

Status of Pharmaceutical Care and Pharmacy in India and Europe

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Available online at: www.xournals.com

Received 16th September 2018 | Revised 14th October 2018 | Accepted 19th December 2018

Abstract:

Earlier Pharmacy did not have that much of importance but currently it has been observed that it works as the backbone of current world as it comprises the third largest healthcare line of work in the world, it has been evolving as profession steadily and gradually since the last decade in India. The role of pharmacist have expanded eventually, these professionals not only just dispense the medicine now it has expanded their horizon from dispensing medicine to pharmaceutical care too. The profession of pharmacy has proved to be essential part of healthcare system worldwide. This paper is written in order to analyze the current scenario of pharmacy in Europe and India, and highlight the awareness aspect of it. It seems that pharmacists and Pharma students of developing countries are concerned about their position in the present professional world of healthcare system. The aim of this paper is just to highlight the very fact and need of pharmaceutical industries as well as pharmacy in developing country such as India.

Keywords: *Pharmaceutical Care, Pharma, Europe, India, Education, healthcare system.*

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Introduction

Pharmaceutical sciences is combination of broad range of scientific disciplines, these disciplines are dire to the finding and advancement of new drugs type. It is an interdisciplinary field which is dynamic in nature, its aim is to incorporate basic principles of core sciences such as physical or organic chemistry, biochemistry, engineering and of course biology to understand novel and better-quality therapies, and to optimize delivering drugs in the body.

There are many variant disciplines of pharmaceutical science, these discipline contribute to the discovery and development of new drugs and therapies. Below is given list of categories of pharmaceutical sciences:

- Analysis and Pharmaceutical Quality
- Biotechnology
- Clinical Pharmacology
- Translational Research
- Drug Discovery and Development
- Formulation of Design and Development
- Manufacturing Science and Engineering
- Pharmacokinetics
- Pharmacodynamics
- Bio pharmaceuticals
- Regulatory Science

By definition pharmaceutical care can be known as the provision that is responsible to put any patient under therapy of drug in order to achieve a better quality of life for him or her and a sister branch that is very new and extends from this area of science is medical specialty. Almost about twenty years ago concept of pharmaceuticals care started from United States. There are various definition given by different experts, one of them is given by Helper and Strand which says that pharmaceutical care is the provision responsible of drug therapy and its main goal is to improve the quality of life of a patient.

The various outcomes on which a pharmacist focuses on are:

- To find the ultimate cure of the disease
- To eradicate the patients symptomatology or to reduce the same
- If the elimination is not possible, the concern lies over the arresting or reducing of a particular disease process
- And finally to prevent a patient from a disease or To prevent him from its symptoms.

Developmental history of pharmaceutical care

The services of pharmacy came into existence in the year of 1951 after the registration and introduction of Pharmacist Act of 1951, Poisons Act 1952 and

another addition to it Dangerous Drugs Act 1952. During this period i.e. the period prior to the independence, primary mission of pharmaceutical services included procurement of drugs its distribution and storage, these drugs were acquired by the crowns agents.

In the year 1960 clinical pharmacy practice took stroll, it was more of patient oriented program, and less focus was put on chemistry of drug products. In the same year various growth unit dose systems were introduced in the institutions, and review of drug utilization started, pre 1960 it was the era of clinical practices post 60's it was a transitional stage. Cipolle put emphasis on patients, during this period patient's advocacy and support were encouraged also it was mandatory to protect patient from misadventuring of drug.

Later in the year 2004 Cipolle wrote in his book "Pharmaceutical care Practice: The clinicians Guide" that the study of pharmaceutical care is more of patient centered method of practice, where a practitioner responsibility is towards patient's drug related needs and he is held answerable for this commitments. In the year 1969 various stores and complex such as (Government Pharmaceutical Laboratories and Stores) were set-up in Petaling Jaya, these set ups were established under second Malaysia Plan (1961-1965). This movement was landmark developmental step in pharmaceutical services of the country, this was seen as a great help as it initiated providing cost-effective and good quality of pharmaceutical services in cheap amount, and was observed by ministry of health under medical and health program which emphasized on rural health services. Although precedent were in function, an official chemistry division was officially established in the year 1969, which catered the growing needs of pharmaceutical services.

