ASHP Statement on Pharmaceutical Care

The purpose of this statement is to assist pharmacists in understanding pharmaceutical care. Such understanding must precede efforts to implement pharmaceutical care, which ASHP believes merit the highest priority in all practice settings.

Possibly the earliest published use of the term pharmaceutical care was by Brodie in the context of thoughts about drug use control and medication-related services.[1,2] It is a term that has been widely used and a concept about which much has been written and discussed in the pharmacy profession, especially since the publication of a paper by Hepler and Strand in 1990.[3–5] ASHP has formally endorsed the concept.[6] With varying terminology and nuances, the concept has also been acknowledged by other national pharmacy organizations.[7,8] Implementation of pharmaceutical care was the focus of a major ASHP conference in March 1993.

Many pharmacists have expressed enthusiasm for the concept of pharmaceutical care, but there has been substantial inconsistency in its description. Some have characterized it as merely a new name for clinical pharmacy; others have described it as anything that pharmacists do that may lead to beneficial results for patients.

ASHP believes that pharmaceutical care is an important new concept that represents growth in the profession beyond clinical pharmacy as often practiced and beyond other activities of pharmacists, including medication preparation and dispensing. All of these professional activities are important, however, and ASHP continues to be a strong proponent of the necessity for pharmacists' involvement in them. In practice, these activities should be integrated with and culminate in pharmaceutical care provided by individual pharmacists to individual patients.

In 1992, ASHP's members urged the development of an officially recognized ASHP definition of pharmaceutical care.[9] This statement provides a definition and elucidates some of the elements and implications of that definition. The definition that follows is an adaptation of a definition developed by Hepler and Strand.[3]

Definition

The mission of the pharmacist is to provide pharmaceutical care. Pharmaceutical care is the direct, responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient's quality of life.

Principal Elements

The principal elements of pharmaceutical care are that it is *medication related*; it is *care* that is *directly provided* to the patient; it is provided to produce *definite outcomes*; these outcomes are intended to improve the patient's *quality of life*; and the provider accepts personal *responsibility* for the outcomes.

Medication Related. Pharmaceutical care involves not only medication therapy (the actual provision of medication) but also decisions about medication use for individual patients. As appropriate, this includes decisions *not* to use medication therapy as well as judgments about medication selection, dosages, routes and methods of administration, medication therapy monitoring, and the provision of medication-related information and counseling to individual patients.

Care. Central to the concept of care is caring, a personal concern for the well-being of another person. Overall patient care consists of integrated domains of care including (among others) medical care, nursing care, and pharmaceutical care. Health professionals in each of these disciplines possess unique expertise and must cooperate in the patient's overall care. At times, they share in the execution of the various types of care (including pharmaceutical care). To pharmaceutical care, however, the pharmacist contributes unique knowledge and skills to ensure optimal outcomes from the use of medications.

At the heart of any type of patient care, there exists a one-to-one relationship between a caregiver and a patient. In pharmaceutical care, the irreducible "unit" of care is one pharmacist in a direct professional relationship with one patient. In this relationship, the pharmacist provides care directly to the patient and for the benefit of the patient.

The health and well-being of the patient are paramount. The pharmacist makes a direct, personal, caring commitment to the individual patient and acts in the patient's best interest. The pharmacist cooperates directly with other professionals and the patient in designing, implementing, and monitoring a therapeutic plan intended to produce definite therapeutic outcomes that improve the patient's quality of life.

Outcomes. It is the goal of pharmaceutical care to improve an individual patient's quality of life through achievement of definite (predefined), medication-related therapeutic outcomes. The outcomes sought are

1. Cure of a patient's disease.
2. Elimination or reduction of a patient's symptomatology.
3. Arresting or slowing of a disease process.
4. Prevention of a disease or symptomatology.

This, in turn, involves three major functions: (1) identifying potential and actual medication-related problems, (2) resolving actual medication-related problems, and (3) preventing potential medication-related problems. A medication-related problem is an event or circumstance involving medication therapy that actually or potentially interferes with an optimum outcome for a specific patient. There are at least the following categories of medication-related problems[3]:

- *Untreated indications.* The patient has a medical problem that requires medication therapy (an indication for medication use) but is not receiving a medication for that indication.
- *Improper drug selection.* The patient has a medication indication but is taking the wrong medication.
- *Subtherapeutic dosage.* The patient has a medical problem that is being treated with too little of the correct medication.
- *Failure to receive medication.* The patient has a medical problem that is the result of not receiving a medication (e.g., for pharmaceutical, psychological, sociological, or economic reasons).
- *Overdosage.* The patient has a medical problem that is being treated with too much of the correct medication (toxicity).

