



The Dilemma of Delicate Healthcare Team in Developing Countries and the Role of Pharmacists in Pakistan

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Dear Editor-in-Chief

Pharmacists are critical healthcare team members with a key role in implementing innovative strategies which help to decrease the burden of diseases in a community (1). Being an important source of information and education for patients, the WHO introduced the seven-star role of Pharmacists; manager, decision-maker, teacher, lifelong learner, leader, communicator, and pharmaceutical caregiver. In addition, International Pharmaceutical Federation (IPF) added the role of researcher and a Pharmapreneur to Pharmacists' roles. Pharmacists played an important role in the COVID-19 pandemic which is witnessed in the shape of a continued care for COVID patients in community based pharmacies, hospitals, and retail pharmacies (2).

It is not to overemphasize however, it is a fact that a delicate healthcare team is unable to provide successful therapy and accomplish an effective Pharmaceutical Care Model (PCM). These in-competencies in the delicate healthcare team may be due to; overuse of antibiotics (3), prescribers' lack of knowledge, under-developed clinical, e-pharmacy, and hospital pharmacies (4) as well as lower number of pharmacists (5).

A recent example of pharmacist-led healthcare systems and necessary reforms for better health

outcomes was reported by the Sri Lankan pharmacist community (6). According to the recommended density of Pharmacists/10,000 population, >65% of the WHO member states have been reported with <5 Pharmacists (Fig. 1) (5).

With regard to Pakistan, a study about the breakdown of 8,102 Pharmacists reported the involvement of 2,836 Pharmacists in government and 5,023 in private sectors. A major proportion of the Pharmacists 55% become amalgamated in Pharmaceutical industries, 25% in marketing and community pharmacies, 15% in drug control/legal issues departments and hospitals, and the remaining 5% are engaged in teaching and research (7, 8).

It is irrational to expect physicians and other multidisciplinary health team members to serve as medication experts and accomplish their regular patient-care duties. Without a Pharmacist, known as a drug custodian, the healthcare system may face increased inefficiencies, unnecessary delays in treatment, decreased medications adherence, and loss of the goal of achieving successful therapeutic outcomes. Based on these facts, a Pharmacist is considered an integral part of an effective healthcare team and the role of Pharmacist may not be underrated. Pharmacists are vital to



optimize patient care through a comprehensive medication review for patients as well as other healthcare members to develop a much safer,

successful, and patient oriented treatment plans (8, 9).

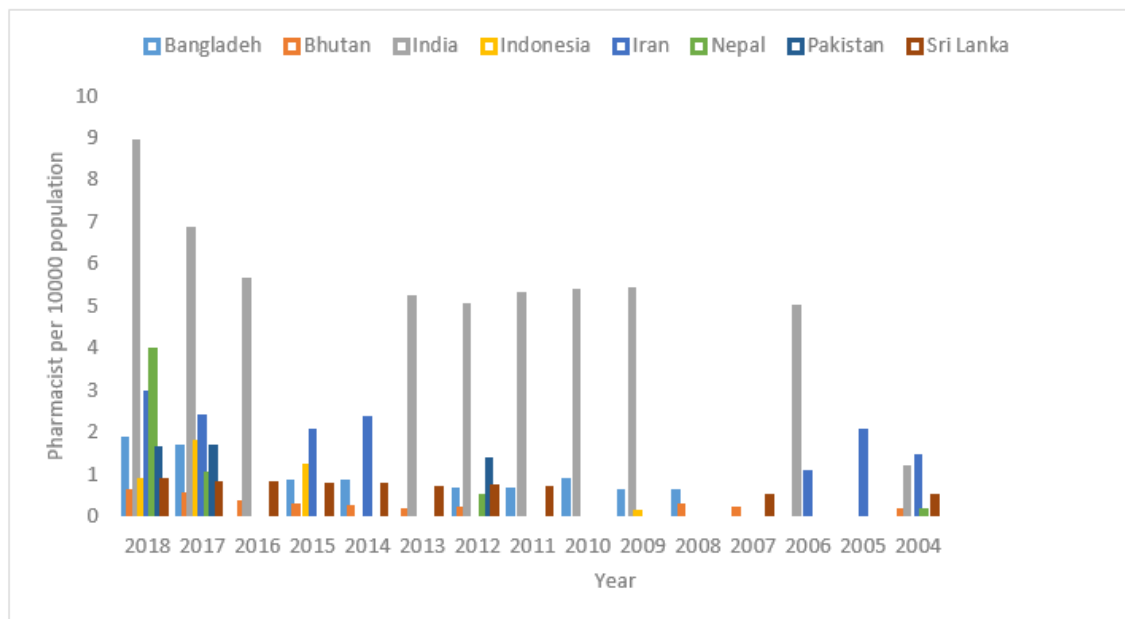


Fig.1: Density of Pharmacists in selected countries per 10,000 populations (5)

This lack of interest or utilization of proper resources to strengthen the healthcare team is very alarming, as it is emerging as the major factor behind the brain-drain in Pakistan. Due to lack of vacancies in Pharmacists-related organizations i.e. hospitals and healthcare regulatory authorities, discouragement and worries are increased among the Pharmacist community which obviously pushes/forces the Pharmacists to leave their homeland and settle abroad. The end result is a more stable healthcare system in developed countries whereas, a more flawed system in their home country (10).

