Self-denigrating terms

I HAVE TO SAY THAT I THINK YOUR RECENT EDITORIAL¹ ABOUT self-denigrating words in pharmacy was bang on! What great words *and* a fantastic way to train us into respectful linguistics. My biggest beef right now is the auxiliary pharmacy world (a.k.a., drug reps, health liaisons, manufacturers, industry leaders, etc.) still using the term *dispensing fee* in articles, discussions and forums.

Another phrase I have trouble with is *cognitive services*—this to me implies that when we are preparing a prescription or reviewing drug appropriateness and drug/food/alternative therapy interactions, we are *not* using cognition? I have not researched the current stats on drug-related problems (DRPs) and emergency room (ER) visits, but previously, most of the

DRPs that resulted in ER visits could and should have been avoided with drug experts on task. Perhaps some pharmacists are on auto-pilot during Rx-related activities?

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Reference

1. Tsuyuki RT, Davies NM. Self-denigration in pharmacy: words to banish from the pharmacy lexicon. *Can Pharm J (Ott)* 2014;147:197-9.

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FOR THE BETTER PART OF THE PAST DECADE, WHENEVER I HAVE written a letter to the editor, it has often been to express a common frustration: the meekness of the pharmacy profession. It is thus with a feeling of wonderment that I read the recent editorials by Dr. Davies and Dr. Tsuyuki, “Self-denigration in pharmacy: Words to ban from the pharmacy lexicon”¹ and “Self-denigration in pharmacy: Actions that should be curtailed.”² Their proclamations are bold, provocative—and necessary to change the present narrative.

Indeed, perceptions matter. Words matter. Actions matter. A significant step forward for the profession would be to create an environment where pharmacists interpreting lab values, diagnosing (there, I used the word) and treating are simply

routine acts. In short, we need to stop wasting the clinical skills of pharmacists as a health care resource.

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2. Davies NM, Tsuyuki RT. Self-denigration in pharmacy: actions that should be curtailed. *Can Pharm J (Ott)* 2014;147:265-6.

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