

■ WHITE PAPER

Pharmacy reforms are wide of the point

From Mr M. H. Smith, FRPharmS

I view with scepticism the reported euphoria around the publication of the pharmacy White Paper, the Clarke report and the Galbraith report. The most significant of these, the White Paper, seems to be remarkably short on financial detail.

I have been in pharmacy for 40 years and learnt early on that one of the first things you do is cost any new project accurately. I assume that this work has been carried out, but am a little dismayed that in England we are to be left to the whims and inefficiencies of primary care trusts and that a working group will be set up to look at this issue. This seems to be putting the cart before the horse.

Pharmacists want to take on new roles and it is right that our abilities are recognised, but we already do much for nothing. I trust that the Department of Health does not wish us to bail PCTs out over the out-of-hours fiasco created by the GP contract.

In her review of pharmaceutical contract arrangements Anne Galbraith gives us little of substance on the vexed subject of control of entry, suggesting it will "fall away" as PCTs take control of contractual arrangements. The 100-hour situation is farcical and the inadequate control of entry regulations leave contractors open to the financial pressures associated with property developers, not the providers of professional services.

Many of the developments depend on the quality of the PCTs, which strike me as administratively top heavy and, in many cases, fail to engage with pharmacy. That means we continue to chase around for £27 here, or £15 there, while we are required to make further investment on falling margins.

Today, a patient returned £930 worth of injections that were no longer required (and the patient had not died). Such reckless prescribing is scandalous. The DoH would do well to address this before it squeezes every penny out of the supply chain.

In Devon 20 years ago we organised a waste survey. At that time the figure was around 10 per cent of dispensed medicines. With the advent of monitored dosage systems goodness knows what the figure is now.

We are constantly told by politicians that investment in the NHS has increased threefold in the

past 10 years. My question is simple: how much of the money allocated to PCTs for pharmaceutical services gets to the point of delivery?

The Clarke report strikes me as being of little value. Unless the Royal Pharmaceutical Society offers more to its members it may not survive as a voluntary membership organisation: at best it will become marginalised.

I remain to be convinced that this is the new dawn.

Mike Smith
Budleigh Salterton, Devon

■ PATIENT RECORDS

Patients have valid reasons to be sceptical

From Mr J. Silcock, MRPharmS

Your leading article "More haste, more speed" (*PJ*, 12 April, p422) suggests that it is essential to make patient health records accessible to community pharmacists. From a professional perspective this is correct, but members of the public often remain unconvinced for a number of valid reasons.

Pharmacists who simply fulfil a supply function have no need for access to sensitive personal data, whatever role they may like to have in the future. The pharmacy environment is often commercial and patients may worry about access to their data by a variety of part-time staff.

Service changes (for example, repeat collection and delivery) have often distanced pharmacists from patients who could benefit most from enhanced professional input. Patients value continuity and may be disturbed by frequent changes in managerial or dispensing staff.

Data protection has become a highly sensitive issue. I suspect the Government will act in accordance with the expressed wishes of patients and their representatives. Pharmacists must demonstrate to patients that they both need data access and can be trusted with it. This means asking patients more questions and initiating more clinical interventions within the current contractual framework. When patients can see the difference this makes, then the message to the Government from focus groups and consultation exercises may change.

Jon Silcock
Lecturer in Pharmacy, School of Healthcare, University of Leeds

■ ELECTRONIC PRESCRIBING

Connecting for Health is not ready for roll-out

From Mr A. Phillips, MRPharmS

On 19 March, we had a hardware failure on our patient medication records system. This was repaired and the software reinstalled within 48 hours. Since then we have been awaiting the issue of a digital certificate from Connecting for Health, which will allow us to repair our connection with the NHS spine. This is an inconvenience because we cannot scan electronic prescription service prescriptions. Were we in stage 2 or beyond this would be a catastrophe for our business and customers. Thus I suggest that, although the EPS systems may be ready for a national roll-out to Stage 2, CfH may not be and until it can get the systems in order any further roll-out should be put on hold.

Alun Phillips,
Phillips Chemist, Liverpool

■ PHARMACY CONTRACT

Give all community pharmacists a vote

From Mrs L. K. Gilpin, MRPharmS

Having read Anne Galbraith's report on the review of NHS pharmaceutical contractual arrangements and the White Paper on pharmacy in England, I think there is much to look forward to with the recognition by the

Government of the different roles pharmacists are undertaking now and could undertake in future.

