

Merry  
Christmas



# The Pharmacist Activist

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**“For to us a child is born, to us a son is given, and the government will be on his shoulders. And he will be called Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace.”**

Isaiah 9:6

Editorial

## How Shall We Live?

**M**ost of my editorials focus on problems and challenges for our profession of pharmacy. The Thanksgiving and Christmas seasons provide added motivation to consider the individuals and experiences which have provided encouragement and blessings, and the opportunity for self-reflection and review of our priorities moving forward.

I recently attended a concert at which one of my favorite hymns was sung. I included the words of the hymn in the December, 2015 issue of *The Pharmacist Activist*, but they provide an enduring important message that warrants my and our continuing attention as they relate to our priorities and how we live. The words were written by Gloria Gaither and set in the music of “Finlandia,” composed by Jean Sibelius.

### I Then Shall Live

I then shall live as one who’s been forgiven;  
I’ll walk with joy to know my debts are paid.  
I know my name is clear before my Father;  
I am His child and I am not afraid.  
So greatly pardoned, I’ll forgive my brother;  
The law of love I gladly will obey.

I then shall live as one who’s learned compassion;  
I’ve been so loved that I’ll risk loving, too.  
I know how fear builds walls instead of bridges;  
I’ll dare to see another’s point of view.  
And when relationships demand commitment;  
Then I’ll be there to care and follow through.

Your kingdom come around and through and in me,  
Your power and glory, let them shine through me.  
Your hallowed name, O may I bear with honor,  
And may your living kingdom come in me.  
The Bread of Life, O may I share with honor.  
And may You feed a hungry world through me.

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## Appreciation

This issue marks the completion of the eighteenth year of publication of *The Pharmacist Activist*. The index for this Volume 18 (2023) is included. All issues in Volumes 1 through 18 are available on the website, [www.pharmacistactivist.com](http://www.pharmacistactivist.com).

I wish to express my appreciation to Linda Corvari, my friend and former student, who is the Founder and CEO of the pvalue group of companies ([www.pvaluecomm.com](http://www.pvaluecomm.com)) for the financial support she has provided for the publication of *The Pharmacist Activist*. The officers of the Delaware County (PA) Pharmacists Association have also provided financial assistance. The support provided makes it possible to continue to make this newsletter available free-of-charge via email to interested pharmacists, student pharmacists, and others.

Appreciation is also extended to Jeff Zajac for his very

capable design and distribution services that he has provided from the time that the first issue was published in 2006, and to my wife and Assistant Editor Suzanne Hussar for their expertise, skills, and encouragement in editing, preparing, and distributing each issue.

I am also very grateful to those who read *The Pharmacist Activist*, and the many who provide thoughtful comments, experiences, and recommendations. Your responses have been the source of motivation for me to continue sharing my perspectives on the challenges facing and opportunities available to our profession.

Best wishes for a blessed Christmas season and a healthy and enjoyable new year!

Daniel A. Hussar

## The Personal Touch

“The pharmacist has lost contact with his patients.... Patients expect, and indeed want, contact, personal attention and professional services from the pharmacist.....The single most important recommendation of our study is that communication has to be reestablished between the public and the pharmacist. It is necessary to explain to the public in considerable detail exactly what the pharmacist does. To achieve this, all modern channels of communication should be utilized.”

These observations are included in the report, “Communicating the Value of Comprehensive Pharmaceutical Services to the Consumer,” prepared by the Dichter Institute for Motivational Research and commissioned by the American Pharmaceutical Association. Most pharmacists are not aware of the Dichter study because it was prepared in 1973 – 50 years ago! I just rediscovered it while reviewing (and discarding) files of my presentations and publications, including the ones in which I cited and included the above comments.

Included in the paper I wrote were observations about the criteria for establishing whether an individual should be designated as a “health professional.” One criterion is whether in all instances the health and welfare of the patient are held paramount. Another characteristic of a professional practice is the existence of a one-to-one relationship between the patient and practitioner.

Notwithstanding the numerous important advances in the

roles and accomplishments of individual pharmacists and the profession of pharmacy, I would suggest that the observations of the Dichter study are even more important now than they were 50 years ago. The reference to using “all modern channels of communication” could have never anticipated the modes of communication that are currently available. However, a question exists as to whether the remarkable development of new communication channels has been accompanied by increased “contact, personal attention and professional services from the pharmacist” that the Dichter study identifies as being important to patients. My response to that question is “no,” and that, if anything, the personal interaction between pharmacists and patients has declined. Regardless of the practice setting (e.g., community, mail-order, health-system, long-term care, specialty), many pharmacists have little or no personal communication with patients. Although the authorization of pharmacists to provide immunizations provides important opportunities for not only personalized, but also “hands-on” interactions with patients, this service is often provided in a frantic workplace environment that significantly limits discussion.

Practicing pharmacists value their role and status as health professionals, but if there is not a personalized one-to-one relationship with patients, is that status justified by the provision of a medication and an informational leaflet without personal communication with the patient? Will pharmacists remain motivated to maintain and increase their knowledge and skills for the personalized relationship with patients that

is being denied so many of them by the policies of government agencies, corporate employers, health insurance companies, and PBMs?

An irony of the increased number, automation, and sophistication of new channels of communication is that they often reduce personalized communication. A typical scenario is one I have experienced on several recent occasions in which I made a call to request information or resolve a question. Following my choosing the automated option that I have been asked to select, I am greeted with responses such as “Your call is important to us,” “All of our customer service representatives are busy assisting other callers,” and “Please access our website for information that may address your question more quickly.” To personally speak with a customer service representative often requires a long period of time “on hold.” There are analogies to these experiences in healthcare and pharmacy practice such as prior authorization requirements, coverage of prescription drug plans, and co-pay responsibilities that are time-consuming and frustrating for both health professionals and patients. The system for prescribing and dispensing medications that at one time was well understood has become complex and often difficult to navigate. These frustrations often detract from, rather than build on the cordiality and benefit that should be expected from personal communication between pharmacists and patients.

I have been blessed by and am very thankful for the friendships and experiences that have resulted from my pharmacy education and career. I am optimistic that fulfilling opportunities will continue to be available for current and future pharmacists. I am sometimes asked if, given the current challenges for our profession, I would advise young people to pursue education and a career in pharmacy. My response

is an enthusiastic “Yes,” and there are several reasons for my optimism:

1. An education in pharmacy provides an excellent foundation from which one can pursue dozens of diverse opportunities.
2. Pharmacists have the most extensive education and knowledge about medications and their appropriate use.
3. The elderly are the fastest growing segment of the population and also use the most medications. The increasing complexity of drug therapy warrants the expertise and counseling that pharmacists are in the best position to provide if positive therapeutic outcomes are to be achieved.
4. The goals of the practice of pharmacy with respect to the use of medications are the same as those of individual patients and the public.
5. The widespread application of the expertise and communications of pharmacists can reduce the costs of health care by improving therapeutic outcomes and avoiding drug-related problems such as adverse events and drug interactions that may require hospitalization.

These observations can also provide a compelling message that the public and legislators should be expected to support. There are barriers such as those imposed by PBMs that continue as formidable challenges, but we can be encouraged by the increased extent to which their deception and restrictive policies are being widely exposed. For the benefit of the public and our profession, we must move forward with increased resolve to document and communicate the value of our knowledge and services. There is no other option!

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