



“You, the hospital pharmacy group, face some of the greatest challenges.”

==== **THOMAS A. FOSTER** =====

(1960)

At the time he received this award, Thomas A. Foster was a Medical Supply Consultant in Washington, D.C. He formerly was the Pharmacist Director, U.S. Public Health Service, Department of Health, Education, and Welfare.

Expanding Role of the Hospital Pharmacist as a Member of the Health Team

It is with deep appreciation to the hospital pharmacists of this country, to the Michigan Society of Hospital Pharmacists, and, in particular, to its Selection Committee that I accept this high honor.

It is difficult for me to express the feelings of satisfaction, pride, and humility that I experienced when informed that I was to be in this spot tonight—that I was to be the 1960 recipient of the Harvey A. K. Whitney Award. I wish to thank each of you most sincerely for this recognition of my work which comes, as many of you know, at the termination of my government career.

Cognizant of the fact that recipients of this award are expected to present a Harvey A. K. Whitney Lecture, I have, after much thought, selected for my subject the “Expanding Role of the Hospital Pharmacist as a Member of the Health Team.” My remarks will be projected to the two decades just ahead. My remarks will also be confined to the accomplishments and the expanding roles, as I visualize them, for hospital pharmacy—this dynamic specialty of ours which is even now making significant contributions towards revitalizing and reprofessionalizing all of American pharmacy.

It is probably trite for me to say that the past provides us with experience from which we should learn and *not* continue to live. My age and experience in pharmacy in several areas and decades possibly give me license to speak of concepts to be envisioned for hospital pharmacists in the years just ahead.

A quote from Robert Louis Stevenson fits my theme tonight: “The world must return some day to the word ‘duty’ and be done with the word ‘reward.’” The meaning of the word “duty” and its close relative “work” is well known to the leaders of hospital pharmacy, as evidenced by their truly great accomplishments of the past two decades. Not only do you know the significant meaning of these two words, but also you know the meaning of those other old-fashioned words “honor,” “respect,” and “loyalty.” Words such as Stevenson’s “reward” or new words and phrases such as “payola” and “conflict of interest” are simply not in the vocabulary of your leaders or in your rank and file. This is one of your towers of strength—preserve it well.

Time will not permit me to itemize all the great strides made by this professional specialty—hospital pharmacy—in the past two decades. There are, however, a few highlights that must be mentioned.

The first great step was the organization of the American Society of Hospital Pharmacists.

Another step contributing importantly to your professional advancement was the affiliation with the American Pharmaceutical Association and its professional groups. With your progressive growth, recognition by and affiliation with other professional associations followed—the American Hospital Association, Catholic Hospital Association, and American Medical Association.

Utilizing these affiliations and your own initiative aided greatly in bringing about improvements in status, quality, and stature of pharmaceutical services in hospitals.

I believe it appropriate to name some notable achievements created by long-range planning with these groups and by the Society itself:

1. Publication of the internationally accepted and highly respected *American Journal of Hospital Pharmacy*.
2. *Minimum Standard for Pharmacies in Hospitals*.
3. *Minimum Standard for Pharmacy Internships in Hospitals*.
4. Founding of the very successful and popular Institutes of Hospital Pharmacy conducted under the joint auspices of the ASHP and AHA.

5. The ASHP Formulary Service.
6. Statement of principles relative to the use of investigational drugs in hospitals.
7. Principles relative to the pharmacy and therapeutics committee in hospitals.
8. The proposed statement of principles concerning hospital formularies, which is to be acted on at this convention by your Society.

In our capital city of Washington, there is carved in marble on one side of the entrance to the great National Archives Building a quotation from a Greek philosopher: "What is past is prologue." I would say to you tonight that the accomplishments I have just enumerated are but a prologue to those which lie ahead for hospital pharmacy and pharmacists, provided you continue to develop and mature future leaders of the caliber of the Whitneys, Speases, Scotts, Franckes, Fraziers, Reamers, and others.

And now to the "expanding roles"—the *six* expanding roles, as I see them for the next 20 years. I recognize, as I know you do, that our nation's geriatric problem will increase greatly over the present 16 million and that our total population will also increase. This is due to the continuously improving methods of treatment of disease affecting human life itself—methods resulting from research in which you as health professionals should play an increasingly important role. These strides in lifesaving care and treatment now contribute and will continue to contribute materially to the welfare of the enormously increasing population.