However, there will be much to consider given that a lower proportion of the overall pharmaceutical budget would be spent on dispensing activity and a higher proportion on clinical activity, according to the Galbraith report. This is likely to lead to an even greater change in the working conditions of employee pharmacists and locums.

No doubt, by various methods we will make our opinions clear, but at some point the discussion will disappear into the black hole that forms the negotiations of the new community pharmacy contract. This is the point at which most pharmacists become disenfranchised.

I no longer think this is acceptable in this day and age. It is the employees and locums who will be the instruments for change. We are the ones putting in the extra training and becoming accredited to do the additional work. We should be included at every stage of the proceedings.

Last time the contract was negotiated, pharmacy contractors had a vote on whether it should be accepted. This time I think all community pharmacists, owners, employees and locums, should be included in the negotiations and the vote. If we are going to move forward to this brave new world, let us go together.

Lindsey Gilpin
New Malden, Surrey
English Pharmacy Board Election Candidate

Letters to the editor

Letters are welcome from all readers. Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words and should cover one topic only. *The Journal* reserves the right to abridge letters and to edit them for clarity and style. Pharmacist and registered pharmacy technician correspondents should supply their membership numbers, and a contact telephone number should always be given.

All letters are considered on their merit and are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, previously. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform *The Journal* at the time. Further to a recommendation by the Journal Oversight Board (*PJ*, 1 March 2008, p244), pharmacists and pharmacy technicians whose names appear on the non-practising part of the relevant register are asked to make their status known.

Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication will usually be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

■ COMMUNITY PHARMACY

100-hour pharmacies are wasteful of time

From Dr P. J. Brown, FRPharmS

In addition to the concerns about 100-hour pharmacies raised in the White Paper I would add the issue of the efficient use of pharmacists employed in them.

As indicated in advertisements for staff in *The Journal*, a 100-hour pharmacy requires the employment of three pharmacists to maintain a six-day 16-hour service, or a seven-day 14-hour service.

While on weekdays the 9am to 6pm period is likely to be busy, because that is when most repeat prescriptions and walk-in prescriptions are dispensed, the out-of-hours service, when doctors' surgeries are closed, will be far less so, other than for the sale of pharmacy medicines.

I would guess that in a 100-hour pharmacy, 45 hours would be at "full speed", 20 hours would be at "half speed", and the remaining 35 hours would be at "tick-over" pace. At a time when there is a chronic shortage of pharmacists to provide the services during the busy

periods, can we really afford to have significant numbers of pharmacists sitting around doing little for much of the time in 100-hour pharmacies, and is this something that professionals really want to do?

The general view is that in most cases the 100-hour pharmacy contract exemption is being used merely for supposed commercial gain. I say "supposed" because one cannot see how, other than in exceptional circumstances, three pharmacists together costing in excess of £150,000 a year can deliver a commercially viable service, particularly one which meets the aims and objectives of the Department of Health and the Royal Pharmaceutical Society.

I have yet to see convincing evidence that the introduction of 100-hour pharmacies has significantly improved the provision of pharmaceutical services and care to patients. In the absence of this evidence one is left with the conclusion that they are wasteful of professional pharmacist time and energies, offer no competitive advantages and should be scrapped forthwith.

If we want to improve the range, scope and quality of

pharmacy services, we certainly do not need the formulaic approach that is currently employed. In its place we need a system where new pharmacy contracts are justified fairly and squarely on the basis of patient need. Those who seek such contracts would be required to provide clear evidence of significant unmet patient need and demand that will be provided on the basis of fair economic competition.

Philip J. Brown
*Weybridge,
Surrey*

■ MEDICINES USE REVIEWS

Review patients with the greatest need

From Mr K. S. Donlon, MRPharmS

The gold standard outcome for a medicines use review is a patient who is compliant, concordant and adherent to a clinically and cost effective healthcare package. This is difficult to measure and no less difficult to achieve.

Those performing MURs at any level are judged on the value

added by their encounter. This is not to suggest that an MUR that does not find any problems is of any less worth than one that does, but practitioners should be careful in selecting patients for review who have the greatest need.

Profiteers will maximise revenue from MURs and that will, and probably already has, debased their value. Patient selection should result from identified local healthcare needs and will be achieved by pharmacists communicating across healthcare interfaces. Formulary adherence, incentive schemes, and implementation of local and national guidance will benefit from a unified local pharmaceutical economy.

How can any primary care organisation or other service commissioner begrudge paying for a service that improves patients' health and supports the wider health economy?

Pharmacists must work together and, before all else, take care of their patients.

