An Integrated Approach to the Management of Health Care in Malta

A successful health care programme depends directly on the team work of a group of people who care about and who care for patients in the management of their sickness with the aim of allaying the symptoms in all cases and of a complete cure whenever possible. This team is made up of general practitioners, hospital medical officers, consultants, pharmacists, dentists, physiotherapists, occupational therapists, speech therapists, nurses and social workers.

According to the front cover of the Pharmaceutical Journal of September 18th, 1982, in the 16th Century the physician and pharmacist worked closely together, but today we rarely see them depicted together. This might be so in other countries, but I am pleased to say, it is not the case in Malta. The pharmacist is an important member of the team looking after the sick. His place as a prominent member of this team has been enhanced by a working programme planned between the Department of Medicine and the Department of Pharmacy of our University under the auspices of the Ministry of Health. This working programme will be discussed later in this paper; at this stage I am going to dwell on the situation in Malta vis-a-vis the traditional relationship between the pharmacist and the physician.

Malta is a small country with a population of about one third of a million packed in about 100 square miles of land area. Everyone is known to and by everyone else especially so in the same sphere of work or in the same professional activity. There is only one University in Malta. The end result is that most pharmacists and doctors of the same age have rubbed shoulder to shoulder in their university years not only in the lecture rooms but also and even more so in the extracurricular activities such as sports. This bond of present and past friendships leads naturally to excellent team work spirit between most pharmacists and doctors; they treat each other as colleagues and discuss common health problems together.

It is interesting to point out that up to the late fifties, medical students were allowed to follow the Course of Pharmacy (leading to the B.Pharm. Degree) concurrently with the M.D. course. As a result a large number of doctors in Malta (of average age forty-eight years) have qualified as pharmacists as well as doctors.

Another factor which strengthens the bond between pharmacists and physicians is the fact that in Malta it is common practice for community pharmacists to provide rooms for visiting general practitioners and consultants. The proximity between the two enables further direct and frequent contacts between pharmacist and physician.

In hospital work, keeping in mind that in Malta we have only one general hospital the relationship between doctor and pharmacist has traditionally been excellent, one helping the other. Frequent administrative meetings take place between the Chief Pharmacist and physicians regarding:

a. The ready availability of most commonly used drugs;

b. the date of expiry of stock medicines, e.g. antibiotics; (When expiry date is near, a circular is sent to all doctors to attract their attention and ask their cooperation about this fact.)

c. the newest drugs as described in the world’s leading journals of Medicine and Pharmacy are discerned and if applicable stocks are bought for the hospital;

d. preparations of IV infusions; their problems are discerned e.g. 5% Dextrose, Normal Saline solutions.

e. the Hospital Formulary is reviewed from time to time to
   i. add new drugs
   ii. remove from stock old fashioned drugs, no longer in use.

With the rising costs of medicine this job is not only beneficial to the patient’s health but also to the country’s economy.

For a great number of years this job was the responsibility of a sub-committee of the Hospital Management Committee, chaired by the Professor of Medicine.
Since 1981 there has been an adhoc Committee (Drugs and Therapeutics Committee) appointed by the Government with advice and help from the World Health Organisation to look into this matter.

The Ministry of Health (administrative) is represented by one of the Principal Medical Officers, the Department of Medicine is represented by the Head of the Department and the Department of Pharmacy by the Senior Hospital Pharmacist who is also the Committee’s Secretary.

Drugs which are not in the hospital formulary are discussed in the Committee in the appropriate items of the agenda under the following headings:

a. A case may be made for a particular drug which has become popular recently, and which has superseded previous drugs to enter the formulary. A case for this drug has to be made by physicians, surgeons dealing with the particular disease, taking into account cost, clinical findings, availability of drug and amount of stock needed per year.

b. A case may be made for a particular drug not in the formulary to be issued and purchased by Government for a particular patient who is not doing well on the formulary drugs usually taken for his illness. Asthmatics, arthritic and cardiac patients very often fall in this category.

The majority of patients with chronic illnesses of the type mentioned irrespective of their income, can obtain free medicines from the Government Dispensaries. This is over and above free hospitalisation and out-patient treatment.

I shall now discuss the working programme planned jointly by the Department of Pharmacy and the Department of Medicine since the establishment of the Student-Worker Scheme in 1978.

Pharmacy students are taught physiology, applied physiology and pharmacology in the medical wards. A group of students studies a group of patients with a particular illness, e.g. hypertension. Under the supervision of the staff of the Professional Unit they assess the effect of a variety of drugs on a particular disease taking into consideration age, severity, concomitant disease, sex, body weight, patient’s personality, patient’s cooperation, etc. The same group of students studies one particular drug either in a group of patients with one disease eg. hypertension or in a group of patients with different diseases eg. the use of β blockers in hypertension, angina pectoris and cardiac arrythmias. With this approach, the students learn more, faster and are gaining fruitful experience not only in their subject but on humanity in general. They work hand in hand with doctors, nurses, medical students, physiotherapists and others. On their qualifying as pharmacists, they are mature enough to be trusted with ward pharmacy and other responsible jobs. The concept of ward pharmacy has been prompted by a joint venture between the Department of Pharmacy and that of Medicine. The medical wards at St. Luke’s Hospital were the first to be used to develop the system. Now other hospital wards are being included; list of stock drugs were drawn up by each ward; each ward is treated on an individual basis. The Professor of Medicine and the Hospital Senior Pharmacist discuss and approve the list of drugs required for each ward. Each ward pharmacist is responsible for a number of wards which he or she visits daily. The pharmacist checks the storage and distribution of drugs in the ward and deals with any problem regarding drugs which the nursing staff might bring to his or her attention. Adverse reactions and interactions are documented and discussed between physicians and pharmacists.

The main responsibilities of the ward pharmacists are as follows:

a. to ensure a rational use of drugs and avoid abuse;

b. to ensure the proper storage of drugs and avoid excessive storage;

c. to give to the medical and nursing staff all the necessary information regarding proper usage of drugs.

Another outcome of this joint venture is the new Drug Information Unit. It is part of the Drugs and Therapeutics Committee mentioned before in the paper. Information about new drugs, dosages and side-effects are given immediately to any member of the medical or nursing staff who requests it.

The Drug Information Unit is also publishing pamphlets for the general public of great value as information, for example drugs dangerous for drivers and drugs which should not be mixed with alcohol.

Press, television and radio programmes to educate and inform the public are also organised.

In conclusion, the aim of all this is that the pharmacist and the pharmacy student are:

a. getting out of the pharmacy and the classroom and coming into contact with whoever matters most - the patient;

b. becoming automatically part of the team looking after the sick;

c. contributing to the research programme of the University and supplying valuable general information to the public.

Drugs can be life saving. However, abuse can cause serious illness and DEATH!