

Recent Publications

Pharmacists in Europe

The Council of Europe, which was founded in 1949, is a political organization that promotes collaboration between its 27 Member States* in the interest of greater European unity. Its aims are to uphold the principles of parliamentary democracy and human rights; and to improve living conditions and promote human values. It has a Committee of Ministers and an Assembly composed of members of national parliaments. Its decisions take the form either of policy statements proposing a common course of action to be followed, or of conventions and agreements which are binding on the states that ratify them. Its competence is very wide, covering practically all aspects of European affairs, with the exception of defence matters.

In 1959, a "partial agreement" was concluded between seven member states (Belgium, France, Federal Republic of Germany, Italy, Luxembourg, Netherlands, and the United Kingdom). This aims, *inter alia*, to protect public health, with particular respect to consumer health, and to harmonize national health legislation. This work is entrusted to committees consisting of members who are both expert in the field in question and responsible for the implementation of government policy in their national ministries. These bodies draw up statements of policy or common guidelines for national policy-makers which are adopted by a Committee of Ministers composed of representatives of Member States participating in the particular activity. Each government is free to interpret these guidelines in accordance with its own law and practice but it is expected to report back periodically on its implementation of the measures recommended.

This procedure provides for considerable flexibility in two respects. Any state may reserve its position on a given point without impeding the others in what they consider to be appropriate; and recom-

* Austria, Belgium, Bulgaria, Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, San Marino, Spain, Sweden, Switzerland, Czechoslovakia, Turkey and the United Kingdom

mendations may be readily amended in the light of technical evolution and scientific progress.

Among the longest established of these bodies is the Committee of Experts on Pharmaceutical Questions. Currently supported by 12 Member States, it has been influential since its inception in the classification and standardization of medicinal products, the control of narcotic substances, and the control of media advertising. Its latest report, which focuses on the role and training of community pharmacists, is distilled from a seminar convened in 1991 in which over 200 pharmacists drawn from all Member States of the Council of Europe participated. Given the ubiquitous need to expand pharmacy services at community level in countries at all stages of development, the proposals for action that the Committee has identified have relevance far outside the European region. The following précis provides an indication of the scope and orientation of the document.

The aim of the basic course of education in pharmacy is to provide a durable foundation for a lifetime of practice directed to the effective and rational use of medicines. The professional value of an initial period of joint training with students of other health professions should be considered. Advances in knowledge and changes in practice across a broad technical front, both pharmaceutical and medical, creates a mandatory need for continued in-post training to assure efficient career development.

Community pharmacy, it is emphasized, should be structured to serve the needs of the consumer. Pharmacists should promote a healthy lifestyle, facilitate the treatment of minor ailments, dispense prescription medicines and advise patients on their appropriate use. Legal controls and ethical precepts should provide for the exercise of reasonable professional discretion, and remuneration should be arranged to preclude the interests of the consumer being compromised by financial considerations.

Community pharmacies constitute the channel through which medicines are distributed to the local community. Expensive hospital facilities and beds can be freed by organizing flexible delivery of services to patients at home. An integrated

approach to primary and secondary care is needed to reflect and encourage this trend. Access to medicines should not be unduly restricted by legal classification. There should be good reasons — such as toxicity or potential for abuse — that are based on considerations of public health, for subjecting products to prescription control.

Self-medication is an integral part of health care. Resources need to be provided to develop the pharmacist's competence and facilities to deal with minor illness and to refer patients to medical practitioners as occasion demands. Collaboration and training involving all relevant groups of health professionals are needed to develop broad agreement on treatment strategies and protocols.

The community pharmacist is crucially placed both to provide and generate information about the rational use of drugs. The pharmacy should be a source for both health professionals and patients to obtain technical and economic information about medicinal products. Pharmacists need to reinforce the doctor's message by fostering understanding and encouraging a positive attitude in patients about their medicines. Good adherence to therapeutic regimens is crucial in maintaining many patients within the community rather than in institutional care. Pharmacists are well placed both

to ensure that patients make best use of prescribed medicines and to reduce wastage.

Trained pharmacists possess a potential for involvement in more sophisticated screening and counselling of patients, particularly in connection with drug abuse, HIV infection and other transmissible diseases. Given the necessary initiative, they can also provide a natural focus for the conduct of drug monitoring studies and field research on drug use. A tradition of research in community practice has yet to become securely established.

Viewed in a global perspective, these are formidable objectives, particularly where the profession of pharmacy remains tenuously established. As the report emphasizes, wherever they are secured they must be retained in focus. Without a review framework established by the appropriate health authorities and professional bodies, and an audit process based on a range of performance indicators, there can be no lasting assurance that yesterday's goals meet contemporary needs.

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