



Canadian Society of Hospital Pharmacists Soci t  canadienne des pharmaciens d'h pitaux

Mission

August 27, 2007

Committed to the advancement of safe, effective medication use and patient care in hospitals and related healthcare settings.

Engag s   l'avancement de l'utilisation s curitaire et efficace des m dicaments, et des soins aux patients dans les  tablissements de sant .

The Canadian Journal of Hospital Pharmacy

Le Journal canadien de la pharmacie hospitali re

Canadian Hospital Pharmacy Residency Board

Conseil canadien de r sidence en pharmacie d'h pital

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The Editor
Globe and Mail

RE: MDs reluctant to expand role of pharmacists, August 21, 2007, Canadian Press
RE: Only doctors may prescribe, CMA resolves, August 22, 2007, Andr  Picard

On August 21 and 22, 2007, the Globe and Mail reported: "A majority of doctors attending a convention of the Canadian Medical Association in Vancouver don't support an expanded role by pharmacists to manage and monitor medication when patients are cared for by a team of health professionals."; likewise, that "Canada's doctors are bitterly denouncing the idea that pharmacists be allowed to prescribe drugs independently, saying such a practice places patients at risk."

The Canadian Society of Hospital Pharmacists (CSHP) advocates for the role of pharmacists as capable prescribers and supports the pharmacists' role in a collaborative prescribing model to improve patient health outcomes and increase the successful and efficient delivery of pharmaceutical care (CSHP Statement on Pharmacist Prescribing – 2001).

In 2002 the Romanow Report proposed changes to the Canadian health care system, including a recommendation that, "Pharmacists can play an increasingly important role as part of the health care team.... the growing emphasis on collaborative teams and networks of health providers, means that traditional scopes of practice also need to change". Changing the role of the pharmacist within a collaborative team is not new. The collaborative care team model works very effectively in hospitals where health care professionals work together, respecting and relying on each other's unique and complimentary expertise to help ensure the best possible care for their patients.

Hospital pharmacists, the "medication experts" on these collaborative teams, are committed to the best use of medications for the best outcomes for our patients. Evidence shows that pharmacists are critical to reducing medication-related adverse events. They have the university education, practical training and skills required to initiate, modify, monitor and manage drug therapy. Hospital pharmacists prescribing under medical directives have supported physicians and patient care for several years; this experience has demonstrated a clinical partnership that can and does work well.

CSHP supports pharmacist prescribing when both the patient AND the physician are included. The CMA's motion to limit the ability of pharmacists to apply their knowledge jeopardizes the safe and effective management of patient drug therapy. Only 56% of CMA attendees voted against an expanded role for the pharmacist within collaborative care teams. That means 44% have respect for a pharmacist's role in optimizing patient care. And how many physicians who were not in attendance are already working with a pharmacist on their care team?

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President, CSHP

Cc: CSHP Statement on Pharmacist Prescribing, 2001

Note: Using this letter as a template, customized responses to published articles were also sent to the editors of the Leader-Post (Regina), The Chronicle Herald (Halifax), The Vancouver Sun, and the Toronto Star.