

# Patient Empowerment in Pharmacy Practice

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A practice does not have a fixed goal for all times but this goal is developed by the history of that practice. In pharmacy this goal has been partly determined by pharmacists' different roles in relation to medicines and professional services according to patients' needs.

Pharmacy practice had developed to support and complement the medical care delivered. It is now evolving into the provision of pharmaceutical care, whereby pharmacists will be exercising their specific and crucial role in the health care system as members of a team involved in the provision of health care. Pharmaceutical care was developed as a concept in response to the extent of drug-related morbidity and mortality in the healthcare system (Manasse, 1989).

The pharmaceutical care concept forms the basis of two important international guidelines for Good Pharmacy Practice, by the International Pharmaceutical Federation (1993) and the Pharmaceutical Group of the European Union (1993). These guidelines define the mission of pharmacy as "the provision of medications and other health care products and services and to help people and society to make the best use of them", that is, enabling patients and societies to secure good health and to make the best use of their treatment through the provision of adequate care.

Pharmaceutical care is a significant transition in the profession of pharmacy where the primary focus is the patient, rather than distribution of medicines and dissemination of information about medicines. It is a "Philosophy of practice in which the patient and society are beneficiaries of the pharmacists' action" (WHO, 1994). Central to the provision of pharmaceutical care are the relationships between the pharmacist and the patient and other health care professionals;

responsibility to the patient for the quality of care provided; and the cultivation of appropriate attitudes and character traits.

This evolving process calls for a refocusing on the ethical dimension of the relationship of the pharmacist with the patient, which is the fundamental feature of pharmacy. The good of the patient can no longer be defined by the pharmacist, what the pharmacist, using his knowledge and experience, thinks is best for the patient, but must be established in mutuality with the patient, taking into consideration the values, wishes and feelings of the patient. The emerging relationship between the pharmacist and the patient is one based on partnership whereby the patient is an active participant in his care.

### **Patients' expectations of their pharmacist: a study analysis**

Findings of a study (Ciappara, 1999) analysing and investigating the character traits and attitudes guiding pharmacists in their relationship with patients revealed that the majority of patients interviewed (92%, n=80) had a positive view of pharmacists as health care professionals, and this was found to influence their perception of their relationship with the pharmacist. The characteristics of a good pharmacist identified by patients can be summarised under three headings: interpersonal qualities, a professional approach to services rendered, and knowledge. Patients attached great importance to interpersonal qualities. The interpersonal qualities considered most important for patients, were: promoting the good of the patient (49%), communication (38%) and a friendly approach (30%). It established that pharmacists have the interests of their patients at heart and want to help them. When a pharmacist takes an active interest and communicates well with patients he or she starts to build a relationship with them. Patients gave importance to a friendly approach. A friendly approach makes people feel at ease and enable them to confide their problems and their queries; and to discuss such issues as medications and lifestyle. The quality of this relationship in turn influenced their perception of the importance of such a relationship to be based on trust. Over 96% (n=80) of the patients interviewed stated that they trusted the pharmacist. The trust that patients had in their pharmacist demonstrated their judgement on

whether the pharmacist met their expectations. The attitudinal and environmental factors influenced the relationship of patients with their pharmacist. Patients' expectations of being given more information about medicines (39%) and to actively participate in decisions about their health (15%) which pharmacists were not fulfilling, negatively influenced their relationship with their pharmacist. Conversely, patients' desire for more privacy (68.8%) did not influence the quality of this relationship.

The findings also revealed that patients recognised pharmacists' efficacy in giving information about medicines (61%). Conversely, patients did not recognise to such an extent pharmacists' responsibilities for the medicines they dispense (26%). Patients gave importance to co-operation between pharmacists and doctors (74%) and to care and concern about patients needs (61%). An evaluation of patients' expectations is important as this enables the profession to meet today's challenges, set practice standards and develop the services pharmacists' render to meet patients needs.

### **Patients' right to information and to make informed decisions**

Patients are becoming more knowledgeable and informed about health and medicines, and are becoming more inquisitive, wanting to take a more active role in their treatment. *"The involvement of individuals, families and whole communities in improving and maintaining their health"* has been described by the retired Director General of the World Health Organisation, Dr. Halfdan Mahler, *"as one of the main pillars of primary healthcare"* (D'Arcy, 1989), and forms part of the Ljubljana Charter on Reforming Health Care (World Health Organisation, 1996). This need and interest for information about health and medicines is reflected in the number of printed articles, broadcasts and information on the Internet.

