



*“It is only through work that we find happiness
and a measure of success.”*

===== **HANS T. S. HANSEN** =====

(1951)

At the time he received this award, Hans T. S. Hansen was the Administrator at Grant Hospital, Chicago, Illinois.

Work by the Side of Work

I have never been a very good storyteller, so I have avoided the use of stories in opening remarks. Tonight, however, I am going to use one. It is not humorous and it is one you have all heard many times, at least I hope you have. Some who have children have told them this story.

It is the story of Adam and Eve and the Garden of Eden. God created these two and gave them this beautiful place as a home. They could enjoy all the pleasures and comforts that anyone could imagine but, you recall, there was a little restriction placed on them. I have had the idea, for some time, that God looked upon his handiwork and questioned their fitness for this life in the Garden, so he willed that they disobey and eat of the fruit from the tree of good and evil. The God of the Old Testament is a stern, wrathful, and sometimes cruel God, so many theologians agree that this curse of earning their bread by the sweat of their brows was a punishment. I would rather think that it was a blessing, a blessing that has been man's salvation.

Work has been the butt of many a joke and story. We all say we hate work but we don't mean it, for it is only through work that we find happiness and a measure of success, and it is immaterial what kind of work you do, just so you like it and take pride in it. Sometimes I wonder if pride in work is a thing of the past. I remember as a boy watching a carriage maker varnish carriages; such time and care he put into this final process. Rubbing and polishing each succeeding coat, stepping back to admire but with a critical eye as well for his craftsmanship. I wonder if we pharmacists can step back and, with a critical eye, admire any or all of our finished prescriptions.

The work I want to talk about this evening is not the work that furnishes us our daily bread; some of this other work may, however, be the means of having cake with our daily bread. I want to explore two areas of work with the thought in mind that the Michigan Society of Hospital Pharmacists might investigate these two areas and spearhead a movement of development. Your group has pioneered before for hospital pharmacy.

Through the efforts of Harvey Whitney and yourselves, hospital pharmacy received the impetus that has brought it to its enviable position in pharmacy today. I am convinced, in spite of what other groups in pharmacy may think or say, that pharmacy's standing among the health professions today is due, in large measure, to hospital pharmacy. In making this statement I am not unmindful of, nor do I want to belittle, the work of other groups in pharmacy; but I guess I am a bit prejudiced. However, in our admiration for the present-day pharmacists, we should not forget our wonderful heritage including such men as Serturmer, Robiquet, Brandes, Scheele, Balard, and Pellitier.

Even though hospital pharmacy has made great strides in the past decade, there still remains much to be done. We cannot stop in our efforts; times change; and unless we accept changes and adjust hospital pharmacy to these, we are through as an important department in the hospital. A few weeks ago, I had the opportunity to attend a conference on Human Relations in Administration in the hospital. It was brought out that the hospital pharmacist is pretty much alone in the hospital picture. Other workers, because of their greater numbers, can get together within the hospital, talk over their problems, and air their gripes. The lecturers suggested that this was corrected to some extent by membership in local, district, state, and national pharmaceutical societies and associations. Here one meets with fellow pharmacists and, like the walrus and the carpenter, talks of many things, of prices and hours and penicillin—of records and the administrator and why the hospital is so full and whether interns and residents really know the score. All this may satisfy a need or a want and give the hospital pharmacist a feeling of solidarity. It is good but it is not enough; that feeling of being alone will persist until the hospital pharmacist fits his job into the hospital as a whole.

We are, I am sure, in agreement on pharmacy's importance in the hospital. But does the hospital pharmacist take advantage of this opportunity, of this importance of himself and his department? You may say: "Of course he does. Why, doesn't he fill all orders and prescriptions; doesn't he keep good records; doesn't he keep abreast of

all that is new, pharmaceutically speaking? He keeps his department neat and clean, opens on time and closes on time. Has he not satisfied the implied need, required when he was appointed chief of the department?" When he closes on time, he goes home with the feeling of a job well done, satisfied that he has earned his daily bread. But he is not, and never will be, a part of the whole picture if he continues so. He must change, he must work at work by the side of work. Work that, for the time being at least, does not return wages. You ask: "What is this work?" In every hospital, we find many and varied activities, all apart from the actual care of the patient but nevertheless a part of the whole. These are the medical staff meetings, clinical pathological conferences, medical departmental meetings, activities of the nursing department, capping, graduation, refresher courses, alumna activities, activities of the woman's auxiliary, the hospital's drives for funds. You say you doubt your welcome. Don't worry about that; there is more to do than they can find workers for. If you once begin to take an active part, you will enjoy it and the new friendships found. Do this to a degree that no function is complete without the presence of the pharmacist; make yourself indispensable. It will mean work, but rewards will be there as well.

