Pharmacists can improve women's health through better access to care

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AS PHARMACISTS IN CANADA MOVE TOWARD GREATER USE OF their professional skills by practising to full scope, I am pleased to see that we are also making important inroads into women's health care services, such as treating urinary tract infections and prescribing contraceptives.

Urinary tract infections (UTIs) can cause extreme discomfort and are one of the top reasons for emergency department visits. These visits are long, interrupt women's lives and put undue strain on the health system. However, for the most part UTIs are easily treated. The provinces of Saskatchewan, New Brunswick, Quebec and, recently, Nova Scotia have all expanded access to UTI treatment options by enabling pharmacists to assess and prescribe for uncomplicated UTIs. Manitoba and Prince Edward Island are not far behind. In addition to Alberta, Nova Scotia will be the second province to implement public funding for pharmacist UTI assessments, which is essential to ensuring equitable access and expanding service uptake.

Obtaining contraceptives is another time-consuming activity for women because of distance to clinics or long waits for appointments in many parts of Canada. These access issues can have disastrous consequences for women, as the effectiveness of oral hormonal contraceptives depends on strict adherence and any gaps in treatment can significantly increase a woman's chance of getting pregnant.

Other recent good news out of Nova Scotia brings the total number of provinces where pharmacists can prescribe contraception, to varying degrees, to 4, including Alberta, Saskatchewan and Quebec. Pharmacists in Nova Scotia have also been granted some of the most advanced practice standards for contraceptive management in the world, along with public funding for the service.

In addition to assessing and prescribing hormonal contraceptives, Depo-Provera (including its administration) and intrauterine contraception in partnership with a physician or nurse practitioner, pharmacists in Nova Scotia are responsible for reviewing all contraceptive options available to their patients within the context of their personal circumstances, health and beliefs. Pharmacists counsel about sexually transmitted infections (STIs); provide resources and referrals for issues such as STIs, sexual dysfunction and abortion services; and educate patients on the importance and recommended frequency of screening tests such as breast examinations and Pap tests.

The contraceptive management services now being provided by Nova Scotian pharmacists are especially needed given the number of patients in the province without a family physician. However, so many other women across Canada are equally disadvantaged by a lack of access to these services, including women who either have to wait weeks for an appointment with their family physician or give up a working day to wait at a walk-in clinic, not to mention those who live in rural and remote areas with no clinic services to speak of. In fact, a recent poll by Abacus Data found that 72% of women across Canada support pharmacist-led contraceptive management, including prescribing, and 73% believe this will result in better access to birth control for Canadian women.

From UTI to contraception to menopause services, it's time that all provinces enable pharmacists to put their clinical expertise to good use to improve access to care for common female health issues. As I work to continue to foster women's leadership within the pharmacy profession, I would urge female leaders to be vocal about these care gaps and demand more for women in your province. ■

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