At the same time more attention is being given to patients' rights and responsibilities to strengthen the patients' position and safeguard them. Patients' organisations are lobbying for recognition of patients' rights. The Charter of patients' rights and responsibilities published by the

Hospital Management Committee, St Luke Hospital (2001) is a step in this direction. The recognition of patients' rights to be involved in decisions about their treatment, and about their right to information about their treatment forms part of a Declaration on the Promotion of Patients' Rights in Europe of the World Health Organisation (1994). Treating patients with honesty and openness by giving them information about their treatment or the different treatment options, including their benefits and risks, is a basic right. Patients also have a right to refuse information. Patients' rights always entail the imposition of duties on health care professionals, duties that are established in practice standards. However, the relationship between a patient and a professional should not be reduced to communication of information.

While, today the emphasis is on patients' rights, and on considering the complexity of the relationship between the patient and the healthcare professional, it is the character of health care professionals, their dispositions and attitudes which will ultimately promote the well being of patients and society. Personal values and attitudes govern the character and the quality of the clinical interaction on the personal level (Mrtek and Mrtek, 1991) Every clinical decision, and not just the ethically obvious, is guided by a unique highly complex set of personal values (Veatch, 1991). Moreover, there is a complex relationship between professional values to practice (MacIntyre, 1981). Baldwin and Alberts (1991) suggest that honesty, dedication, carefulness and dependability, apart from the traditional qualities of compassion, faithfulness and fairness are the character traits internal to pharmacy that define the relationship with patients and society.

### **Patient empowerment**

Patients should be key partners in their own care. They need and desire to be empowered to be able to be proactive. Empowerment is seen as the capacity and the freedom to make informed choices based on information and knowledge about their care and in self-care. Illness is an assault on the whole person. The patient is frightened, anxious and perhaps distressed because of uncertainties of what is going to happen, and because of lack of knowledge and skills. Through empowerment

the patient will be able to manage his or her condition both at the physiological level and at the psychological level (Anderson *et al.*, 1995). This will help the patient to become more knowledgeable about his condition, and comprehend the complexity of his treatment and understand its effects. Thus the patient will be able to take on responsibilities to pursue healthy lifestyles and to co-operate on mutually accepted courses of action.

**Pharmacists’ role in patient empowerment**

How can pharmacists help patients acquire as much understanding of, and control over their bodies as possible?

Medicines do not only produce therapeutic effects but there is the risk that they may induce adverse drug reactions. By providing patients with information and helping them assess the benefits and risks of their medication, pharmacists utilise their knowledge and expertise to enable patients to comprehend their treatment and understand its effects. Pharmacists are in a position, and are competent to enable healthy people to remain healthy and prevent disease. Moreover, in the case of patients suffering from chronic conditions, pharmacists educate and counsel them about their condition and enable them to acquire the skills to cope with the psychological challenges and with the techniques and knowledge to self-manage their condition. This education empowers them to make daily decisions essential for beneficial outcomes of their treatment and improve their quality of life.

Patient empowerment is a value-laden concept. Inherent to patient empowerment is beneficence, dialogue, respect for the patient’s autonomy, mutual trust, honesty, care, truth telling, justice and solidarity.

Beneficence entails that professionals act to advance the interest of the patients (Pellegrino and Thomasma, 1993). It seeks to promote the good of patients by helping them in their individual needs. Through giving them information and advice, pharmacists promote the good of

the patient. This promotion of patient well-being is, however, defined in part by the values, beliefs, feelings and preferences of the patient and his or her attitude towards the illness and risks of medicines. Each person views treatment and illness in a different way. These beliefs/views are an integral part of the personal, familial, and cultural experience of each individual patient.

Through dialogue with the patient, pharmacists will be able to understand them in terms of needs, concerns, their attitudes and feelings towards risks of the medicines. It involves listening to and understanding what patients have to say, exploring in depth their concerns, guiding their medicine-taking behaviour (Dolinsky, 1993), and when necessary guiding them to modify their lifestyle. Dialogue with patients also involves talking in a simple and clear language that they can easily understand, being honest and enabling them to believe in that information. This is important when conveying information about their treatment. Dialogue between patients and pharmacists has as its core, mutual trust and care (Zaner, 1990).