May I suggest another activity? University and large teaching hospitals should and do carry on research that, many times, includes the services of the Pharmacy Department. But size is not the determining factor. If your hospital does not do any clinical research, that does not prevent you from doing some of your own. This probably cannot be clinical in nature, but there are many other areas for such research. How about a little study on the value of records? We all keep many of these; and unless some use is made of a record, it is wasted effort. To illustrate, let us assume that a study of the value of records was to be made as to their value in the control of the use of barbiturates in hospitals. This would require the use of a questionnaire sent to cooperating hospital pharmacists. It would bring out facts such as the following, and this is true.

This is the story of two hospitals; they are located in the same suburban area and have approximately the same bed complement, the quality and quantity of the medical staff are almost identical, and the clientele are about alike as to economic status, ranging from the lower income groups through to the highest bracket. Both have good pharmacists and pharmacies. In one hospital, the pharmacist, a few years ago, put his distribution of barbiturates on a record control as strict as the one for narcotics. In the other, the distribution is more or less comparable to floor stock drugs. The one with the record control uses about 10,000 doses annually of one of the more popular trade name barbiturates. The other, without any controls, uses 50,000 annually. It is not necessary to elaborate on the economic significance of this. I can imagine the open-armed acceptance by hospital administrators of such a study. I have had the opportunity of talking to future hospital administrators at two schools for the past few years. It has been my observation that they accept the fact that if they employ a good hospital pharmacist, they will have a good professional service. But the portion of the lecture that elicits most questions is that on the economics of hospital pharmacy.

I would like to see the Michigan Society of Hospital Pharmacists initiate a program

of education among hospital pharmacists on the importance of the business or economic side of hospital pharmacy. Make this a real basic program. See to it that it is outlined in our *Bulletin*; but when results are to be published, let there be feature articles in hospital journals. As long as hospitals operate on the present philosophy that the adjunct departments shall carry the load, so long will administrators be interested in the economies of these adjunct departments. This philosophy has carried on from the days when hospitals were places for the poor to come to die. No attempt was made to operate at cost. Each year, charity carried the load. As medical science developed and new therapy as well as diagnostic aids was introduced, hospitals became places for rich and poor to go in order to regain health; but the concept of charity remained and adjunct services had to carry the burden. This thinking is wrong. Such a philosophy should be discarded; but as long as it prevails, the hospital administrator will welcome a pharmacy department that produces a good revenue.

Your department should be one of the best of adjunct departments, and this does not have to be at the expense of the patient if you develop sound business principles. Why not, in this connection, develop a study of economic waste in the use of therapeutic agents? This could be on the basis of misuse, use after need was gone, use of high-priced specialties when USP and NF preparations would serve. This study will require the help of your medical records department, and they should be willing to assist you as it is part of their duty to assist in all research projects.

I have mentioned records before. I suppose unused records and statistics would paper many a hospital's walls. Maybe that is why so many hospital pharmacists abhor records. I have talked to many, and I believe they would use records that fit their particular pharmacy. Why not then develop a basic set of records that could be adjusted to fit most general hospital pharmacies? How about a hospital pharmacist writing a text on materia medica that would fit into the educational program of the student nurse? He knows better than most professional people what a student nurse should have in this field. How about a hospital pharmacist developing a handbook for medical interns, conducting a time and motion study, developing a program of better human relations and many other things?

The last area that I would like to call to your attention tonight, and suggest that hospital pharmacists explore, has nothing to do with pharmacy as such, but you will be better hospital pharmacists if you will do so. Not only better hospital pharmacists but better citizens as well as better human beings. One thing professional people are so apt to do is to live their whole lives within the bounds of their profession. This is natural and is, in some respects, an interesting life but it is also a very narrow life. I heard a director of a professional department state that he insists and sees to it that his technicians spend some of their leisure time in cultural pursuits. He is convinced, from observing this over a period of years, that he has better technicians. This particular area of activity I would now suggest is the community in which you live and work. You owe your community something, and if you pass up this responsibility, you will have missed something in life. There are many channels through which you can achieve this: the church, schools, service clubs, and political organizations. The real worthwhile folks in the community are those who are busy with the art of living.

Don't spread yourself too thin; select one of these avenues and give it some of your time.

In suggesting the last area for us to explore, it is my hope that we can, in a small measure, attempt to level off this lopsided civilization of ours. Scientifically we are way up on the top of the mountain of civilization, but spiritually and socially we are still at the foot stumbling around in the morass. It may be 1951 A.D. scientifically, but spiritually and socially it is, let us say, 500 B.C.

Harvey A. K. Whitney Award Lectures (1950–2005)

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