As for the first of the "expanding roles" I would cast you into, I name "research," for here you have made few, if any, contributions of note to date. In the last two or three decades, you have moved forward to furnish an idealistic service, a complete hospital pharmacy service, including in some instances responsibility for radioisotope medications and central supply. To play your proper and full role as a 1960 pharmacist, you must, and I know you will, move into a research role, especially where you are located in a great medical teaching and research center. You must not lose any opportunities to advance in this vital field.

The second expanded role I visualize for some of you is helping to solve national socioeconomic issues tied deeply into the geriatric and catastrophic disease problems. The best thinking of all health specialties will be needed in order that the American people receive the kind of medical care that is rightfully theirs—the best that modern science can produce. Whether this means health care through general taxation or through a specialized tax, such as social security, really matters little, for already both Republicans and Democrats have agreed in principle that the aging population and those with catastrophic illnesses should be a government responsibility.

We as leaders in the pharmaceutical profession and as civic leaders must, with others, study carefully the proposed solutions to these problems and insist that the basic principles of our capitalistic system not be violated. This includes not only free choice of physician and hospital but also, and let us not forget this, free choice of pharmacist. It is my considered opinion that if these electives are lost, we as citizens

of this great land stand a good chance to lose a part or all of our freedom in the bargain. This fact has been demonstrated in the past, as a reading of the history of other nations tells us so well.

Now for my third specific of your expanding role, let us consider for a moment the leadership part you must play in disaster planning. I refer not only to the plan of the hospital in which you are employed but also to the overall disaster plan for your local community. You are well aware of the hospital disaster plan recommended by the Joint Commission on Accreditation of Hospitals. There is a real need for hospital pharmacists to be *more* aggressive in the formulation of and participation in these plans. Who is best equipped to be a wise leader in the procurement, storage, and distribution of drugs and hospital supplies than you? Then why hide your talents under the proverbial bushel basket?

In this connection, let me refer to a speech made by me at the 42nd Annual Convention of the Catholic Hospital Association in Cleveland in May 1957. I said at that time, and I repeat now, that hospital pharmacists have a definite responsibility in hospital disaster plans. There is not time for elaboration on the duties and responsibilities as they are outlined by the Commission and the American Society of Hospital Pharmacists through your Committee on Disaster Preparedness. Most of you are aware of the details of what your hospital is supposed to do, if and when such an emergency arises.

I should emphasize at this point that the Joint Commission requires hospitals, large and small, handling emergency cases to have a *written plan* for the care of mass casualties. Dr. Kenneth B. Babcock, Director of the Joint Commission, stated in *Hospitals* (August 16, 1956) that such written plans are necessary for the reason that in the case of a severe accident or storm emergency with multiple casualties, the public will immediately think of the hospital. Every hospital should have a routine plan prepared so that all cases can be quickly screened and adequate treatment instituted immediately.

As a hospital pharmacist, your capability in the medical supply area is unquestioned. Your interest in disaster planning would be a real contribution and professional service to your fellow citizens. So, I repeat, in the decades ahead, stop hiding your light under that bushel basket. Go out and make your services available to hospital officials who are responsible for the overall planning—show them what we have to offer. It is a lot of valuable “know-how,” let me assure you.

Enough of hospital and local emergency planning. Let us move now to a large element of the problem—total community civilian defense planning and its relationship to national civilian defense activities. It is needless for me tonight to cite the terrible effects of a nuclear attack on our civilian population. Our mobilization and military leaders warn that the potential enemy is capable of delivering such an attack. We must not assume an “it can’t happen here and if it does I won’t be here” attitude. This country was not founded by our ancestors with that philosophy, nor can we now harbor such thinking and be true to our heritage.

The hospital pharmacist, as an experienced professional and civic leader, must take time now, and certainly in the foreseeable future for at least as long as present

international tensions exist, to participate actively and enthusiastically in the civil defense activities of his hospital and also the civil defense activities of his community, city, and state. By his active participation, he can bring proper and sensible pharmaceutical and hospital medical supply planning to these civilian defense programs. Do not be backward; this is a matter of national and human survival. Your country needs your assertiveness in this matter now. Do not allow the local civil defense authorities to overlook you.

Lastly, in this regard, I recommend more active leadership and support at the national level. I suggest intensifying the ASHP's participation with other national associations and organizations in disaster and civil defense planning. I refer to such groups as the AMA, the AHA, the ADA, and the national nursing associations, all of which have very active disaster preparedness committees. This participation should include close cooperation with officials of the national and state civil defense organizations. It is my feeling that the ASHP must provide overall policy guidance and give direction to hospital pharmacist groups at the local level and where most of us participate most effectively.