Kieron Donlon
*Medicines Management Team
Halton and St Helens Primary Care
Trust*

Advertisement

■ MINOR AILMENT SCHEME

Healthcare providers refer inappropriately

From Mr J. G. Thompson,
MRPharmS

Further to recent letters about the minor ailment scheme I find the major problem is not the patient with the shopping list; it is the inappropriate referrals received from other healthcare providers who see the scheme as a route to budget savings.

I have experienced countless consultations where a patient has gone to the doctor with, say, tennis elbow and has then been referred to the pharmacy for a free supply of, say, ibuprofen gel. This situation creates two consultations and ultimately does not save the health service a penny.

I have also received many a prescription for an antibiotic mixture for a child with the mother stating the doctor said to "ask for a bottle of Calpol at the chemist". Again there is no saving in consultation time.

I think that, as well as educating the patient to the fact that MAS is not a shopping list, we must also educate other healthcare providers to the fact that the major benefit to them is a saving in consultation time and not a saving in their medicinal budgets.

John Thompson,
Inverkeithing,
Fife

■ MEDICATION ERRORS

Error reporting system is problematic

From Mr P. Walton, MRPharmS

I would like to thank Jackie Gilrow for responding to my previous letter about error logs (*PJ*, 5 April, p398). I had seen the consultation document on non-referral to the Statutory Committee, which refers to one-off dispensing errors, even though the average three-year error rate would be in the order of 500 (see previous letters from myself, Joy Wingfield and Graham Phillips [*PJ*, 16 June, 2007, p717]).

In the Shipman case, Ghislaine Brant could have made an excellent defence case that she did not realise that Shipman was overprescribing diamorphine because she worked in a single location with no outside view of what is normal. The Royal Pharmaceutical Society inspector

who signed the register every six months would have seen many registers for comparison, and he did not notice problems. A similar situation should exist with error logs. However the scheme highlighted by Ms Gilrow would not achieve that because it only operates within the bounds of the pharmacy where the error has occurred. It is dependent on the employer or pharmacist participating in local or national reporting systems to externalise any problems.

Where problems are caused by the employer this reporting mechanism is probably useless. How many complaints are surfacing of errors attributable to understaffing and would the Society expect employers to incriminate themselves by citing understaffing as a cause of error?

In the case of an error where a pharmacist needs evidence that there was a problem that remained unresolved despite being reported, the Society system would not help. Where an error only occurs rarely then cross pharmacy knowledge is probably essential to prevent occurrence elsewhere, as it is unlikely to have occurred at that pharmacy in order to be evaluated.

The error reporting system we have only gives a strong audit trail up to the pharmacist or technician who dispensed the item and protects those above by having a weak trail. An examination of the situation in the peppermint water case may help to elucidate this contention.

Philip Walton
Manchester

■ ENGLISH PHARMACY BOARD

Why I have withdrawn from the election

From Mr C. Morris, MRPharmS

It is with great regret that I am withdrawing from the 2008 English Pharmacy Board election.

Geographic location means that I find it hard to take on extra commitments, such as working groups and work commitments and family issues mean that I can hardly find the time to read the material required for the meetings.

This is a landmark time for pharmacy and the board needs people who can give 100 per cent. I am a good scrapper and debater, but I do not feel that is enough at this time. If the profession is not to be ridden roughshod over by the next government and others the

Broad spectrum

The Broad Spectrum feature is open to any reader. Contributions of around 1,100 words commenting on topical issues should be sent to graeme.smith@pharmj.org.uk for consideration

people in power need to have a good understanding of the political playing field and the significance of past legal proceedings.

I apologise for doing this when the election has already been scheduled and ballot papers sent out — another expense that the profession could have done without. But the publication of the reams of paper from Whitehall and Lambeth recently has finally made all of the pieces fall into place.

I have always wanted the best for the profession and the best thing I can do is to step aside and allow more experienced heads to remain at their posts. I wish the remaining board members well in their future exploits.

Chris Morris
Newquay,
Cornwall

■ COUNCIL ELECTION

Boots does not exert undue influence

From Mr P. J. Walker, MRPharmS

It is of real concern to me that Noel Baumber has chosen to raise again the somewhat dated belief that Boots uses undue political influence on the profession (*PJ*, 12 April, p438).

Steve Churton, Jonathan Buisson and Paul Bennett are currently members of either the Council or the English Pharmacy Board — where is the evidence that they have used their commercial connections with Boots to unduly influence the profession?

