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The division of labour in healthcare—the role of the pharmacist

EVA S. DIETRICH

Department of drugs, National Association of Statutory Health Insurance-Accredited Physicians, Herbert-Lewin-Platz 2, 10623 Berlin, Germany

Abstract

Many actors in health care would like to abolish the pharmaceutical profession. Politicians in search of further cost saving alternatives have seized upon the retail margins of pharmacies. Many physicians bear antipathy towards their competitor for the scarce financial health care resources. And in times of e-commerce and industrially produced drugs, many people are convinced that pharmacists are dispensable. Therefore, pharmacists should commonly provide competent and helpful advice to patients and physicians, learn more about the politics of the health system and become more flexible than at present. Unfortunately, they are not on the right path yet. This paper describes the need for action and concludes that pharmaceutical faculties must impart not only learning about chemistry and galenics, but also a profound knowledge of the health system, social skills, cost structures and the clinical benefit and cost-benefit-ratio of drugs.

Keywords: *e-commerce, edict of Melfi, cost-benefit-ratio, pharmaceutical care, physicians*

The role of the pharmacist—division of labour in healthcare

In 2005, Reader's Digest performed one of the largest user studies ever to be undertaken. The study, named "Reader's Digest European Trusted Brands 2005", interviewed 24,832 readers in 14 different European countries. German readers comprised 2108 of those participants (Reader's Digest Trusted Brands, 2005).

According to the study, pharmacy is still a trusted and respected profession. In fact, pharmacists ranked fourth on a trust scale in Germany—below firefighters, nurses and pilots but above physicians (Table I).

Despite those positive results—why is it necessary to question how pharmacy students can be prepared for their future role in an integrated healthcare system?

The answer is simple and multi-faceted, at least from the German perspective. Firstly, the statutory health insurance funds in Germany want to abolish the pharmaceutical profession and are supported in doing so by a strong lobby of politicians and physicians. The politicians are motivated by the inexorable rise of healthcare costs and the physicians are driven by an extreme fear of competition. Secondly, the pharmacists' cause suffers from the lack of a direct lobby for the crucial faction in healthcare: the patients. For even if the pharmacists' white coats and authoritative behaviour instil trust in the general public, in times of e-commerce fewer and fewer people are convinced that they are indispensable.

Cost pressures, the physicians' fear of competition and the questioning of the pharmacists' right to exist will be discussed below and should help answer how pharmacy students can be prepared to influence their future role in integrated healthcare systems in Europe.

To begin, we will take stock of the situation in Germany as an example. The costs of healthcare and prescription drugs have risen dramatically during the past thirty years. To control costs, physicians' fees began to be capped as early as 1992. This measure was very successful, as is indicated in Figure 1. Cost for medical treatment grew more slowly than cost of living in Germany whereas the number of consultations per person increased from 5.7 in 1992 to 7.3 in 2000 (OECD, 2005).

Correspondence: E. S. Dietrich, Department of drugs, National Association of Statutory Health Insurance-Accredited Physicians, Herbert-Lewin-Platz 2, 10623 Berlin, Germany. Tel: 49 30 4005 1441. Fax: 49 30 4005 27 1441. E-mail: edietrich@kbv.de

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Table I. Confidence in professions—results for Germany.

Category	Average of 14 countries (%)	Germany (%)
Firefighters	95	97
Airline pilots	90	93
Pharmacists	89	88
Nurses	88	95
Doctors	83	85
Farmers	77	77
Teachers	76	59
Taxi drivers	53	63
Lawyers	45	56
Tax officers	41	37

In addition, the costly hospital sector has been restructured. The substitution of per diem fees by diagnosis related groups (DRGs) will continuously lead to a significant decrease in costs to the statutory health insurance funds.

The drug sector seems to be alone in its resistance against all political measures. Drug cost has risen continuously over the last years despite the negative list of inefficient pharmaceuticals, the pharmaceutical guidelines of the Federal Standing Committee of Physicians and Health Insurance Funds and the sanctioning of physicians who exceed the drug budget. The implementation of a positive list that includes a limited number of drugs that have shown a significant benefit and are therefore reimbursed by health insurance funds is strongly opposed by the pharmaceutical industry. Glancing at other countries, the situation in the drug sector looks similar: in almost all EU member states, the US and many other countries, the increase in pharmaceutical expenditure was significantly higher than the increase in the gross domestic product and in health expenditure (Rosian, 2002). As a consequence, most states have taken a multitude of cost containment measures. This could reduce pharmaceutical expenditures at least for a while. The increasing number of new, expensive pharmaceuticals on the market nevertheless worked against this trend (Rosian, 2002; Cap Gemini Ernst & Young, 2002).

