Pharmacists to the fore

The Swedish policy of shifting much health care activity from the hospital to the home means that pharmacists are being asked to assume increased responsibility for rational drug use.

In Sweden it is now intended to help ill people to remain at home as long as possible. This implies that a much higher standard of outpatient care will have to be given than before and that there will have to be close collaboration between hospitals, the primary care system, hospital pharmacies, community pharmacies, and the municipal home care services.

Many patients who treat themselves with drugs do not seek the advice of a physician or a nurse. Every year in Sweden some 39 million people visit primary care centres, private practices and outpatient clinics at hospitals, while pharmacies serve 60 million customers. Of the latter, 25 million obtain prescription drugs and 35 million buy over-the-counter drugs. Of the non-narcotic analgesics and the antacids acquired by the public in Sweden during 1985, 40% were sold over the counter; the corresponding figure for laxatives and cough remedies was 30%. Pharmacists thus come into contact with far more patients than do primary care centres and should therefore be regarded as one of the cornerstones of primary care.

With their knowledge of drugs, disease and minor ailments, and their ability to communicate with patients, pharmacists can be valuable members of the primary care team. Swedish pharmacists are now working in close collaboration with physicians and other primary care workers in order to achieve rational drug use. This endeavour is helped by the fact that many pharmacies are located in district health centres, where drugs are prescribed. Pharmacists working elsewhere are also building contacts with medical personnel.

Pharmacists can usefully engage in:

— drug and therapeutic committee work concerned, for example, with the selection of drugs;

— education and the dissemination of information about drugs, prescribers, other health care personnel, social workers, patients, customers and the general public;

— research and development, e.g., drug utilization studies and surveys on knowledge about drugs among various categories of patient.

Committee work

Since the first drug committees were established in the early 1960s in certain hospitals, it has been customary to choose their members from the staffs of the hospitals and the attached pharmacies.

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However, as 80% of the drugs sold in Sweden are prescribed for outpatients, it has become evident that the committees should also include representatives of primary care. It is clearly desirable that the same drugs should be selected for use both in hospitals and outpatient care. Consequently, physicians and pharmacists from the outpatient sector are now involved in the work of the drug committees; nurses sometimes also take part.

Because of the increasing emphasis placed on the use of drugs in primary care, local drug groups have been established. They are attached to the drug committees and each comprises a primary care doctor, a district nurse, and a pharmacist from the local pharmacy. Some of their members are on the drug committees as well, thus forming a bridge between inpatient and outpatient care. An important task for the local groups is to adjust the recommendations of the drug committees to local needs and to monitor drug use. Keeping a check on drug costs is increasingly important.

Information and education

In order to get good compliance with the recommended drug list it is necessary to gain its acceptance by physicians as well as by pharmacists and district nurses. Doctors, therefore, should not only be provided with the list but also with the reasons for the recommendations. Pharmacies can act as clearing-houses for this information as well as for other material directed towards health care personnel.

Among primary care physicians there is a need for noncommercial information on drugs. Pharmacists can play a useful role by providing data on, e.g., new drugs and ones with new indications, and can supplement facts given by the authorities.

Pharmacists have done good work in the education of nurses, home helps, and other health staff. Home helps, who work mainly with the elderly, are thus enabled to recognize drug problems so that they can call for help from physicians, nurses and pharmacists when necessary.

Swedish legislation requires that, as far as possible, patients should participate in the planning of their treatment. This means that patients should know about the benefits and risks of treatment and about what happens if they choose not to be treated at all. It is therefore mandatory to inform patients about therapeutic effects and adverse reactions. This information should be given by prescribers and, to some extent, by dispensing pharmacists. Agreement is necessary between prescriber and pharmacist about how the information should be given. In this connection the existence of a recommended list of drugs for use both in hospitals and at the primary care level is clearly advantageous.

Pharmacists, who come into contact with patients when they may be more receptive

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to information about drugs than they would be in a consulting room, should be able to communicate in both written and spoken form, in accordance with what has been agreed with local physicians. It is important
that pharmacists supplement and reinforce the information provided to patients by prescribing physicians and that they do not attempt to do the doctors' work. Leaflets are available to remind patients of information previously obtained verbally. There is one for each of various groups of drugs, dealing with how the medicine works, how to take it, and what to do in the event of side-effects. A journal, *The Pharmacy*, published five times a year, is available free of charge to the customers of pharmacies. It provides information about common diseases and their treatment, including advice on self-care. In certain parts of the country, pharmacists regularly write in the local newspapers about various drug problems. The articles seem to be much appreciated by the public. In some areas, pharmacists have also been able to use local radio as a channel for information.