It was named in the year 1974, whereas the pharmacy division was designed on 1st January 1976 under the shadow of Pharmaceutical service division for carrying out and putting into practice the legislation belonging to pharmacy and pharmaceutical line of work in the nation. After few years a growing need of check emerged, in order to meet the requirement in the year 1978, a control lab was set up by the government under the second Malaysian Plan in order to perform this responsibility in efficient approach, earlier it was known as National Pharmaceutical Control Laboratory, which is now a days famously called as National Pharmaceutical Control Bureau, the scope extended to this lab was

quality assurance of pharmaceutical products of the country.

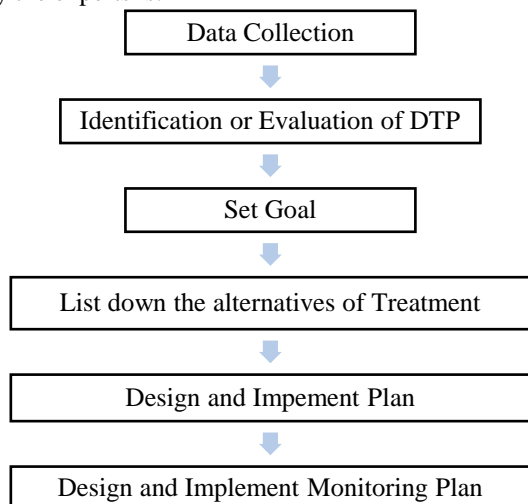
The dawn of the governing era was marked by the promulgation and introduction of Control Drugs and Cosmetic Regulation in June 1984, it had put down the ground work which was necessary to mold the systematic pharmaceutical supervisory in Malaysia. In the year 1985, the Drug Control Authority (DCA) was established in Malaysia under the chairmanship of Director General of Health Malaysia and its only mission was to ensure the following:

- Quality
- Safety
- Efficacy

To have these above goals attained DCA takes up the regulatory functions through NPCB and put them under surveillance where it goes under inspection, product registration after the registration process has completed, sample analysis is done and inspection following with licensing goes on.

Evolution of Pharmacy around the world

Initially pharmacy was supposed to be a transitional discipline going from health science to the chemical science, it was supported by many as a profession devoted to be ensuring the safe use of medication and process used for problem solving process followed by the experts is:



It is believed that in early 1900s, pharmacists were the ones that full filled the role of apothecary, these were the people who prepared drugs and its product *secundum artem* (generally known as “according to the art) for the medicinal use. But by the end of 1950’s, a larger scale of manufacturing of medicinal products were seen by industry of pharmaceuticals, and by this year drug release only by the prescription

was made as legal status for most of the therapeutic agents, which provided a limit to the role of pharmacists to just compounding, distributing, and putting up the labels over the prefabricated products. In support of this it is found that to a variable degree across the world and in limits of the pharmacy practitioners, pharmacists are considered to be drug experts as they work in close collaboration to the patients, doctors and other health care professionals to establish an optimistic medication management system to produce positive outcome of health. Along with it various prescribing models has been developed by pharmacists at international level.

In Sweden many initiatives regarding pharmaceutical care has been taken place for example yearly theme campaigns, documentation of various drug oriented problems, also to help this procedure a classification system has been developed for documenting drug related problems along with this specific counselling techniques have been introduced.

Apart from Sweden we have Denmark, were best model have been developed for pharmaceutical care, it has best medical counselling system and offer various services such as cholesterol, blood glucose or blood pressure measurement. The models followed by Denmark are:

- Self-medication and self-care model.
- Pharmaceutical care at the counter model.

In 20th century to be precise in 2005 in England National Health Service (NHS) proposed a contract known as NHS pharmacy contract, and its aim was to establish it around the whole of England that the pharmacies shall offer seven indispensable services associated to pharmaceutical care and should abide by the quality assurance framework. It also include controlled administration program of methadone and smoking.