Politicians in search of further cost saving alternatives have inevitably seized upon the retail margins of pharmacies. They favour e-commerce because drugs bought from international internet pharmacies are not subject to German price regulation and are therefore cheaper than drugs bought in national pharmacies. Additionally, there is no extra charge for delivery or co-payments.

And so the question inevitably arises: What are pharmacies needed for? Many of the surveys and the politicians' personal experience indicate that most pharmacists are reticent about giving advice (netzeitung.de, 2004; Ruedel, 2004; Stiftung Warentest, 2005). Instead, the ranges of fringe goods, from cosmetics and esoteric compact discs to medical books for the layman, have been steadily increasing. In many people's judgement, the pharmacist has developed from pill-maker to draw-puller to an enterprising trader.

This is how they are seen by many physicians, too (Discussion forum facharzt.de, 2005). Many physicians have fixed (and illegal) arrangements with pharmacists that are intended to bring financial benefits to both sides (Regierung der Bundesrepublik Deutschland (Government of Federal Republic of Germany), 1980; Regierung der Bundesrepublik Deutschland (Government of Federal Republic of Germany), 1998; Landgericht Kassel, 2001; Regierung der Bundesrepublik Deutschland (Government of Federal Republic of Germany), 2004; Discussion forum facharzt.de, 2005). Pharmacists let consulting rooms to physicians for low rents and in return the physician refers all patients to their pharmacy or purchases all cytostatic drug preparations there. Many physicians are annoyed with this relationship of dependence.

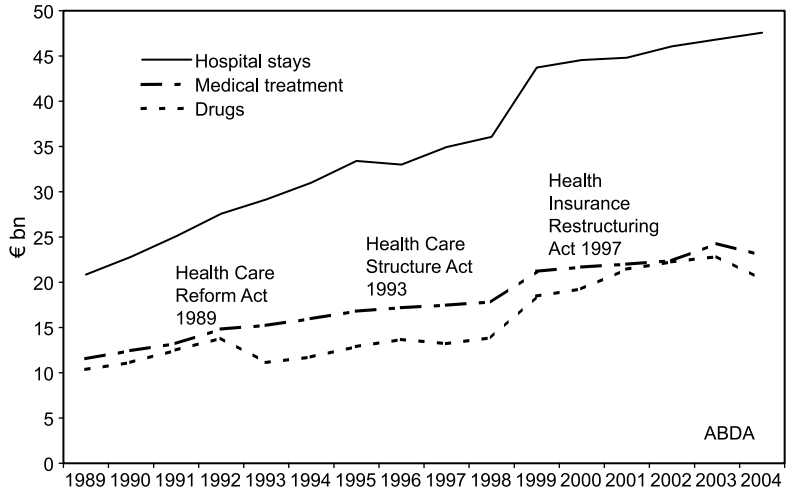

Figure 1. Development of the financial burden to the statutory health insurance funds in Germany due to hospital stays, medical treatment and drugs from 1989 to 2004 (ABDA Bundesvereinigung Deutscher Apothekerverbaende, 2005).

Besides, the Damocles' sword of sanctions hangs over them. The amount of money that is at their disposal for the provision of drugs is nowhere near enough. If it is exceeded, physicians' reimbursement for medical services is automatically reduced in Germany. Exceeding the prescription limit decreases the physicians' income while increasing the pharmacists' turnover. This fuels antipathy, which is reinforced by the pharmacists' invasion of a traditional domain of the physician—diagnostics.

Both physicians and pharmacists offer diagnostic tests like measuring the level of blood sugar or cholesterol. Whereas, physicians are forbidden to advertise these services, pharmacists are not. Diagnostics are an important source of income for the physician because they are not as strictly rationed as other medical services. It is likely that many physicians could imagine the abolition of the irritating competitor and the introduction of the right for them to dispense drugs, a new source of income (Discussion forum facharzt.de, 2005).

Most pharmacists are not aware of these tensions between physicians and themselves. They feel misunderstood and not appreciated as knowledgeable experts.

How can this Gordian knot be cut? There are three possible measures: pharmacists can provide more often competent and helpful advice to patients and physicians, learn more about the politics of the health system and become more flexible than at present.

Are pharmacists not already on the right path? When entering today's pharmacy, one cannot fail to notice the influence of interior designers and marketing specialists on the store. Huge displays, comfortable seating, light installations and carefully chosen background music with jazz and esoteric tones are intended to motivate the customer to buy. Most pharmacies also now feature play corners for children and quiet corners where customers can be discretely advised. However, if a patient passes a prescription over the counter, in most pharmacies nothing has changed. He receives his drugs accompanied by an open smile and a pack of tissues and is dismissed with a friendly "Good bye". The patient is only given advice, if he asks for it himself and if he is lucky to encounter a qualified pharmacist or pharmaceutical employee who is able and willing to counsel him.