In seeking information, patients desire to know the truth from a person whom they can trust to have this knowledge. Being truthful by disclosing pertinent information will engender trust and indicates respect for the autonomy of the patient. Treating individuals so as to allow or enable them to act autonomously is a sign of respect for the person (Beuachamp and Childress (1989). The International Pharmaceutical Federation in its code of ethics for pharmacists states that pharmacists should “respect the individual’s right to freedom of choice” and to “strive to treat and inform each individual according to personal circumstances.”

Justice demands that all patients be treated equally, independent of whether they are regular patients, their level of education, or the service or extent of services they might require. Pharmacists need to show the same dedication, and give the same care and attention, to all patients depending on their needs. This encapsulates the need for pharmacists to render patients their due as persons who are worthy of respect and

dignity (Pellegrino and Thomasma, 1993). The virtue of justice has its roots in compassion and care. Justice is also expressed in the care and concern that pharmacists must show to those who are vulnerable and those who have specific needs. Pellegrino and Thomasma (1993) explain that justice transformed by concern is expressed in actions towards the good of specific patients.

Illness creates vulnerability, and effects the person physically, psychologically and emotionally. The nature of illness, how it is going to effect patients' future, anxiety and fear are forms of disintegration of the person because they threaten the person's well-being (Pellegrino and Thomasma, 1993). Patients need to feel cared for, supported and to share their feelings and experiences. It is about solidarity. Solidarity necessitates that pharmacists comprehend and understand the meaning of illness and suffering and to gain an insight into the patients' experience. Through solidarity and encouragement pharmacists create expectations and inspire hope and can positively influence patients' health by restoring the person's well being.

In a reciprocal relationship based on truthfulness and trust patients will be able to understand and reason through options and make an informed decision. They will be able to see the situation in the right perspective unhindered by fear and misconceptions and other limitations, which make patients vulnerable.

### **Ethical issues**

The increasingly patient-centred roles and the more knowledgeable and demanding patients have increased the ethical issues facing pharmacists. I have selected some cases from my own pharmacy practice to illustrate some of the dilemmas encountered by community pharmacists.

#### ***Scenario No. 1. Benefiting the patient***

Consider the scenario in which a female patient tells the pharmacist that she has just seen her gynaecologist who told her that her pregnancy was progressing normally and prescribed "vitamin" tablets. She

presents a prescription for dydrogesterone, a preparation that is indicated in habitual abortion. The pharmacist knows that this patient had a miscarriage about six months earlier.

The pharmacist explains to her how to take the tablets but faces a dilemma. He wants to respect the doctor's decision and let her think that she is taking "vitamins". On the other hand not realising the importance of taking the "vitamins" as directed she might fail to take them on a regular basis or stop taking them because she perceives that she did not need them any more, thus the desired therapeutic outcome is not achieved. The patient has a right to know the indication of her treatment. Should the pharmacist tactfully tell her that these tablets are to enable her to have a normal pregnancy, whilst taking care not to jeopardise the patient-doctor relationship?

Patients often approach pharmacists with medicines they obtain through the Government's Dispensaries under the Social Security Act, or else they may come with a prescription, and ask the pharmacist what the medicines are for. This at times puts pharmacists in a difficult position considering they only have limited or no knowledge at all about the patients' condition, and considering that the medicine might have a number of indications. Telling them that they are used for a number of disorders and referring them back to their doctor is a passive response whereby the pharmacists are not meeting the needs of these patients. Lack of information on the doctor's therapeutic objectives can contribute to non-adherence to treatment. Conversely, in the limited time available the pharmacist can, by asking simple questions, learn more about the patients, their problems and understand their individual needs and thus may be in a position to be able to help them.

Pharmacists are not at present in a position to know whether patients are adhering to the treatment prescribed since they do not always go to the same pharmacist and thus it is difficult to monitor them. Moreover, the majority of patients suffering from chronic conditions obtain their medicines from the Government's Dispensaries under the Social Security Act where at times there is no contact with a pharmacist. Access



to patient profiles is indispensable for pharmacists to be able to give an optimal service. Such a system enhances communication between health care professionals and can be one of the ways and means to develop seamless care between secondary and primary health care and a means to monitor patients. The keeping of patient profiles is an issue that needs to be discussed at length among health care professionals and patients' organisations.