With regard to self-care therapy, recommendations have been drawn up by physicians, district nurses and pharmacists in the primary care districts for about 30 of the commonest temporary disorders. The details are given in booklets, which also indicate the symptoms of illnesses requiring the attention of doctors. Consequently, all patients receive the same advice, irrespective of whom they consult. This increases public confidence in health care.

The education of patients on drug treatment presupposes that they have a basic knowledge about drugs. In Sweden about half of all children in the ninth grade (aged 15–16 years) are given information and education by pharmacists about drugs and their role in the treatment of disease.

**Research and development**

Computers are being installed in all Swedish pharmacies for handling prescriptions. This means that primary care centres can be provided with prescribing profiles related to the average one for primary care in a given area. Studies are under way to show whether such information is valuable in a therapeutic auditing process aiming at improvement of prescribing practices. The role of pharmacists here is to compile the data in a readable form, while physicians are responsible for interpretation.

One of us has been involved in a study aimed at collecting information about the elderly, including their drug problems. A research group including two physicians, a nurse, two home helps, and a pharmacist interviewed about 100 elderly people. As a preliminary, the pharmacist gave lectures on drugs and drug-related matters to the home helps, who did most of the interviewing. The use of health personnel rather than professional interviewers meant that the group learnt much during the process and that the knowledge gained could be applied to correct erroneous medication. The study showed that the patients knew why drugs were given and how to take them, but that they did not know what might happen if they did not comply with the regimens. It was also found that hospital physicians prescribed more drugs per patient than did private practitioners and primary care doctors. This could cause problems since hospital physicians have little or no contact with municipal home care. Elderly people who regarded themselves as healthy had good social networks and a low
Apoteksbolaget

In Sweden the pharmacies are run by Apoteksbolaget, the National Corporation of Swedish Pharmacies, which handles all purchases and sales of pharmaceuticals and has the sole right to engage in the retail drug trade.

The Corporation is operated as a limited liability company. Its head office is in Stockholm and its board of directors consists of representatives of the shareholders (two thirds of the shares are owned by the Government and one third by the Corporation’s pension scheme) and the employees.

The Corporation has two main tasks:

— to supply drugs and information about drugs;

— to satisfy, in free competition, the requirements of customers for goods and services in the areas of medical care and health care.

The guidelines for the Corporation’s activities are laid down in an agreement with the Government. Among other things the Corporation is required to:

- be responsible for a high-quality supply of drugs at the lowest possible cost;
- determine where and to what extent pharmacies and other sales outlets for drugs should be located;
- negotiate purchase prices for drugs with the manufacturers;
- ensure that drug prices are uniform throughout the country;
- negotiate the conditions governing the drug supply to the public health and medical care services, seeking close cooperation with the principals of these services;
- promote the dissemination of comprehensive information in the pharmaceutical field;
- assist in the continuous production of statistics on the consumption of pharmaceuticals;
- ensure that personnel engaged in the distribution of pharmaceuticals are adequately qualified.

The Corporation’s symbol (see figure), which is displayed by all pharmacies in Sweden, is a stylized form of the classic symbol of pharmacy: the serpent and bowl.
consumption of drugs, health care and home care; those who considered that they were in poor health were much more lonely and used more of these things. There were more men than women in the former category and more women than men in the latter. Social class also played a part, better health being enjoyed in the upper social group.

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Pharmacists can play an important role in primary care. Close collaboration between physicians, nurses and pharmacists in hospitals and at the primary care level helps to overcome concerns about the advisory role of pharmacists in respect of prescription drugs and the choice of over-the-counter drugs for minor ailments.

In 1986 an opinion survey conducted by Gallup showed that the public had great confidence in the drug information given by pharmacists and health care personnel, and that there was a desire for honest and complete information on the effects and possible adverse reactions of prescribed drugs. Such information enables people to be on the alert for possible drug-related problems and indicates what to do when they occur. We believe that pharmacies have a future role as drug information centres that are easily accessible to health personnel, municipal home helps, and the public.

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**Tobacco gives bladder cancer too!**

*Tobacco smoking is the most important cause of bladder cancer. In countries with a history of prolonged cigarette usage, approximately 50% of bladder cancer in men and 25% in women are attributable to tobacco smoking. The relationship between bladder cancer and the duration and intensity of smoking are similar to those for lung cancer, although the risks are lower. The risk for the heaviest cigarette smokers is about five times that for the nonsmokers. A decreased risk of bladder cancer, approaching that of a non-smoker, is seen approximately 15 years after smoking cessation.*