I suspect that Mr Baumber has none and is being somewhat mischievous by raising the issue or perhaps, as a founder member of the Independent Pharmacy Federation, he has a hidden agenda.

I remember well the times when Boots did not encourage their pharmacists to enter into the wider professional arena and when even letters to the *PJ* had to be passed by senior management before submission. Thankfully, those days are over and Boots now positively encourages its employees

to take an active part in the leadership of the profession.

I am not aware of any preconceived plan that Boots gives to its employees taking part in professional pharmacy life, except as a company it expects all its pharmacists to exhibit personal integrity at all times.

Although I have yet to meet Nanette Kerr, I do know Mr Churton, Mr Buisson and Mr Bennett and I believe that they do exhibit personal integrity. They are working hard for the pharmacy profession and the best interests of all the membership are always uppermost in their minds.

The Boots Pharmacists' Association believe that company employee pharmacists must be given every encouragement to take an active part in the leadership of the profession. The unsupported meanderings of Mr Baumber do nothing to encourage. If anything they may put off good candidates from standing for election.

Peter J. Walker

Chief Executive,
Boots Pharmacists' Association

■ EDUCATION

A moral responsibility to tackle bullying

From Mr M. E. Q. James, FRPharmS

I am obliged to our Chief Executive and Registrar for his reply to my letter (*PJ*, 29 March, p361) in which he endeavoured to answer my concerns about preregistration students who, for whatever reason, find themselves to be incompatible with their tutor.

I welcome the news that the Royal Pharmaceutical Society "is undertaking a number of initiatives in relation to the operation of the preregistration scheme", and that it recognises "the need to support trainees by developing guidance on addressing training issues in the workplace".

However, Mr Holmes indicates that the current view is that our Society has and can have no involvement with workplace issues. No doubt, according to the strict letter of the law, he is correct, although our Society has a poor track record when it comes to legal opinions.

For my part, I do not think we can shrug off a moral responsibility quite so easily. We have told the student that he or she must undergo practical training. We have told him or her that such and such a person or organisation has been

approved for the purpose. Then, when there is an allegation that the tutor could be found wanting we say "Oh, that's an employment issue and nothing to do with us."

That may have been acceptable once but I wonder what a modern employment tribunal would make of it or a High Court judge, if it got to the point where they were asked to look at the principles behind the arrangement.

I fear that, as well as the law, both would look at the fundamentals behind the "contract" and, in those circumstances, even if, as our Chief Executive suggests, they might find for the Society, the terms of the judgment might be such as to set back the best efforts of our public relations department for a generation.

I am certain that we are only considering a minority of students, but I disagree with Mr Holmes when he says it is not our problem.

Students are our future colleagues. One of the marks of a profession is that it looks after its future members. Failing to do so would be both shameful, and to our collective peril.

Miall E. James

Colchester, Essex

■ PUBLIC RELATIONS

Work to improve image of pharmacy in media

From Mr N. C. Patel, MRPharmS

I write in response to the **Broad spectrum** article by Alan Rogers "Would you trust a chemist to check your health? We must deliver" (*PJ*, 19 April, p470).

Mr Rogers referred to an article on the front page of the *Daily Telegraph* where I was quoted as saying, "Pharmacists train for five years and are able to do far more than dole out prescriptions."

The phrase that caused Mr Rogers such offence was actually put to me by the journalist as a question. I was asked, "Do chemists actually do anything apart from dole out prescriptions? To which I answered; "Pharmacists train for five years to gain expertise in medicines and are able to offer advice about how best to use medicines."

The readers of *PJ* may be interested that my quote went on to say, "We can relieve some of the pressure on the NHS, and GPs in particular, especially in the area of preventive healthcare. Unlike GPs, we see people before they are sick,

and can potentially save the NHS millions by identifying problems before they become a significant health risk."

The quote was the result of a conversation I had with journalist Rosa Prince about the likely direction to be set by the (then unpublished) pharmacy White Paper. Although some paraphrasing was used, I stand by what was said.

I will continue to refer to "pharmacists" rather than "chemists" whenever I speak to journalists but their substitution of "chemist" for "pharmacist" is unlikely to stop until a greater understanding of the role of the pharmacist is ingrained in their consciousness.

Mr Rogers may be interested to know that I am as offended as he is by ignorance about our existing clinical role. I practised as a community pharmacist for over 10 years before being fortunate enough to be appointed to my role at the National Pharmacy Association.

