

Pharmacy Without Pharmacist: Body Without Soul

Sir,

Let us draw our attention towards one of the most neglected health issues in our country, Pakistan. In 2013, after revising the curriculum of Doctor of Pharmacy, many criticisms have been resolved by making the syllabus more critical, clinical and patient oriented.^[1] However, there is still a big gap between professional education and its practicality in the field.

Community pharmacies are the prime centres, wherein pharmacists can utilize their expertise and knowledge for the improvement of the health status of the patients. There are an estimated 45,000–50,000 wholesale and retail drug outlets in Pakistan.^[2] According to the drug laws of Pakistan, these outlets should be run under continuous supervision of the pharmacists.^[3] Therefore, considering the law, quantitatively, there should be 45,000 pharmacists in total. However, the reality is much more different from theory. There are an estimated 8102 pharmacists in the whole country, who rent out their category license for practice to the laymen for a monthly payment of 3000–6000 PKR (28–57 USD).^[1] Most of these pharmacies are managed by dispensers who lack adequate knowledge and do not possess any professional qualification. These dispensers are involved in various malpractices such as selling drugs without prescriptions, prescription interventions and selling controlled substances without license.^[4]

A survey conducted by the Pakistan Bureau of Statistics showed that 19.56% people prefer to go to the pharmacies for general check-up (as primary health care facility), that is, more than the Government Health Care providers, the teaching hospitals and the private hospitals, wherein only 10.8 and 8.63% of people prefer to go for check-up respectively. Most of the patients, that is, 53% prefer to go to the private clinics because of the quality of health care provided.^[5] Rest of the patients prefer self-medication and complementary alternative treatment instead. These statistics suggest that in the absence of a pharmacist, there is a higher risk of preventable adverse drug event, inappropriate adherence, medication errors and other drug-related problems.

There are several factors that inhibit pharmacy graduates to join or own a pharmacy, which include initial investment for pharmacy, poor law implementations, risk of loss, lack of knowledge skills, no exposure towards pharmacy environment while the students are studying and lack of entrepreneur skills.^[6]

Efforts should be made to encourage the new graduates to join the community pharmacies as their initial choice of practice, because majority wait and try to join the government jobs, which are difficult to get. The curriculum of Doctor of Pharmacy taught in the country also lacks the subject of entrepreneurship, which, if included, may help new graduates to see their future as a community pharmacist, which not only provides them the

financial earning at the early stage of their career but also serves the public to obtain better health care at community level.

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There are no conflicts of interest.

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