While Croatia already has a well-established and high value pharmacy program is in run, on the other hand there is no network between relevant performers in health care and pharmaceutical care inventiveness in place. Same is the condition of Hungarian system so one can easily conclude that despite of having a very good and rich education system European countries need to focus on areas that are meant for societies wellness for e.g.:

- Pharmaceutical care
- Networking
- Patient Counselling

Germany has been applying cognitive pharmaceutical services where the role of

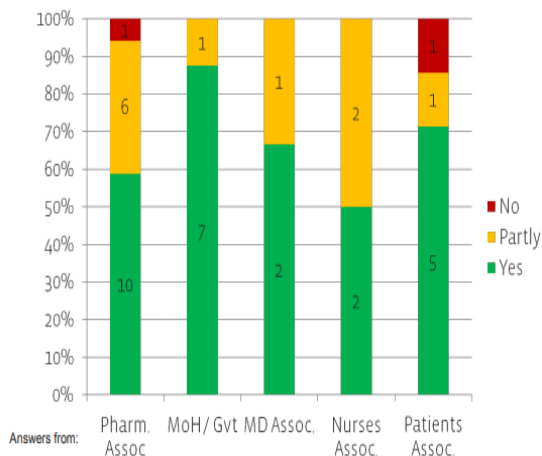
pharmacists from only supplying medicines is changing. It started from 2003 when cognitive pharmaceutical services started with the concept of having contract with family pharmacy, herein contract between the agents of pharmacist community held contract with major sickness fund that included compensation of pharmacists when they provided care. This contract eventually got extended in the year 2004. Mostly all the community druggist in Germany are active participants since then.

A survey was conducted in 2008-09 on awareness of pharmaceutical care wherein respondents were mainly doctors and ministers and few additional experts. Showing number of recipients of survey, and out of them how many answered.

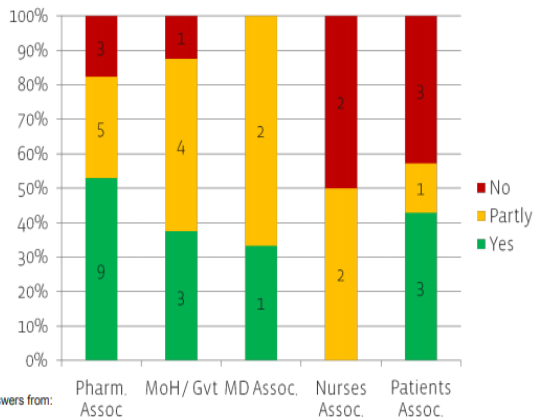
	Total	National Public Health Authorities (MoH...)	National Medical Doctors Assoc.	National Pharm. Assoc.	National Nurses Assoc.	National Patients Assoc.	Others (Experts)	Unknown
Recipients of the survey	147	40 (27,2%)	23 (15,6%)	29 (19,7%)	18 (12,2%)	20 (13,6%)	17 (11,6%)	
Answers to the survey	58	8 (13,8%)	4 (6,9%)	17 (29,3%)	4 (6,9%)	7 (12,1%)	1 (1,7%)	17 (29,3%)

This was a survey conducted by “Council of Europe”, it was conducted by Luc Bessancon, and in here number of people were asked to answer following questions:

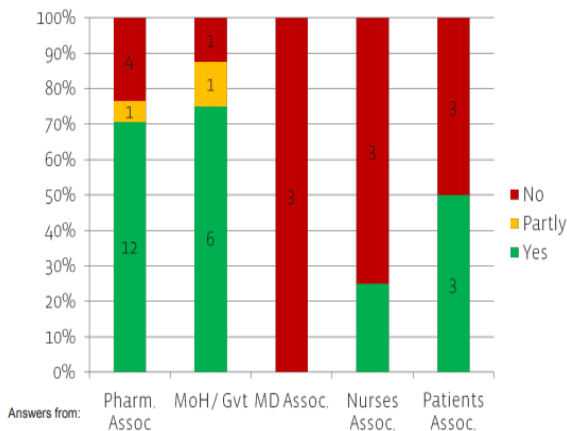
1. Are you aware of the concept of Pharmaceutical care?



2. Does the concept of pharmaceutical care often used in their respective country.



3. Does the pharmaceutical care takes into account the roles of all stakeholders in medicine therapy?



Status of Pharmacy in India

Nagavi claims in his work that first department of education of pharmaceutical studies was introduced at Banaras Hindu University and was established around to be precise seventy years ago, and was headed by professor Mahadev Lal Schroff. In India the Pharmacy act was drafted and introduced after the Independence in the year of 1948, this act came under the aegis of the Pharmacy council of India, It is the constitutional body that is established with the purpose of controlling and maintaining the standards of pharmacy profession. It is said that after the introduction of first educational regulation in the year 1953, Diploma in Pharmacy became the minimum benchmark for anyone to be qualified as a community or hospital pharmacist. And since then it has been revised three times, given the current scenario if we talk about pharmaceutical industry it has almost 60,000 formulations that are available in

market today. In here following we will see what is the status of Pharmaceutical care or pharmacy of India in the eye of various experts.

