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Coffee, tea, Rx or OTC?



Are any of you dressing up as flight attendants this Halloween? If you're from Ontario that may be fitting given recent remarks from a section chair of the Ontario Medical Association (OMA).

In case you haven't heard the now infamous quote from the OMA's Dr. David Bridgeo regarding the potential for pharmacists and other healthcare providers to prescribe certain medications, here it is: "Having these roles filled by non-medical personnel is like having a member of a flight crew fly an airplane."

Since when are regulated healthcare professionals who manage medication regimens and counsel patients—often on chronic disease conditions—non-medical personnel? And who said anything about taking over the plane? All the pharmacists (and other healthcare professionals for that matter) I've spoken to wouldn't consider prescribing or altering a prescription unless they knew a patient's medication history and were already collaborating with his/her physician.

As I write this, pharmacists and physician sides are waging verbal war in public hearings underway around Ontario's Bill 179—a war that will undoubtedly continue in each province that opts to formally expand the scope of pharmacists. Recently, the OMA's President-Elect, Dr. Mark MacLeod, talked about an independent "expert drug committee" to oversee what drugs may be appropriate for prescribing by nonphysicians under what circumstances. He also spoke of having an integrated electronic medical record in place before multiple healthcare practitioners can prescribe. After all, allowing pharmacists to "adjust, adapt or extend" a prescription could create separate practice silos between a prescribing physician and phar-

macist. The argument is that if a physician maps out a treatment plan for patients and a pharmacist alters a prescription without consultation, there could be significant issues for the patient.

The reality is we're still years away from a fully integrated electronic health record and patients—who want timely access to quality care—just can't wait that long. Pharmacists can and should be contributing to the enhanced quality of care for patients, especially in times like these when the threat of H1N1 could put already strained healthcare resources in further jeopardy.

Given the cautious and detail-oriented nature of most pharmacists I know, physicians' worries around pharmacists rushing to prescribe are unfounded. We just have to look at the limited number doing so in Alberta for proof of that. And the fact is, at this point the only Rx drugs Ontario pharmacists will actually be able to prescribe under Bill 179 are those for smoking cessation. As for the silos Dr. MacLeod refers to, they exist already. If anything, giving pharmacists expanded roles will force open the communication lines between pharmacists and physicians where they are nonexistent now. Once physicians finally realize how much pharmacists can help them, they may actually enjoy this whole collaborative approach to patient care.

Pharmacists don't want to fly the plane, do you? Co-piloting, on the other hand, is a very viable option.

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