

Pharmacist advocates of public health

Claire Anderson spoke at a session organised by the Pharmacy Information Section and the Academic Pharmacy Section. She reports it here

Greg Duncan, lecturer in pharmacy practice, Victoria College of Pharmacy, Melbourne, Australia, introduced his talk about public health issues around the world as they relate to pharmacy, by stating that there is an inherent conflict between the concepts of public health and pharmaceutical care.

He said we have to reconcile population needs with individual needs. Public health, he said, emphasises the prevention of disease and the health needs of the population. New-style public health seeks to address health inequalities by advocating for population-based policies that improve the health of the population equitably. All but two countries have signed the declaration on human rights, which states that health systems should contribute to a fair and healthy society.

Mr Duncan defined pharmaceutical public health as the application of pharmaceutical knowledge, skills and resources to the science and art of preventing disease, prolonging life, promoting, protecting and improving health for all through organised efforts of society. He went on to consider some of the issues surrounding pharmaceutical public health. These include application of

essential medicines concepts, and even though we have TRIPS (property rights) agreements around the supply of medicines, there is still difficulty in translating these agreements into action. Issues like antibiotic resistance and counterfeit medicines are challenged, he said by limited resources.

Work at macro and micro levels

Pharmacists need to be working in public health at a macro level. To date 60 countries have developed medicines policies. Mr Duncan said that we must identify the priority needs of a population at a point in time. He told the audience that all 12 local pharmacists had been killed by the December 2004 Indian Ocean tsunami in Banda Aceh in Indonesia and that two pharmacists — one from France and one from New Zealand — were working there. They had spent most of their time sorting out donated medicines, only 5 per cent of which were useful. This is a major issue that needs addressing globally, Mr Duncan emphasised.

At a micro level pharmacists are involved in health promotion and disease management. Areas of involvement include promoting

health lifestyles, safe use of medicine and waste medicine disposal campaigns, immunisation, screening and so on. Mr Duncan told the audience that we need to look at these activities in a public health context. In many ways, he said, we are already practising public health, for example, in providing primary care services in developing and emergency settings.

Pharmacists also need to take up advocacy roles both in their communities and nationally. This, he explained would be driven by concerns for social justice, and support might vary and could include financial, representative, and active leadership roles. He concluded by stating that the real challenge is that no single professional action of pharmacists will matter at a population level unless major socioeconomic and environmental determinants of health are addressed.

We need to advocate for broad social and environmental change. The fundamental conditions and resources for health, he told the audience, are peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Public health in the pharmacy undergraduate curriculum — the Nottingham experience

Claire Anderson, professor of social pharmacy, University of Nottingham, UK, talked about public health in the pharmacy school curriculum. She told the audience that currently there is little coverage in many pharmacy curricula.

She explained that, at Nottingham, they start with the basics and then go on to get students to think about many of the issues that Greg Duncan had mentioned (see above). She said that the promotion of health and the prevention of disease are now seen as a priority for health services in many countries. The pharmacist's role, too, needs to develop to reflect this shift in emphasis away from simply treating those who are ill. The World Health Organization has recently stated that public health competencies, especially as they relate to the management of chronic disease, will be of increasing importance to the 21st century global health care workforce.

Pharmacists need to be thinking about populations, not just individual patients. Population, as it is used in this context, refers to patients associated with a particular provider, clinic or health care system. This is one way in which population-based care differs from traditional, individual patient care. A population approach, she explained, does not detract from individual needs, but adds another dimension, because individuals benefit from the information developed for the populations to which they belong.

Considerations of cost-effectiveness also increase, in that patients with a specific chronic condition are prioritised so that interventions are targeted toward those members most likely to benefit. So we need to give pharmacists skills in



health needs assessment, skills for implementing and evaluating evidence-based interventions thus reducing risks and delaying complications, and skills that enable measurement of outcomes for all patients, thus avoiding the trap of focusing solely on the individual patients who come forward for care.

We still seem to teach public health from a biomedical approach and there is little teaching on advocacy, community development, social capital and so on.

The most recent national vision documents for pharmacy state that pharmacists should have a public health role. "Choosing health through pharmacy" — the English pharmaceutical public health strategy — states that the undergraduate curriculum should include an overview of the three domains of public health: strategies for preventing disease and promoting health, the wider determinants of health, and the health psychology elements of behaviour change.

Professor Anderson then described Nottingham pharmacy school's public health curriculum and in particular talked about two assignments that the students complete.

In year two, following teaching on health promotion and use and evaluation of health promotion resources, students are placed in groups of six to produce a health promotion poster for display in a pharmacy. They are given a topic and a target group to research, for example, smoking cessation for pregnant women, emergency contraception for students and dental health for parents of young children. They are expected to understand and be able to explain to an assessor, the evidence base behind the messages on their poster.

In year four they again work in groups; this time they choose the eight people they wish to work with. They are told that their local primary care organisation has some money to promote sexual health and they are invited to give a presentation about the role of the pharmacist in sexual health and what services they might offer. They are assessed on the presentation they give and by an examination question.

Professor Anderson concluded by calling for a shared consensus on what constitutes the public health syllabus in schools of pharmacy. She asked the audience to consider integrating public health teaching into their clinical teaching and encouraged sharing or teaching materials and experience.