Harishankar Sahu a researcher from Indian institute of health management worked on scenario of education in the field of pharmaceuticals of India, where he puts forward that Pharmaceutical teaching is a dynamic profession and is required for the development of the country, not only this it is a requisite for protection of public health, further he goes on the professional aspect of the pharmacy in India, where he lays it out that there is approximately a million pharmacists in India, which has been divided as given:

- 55% in community
- 20% in hospitals
- 10% in industry and regulatory
- 2% in academia

According to Dewey 1944 and Dave 2011, almost every year round about 2000 Diploma Pharma, students, thirty thousand students from Bachelor's in Pharma, and six thousand master's in Pharma graduate from the reputed universities and colleges of country.

Rajesh Balkrishnan in his work became suggestive of the growth of practice of pharmacy in India, he claims that it was clinical education that propelled the practice, further he had run a survey that was done on the practice of self-medication, were he suggested that it can be checked only through planning interventions in order to promote rational

self-medication. His study also advocated the need of awareness among people, he had found in his work that pharmacovigilance and pharmacy practices are in very early stage in India.

World health organization i.e. WHO has a definite definition for health where this major body explains health as a complete state of well-being, this complete state includes physical, mental and social well-being of a person and his family, it is not confined to the mere absence of disease and infirmity. And in order to attain that it is important for our country to have strong medical background which can be achieved by strong pharmaceutical care, so a strong pharmacy education is needed. In the ancient time India had traditional system of practice of medicine, it followed Ayurveda and Siddha. It was in the colonial period when the western system of medicine paved its way in India.

Conclusion:

With the given hectic lifestyle there is a need of enormous change in pharmacy and health profession, and since the profession of pharmacy is an integral part of healthcare world it is of imperative need to prepare students, professionals of pharmaceutical background. Practice of pharmacy is not only needed in community as a community service but it has wide need and scope in hospitals as well. A well-organized practice will go a long way and will ensure the quality of health care for patients.



References:

Adamcik BA, Ransford HE, Oppenheimer PR, et al. New clinical roles for pharmacists: a study of role expansion. *Soc Sci Med* 1986; 23:1187-200.

Cipolle, R.J., Strand, L.M., Morley, P.C. (1998). *Pharmaceutical Care Practice*. New York: McGraw Hill.

Dave, J.B. 2011. Does Bright Future Await Pharmacy Students? *Pharma Times*; 43(3):1

Dewey, John 1944. *Democracy and Education*. The Free Press ISBN 0-684-83631-9:1-4. 2.

Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Pharm Educ* 1989; 53(suppl):S7-15.

Herborg H, Sorensen EW, Frokjaer B. Pharmaceutical care in community pharmacies: practice and research in Denmark. *Ann Pharmacother*. 2007; 41:681-9.

Holland RW, Nimmo CM. Transitions, part 1: beyond pharmaceutical care. *Am J Health Syst Pharm* 1999; 56:1758-64?

Jesson, J., Bissell, P. (2006) Public health and pharmacy: A critical review. *Critical Public Health*, 16:159-169.

Luc Besancon. "Pharmaceutical Care Summary of a Survey from the Council of Europe." *Advance Pharmacy Worldwide*, [www.fip.org/files/fip/news/Pharmaceutical Care - CoE.pdf](http://www.fip.org/files/fip/news/Pharmaceutical_Care_-_CoE.pdf)

Miglani, B.D. (2008) Sixth pay commission report-fatal blow for practicing pharmacists, *Pharma Review*, 7:69-70.

Noyce PR. Providing patient care through community pharmacies in the UK: policy, practice, and research. *Ann Pharmacother*. 2007; 41:861

Pearson GJ, Yuksel N, Card D, et al. Task Force on Pharmacist Prescribing. An information paper on pharmacist prescribing within a health care facility. *Can J Hosp Pharm* 2002; 55:56-62

Westerlund LT, Bjork HT. Pharmaceutical care in community pharmacies: practice and research in Sweden. *Ann Pharmacother*. 2006; 40:1162-9.