- *Adverse drug reactions.* The patient has a medical problem that is the result of an adverse drug reaction or adverse effect.
- *Drug interactions.* The patient has a medical problem that is the result of a drug–drug, drug–food, or drug–laboratory test interaction.
- *Medication use without indication.* The patient is taking a medication for no medically valid indication.

Patients may possess characteristics that interfere with the achievement of desired therapeutic outcomes. Patients may be noncompliant with prescribed medication use regimens, or there may be unpredictable variations in patients' biological responses. Thus, in an imperfect world, intended outcomes from medication-related therapy are not always achievable.

Patients bear a responsibility to help achieve the desired outcomes by engaging in behaviors that will contribute to—and not interfere with—the achievement of desired outcomes. Pharmacists and other health professionals have an obligation to educate patients about behaviors that will contribute to achieving desired outcomes.

Quality of Life. Some tools exist now for assessing a patient's quality of life. These tools are still evolving, and pharmacists should maintain familiarity with the literature on this subject.[10,11] A complete assessment of a patient's quality of life should include both objective and subjective (e.g., the patient's own) assessments. Patients should be involved, in an informed way, in establishing quality-of-life goals for their therapies.

Responsibility. The fundamental relationship in any type of patient care is a mutually beneficial exchange in which the patient grants authority to the provider and the provider gives competence and commitment to the patient (accepts responsibility).[3] Responsibility involves both moral trustworthiness and accountability.

In pharmaceutical care, the direct relationship between an individual pharmacist and an individual patient is that of a professional covenant in which the patient's safety and well-being are entrusted to the pharmacist, who commits to honoring that trust through competent professional actions that are in the patient's best interest. As an accountable member of the health-care team, the pharmacist must document the care provided.[4,7,12,13] The pharmacist is personally accountable for patient outcomes (the quality of care) that ensue from the pharmacist's actions and decisions.[1]

Implications

The idea that pharmacists should commit themselves to the achievement of definite outcomes for individual patients is an especially important element in the concept of pharmaceutical care. The expectation that pharmacists personally accept responsibility for individual patients' outcomes that result from the pharmacists' actions represents a significant advance in pharmacy's continuing professionalization. The provision of pharmaceutical care represents a maturation of pharmacy as a clinical profession and is a natural evolution of more mature clinical pharmacy activities of pharmacists.[14]

ASHP believes that pharmaceutical care is fundamental to the profession's purpose of helping people make the best use of medications.[15] It is a unifying concept that transcends all types of patients and all categories of pharmacists and pharmacy organizations. Pharmaceutical care is applicable and achievable by pharmacists in all practice settings. The provision of pharmaceutical care is not limited to pharmacists in inpatient, outpatient, or community settings, nor to pharmacists with certain degrees, specialty certifications, residencies, or other credentials. It is not limited to those in academic or teaching settings. Pharmaceutical care is not a matter of formal credentials or place of work. Rather, it is a matter of a direct personal, professional, responsible relationship with a patient to ensure that the patient's use of medication is optimal and leads to improvements in the patient's quality of life.

Pharmacists should commit themselves to continuous care on behalf of individual patients. They bear responsibility for ensuring that the patient's care is ongoing despite work-shift changes, weekends, and holidays. An important implication is that a pharmacist providing pharmaceutical care may need to work as a member of a team of pharmacists who provide backup care when the primary responsible pharmacist is not available. Another is that the responsible pharmacist should work to ensure that continuity of care is maintained when a patient moves from one component of a health-care system to another (e.g., when a patient is hospitalized or discharged from a hospital to return to an ambulatory, community status). In the provision of pharmaceutical care, professional communication about the patient's needs between responsible pharmacists in each area of practice is, therefore, essential. ASHP believes that the development of recognized methods of practicing pharmaceutical care that will enhance such communication is an important priority for the profession.