At this point, many pharmacists will protest. Particularly, those who see the challenge of high quality pharmaceutical care for patients as an important task. Of course, these pharmacists are also aware that a consulting service is not the same as a small talk about an abandoned diet or a persistent flu.

However, most pharmacists have either not been reached by the biggest marketing campaign in the history of the pharmaceutical profession (known as "pharmaceutical care" and launched by clever and progressive colleagues) or have misunderstood it.

To implement pharmaceutical care, the professions referred to above helped with the visual design of the pharmacy. The wholesalers helped with the provision of measuring instruments, the pharmaceutical industry helped to decorate the shop windows. Beauticians helped with special cosmetic offers and web designers helped create web sites. All these measures might increase the turnover of a pharmacy, but they will never be as cost-effective as a high-quality counselling provided by a pharmacist to a patient.

However, giving pharmaceutical advice is arduous work. It demands time and effort not only during the conversation with the patient, but also for ongoing further training. At present, less than one quarter of German pharmacists attend courses of the pharmaceutical associations although pharmacists are obliged to undergo lifelong training and certificates for further training were introduced recently (Schmitz, 1971; Iden & Wind, 2005).

Instead, pharmacists are increasingly offering diagnostic services and therapeutic advice that are not part of their training. It is also becoming common for pharmacists to query the therapeutic decisions of the physicians. The first is against the law; the second is often done without the slightest knowledge of evidence-based medicine. As long as pharmacology and basic medicine only constitute 20% of pharmaceutical training, a pharmacist cannot second guess the physician.

This rift between pharmacist and doctor was present even 800 years ago, during the reign of Holy Roman emperor Friedrich II (Hein & Sappert, 1957). Friedrich ordered the separation of the medical and pharmaceutical professions in the edict of Melfi and the doctor was:

> not to be allowed to join forces with the pharmacist, nor treat the diseased for a certain previously fixed price; nor shall he run his own pharmacy. The pharmacists shall manufacture the medicine as prescribed by the doctor according to the instructions of our directive and shall only be licensed to produce medicines after they have sworn the oath. They shall manufacture their medicine according to the above mentioned rule without deception.

This sort of task sharing has remained in German law and the law of many other countries, for many years. According to article 1 of the Federal Pharmacy Regulations, the task of the pharmaceutical profession is "the development, the production, the quality inspection of drugs and dispensing drugs" (Regierung der Bundesrepublik Deutschland (Government of Federal Republic of Germany), 1989). "The pharmacist is appointed to duly provide the population with drugs. In doing so, he serves the health of the individual and the whole nation" (Regierung der Bundesrepublik Deutschland (Government of Federal Republic of Germany), 1980; Regierung der Bundesrepublik Deutschland (Government of Federal Republic of Germany), 1989).

Due to the overlapping training of physicians and pharmacists, both professions have been greedily leering at the activities of the opposing profession since the very beginning. The physician covets the right to dispense

drugs and has even achieved it under certain circumstances in countries such as Switzerland, Ireland and Austria, and the pharmacist considers himself as able to diagnose certain diseases and to prescribe. In some US states, the pharmacist is already allowed to issue prescriptions under certain conditions (e.g. supplementary prescriptions) or to prescribe certain drugs like contraceptives.

However, in Germany, the conservation of the liberal professions with their current tasks is seen as an important general framework for a well functioning health care system (Fischer et al., 2001; Beske, 2004; Schellerer, 2005). The task sharing that had been legally fixed 800 years ago (Hein & Sappert, 1957) has been underpinned by a gentlemen's agreement between the Federal Union of German Associations of Pharmacists and the Professional Organisation of General Practitioners in Germany. Against the background of both the Healthcare Reform Act of 1989 and associated changes in drug provision, they decided in 1997, to jointly improve drug therapy, reduce the risk of drug intake and lower the cost of illness (Anonymous, 2005). It provides that the pharmacist:

(1) Is responsible for securing the due provision, manufacture, storage, distribution, dispensing of and consulting on drugs.
(2) Must check the patients' drug prescriptions with regard to drug related problems such as contraindications, drug interactions or allergic reactions.
(3) Must inform the physician of any problems which occurred.

Individual documentation of the patient's drugs can be made if the patient consents. The agreement is intended to prevent, recognize or solve drug-related problems and the physicians concede to pharmacists having an important role in patient care.