The NPA has been running an "Ask your pharmacist" campaign for many years, which, I hope, has gone some way to raise the profile of our true professional description. I have been directly involved in this year's campaign that will continue to highlight pharmacists' evolving clinical role.

I remain frustrated by the disconnection between the actual benefit pharmacy has on the health of the communities they serve and the recognition pharmacists receive from the media. My colleagues in the other pharmacy bodies and I will continue to fill this knowledge gap as best we can, but we all rely on the experience that patients and the public have every time they go into a pharmacy to validate our press statements.

The NPA is keen to work with the profession in getting messages across to the media from the front line. If Mr Rogers is interested in helping us I would be delighted to discuss with him the opportunity of becoming an NPA regional spokesperson, which would allow us to promote his experiences of providing pharmaceutical care to a wider audience.

Neal Patel

Head of Communications
National Pharmacy Association

E-mail
E-mail correspondents are asked to give a full postal address or membership number

■ NEW PROFESSIONAL BODY

Need for continuity of engagement

From Mr D. A. Thomson, MRPharmS

A common theme emerges in considering the hopes and ambitions of candidates standing in this year's election to the Royal Pharmaceutical Society's Council. That is the need for change. For any organisation this could be hard but for a long established, traditional organisation like the Society, this could be a particularly difficult. From my engagement with members through branches, as a current member of Council, through the Scottish Pharmacy Board and locally from colleagues within extensive hospital and community pharmacy networks, I am aware of a mounting level of acceptance that radical change not only has to occur but is increasingly long overdue. The Society, post Shipman, has majored on its regulatory function at the expense of membership services. The imminent split in role and function affords a unique opportunity to redress the balance and fully realise the very real potential these changes will bring. This will allow development of a member-focused organisation that needs to be attractive to prospective members. Recommendations from the Clarke inquiry indicate a range of options preferred by respondents. The efforts of the transitional committee, to be formed later this year, will be fundamentally important in shaping the future model of our professional body. In addition, the new shadow organisations will be in place by mid 2009 and fully functional in 2010.

In considering the timescales involved, there is a strong need for continuity of engagement and full awareness of current developments. As a member of Council for the past three years, I have been closely involved in these developments. I am strongly committed to the need for change and have worked tirelessly to take this forward. I aspire to see the work through to completion facilitating the formation of a truly member focused leadership body that we can be justifiably proud of for many years to come. Please help me realise this as an ambition shared with many fellow pharmacists.

David Thomson

Lenzie, Glasgow
Council Election Candidate

 THE SOCIETY

Council needs professionals with vision

From Mrs N. Kerr, MRPharmS

I attended the open day of the Royal Pharmaceutical Society on 20 April and was particularly interested to hear Jeremy Holmes refer to the Society as “your Society — your organisation”. We have a unique opportunity to make the new professional body just that. An organisation that is so integral to our professional life, so essential to the status and progression of our profession that to be without it would be unthinkable. But for this to be the case there needs to be a lot more action than words.

It needs to have at its heart committed, visionary professionals who are not afraid to stand up and be counted. I have been in pharmacy now for 37 years, starting as a Saturday girl in a local independent pharmacy, through preregistration and promoted posts in hospital to my current senior position in community pharmacy. My commitment and passion for the profession is obvious to those who have met me and it is this that gives me the confidence to stand for Council election.

We need a new professional body that is more inclusive and member facing, supporting us with continuing professional development and setting standards for practice and specialist roles. Both my previous role, as head of a superintendent pharmacist’s office, and my current role have given me experience that would support this.

The new body must have an authoritative and influential voice, able to persuade the Government, Department of Health, other healthcare professionals and, sometimes, ourselves that we are capable of so much more. However, it takes time to build credibility, respect and loyalty so that we can be confident that our Society is acting in our best interests. I spend much of my time speaking at public and business meetings selling the skills and expertise of pharmacists and pharmacy teams and am confident I can contribute to development of the new body in this area.

There needs to be a clear, well thought out vision and strategy both for the new professional body and pharmacy in its entirety. One of my key responsibilities has been to shape the healthcare strategy for my business and to take this from a

visionary document to a five-year business plan. These skills will be critical in moving the Society forward into the new era.

I truly believe my experience and expertise will give “our organisation” the advantage it needs to meet the new challenges with confidence.

Nanette Kerr

*East Grinstead, West Sussex
Council Election Candidate*

Getting better

From Mr D. P. Sharma, MRPharmS

As one of the (slightly) younger generation of pharmacists coming through, I would like to thank those pharmacists who have worked tirelessly for the Royal Pharmaceutical Society. Those individuals who joined the Council must have done so for the love of pharmacy and honour of working for the profession. Individuals such as myself have gained the benefits of this.

