

# A Word in your ear



## Scope of practice

One of the difficulties we have with *SAPA* is to determine where to draw the line between giving you clinical information about products which may be sold by post-basic pharmacist's assistants, such as S1 and S2 products, and those that must be handed out by the pharmacist, such as higher scheduled products.

It's easy to be a purist and say that pharmacist's assistants don't need clinical information such as that given in the article about antibiotics, but that doesn't take into account the realities of our lives. Certainly, it's the pharmacist's responsibility to evaluate the prescription. Ideally, the pharmacist should also counsel the patient. But does this always happen?

A post-basic pharmacist's assistant may provide instructions regarding the correct use of medicines supplied. So it's logical that, while the pharmacist must evaluate the prescription, the assistant must be aware of the implications of the evaluation, and must know enough about the medicine to ensure that the patient will take the medicine correctly, and that the patient understands the factors that may influence the safety and efficacy of the medicine.

So I guess I've answered my own question – the pharmacist's assistant needs information about safety and efficacy.

## Indirect supervision

Another factor that is sometimes forgotten is that some pharmacist's assistants work under indirect supervision.

A lot of people, including pharmacists, don't understand the role of the pharmacist's assistant who works under indirect supervision. They forget that this takes place in primary health care facilities, and that only patient ready packs, prescribed according to Standard Treatment Guidelines, are used. This means that there is a limited amount of medicine available, and the pharmacist's assistant must be fully informed and comfortable with advising patients on the use of these medicines.

## Well informed consumers

Another aspect, of course, is the fact that consumers are much more informed about their medicines than ever before. They read about health and medicine related issues in popular magazines, and they have access to the Internet.

It would be ridiculous if someone trained in a pharmacy knew less than her customers!

## Advice about antibiotics

Antibiotics are widely used in primary health care, so it's obvious why this article was included in this month's issue of *SAPA*.

It's interesting that a simple matter like telling patients to complete the course has become fairly controversial. There are authorities who believe that patients should stop taking antibiotics for some respiratory tract infections two days after the fever subsides, and that a three day course might be sufficient. Streptococcal infections of the throat, however, need to be treated for ten days.

The bottom line is that it is the doctor's responsibility to diagnose and prescribe, the pharmacist's to evaluate, the pharmacist's and the assistant's to advise, and the patient's responsibility to actually take the medicine correctly. So I'd feel much happier telling patients to complete the course. Besides which, it's better if they don't have any left over antibiotics so that they're not tempted to self-medicate the next time they have a sore throat.

## Pill babies

Don't forget to warn women who are given broad spectrum antibiotics that it can lead to pill failure. It's amazing how many pill babies are walking around, if their moms are to be believed! And probably many of these are due to the woman's either forgetting or never having been told that there may be an interaction between the contraceptive pill and the antibiotic.

## Criteria for referral

The article on cough preparations also reminded me how important it is to ask the right questions when speaking to a patient.

There are times when a patient must be referred to a medical practitioner. I hope that by now we're all aware that a cough that doesn't go away may be a sign of tuberculosis. Other conditions also need to be investigated, e.g. a cough may also be a sign of congestive cardiac failure.

A cough that is just annoying (to everyone, including the family of the patient) may be the result of therapy with an ACE inhibitor. It's really simple for the doctor to manage it – change to another antihypertensive medicine – but someone needs to tell the patient to see the doctor.

Pharmacist's assistants can really help patients by advising them to consult the pharmacist or doctor. Do this, and you'll make a difference in people's lives.

**Lorraine Osman**