

Multidisciplinary professional interaction

lipservice to interprofessional relations or an effective approach to patient care?

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Modern healthcare provision has resulted in increasing demands with respect to the time that needs to be dedicated by busy professionals to continuing professional development and to the maintenance of quality of care. Implementation of evidence-based practice ensures that standards are met but individuals cannot possibly be expected to constantly keep up with the explosion of knowledge which is a pre-requisite to this. A multidisciplinary team acting cohesively however can make significant advances in optimizing the treatment of disease in all its aspects.

Whereas the medical and the nursing professions have interacted in patient care for many years, it is only relatively recently that doctors and pharmacists have begun to work closely together in a clinical setting and on a day to day basis.

In the hospital environment, the

clinical pharmacist plays a crucial role in tendering advice, and monitoring drug prescription and administration. Patient-based discussions regarding indications, dosage and administration serve an educational purpose and are part of good management. The explanation of times and means of

administration to patients, the screening of treatment charts and lists of medications for drugs that can potentially interact, provoking discussions about the optimal drugs to be used, including safeguarding antibiotic use and pointing out abuse, reporting adverse drug reactions, ensuring the proper maintenance of ward stocks both in terms of quantities and with due attention to expiry dates as well as topping up of drugs on the emergency trolleys all fall within the remit of clinical pharmacists. Regular review of practices and patient management by clinicians and pharmacists will maintain standards of care and trigger initiatives, establish guidelines and promote safe practice in a busy hospital setting.

In a community setting, the pharmacist plays a front-line role. In addition to interacting with clinicians as outlined above, there is direct patient contact with the need to answer queries and guide the patient. Furthermore, in instances where patients encounter results in the raising of issues which need clarification, then it is usually the pharmacist who refers patients back to the doctor for reassessment. Identification and discussion of potential side effects and adverse drug reactions in community practice remains the area where pharmacists can intervene, reassure the patient and, when necessary, counsel the patient to seek medical help. Vigilance is also essential to counteract the age-old habit of seeking over the counter remedies for potentially serious medical complaints.

With the revamping of healthcare service provision both clinicians and pharmacists are increasingly called upon to exercise an administrative and managerial role. Cost benefit analysis of the implementation of certain treatment recommendations including effects on patient outcomes and demands on service providers have become an essential part of the decision making process especially in national health service set-ups such as the one in Malta. Working in an advisory capacity to regulatory units both locally and now within the

framework of the European Union will cause an increasing demand on the time of healthcare professionals both in the medical and pharmaceutical professions.

In the research environment, the ongoing battle against disease provides healthcare professionals working in an academic and industrial setting with the possibility of developing and analyzing new medications from production to delivery and the possibility of assessing the efficacy of different preparations under different conditions and in different patient populations. Follow up studies on the use of certain drugs and outcomes in different populations have brought home the realization that the hereditary and genetic factors play an important role in the response to treatment. Hence drug development and delivery to patients has now acquired both national and international implications. Auditing has become crucial in ensuring quality of care and both clinicians and pharmacists can contribute effectively to the auditing process and to improvements in patient care that can arise as a result of the auditing process.

Ultimately clinicians and pharmacists form two distinct groups of healthcare professionals with differing remits but with one significant overriding concern, namely patient-oriented medical care and patient safety. Indeed their roles overlap and together, significant advances can be made in providing safe and effective medical care within the financial constraints existing in any healthcare system. For both professions, the ability to make their voice heard and to air their concerns is vital to ensure that financial considerations do not compromise healthcare provision in the community and individual patient safety. Given the economic realities that have to be faced by different countries, certain recommendations made by healthcare professionals may prove unpopular with administrators but unless put forward, decision-making processes may be inadequate and generate further unnecessary expenditure with disastrous outcomes.

To err is human but the guiding principle of clinical risk management should remain prevention; a principle which if followed, can be a significant burden on healthcare systems but if neglected, negates the professionalism and dedication required by the different disciplines.