If pharmacists perform these tasks and if they implement pharmaceutical care nationwide, they could also convince politicians and critics amongst the representatives of health insurance funds. This is because, these people are also susceptible to illness and can benefit from competent pharmaceutical consulting service and support. It is these people who must recognize the importance of pharmacists, because those who profit most from the services of pharmacies generally have no voice in the political discussion. These include patients who are elderly, severely ill (thus receiving home delivery) and underprivileged patients (often foreign) who get huge quantities of drugs and who patronize a certain pharmacy where the pharmacist explains the medication scheme patiently and checks interactions.

Pharmacists can also support physicians in their work, because of the considerable self-confidence of most physicians, especially of office-based physicians. Consulting services may be accepted, if they help to relieve the drug budget and if the autonomy of the physician in therapeutic decisions is not questioned by the pharmacist (American College of Physicians—American Society of Internal Medicine, 2002; Barmer Ersatzkasse & Deutscher Apothekerverband, 2004; Schmidt, 2004).

However, this natural need for protection of vested rights is not considered by most pharmacists. In consequence, cooperation is doomed to failure. If a pharmacist is not familiar with the health system cost saving instruments that threaten the physician's income and sometimes even his livelihood, they will never find a common level of communication.

In this context, office-based physicians expect pharmacists to have a critical attitude toward so-called "innovative drugs". They expect the pharmacist, who is also salesman, to have a knowledge of pharmacoeconomics. They also expect him to compare the clinical benefit and the costs of a drug and not to welcome every incremental improvement to old drugs enthusiastically. The office-based physicians are familiar with this uncritical attitude: their colleagues in hospitals display it very often. Hospital physicians prescribe expensive drugs; in turn their office-based colleagues have to change the therapy to cheaper ones because of their budget restrictions.

Many pharmacists will likely object that one-sided demands are being put on pharmacists. However, these are a result of the healthcare system. Until recently, a pharmacist was still not subject to health system restrictions. Since the 1950s, pharmacists have been legally required to grant the health insurance funds discounts on the retail price of drugs; a quota of imported drugs is now fixed by negotiation with the statutory health insurance funds. Besides these regulations, pharmacists are not subject to any other professional restrictions. This is evident in the Social Code Book V, where the words "pharmacy" and "pharmacist" appear only about 40 times in the book, which details the structural framework of the German healthcare system as decided by the federal government (Regierung der Bundesrepublik Deutschland (Government of Federal Republic of Germany), 1988).

In contrast, physicians are mentioned approximately 230 times and the statutory health insurance funds are named more than 1000 times. Both physicians and statutory health insurance funds are restricted by a multitude of instruments that impair their capacity to act. On the other hand, they are afforded certain rights to speak and regulate the health care sector, which are not given to pharmacists due to their minimal financial liability.

A critic of the German healthcare system once said, "One has to earn one's monopoly in healthcare." According to this view, pharmacists have to choose between having a stronger voice and a major political role, thereby accepting a higher financial responsibility, or they may defend their position by means of an optimized service that is harmonized with the other players in healthcare.

Whatever activity is chosen, it must also be communicated to the public on the principle of, "Do good and tell people about it." For example, quality management is not seen by the patient or the physician; for this reason, patients have to be directly informed. Both actions and words must be used to find powerful arguments to support the pharmacist's right to exist.

This all requires a certain flexibility that has not been common amongst pharmacists in the past. It is not sufficient to change the sales side of pharmacy; rather, pharmacists must join the political discussion more intensively. They must exercise their right to be heard, submit high quality statements to the hearings of the Federal Standing Committee of Physicians and Insurance Funds and accommodate new chains and structures of distribution. New tasks, as stipulated by pharmaceutical care, have to be accepted. Young employees must have the opportunity to apply what they learned at university when advising patients and must be able to expand and pass it on to their older colleagues.

There are still many other topics that pharmacists must confront in the future. Two are risk-benefit assessment and pharmacoeconomics, which will both play an important role in politics, individual decision making and pharmaceutical marketing in the next few years. Other issues include pharmacoepidemiology and conducting clinical studies and finally, quality management systems will remain an important challenge in the future.

Conclusions

The article shows what the pharmaceutical faculties have to accomplish in the future. Faculties must impart not only chemistry and galenics, but also knowledge of the health system and social skills, cost structures and the clinical benefit and cost-benefit-ratio of drugs.

The introduction of clinical pharmacy into some European curricula will give students the skills, they need in order to fulfill their integrative function in healthcare. The challenge that faculties will face in the near future is to help pharmacists find and defend their place in the power structures of national health systems.

However, do pharmacists really want to be pharmacists, or have they already developed too much of a liking for the role of a salesman?

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