Now to your fourth "expanded role": this lies in the field of economics. I refer to the hospital pharmacist collaborating with other specialists in the development of intelligent, practicable, and economic prepaid health care plans. In this role, you will lend your influence and support in developing workable systems that include drugs, always bearing in mind provisions that allow for free choice of pharmacists and pharmacy service. Your national association, the ASHP, must here also provide the leadership for your participation in this fast developing activity.

The fifth role I picture for you is one of playing a vital part in formulating public and professional opinions and attitudes on the health issues of the day. For example, what stand are you taking this week as a national group on such matters as:

1. Mail-order prescriptions?
2. Tightening of Food and Drug Regulations relative to hazardous substances and the possible need for national licensing and inspecting of drug manufacturers?
3. The philosophy of formularies and their correct interpretation and use?
4. Proper use of nonprofessionals in civilian and government pharmacy and also in the military and Coast Guard?
5. Full credit for hospital experience as a prerequisite for licensing in all states, not just 36 alone?
6. Generic *versus* trade name debate?

You should establish a position and be so recorded on current and important national issues such as these.

The sixth leadership role that I believe has not as yet been given proper attention by hospital pharmacists, and must be expanded, is your service on the public health

boards of your communities. I understand and appreciate fully why you have made little or no advances in this area. I believe it is because you have quite naturally devoted all your energies towards the improvement of professional pharmaceutical services within the hospital atmosphere. This is right and proper, but some of you are now prepared and capable of rendering civic duty. I believe it essential for you to serve your community, if called upon, as a board of health commissioner or council member.

A recent survey indicates that there are approximately 250 pharmacists out of some 110,000 who have given evidence of their recognition of this civic responsibility by accepting appointments (elective or otherwise) to boards or commissions of public health in their county, city, or state governments.

It is interesting to note that one of pharmacy's foremost educators, and a long-time friend of hospital pharmacy, is truly the dean of this small group of civic-minded pharmacists. I refer to Dean Glenn Jenkins of Purdue University, who has recently been reappointed as one of the members of the executive board of the Indiana State Health Department. He now starts his 17th year in this post.

Do you know that now, in 1960, 25 states have pharmacists on their boards of health? In many states (Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Maryland, Montana, Nebraska, North Dakota, Oregon, South Carolina, South Dakota, Virginia, and West Virginia), it is mandatory by law that a licensed pharmacist serve on the state board of health. In eight additional states, the recognition is voluntarily accorded (California, Colorado, Minnesota, New Hampshire, Tennessee, Texas, Utah, and Washington). Pharmacists also serve in Georgia, Ohio, and Pennsylvania on state public health councils. With your basic education, involving either a course in public health or public health subjects taught in a variety of courses such as biology and microbiology, you are indeed most able and capable of serving your state and community in this capacity; for in your college courses, insecticides and rodenticides were objects of study, as well as the control of communicable diseases and the analysis of water, milk, and food. Water- and milkshed sanitation problems and their solutions are also not unknown to you. How many hospital pharmacists will be serving their communities and states in this work in the next 20 years? Now is the time for you to make a start in this direction.

In looking over the past lectures of Harvey Whitney Award recipients, a statement by Hans Hansen in his 1951 address particularly impressed me. I quote: "You owe your community something, and if you pass up this responsibility, you will have missed something in life."

I have gone further than this tonight in stating my belief that a pharmacist owes much to his profession and his community. In the days ahead, you hospital pharmacists, having but recently fought for and established your professional position within the hospital, must carry the fight to the broader horizons that I have mentioned. By so doing, I promise, you will significantly aid in restoring pharmacy to its original full professional stature.

Finally, looking back on the progress of the past 20 years and looking into years just ahead, I envy you, for yours is the challenge to move forward in these activities of

research, professional influences on public opinion, civilian defense, public health, community disaster planning, and overall policymaking for the total profession. You, the hospital pharmacy group, face some of the greatest challenges offered to American pharmacists; and in the coming decades, I predict, as leaders of the profession of pharmacy, you will have recreated in the minds of the American people the thought that “pharmacy is truly a health profession.”

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

© 2006, ASHP Research and Education Foundation. All rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, microfilming, and recording, or by any information storage and retrieval system, without written permission from the American Society of Health-System Pharmacists Research and Education Foundation.

www.ashpfoundation.org