Pharmaceutical care can be conceived as both a purpose for pharmacy practice and a purpose of medication use processes. That is, a fundamental professional reason that pharmacists engage in pharmacy practice should be to deliver pharmaceutical care. Furthermore, the medication use systems that pharmacists (and others) operate should be designed to support and enable the delivery of pharmaceutical care by individual pharmacists. ASHP believes that, in organized health-care settings, pharmaceutical care can be most successfully provided when it is part of the pharmacy department's central mission and when management activity is focused on facilitating the provision of pharmaceutical care by individual pharmacists. This approach, in which empowered frontline staff provide direct care to individual patients and are supported by managers, other pharmacists, and support systems, is new for many pharmacists and managers.

An important corollary to this approach is that pharmacists providing pharmaceutical care in organized health-care settings cannot provide such care alone. They must work in an interdependent fashion with colleagues in pharmacy and other disciplines, support systems and staff, and managers.[7] It is incumbent on pharmacists to design work systems and practices that appropriately focus the efforts of all activities and support systems on meeting the needs of patients. Some patients will require different levels of care, and it may be useful to structure work systems in light of those differences.[16,17] ASHP believes that the provision of pharmaceutical care and the development of effective work systems to document and support it are major priorities for the profession.

In the provision of pharmaceutical care, pharmacists use their unique perspective and knowledge of medication therapy to evaluate patients' actual and potential medication-related problems. To do this, they require direct access to clinical information about individual patients. They make

judgments regarding medication use and then advocate optimal medication use for individual patients in cooperation with other professionals and in consideration of their unique professional knowledge and evaluations. Pharmaceutical care includes the active participation of the patient (and designated caregivers such as family members) in matters pertinent to medication use.

The acknowledgment of pharmacists' responsibility for therapeutic outcomes resulting from their actions does not contend that pharmacists have exclusive authority for matters related to medication use. Other health-care professionals, including physicians and nurses, have valuable and well-established, well-recognized roles in the medication use process. The pharmaceutical care concept does not diminish the roles or responsibilities of other health professionals, nor does it imply any usurping of authority by pharmacists. Pharmacists' actions in pharmaceutical care should be conducted and viewed as collaborative. The knowledge, skills, and traditions of pharmacists, however, make them legitimate leaders of efforts by health-care teams to improve patients' medication use.

Pharmaceutical care requires a direct relationship between a pharmacist and an individual patient. Some pharmacists and other pharmacy personnel engage in clinical and product-related pharmacy activities that do not involve a direct relationship with the patient. Properly designed, these activities can be supportive of pharmaceutical care, but ASHP believes it would be confusing and counterproductive to characterize such activities as pharmaceutical care. ASHP believes that clinical and product-related pharmacy activities are essential, however, and are as important as the actions of pharmacists interacting directly with patients.

Pharmaceutical educators must teach pharmaceutical care to students.[18] Providers of continuing education should help practicing pharmacists and other pharmacy personnel to understand pharmaceutical care. Students and pharmacists should be taught to conceptualize and execute responsible medication-related problem-solving on behalf of individual patients. Curricula should be designed to produce graduates with sufficient knowledge and skills to provide pharmaceutical care competently.[8,18] Initiatives are under way to bring about these changes.[8] Practicing pharmacists must commit their time as preceptors and their workplaces as teaching laboratories for the undergraduate and postgraduate education and training necessary to produce pharmacists who can provide pharmaceutical care.[8]

Research is needed to evaluate various methods and systems for the delivery of pharmaceutical care.

Pharmaceutical care represents an exciting new vision for pharmacy. ASHP hopes that all pharmacists in all practice settings share in this vision and that the pharmaceutical care concept will serve as a stimulus for them to work toward transforming the profession to actualize that vision.

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This statement was reviewed in 1998 by the Council on Professional Affairs and the ASHP Board of Directors and was found to still be appropriate.

Approved by the ASHP Board of Directors, April 21, 1993, and by the ASHP House of Delegates, June 9, 1993. Developed by the ASHP Council on Professional Affairs.

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The bibliographic citation for this document is as follows: American Society of Hospital Pharmacists. ASHP statement on pharmaceutical care. *Am J Hosp Pharm.* 1993; 50:1720–3.