### ***Scenario No. 2 Risks of treatment***

A woman in her fifties presents a prescription for a statin. She confides that her cholesterol has remained high and admits that although she tries, she finds it hard to follow a low fat diet. Since she is taking this medication for the first time she asks about the side effects she might experience. When asked whether she discussed this with her doctor, she answers in the affirmative and that he told her that she needs not worry. Her preoccupation is that she had read an article in a glossy magazine, which attributed a number of side effects to these medications, and wondered whether she should take some lecithin tablets instead.

The dilemma presented in this scenario is whether to reassure the patient and tell her to follow the doctor's prescription; or else to respond to her request and give the information about the benefits and side effects and other advice on the treatment prescribed.

Some have argued that giving information about the side effects of medicines is not beneficial to patients, as such information may induce fear and patients might not take them, or lead them to complain (Thompsons, 1995). Health care professionals underestimate the amount of information and extent of discussion that patients need (Strull *et al*, 1984; Williamson *et al*, 1992). Research findings and personal experience, however, indicate that patients are interested to know, and do ask questions about the side effects, interactions with other medicines they are taking, and about the contraindications. Such information will have positive effects, as it will enhance their ability to anticipate and cope with the side-effects of medication, and gives

them information about what to do in case they occur, thus protecting them from harm. Conversely, failure of patients to know what to expect from their treatment, and associating the side effects of medicines to deterioration or to complication of their condition or to another illness, have led to deterioration of their quality of life, to fear or to resorting to over-the-counter medication to cure that symptom. Additionally, it is recognised that failure of patients to understand and fully appreciate the importance of their treatment has led to inappropriate actions that have led to complications of illness. These include suspension of treatment by the patients on their own initiative because of side effects.

Pharmacists have an ethical obligation to warn patients of risks inherent in their treatment. Furthermore, patients may feel comfortable discussing these concerns with their pharmacist with whom they have established a good professional relationship based on trust. The Joint Statement by the International Pharmaceutical Federation and World Medical Association: *Working relationship between physicians and pharmacists in medicinal therapy* (2000) specifies that when requested by patients, pharmacists have a responsibility to discuss “medicine-related problems or concerns with regard to the prescribed medicines.” Does the patient have the right to choose not to take the treatment prescribed based on her personal attitudes towards the risks? One might argue that a patient’s decision need not be viewed as correct from the objective view of the pharmacists and doctors but rather as appropriate from the patient’s subjective view. Should health care professionals continue to support a patient in a decision with which they do not agree? Another problem is to what extent should a pharmacist influence and modify this patient’s lifestyle? How forceful should a pharmacist be?

### ***Scenario No. 3 Access to medicines***

Consider the scenario whereby a man presents a prescription for an anti-depressant, an SSRI. After explaining how he should take the tablets, and warning him of potential side effects the pharmacist concludes by mentioning the price. The man, whom the pharmacist knows to have limited means, asks for the prescription back, as he

cannot afford it. A generic brand of the SSRI prescribed which the pharmacist knows to be therapeutically equivalent and lower in price is available. The dilemma that this pharmacist is facing is as follows: how can he help this man, knowing the difficulties that he is facing, to have access to the treatment that he needs. By not intervening, the patient will be abandoned, and his condition might deteriorate. Does the patient have a right to know that a generic is available which is cheaper in price? Should the pharmacist seek his consent to the substitution, and contact the doctor? How can the doctor and the pharmacist co-operate and collaborate together to benefit this patient so that he can have access to a treatment which fits his needs and thereby attain the therapeutic objective? How can the pharmacist's role in supporting physicians to evaluate the best medications to use in particular situations be further developed?

### **Challenges to be addressed**

These scenarios identify divergences in the attitudes towards patient care among doctors and pharmacists. Some pharmacists may be taking professional decisions which take into consideration the needs of the patients, whilst other may be adopting a paternalistic attitude which is reflective of the traditional model of pharmacy practice. There is also the problem of pharmacists and doctors practising in isolation, and insensitivity to the patient's needs. Furthermore, some patients may be perceived to be passive while others want to be empowered to take a more proactive role in their care.

