

Freedom for pharmacists: going independent might change the future

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Nationwide, the portion of independently owned pharmacies has declined. In 1977, in my district in East Anglia, of about 40 pharmacies, roughly 85 per cent were independently owned. Now only approximately 15 per cent remain independent.

Mega business has purchased the little people; few profitable smaller pharmacies remain for purchase by a new generation of independently minded pharmacists wanting to gain the prestige of being their own bosses. That mirrors the fencing off of “the commons” in the 18th century. Poorer people could no longer fatten their cows and geese there.

In order to eat, pharmacists sell their knowledge, skills and caring attitude. Increasingly, they must do so as employees of others, but being an employer or a self-employed person remains possible. Each offers a certain type of freedom.

Pros and cons of being an employee

First, consider being an employee. Advantages include those identified by the sociologist Weber (1864–1920). His (bureaucratic) organisation has rules, limits of authority and documentation so employees know where they are. Today’s employees benefit from leisure, study and sick leave and paid pension contributions. Potentially, systems are splendid, colleagues are interesting and managers are inspirational. Employees’ appraisals for performance and training with their boss spoon-feeds some of their mandatory continuing professional development. The salary is substantial. He or she might progress to become a big cheese with colossal perquisites. Personal financial risk generally remains low.

Disadvantages include the risk of catastrophic change imposed from outside: witness regrading, restructuring, redundancy and takeovers — or just being fired. Moreover, although individual managers may demonstrate genuine concern, that of the organisation may be perceived as but a gloss. The impression of caring is just another managerial strategy: the organisation may care nothing about its employees. Its motives are utilitarian: an employee is a resource that must generate maximum profit at minimum cost. Organisations inflict humiliating practices, such as staff searches, that reduce pharmacists’ status.

Machiavelli (1469–1527) argued that the successful mountaineers of organisational pyramids were flatterers, negotiators, covert aggressors and masters of the black arts. Occasionally, conflict becomes more public; a recent illustration is the tiff between pharma-

cists and pharmacy technicians through letters published in this journal.

Basically, there is always a certain awkwardness about working for another. Such work, by definition, lowers one’s status. One strategy to raise it is to become self-sufficient: work one’s own land, however humble. Then, one would be beholden to no person.

Pros and cons of self-employment

So consider, secondly, self-employment. Many pharmacists remain self-employed as locums. They represent about a quarter of all pharmacists and 38 per cent of community pharmacists.

Self-employment has disadvantages. Those who are self-employed always look over a precipice. If no one wants them, they will “starve”. They must look after their clients and endeavour to give cost-effective service to be invited back. They are the marginal men and women. They may miss out on staff discounts. Days may be long and income low: £20 an hour compares unfavourably with about £100 an hour for an accountant and they will probably need to hire one to help them avoid paying tax. They must fix their own crashed computer and everything else.

But advantages exist. Self-employed people are quick to react to new opportunities. They skip the spin of team briefings. They are insulated from pressure to work when they have important family commitments, such as Christmas. They may choose never to return to sweat-shop dispensing factories where they are expected to labour furiously during their lunch break. They are privileged to hear the gossip about employers from employees who feel downtrodden; employees know that the self-employed person, an “outsider”, will respect confidences.

The self-employed may possess an unusual, marketable attribute. Then they can go upmarket and sell their skills in a consultancy at enhanced fees. They could mix and match methods of earning. For example, last month I practised as a community locum, certified ectoparasiticide for goats, rabbits and sheep and medical gases for humans, and wrote.

Purchasing their own pharmacy remains possible. Commercial success may require long, hard hours, stamina, entrepreneurial flair — and luck. There are risks. But to some personalities, life without risk is a flabby thing like a glycerin suppository formulated with insufficient gelatin. If pharmacists do not take some risks, such as developing “new” roles, arguably nurses may eat their lunch and doctors their dinner.

Imagine that you are the locum-in-charge during the last day of the last independent, community pharmacy in Great Britain. The last proprietor pharmacist has sold out to Wal-Mart because it offered most money.

It is a lovely pharmacy. You have worked there for years. It smells of peppermint and beeswax, as pharmacies used to smell. You feel at home. The pharmacy technicians are diligent, skilful and friendly. The manner of the closing has gutted them. The proprietor was forbidden in the contract to discuss the closure; staff have been sold with the fixtures, fittings and medicine stocks.

Medicine stocks are being transferred box by box into the superstore. Ever and again the empty boxes return and are filled from shelves.

“Look at that,” says a pharmacy technician pointing with a trembling finger. Contempt, tears and laughter mingle in her voice.

Rolling around in the returned box is a potato. The grocers are losing no time in marking their new land. So the last independent pharmacy died and you witnessed the whimper. Do you care?

Germans have words for the soulful, fugitive feeling for old stones: the words *Ruinenempfindsamkeit*, *Ruinesehnsucht*, and *Ruinenlust* describe a visit to see overgrown mounds within a once proud city.¹

From history into legend?

Maybe it is too late. Maybe we are in love with the independent pharmacy that was but can be no more.

Many pharmacists, I suspect, secretly dream of being sole proprietors. A few of those aristocrats among independents do remain and the knowledge of their romantic presence fortifies all pharmacists. But the sole proprietors are struggling and may slip into nostalgic history and eventually into legend.

Pharmacists who care about such changes may be able to do something. They can practise for themselves if their personality fits; they do not want to become the proverbial square peg in a round hole. Initially I worked for others. Later I worked for myself and I still do. The latter, is, for me, better.

If other pharmacists join me it will make little difference to the freedom and status position of pharmacists as a group. However, if thousands of our colleagues also go independent, maybe, just maybe, we could change our future.

Reference

1. De Botton A. *Status Anxiety*. London: Penguin; 2005.