According to the WHO, a Pharmacist is able to provide treatment plans/drug therapy to 1,383

patients on average. Keeping the current scenario in mind, Pakistan is far away from the recommended range and this lack of involvement of Pharmacists enhances further the continuation of a fragile healthcare system in comparison to developed countries (Fig. 2) (8). The Pharmacist to patient ratio (1:12 to 1:20) needs a similar up-gradation and enforcement as observed in developed countries of UK and Australia (9). The WHO and IPF could be a vital source in uplifting the quality of pharmaceutical education across institutions in developing countries to produce competent Pharmacists.

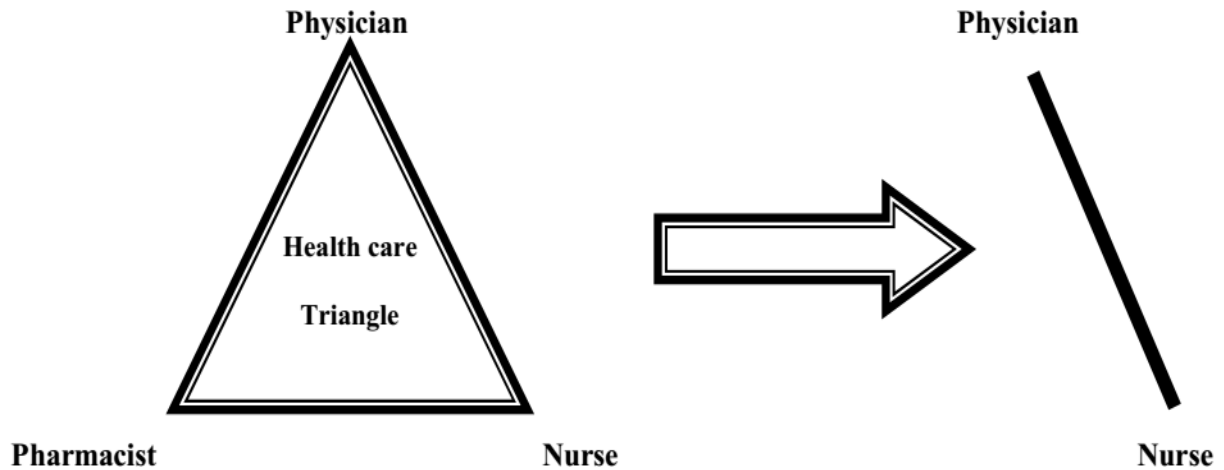


Fig.2: Fragile healthcare triangle of Pakistan (8)

Additionally, they may be more effective to enforce/ensure the pre-set regulations for Pharmacists in various pharmacies and hospitals in these developing countries. This could be efficiently achieved by opening a dialogue with government authorities and healthcare law enforcement agencies in these developing countries in order to establish multidisciplinary healthcare team including Pharmacists and periodically visit the hospitals for maintaining consistency in quality of healthcare.

Conflict of Interest

The authors declare that there is no conflict of interests.

References

- Hobson RJ, Scott J, Sutton J (2010). Pharmacists and nurses as independent prescribers: exploring the patient's perspective. *Fam Pract*, 27: 110-120.
- Khan M (2020). Role of Clinical Pharmacist in Context of World Health Organization against COVID-19. *J Pharm Pract Community Med*, 6: 44-45.
- Friedrich MJ (2018). Antibiotic Consumption Increasing Globally. *JAMA*, 319 (19): 1973.
- Saha T, Bhuiya RH, Masum ZU, Islam MR, Chowdhury, JA (2018). Hospital Pharmacy Management System and Future Development Approaches in Bangladeshi Hospital. *Bangladesh Pharm J*, 20(2): 180-187.
- Organization, W.H. Global Health Observatory (GHO) data. Available online: <https://www.who.int/data/gho/data/themes/topics/health-workforce> (accessed on December).
- Sakeena MHF, Bennett AA, McLachlan AJ (2019). The Need to Strengthen the Role of the Pharmacist in Sri Lanka: Perspectives. *Pharmacy*, 7: 54.
- Azhar S, Hassali MA, Ibrahim MIM, et al (2009). The role of pharmacists in developing countries: the current scenario in Pakistan. *Hum Resour Health*, 7: 54.
- Khan M, Riaz M (2020). Strategic Assessment of Challenges to Clinical Pharmacists in Pakistan and their Historical Relationship with Physicians. *J Pharm Pract Community Med*, 6(1):2-4.
- SHPA Standards of Practice for Critical Care Pharmacy Practice (2008). *J Pharm Pract Res*, 38(1): 58-60.
- Aslam N, Ahmed KZ (2011). Clinical Pharmacy Clerkship in Pakistan: A leap from paper to practice. *Inov Pharm*, 2(2).