### **Patient-centred practice**

The practice of both pharmacists and doctors should be centred on people; the patients, their individual needs and expectations. In pursuit of a patient-centred practice, pharmacists and doctors need to develop an understanding of the meaning of illness and suffering, and to gain an insight into the patients' experience. Toombs (1992) gives a number of reasons why professionals need to acquire an appreciation of patients' level of experience. She states that this experience of illness enables professionals "*to acknowledge the patient as a person and to treat the patient as a person*" and to ensure the most effective therapeutic

interventions. Additionally, the act of healing requires that both the practitioner and the patient share a common understanding of the patient's illness. This approach of including the patients' perspective and their experience needs to be given more importance in the continuing professional development programmes of pharmacists and should be included at undergraduate level.

### **Patient-practitioner relationship**

Central to the provision of patient care is the interaction between the patient and the provider of the care. The pharmaceutical and medical professions and the university need to address ways and means on how to promote an active patient-practitioner relationship based on trust and dialogue. Through such a relationship, doctors and pharmacists will be able to meet the needs of the patients, and empower them to be key partners in their care. This attitude is different from the traditional attitude of enhancing compliance with what the practitioner has recommended, which assumed that the medical and pharmaceutical values are better for the patients than their own values, and that they are considered non-compliant if they do not accept the treatment based on the values of the practitioner (Veatch, 1991).

### **A team approach to patient care**

When patients are treated with prescribed medicines, the prospect of empowering patients is enhanced when both doctors and pharmacists together with the patient address the patient's needs. Mutual respect, mutual trust, effective communication and collaboration are vital to achieve this goal. A collective approach involves a network of interactive and intertwined models of communication-in-trust and collaboration-in-trust (Sass, 1996). It is a commitment to solidarity, which signifies that each member of the team contributes in accordance with his or her competence, skills and responsibilities and respecting the functions of others. To cultivate co-operation and collaboration pharmacists and doctors need to better know, understand and accept each other's evolving roles and responsibilities to the patient. (Carruthers, 1997). They also need to recognise the overlapping responsibilities that they have in relation to the use of prescribed

medicines. Inter-professional sessions, as part of the continuing professional development programmes, and also at undergraduate level, joint workshops and seminars and the participation in joint projects would promote better understanding between the two professions. The holding of this seminar by the Bioethics Consultative Committee is significant in that it brought together doctors and pharmacists to discuss the ethical issues they encounter in their daily practice. It is a step forward.

### **Education and training**

Pharmacists have an ethical obligation to maintain competence. They have to be motivated to acquire knowledge and to do their best to update their knowledge by using the right sources, by processing information given in journals and in scientific papers and on the internet, by being receptive to new ideas and concepts, and by being careful in evaluating evidence in a scientific and professional manner. Acquiring knowledge is also linked to having responsibility for that knowledge. Acquiring knowledge will enable pharmacists to use it to promote the well-being of their patients. Additionally, pharmacists should be in a position to guide patients to find reliable information on the Internet.

### **Public education**

The public needs to be educated about medicines, on how to attain the best results from their medicines and encouraged to take a more active role in managing this process and other aspects of their health care. They should also be made aware of sources of friendly and accessible expertise on medicines. The objective is to achieve a behavioural change in medicine-taking and enable patients to take a more active role when interacting with their doctor and pharmacist. Campaigns such as the EuroPharm Forum Project: “Questions about Medicines” (European Forum of Pharmaceutical Associations and the World Health Organisation Regional Office for Europe, 1992-9), or the “Ask about medicines” week being organised in the UK in October 2003 will enable the health care professionals to reach this aim. The involvement of patient organisations is imperative to reach this objective. Such campaigns should also educate the public about the pharmacists’ role

and responsibilities so as to enable them to make better use of their professional services. Additionally such campaigns should educate and encourage them to try to always frequent the pharmacist of their choice as this will enable continuity of care and the establishment of a good relationship. A good relationship promotes dialogue, which is the basis of patient empowerment.

## Conclusion

Patient empowerment is a challenge. It is a challenge for the public, patient associations, patient support groups, the pharmaceutical industry and health care professionals. Patient empowerment can only be attained through the collaboration of everyone concerned. This seminar can act, as a catalyst to forge closer and stronger links between the two professions of medicine and pharmacy so that together they can endeavour and take the lead to ensure that patient empowerment will become a reality. Pharmacists and doctors are bound together by a common goal: to promote the good of patients and society. This goal can only truly be attained if patients are empowered to be active partners in their care. This is the challenge for pharmacists and doctors today.

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