LETTER

Hospital pharmacy services in Pakistan

Pakistan launched the National Drug Policy (NDP) as an essential element of the National Health Policy (NHP) to achieve ‘health for all’ in 2000. According to the NDP, hospital pharmacy services need strengthening and should be established at the federal or provincial level. The NDP also stated that all teaching, divisional and district hospitals should have Pharmacy and Therapeutic Committees (P&TC).¹ Historically, P&TC have had an effective role in improving safe and cost-effective usage of medicines. They also improve and implement the strategies for quality use of medicines.² In Pakistan, small or medium size hospitals at divisional or district level lack P&TC; only few have P&TC. Most P&TC are authorised for procurement of medicines.² There are very few pharmacists in P&TC and pharmacists are not performing their exact role in formulary development.³

The NDP states that one hospital pharmacist should be appointed for each 50 beds in a hospital facility.¹ However, there is an acute shortage of pharmacists and only one pharmacist is available per 1200 beds in public hospitals.⁴ In 2009, the Supreme Court of Pakistan directed the health department of each province to ensure that the number of pharmacists in public hospitals meet the specified criteria.⁵ Almost 2700 pharmacists graduate annually in Pakistan. Despite the small number of pharmacists, more than 15,000 pharmacists do not have appropriate jobs and only 15% are engaged in hospitals, administrative and technical jobs in the public sector.¹ ⁴ Hundreds of pharmacist jobs in hospitals are still vacant.¹ ⁴ The major reason behind the shortage of pharmacists in public hospitals is the lack of funds and financial resources.³ Pharmacy services and the number of pharmacists in private hospitals are also inadequate.

Furthermore, pharmacists in hospitals are not appropriately engaged in clinical services and pharmaceutical care due to the monopoly of the physicians. Doctors are not accepting the role of pharmacists in clinical decision-making. Pharmacists in hospitals are performing only traditional responsibilities and the majority (84.5%) of hospital pharmacists are only involved in record keeping. Successful implementation of pharmaceutical care in hospital pharmacy services needs an optimal discourse and interaction between doctors and pharmacists, which does not happen in the majority of public hospitals. Doctors get in touch with pharmacists just to inquire about the availability of medicines.³

The NDP emphasised the importance of establishing model hospital pharmacies in teaching hospitals. It also reiterated that modern drug distribution and supply systems should be strengthened so that smaller hospitals could have a better system of ordering, procurement, packaging, storage, distribution and inventory.¹ However, this is not currently the case as with the shortage of pharmacists in hospitals. After 16 years of NDP endorsement, modern hospital pharmacy services still seem a dream.

Finally, federal and provincial governments should provide funds to facilitate good pharmacy services and the required number of pharmacists in hospitals. There should also be an effective collaboration between doctors and pharmacists to improve clinical outcome.

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