Self-denigrating actions

CONGRATULATIONS ON ONE OF THE BEST EDITORIALS I'VE read in my 35 years in pharmacy. Thanks for enumerating a few "actions that defame our profession."¹ Personally, I think there are more than that. There are still some "snake-oil vendors" in our own profession who are not convinced that pharmacy is a science-based profession. Thanks to pharmacists like you who are trying to push our profession forward with evidence-based pharmacy.

Continue your good work!

—Vincent J. Basque
Moncton, NB

Reference

1. 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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Self-denigrating actions

WHILE I APPLAUD THE MAJORITY OF DRs. DAVIES AND TSUYUKI'S suggestions, I must take exception to their views on pharmacy drive-through windows. No doubt there are examples of poor practice using this technology, but we built our window with the intention of improving patient access and quality of care. Our experience has been that it has enhanced the quality of patient interaction for many patients, most notably those with mobility issues and mothers with children. Snow accumulations and icy sidewalks in our northern city mean that even businesses that are wheelchair-accessible in summer can be tricky to access during the winter months. People who have an acute injury are likely safer staying in a vehicle rather than navigating their way into the pharmacy on crutches. Many mothers solo-parent while their partners work in the oil patch and are grateful for the drive-through window, especially in sub -20°C weather: They don't have to unload babies or children and keep an eye on them in a distracting pharmacy while trying to listen to the pharmacist.

While the drive-through window does present some communication and confidentiality challenges, the fact that we actually speak to the patient rather than a third party means the patient is able to ask questions and clarify issues directly

with us. Febrile patients can receive direct counselling while not mingling with other patients in the pharmacy. Patients smoking in their vehicles have occasioned some productive counselling when no such opportunity would have existed in-store. The idling issue is valid (although I suspect it is no worse than for those patients who leave their vehicles running while they wait in a pharmacy), and we strongly urge drivers to turn their engines off while at the drive-through window.

The drive-through window is just another technology in our armory of care. Used properly, it confers great benefit on our patients and reflects well on our practice and profession.

—Michael Ortynsky, BSc(Pharm)
Fort St. John, British Columbia

Reference

1. 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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Self-denigration in pharmacy

IN RESPONSE TO THE EDITORIALS BY DRs. DAVIES AND TSUYUKI on self-denigrating words and actions in pharmacy,^{1,2} I do agree that change is required, at the grassroots level, but I don't agree with some of the statements made by the authors.

Many of the issues highlighted as self-denigrating relate to factors that are in many respects uncontrollable for most community pharmacists, that is, the nature of the environment itself. And while one may state "that's why we should limit