional importance of pharmacist services and training.

I am open to suggestions on the terminology that we ultimately invoke but strongly advocate that the profession of pharmacy use the most ideal adjectives available as we continue to serve our patients. We should also leave room for embracing future changes, expansion and evolution in our practice directions. Ultimately, all of this is about more than just labels and name changes; it is about empowering ourselves as a profession rather than allowing ourselves to be put down while embracing our ever-expanding scope of practice. Clearly, we may have to work harder at redefining how we are seen and how we want to be perceived as part of the health care team. It is at our foundation and at the core of the pharmacy profession that we must carefully frame and word our pharmacy ministry. *Ab initio* in this reflective process and integral to how we see ourselves as a profession and portray ourselves to others, we should carefully reconsider perpetuating the use of the adjectives “minor” and “self-limiting” in the clinical services that pharmacists provide to our patients and society.

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