Self-denigration in pharmacy: Actions that should be curtailed

GOOD ACTIONS GIVE STRENGTH TO OURSELVES
AND INSPIRE GOOD ACTION IN OTHERS.
—Plato

In the last issue of the journal, we highlighted various words that pharmacists adopt or that are used by others to describe us in a denigrating way as professionals. These include the terms “minor” ailments, “nonmedical” prescribing, “retail” pharmacy, “customers” and so on.¹ We have pledged to avoid the use of these terms in this journal going forward.

Just as we can carefully choose our words and their lexical semantics, we can also command our actions through our service to our patients and society. Actions help define us as professionals and set up how we are perceived by others. Our individual and collective actions as pharmacists can reflect a positive image or can belittle and demean our profession. Unfortunately, we sometimes choose actions that fall into the latter category.

Actions that defame our profession

Drive-through pharmacies

Drive-throughs are designed for products such as doughnuts and hamburgers, where no assessment or instructions are necessary and obtaining a product rapidly is the goal. However, pharmacist services are individualized for their patients. Face-to-face interactions are necessary for physical assessments, to hear what people are trying to communicate, to pick up on verbal and nonverbal cues and to demonstrate proper inhaler and injection techniques. Drive-throughs contribute to obesity and greenhouse gas emissions. What other health profession would stoop to this? Can you imagine a drive-through proctologist?

Discount terminology

Why do pharmacies use the terms “discount,” “price watch,” “price matching,” “warehouse,” “save-on,” “budget” and “thrifty” drugs? Putting price and savings in the name of a

pharmacy should be eradicated. It really is a slippery slope of professional objectivity. Would you see a “discount” physician? What’s next: “Cheapskates Stoner Drug Den Tattoos & Fries?”

Inducements/incentives

Incentives for prescriptions or professional services have no place in the pharmacy profession. We should attain our patient’s loyalty and respect by *earning* it. Shouldn’t our patients be devoted to our pharmacies because they trust and appreciate the advice and care provided by their pharmacist? Let’s stay out of the “retail” gutter. Let’s dispense with our “punch card” mentality.

“Internet” pharmacy

Once upon a time, snake oil salesmen were associated with our profession and sold fraudulent cure-alls and quackery medicines. It now seems we have come full circle. In the age of the World Wide Web, false and misleading websites have popped up that sell deception and counterfeit medications and potentially dangerous, unapproved drugs. Certainly there are potential health risks associated with purchasing drugs online. This has become a global crime problem. The practice of pharmacy in Canada is regulated by the provinces, and licensed pharmacies can offer Internet services that meet the standards of practice within a province. Why does the pharmacy profession regulate this? Is this pharmacy? Let’s call it what it is: “online computer drug marketing, procurement and distribution.” If we are going to be forced to regulate it, let’s distinguish it from the real pharmacy profession and the positive things that we want to be known for.

Selling products of questionable or no health value

We once sold tobacco and cigarettes in our pharmacies until we individually and collectively realized the error of our ways based on strong evidence. Why do we still sell products without scientific merit and research to support their use (i.e., homeopathic items, megavitamins, numerous herbal and nutraceutical products)? There is evidence of lack of efficacy for many of these products, toxicity for others, and increased drug interactions. Certainly we heap criticism on physicians who are not evidence-based in their practice. We have an ethical duty to our patients to promote sound, evidence-based pharmacy practice. Unless product claims can be backed by solid evidence, we need to quit our addiction and stop selling products with no or questionable health value. Anything else is just blowing smoke.

Counselling in public areas

Most regulatory authorities in Canada have mandated that private counselling rooms be made available in all pharmacies. Are we sometimes forgetting to use them? Or are these rooms better for storing toilet paper? Can other patients hear private health information being discussed from time to time? With our expanded scopes of practice we will be offering broadened clinical services, including immunizations and injections—we should respect patients' right to privacy. Again, isn't this a professional no-brainer? Is our cranial-rectal inversion suffocating us? This is just a friendly reminder. We can do better.

Unprofessional dress

Clothing can both display and identify status. Professional social signals are transmitted and judgments made based on dress and hygiene. Personally, we favour a white lab coat for identity and authority and as a symbol of the hope and healing of our profession. We appreciate that others find this too prescriptive, citing infection control, anxiety and approachability arguments. But at least we can all agree that T-shirts, jeans, baseball caps and flip-flops tarnish our image and our respect. We want to be taken seriously, don't we? We have all seen pharmacists who need a professional makeover. Let's get them to commit to cleaning up their act in terms of personal grooming and attire. This should be a given in our profession.

Allowing other professions to define our scope of practice

It is important to allow all health professionals to function to their full capacity of practice and abilities. Shared authority is vital. With the changing definition of scope, pharmacists need to take on more responsibility—physicians are *not* responsible for every aspect of patient care and do not assume full liability, no matter what they say. The best health care professional for a given patient will depend on a specific skill set, not necessarily his or her profession. Pharmacists must self-define their formulary of patient care activities within the areas of our trained competence. Why do we allow other health professions to overreach and inappropriately promote segregation and divisiveness? Why shouldn't we simply define our own scope of practice? Allowing others to do so undermines our moral and ethical responsibility to our patients ("Oh no, I can't take care of your diabetes, your physician doesn't want me to." "The doctor prescribed something that interacts with your other medications. I should just fill it because obviously he knows something I don't.").

Mutual responsibility is the key here. We invite others to define their professional scope and *ipso facto* we will define our own scope. We *will* diagnose and treat. Get used to it. Yippee ki yay.

Sorry, I'm a pharmacist

This can take several forms, such as apologizing for calling a physician on your patient's behalf (as if we feel guilty for daring to care for our patients) or apologizing that a prescription took too long. Does any of this sound familiar?

"I'm so sorry to bother you, Dr. Smith. Mrs. Jones has a prescription for enalapril 100 mg BID. I'm sorry, but did you mean 10 mg?"

"Mrs. Jones, sorry to trouble you, but our store's policy is to perform medication reviews with all patients. It will only take 10 minutes and you would be doing me a big favor."

"Sorry, Mr. White, it'll take 5 minutes to blister pack all 15 of your medications. I apologize for the wait—here is a coupon for a free coffee and a donut."

What message does this convey about our commitment to clinical care and quality? Would you go to a physician who advertises "quickie" consultations?

Politeness, empathy and understanding are important professional characteristics, but not at our own professional expense. We believe pharmacists need to rise up and be much more assertive and less subordinate. Although a sincere "sorry" should be in every health care professional's formulary, we need to judiciously and appropriately reserve its use—others might start apologizing to us for their own inappropriateness.

The way forward

We must develop reimbursement models for pharmacist cognitive services instead of emoluments traditionally stemming from the sale of products, as this may be partially responsible for some of these demeaning side-effect actions. Developing revenue streams through new practice opportunities (i.e., physical assessment, laboratory interpretations, medication reconciliations, prescribing, dose adjustments, counselling) is crucial to the health of the profession.

The average Canadian visits a pharmacy about a dozen times a year—this represents extensive opportunities for pharmacists to use our "new words,"¹ to model appropriate actions and to promote optimal health care for Canadians. We are among the most trusted health care professionals, but we also want and deserve to be respected—it's time we took greater action to earn that.

We have almost certainly missed various other potential self-denigrating words and actions that are ongoing in the profession of pharmacy. Please write to us, share any photos and let us know your thoughts; let's keep the dialogue going.

Reference

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