From reading some retired Council members’ letters (*PJ*, April 5, p401, April 12, p439), anyone who has joined the Register in the past 10 years has witnessed a degeneration. I can see there used to be more trust and I enjoyed reading about “the nod” as a way to get things through a meeting. But have things really degenerated that much? There is a danger that younger pharmacists who read the *PJ* fall into the trap of thinking that it must have been better before. Maybe it was, but times are changing and the Society must change.

Having non-pharmacists in the Society must, overall, be a good thing, as they bring their own skill set and a broader outlook. This, combined with individuals who have expertise in specific pharmacy matters can only be of benefit.

Is the *PJ* really a shadow of its former self? I enjoy reading it every week and think that the quality of articles and news features is good. There are lessons to be learnt and something the “old school” generation can do is remind individuals (via the letters pages, for example) about the importance of understanding our history and past achievements.

For example, I did not know Herbert Grainger, a former past president. Surely such an important figure must have contributed a huge amount to pharmacy. A fuller obituary (*PJ*, 15 March, p321) could have given other pharmacists an instant assessment of his life.

Maybe a lesson has been learnt

here, but I remain optimistic about the future for the Society and pharmacists who work in every sector.

Dave Sharma

Cambridge

 EUTHANASIA

Terminally ill must have right to choose

From Professor A. R. Michell, MRCVS

The case argued in my **Broad spectrum** article (*PJ*, 8 March, p272) is not based on a single emotive experience, as one correspondent seems to suggest (*PJ*, 12 April, p438); I have written about these issues in the national press, and spoken about them at meetings and on television, long before that. It is based on a lifetime of experience in the only profession — veterinary medicine — which, in the UK, has experience of having assisted closure as an option for the relief of irreversible suffering.

My experience of nursing a dying human patient reinforced, all too vividly, the fact that pain and suffering can reach beyond the power of even the finest palliative care. The question then is, if patients have made it clear, while still thinking coherently, that in such circumstances they would prefer the battle to end, why this most important of choices should be denied to them. To continue to deny it, in a country with a secular majority, and a majority in favour of such a change, is a cruel offence against human rights.

The two bastions of resistance, the higher value on human life and the danger of mistaken choice, are both addressed in my article. How can a higher value on human life lead to human patients being treated in a way that would be unethical, even illegal, if inflicted on animals? And, if the risk of regretted outcomes were a justification for withholding choice, would we forbid riding, rugby, skateboarding or military service? As for undermining confidence in doctors, it is the patient’s choice, not theirs.

The essence of freedom is choice, the price of choice is the risk of error and, if we believe in patient choice, few choices, if any, are more important than those concerning the manner of our dying. These issues will increasingly confront pharmacists as the NHS,

rightly, tries to facilitate the wish of the majority of the terminally ill, to be at home rather than in a clinical environment. We all need to recognise that what seems right for us may seem wrong for others and should not be forced upon them as an outdated relic of a religion they may not share.

Bob Michell

*Nether Worton,
Oxfordshire
Lay member of the Royal
Pharmaceutical Society’s Council*

We need spiritual debate and leadership

From Mr A. J. T. Low, MRPharmS

I read Bob Michell’s heartfelt **Broad spectrum** article (*PJ*, 8 March, p272) on “assisted closure” in terminal illness and greatly admire him for addressing this issue.

It is good to see health professionals debating the circumstances of dying. It cannot just be brushed under the carpet as we hope for the best. As a society we have become alienated and distanced from the details and processes of dying.

In pharmacy we are not usually involved directly in the care of the dying, in that our role is usually confined to supplying medicines, such as palliative analgesics for a patient who may be dying at home. So, perhaps, we tend to forget the enormous emotional content of these situations.

Professor Michell makes the point that there are arguments both for and against euthanasia and that arguments like the possibility of a miraculous recovery (on the “contra” side) are “wheeled onto the barbican” to defend the established position set against assisted dying. These are much more abstract considerations than we usually face in community pharmacy certainly, and it is good to see that those with the beliefs and ability can debate these complex moral issues in an open manner in the right forums.

Ultimately, Professor Michell addressed advanced and complicated questions, and we need spiritual guidance from the right quarters to guide us forward. These are not light issues and we would not want to be without some sort of spiritual debate and leadership.

Andrew Low

*Harrow,
Middlesex*