

# Message from the maze

By *Malcolm E. Brown*

The wording for the Royal Pharmaceutical Society's proposed new Charter changes "promote the interests of members in their exercise of the profession of pharmacy" into "safeguard, maintain the honour and promote the effectiveness of the profession of pharmacy and to support the professional interests of pharmacists". Different pharmacists passionately hold different opinions on these changes. It seems to me, as both pharmacist and sociologist, that basically, there are two questions to address.

The first is, are pharmacists the same as the profession of pharmacy? The second is, what, precisely, does "the professional interests of pharmacists" mean?

Considering the first question, today, only pharmacists comprise the profession. The Society is the professional body representing pharmacy. Its members are, today, only pharmacists. So, pharmacists are members of a society. That society extracts about £8,000 (2003 values) of retention fees over each member's lifetime.

## THE SOCIETY AS A HOLOGRAM

To help to understand what being a member of a society means, the metaphor of a hologram may help. In a hologram, each part is a complete, but less detailed, part of the whole. To pharmaceutical members and their Society, individual members are the Royal Pharmaceutical Society written small while the Royal Pharmaceutical Society comprises individual pharmacists written large. In other words, each member is a complete but less detailed splinter of that Society.

However, suppose that the Society permits members that do not match the existing members. Even if called "associate members", they would still be a sort of member and, possibly, numerous. Those new members may not be pharmacists. Will the hologram cease to function? I now reflect, in turn, upon possible outcomes if the Society admitted four groups.

The first group is individuals who once practised as pharmacists but who have recently retired from the register. They are our immediate predecessors. Their skills included extemporaneous compounding and even killing pets; that illustrates how public expectations of what pharmacists do have changed, rapidly. Emphasis in practice has changed. However, those retired pharmacists who, let us remember, learnt practice then considered cutting edge from their previous generation, could undertake audited continuing professional development, reregister and practise again. They would probably be accepted. The register already embraces the changes in style of individuals born within about four decades. Include another decade and the hologram would probably alter little.

Second, consider dispensing doctors. Doctors were legally permitted to dispense before pharmacists. Medical practitioners benefit from higher status and income than pharmacists. Pharmacists' moral outrage that medical practitioners possess little or no training in dispensing but only in prescribing should, perhaps, today, be restrained. The reason is that some pharmacists will shortly become National Health Service prescribers. In other words, doctors have legally prescribed for a long time while pharmacists will do so soon. If pharmacists will shortly enter doctors' holograms, should not doctors enter pharmacists' holograms?

Next, consider chemists and biologists who are qualified persons (QPs) in the pharmaceutical industry; they certify that batches of medicine may be released to the European Union market. QPs are the quality assurance professionals involved with the manufacture of medicines. British law allows only about 2 per cent of pharmacists to do that. If making medicines is not pharmacy, what is?

Finally, mull over a group that our Society has already proposed to include: pharmacy technicians. Such individuals may dispense more accurately than pharmacists. Technicians may well shortly possess degree level education; let us remember the context that, within about one generation, half of Britons aged 30 will be graduates. Moreover, technicians still want to handle medicines, unlike an increasing portion of pharmacists who aspire to a more distant relationship. Note well that if a patient had to choose between either being supplied with a medicine or being given advice about it, the patient would probably prefer the former. Arguably, therefore, technicians are more closely involved with crucial aspects of pharmacy than are pharmacists.

Adding each group would generate conflicts of interest and the strains would show as distortions when "before" and "after" holograms were compared.

Survival of the structure of the Royal Pharmaceutical Society is not inevitable. Consider history: all powerful empires eventually disintegrate. I suspect that, within our Society, some of the four extra groups considered would "cause" more strain than others. But every group could contribute to helping patients.

So why would certain groups make me uneasy? Perhaps they might take over, bit by bit, each bit being acceptable, but the total result being the destruction of the existing membership. If existing members were to become a minority, the ballot box would act against them. The splinters comprising the majority could redefine the whole hologram

that would redefine every splinter. However, the newcomers might enrich the whole so that all of its members benefited. Either way, the Society would have turned into something else.

Turning now to the second question, "professional interests" is connected with "profession". There are libraries written on the meaning of the professions. Books range from the crumbling and musty to the crisp and fresh. To begin to understand that literature requires years of study. Thinking of professions as just occupations possessing traits, such as high-level education, is an over simplistic understanding, for example. But there are so many perspectives in that literature that trying to interpret it, for non-sociologists, is like endeavouring to escape from a maze. Interpret with academic rigour, and perspectives may baffle; interpret too simplistically, and sociologists may denounce it as distortion. However, one sociological viewpoint is so obvious that it reared up and bit me on the nose. It is also so pertinent to pharmacists today, that I have to state it and risk criticism.

Members of a profession believe their primary duty is altruistic: to care for their clients. For pharmacists that means patients and the latest code of ethics has clarified that. It is also what government and the public want. Until about the 1960s, the public including social scientists believed that professions delivered altruism.

## A PROFESSION IS INSTRUMENTAL

However, since then, individuals outside a profession, looking in, have become more "cynical". Today, many groups believe that a profession is instrumental: it safeguards its self-interest and that of its members. The part of the present Charter saying to "promote the interests of members", using the ordinary meaning of words in English, to some implies naked self-interest. That part would probably be perceived as strong evidence by those arguing that professions were, indeed, self-seeking.

I can perceive the profession of pharmacy as both altruistic and instrumental. I also believe that many pharmacists could see both viewpoints. Do not pharmacists both sincerely care for patients and earn their bread from them? Therefore, by using the words "profession" and "professional", the meaning includes the self-interest of pharmacists. Even if it is a semantic sleight of hand by hard-pressed Council members, pharmacists should be grateful that such words in English have now acquired, in Britain, those two meanings.

This article has not provided answers but has attempted to ask pertinent questions. When Privy Council members consider these matters, I hope that they will make the wisest decisions for patients and for their pharmacists.

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