

# **Remarkable Pharmacists**

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The delivery of pharmaceutical services in hospitals and related facilities in the United States probably dates back to Benjamin Franklin, who is said to have appointed a pharmacist to the staff of the Pennsylvania Hospital in the mid-eighteenth century. Through the years since then, many men and women have contributed energy and talent to the destiny of this group of pharmacists in this country. Now we have another Pennsylvanian, Joseph A. Oddis, executive director of the American Society of Hospital Pharmacists, influencing the direction of hospital pharmacy in the United States and, indeed, throughout the world.

Following graduation from the Duquesne University School of Pharmacy in 1950, Mr. Oddis served for two years with the United States Army attached to the 38th General Hospital stationed first in Colorado and later in Germany.

He began his work experience in hospital pharmacy as a staff pharmacist with Mercy Hospital in Pittsburgh and then moved to The Western Pennsylvania Hospital as chief pharmacist. His career as an association executive followed with his appointment as staff representative in hospital pharmacy for the American Hospital Association in 1956. Four years later he was called to the American Society of Hospital Pharmacists to be its chief executive officer.

If recognition by one's peers is evidence of respect and admiration, then Joseph Oddis is held in high esteem. He was the recipient of the Duquesne University School of Pharmacy's first Certificate of Honor Award in October 1969. More recently, he has been the recipient of the highest award offered by hospital pharmacists in the United States, the Harvey A. K. Whitney Lecture Award (1970). The Julius Sturmer Memorial Lecture Award was given to him by Alpha Tau chapter of the Rho Chi Society in 1971.

Every man at some point in his career comes to the realization that he has developed a philosophy for living. To some, this may occur at a very young age, perhaps in elementary school or junior high school or in high school in preparation for a course of study in college. Others may not come to this realization until well established in a career with responsibilities relating to job and family. In any case, it is unlikely that this realization can be identified with a single experience or a particular acquaintance or a specific course of study. Rather, I suspect it evolves because of all of these happenings and many more.

At a very early age, I acquired an appreciation for work, commitment, and involvement. My parents, Italian immigrants essentially without formal education, in their simple, uncomplicated manner provided a life style which called for work, commitment, and involvement. Even after these many years, I can see my father leaving home at 5:00 A.M. each morning to report to the coal mine shaft to be lowered to the depths of the mine where he would spend eight hours shut off from the light of day. And following our dinner meal, he would collapse on the couch, spent and weary from digging coal far below the earth's surface. It was this example and many other hardships my parents endured as immigrants which must have prompted my brother, who is a physician, and me to dedicate ourselves to hard work, to a deep desire for a good education, to an appreciation of the value of living, to respect for authority and fellow man, and to a belief that life on

earth is fleeting and an interlude between now and a hereafter. We were never wanting for encouragement to excel in whatever we did, even though it was not within the ability of our parents to provide specific guidance or direction in choosing a career. In this respect, I have often reflected on the extremes which parents apply today in directing their children — whether by applying a rigid set of rules or by providing no rules whatsoever. How much better it would be, I believe, to instill in children an appreciation of such virtues as love and respect and honesty and integrity.

I have always found it fascinating to inquire of people how they chose to do what they are doing and the set of circumstances leading to that choice. It is rare, I have found, that people always know exactly what they want to do and then develop a plan of action to achieve that objective. Rather, it seems to be more a case of choosing and, after a period of time followed by evaluation, of choosing again — a sequence which may occur many times in a lifetime. This may be true not only in choosing a particular pursuit but even more so in adapting to facets of a single pursuit as one moves through a lifetime.

When it came time for me to think about collegiate studies, it was more a case of concluding what I thought I did not want to study. I did not, I thought, want to study medicine because of my apprehension for assuming responsibility for another person's life. Having studied music throughout elementary and high school years, I was more or less convinced music would be my career. The thought of becoming a pharmacist had *never* occurred to me. As a matter of fact, even after pharmacy was suggested to me, I am not certain I truly understood what being a pharmacist encompassed. I say this in view of my reluctance to consider medicine because this meant assuming responsibility for the life of another. It was only much later, when I was in pharmacy school, I realized that the responsibility for a patient's well-being was a shared responsibility of

physicians, pharmacists, nurses, and a host of other health professionals. Undoubtedly, my lack of appreciation for the pharmacist's inherent responsibility for the patient's well-being had something to do with the image of pharmacy I had acquired in my own community. At that time, I didn't even realize that pharmacy was practiced in the institutional setting.

What then caused me to become interested in pharmacy? In my little community of Muse, Pennsylvania, located some twenty miles south of Pittsburgh, Father James Biller, a newly ordained priest, served as assistant pastor. Having attended Duquesne University, he encouraged me to consider his alma mater and, in fact, took me to Pittsburgh to meet the dean of the school of music. It was Father Biller who also introduced me to Dr. Hugh C. Muldoon, dean of the school of pharmacy, whom he admired while he was an undergraduate at the University. In a short interview which couldn't have lasted more than thirty minutes, I was so impressed by Dean Muldoon, his personality, his eloquence, his goodness, that I was determined I wanted to study under him. I am certain it was not the attraction of pharmacy as much as the magnetism of the man that caused me to apply for admission to the school of pharmacy. In retrospect, pharmacy was a good choice, but even if it had turned out not to be so, the honor and privilege of having studied under Dr. Muldoon would have more than compensated for any inconvenience in adjusting to a new course of study. I do not today remember very much of the technical and scientific teachings of Dean Muldoon, but his lessons and personal example in humanism made lasting impressions. He was a perfect gentleman with impeccable manners and a sensitivity for social graces. Without uttering a single word, his entry into a classroom brought respectful silence. He expected a great deal from his students, but those who were receptive received a great deal in return. One could not help but gain a tremendous appreciation for work,



commitment, and involvement as a result of the example of Dean Muldoon.

A second coincidence brought to my attention and interest the institutional practice of pharmacy. As a youngster in my little community of Muse, Sunday meant Sunday School and religious instruction, and it was the Sisters of Mercy of Pittsburgh who served as our teachers. Sister Gonzales, who taught me Sunday School in those early years, served as the influence which, a decade or so later, prompted me to consider the institutional practice of pharmacy. How did it happen? Another coincidence. It wasn't planned. It wasn't programmed. While teaching me Sunday School, Sister was completing her studies for a masters degree in biology. More than a decade later, as a freshman at the Duquesne University School of Pharmacy, I met Sister again. Her community had need of a pharmacist for Mercy Hospital in Pittsburgh, and Sister was chosen as the candidate who would attend pharmacy school. And so, my former Sunday School teacher was now a fellow student in pharmacy school — she a junior and I a freshman. From this reacquaintance came the invitation to work in the pharmacy and to live in the hospital which was located only several blocks from Duquesne University.

The following four school years and summer intervals provided another opportunity to acquire an even greater appreciation for work, commitment, and involvement. It was during these years that I realized my apprehension concerning the study of medicine was without foundation. In fact, during my junior year in pharmacy school, I contemplated seriously the possibility of applying for medical school. After reviewing the admission requirements of some twenty medical schools, I even took additional studies during the summer months following my junior and senior years in pharmacy school. What an attitudinal departure from my precollege days! For a while after graduating, and particularly following two years of service in the Armed

Forces, I even considered entering graduate school at the University of Pittsburgh and studying hospital administration. In retrospect, I have wondered why I was experiencing this interest in related fields. I have concluded that this must have been a searching on my part for an opportunity for greater involvement in the direct care of patients — an opportunity which did not exist in the way institutional pharmacy was practiced at that time. I doubt I would have sought other fields for direct patient interaction if institutional practice had developed to the point of clinical involvement as it is possible today.

Life at Mercy Hospital during my undergraduate years at Duquesne University provided an invaluable experience in learning to work together with other health professionals during formative years. While the team concept for health care was in its infancy, living in the hospital for those four years and learning and working with medical interns and residents and nurses and representatives of other health disciplines gave me an insight regarding the interdependency which exists and must be appreciated by all components of the health team if patients are to derive the greatest benefits possible from such a collection of experts. Pharmacy, until very recently, failed to involve itself totally but chose to operate primarily on the periphery of the health care delivery system rather than within it. It becomes more obvious each day that health care delivery will be a structured system with the hospital serving as a main component of it. Pharmacy must be an integral part of, rather than isolated from, the system if it is to serve a useful purpose for society. The difficulty lies in achieving this integration which, I believe, will be realized only if students of the health disciplines — pharmacy, medical, nursing, dental, and others — develop a commonality of purpose and interest and commitment during their formative years in a learning environment familiar to all of them — the institutional setting.

I recall when I served as director of pharmacy service at The Western Pennsylvania Hospital in Pittsburgh how difficult and frustrating it was to win the confidence of the medical and nursing staffs. Practically every offer to expand pharmacist involvement in patient care was eyed with suspicion. Even the most elementary suggestion to assist the physician or the nurse through greater pharmacist participation was questioned. One can appreciate this attitude, however, when considering the isolation that pharmacy in general had chosen for itself. Fortunately, we are witnessing dramatic attitudinal changes as the pharmacy student during his undergraduate years acquires clinical experience together with medical, dental, and nursing students in the institutional environment and with a common patient who becomes the recipient of their combined knowledge and expertise.

Perhaps the greatest opportunity for acquiring an appreciation for work, commitment, and involvement came when I was invited to join the field of association work — first with the American Hospital Association and subsequently with the American Pharmaceutical Association and the American Society of Hospital Pharmacists. A spirit of respect for and openness toward the thinking of others is of fundamental importance to team work in any form. It is of particular importance in the association field. Men of similar outlook too often refuse teamwork — in caring for patients as in a hospital or in dealing with an issue as in association work. This refusal is based on the thinking that teamwork inevitably leads to principles giving way to compromises which are signs of weakness. This can operate among individuals working within the same association or among individuals representing different associations. One of the chief problems posed by teamwork is how to deal with divergencies of view. Under such circumstances, it becomes imperative to respect the commitment of others, however much we might disagree with another's viewpoint. Pope Paul VI

recognized very well how difficulties of a psychological order often tend to be represented as difficulties of principle when he stated: "Old positions hardened by bitter memories, mixed up with questions of prestige and subtle polemics, arouse reactions which tend to be represented as assertions of principle on which it would seem impossible to yield." Anyone who has worked in the association field knows how often this is true and how necessary it is to have uncommon clearheadedness to understand and evaluate situations. Ambition is good if tempered. Unfortunately, and too often, we take ourselves rather than our jobs too seriously.

In my sixteen years of association work at the national level, I have come to realize that most people in the health field are sincerely committed to hard work in the interest of good patient care. These individuals have developed a philosophy of living which requires a deep moral and spiritual interest in the health and welfare of others. This is a type of selflessness which is essential to any endeavor, but it is perhaps present to a greater degree in those who are concerned with and responsible for the health of others.

As the health professional develops an appreciation for work, commitment, and involvement in behalf of the patient he serves and the profession of which he is a part, he must likewise exercise caution that such dedication does not interfere with his family responsibilities. Compromise in this regard can develop unknowingly — almost insidiously. A philosophy for living must represent a delicate balance of work, commitment, and involvement with family and with fellow man.