



*“ASHP and its practitioners have developed
a noble tradition for pharmacy.”*

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(1987)

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Intimations on a Profession: Retrospect and Prospect

The intent of the Harvey A.K. Whitney lecture series, now in its 37th year, is to serve as a partial chronicle of the history and culture of institutional pharmacy in the United States. The evolution and development have involved many men and women whom I shall refer to as “pathfinders”—people who lived the history.

My presentation will center on some observations about a few early developments and the meaning of these developments to the present environment. Some suggestions on unfinished business will be made.

Harvey A. K. Whitney was an original and creative pathfinder in practice and in

his broad outlook for the profession. Working with him daily was infectious and inspiring for a lifetime.

“Uncle Harvey”, or the “Chief” as we knew him, would have blessed a short break at an Annual Meeting such as this one, as a change from science and business, to look broadly at what has made a group “tick” with some success. He would have endorsed a little pause for reflection on some values and roots as he may have seen them. Our 45 years of existence as a Society should allow us to look back and make some judgments.

The hospital pharmacy movement within an older pharmacy profession has had its own distinct historical turning points. Joseph A. Oddis referred to four stages of the American movement in his Whitney Award lecture. Other stages have developed.

In my own lifetime, I have been privileged to be part of three of the stages, including what I would call the “joy of development” and the “pain of adversity.” As an officer of ASHP, I found joy in helping our Society, after five years, finally establish a headquarters in Washington; volunteers were replaced by a paid staff, persons who came from hospital pharmacy ranks. There were many satisfactions like that for us all.

Pain came when we learned of the Society’s financial deficit. We tried, with other executive officers, to achieve long-range solutions. This mixture of joy and pain, in retrospect, developed in me a lifelong “labor of love” attitude towards the profession, as cloying as that phrase may sound. Involvement brought that commitment.

From each evolutionary stage, certain characteristics developed that may have remained for the profession and the Society to recognize today. Without any modern fashionable jargon, these characteristics can be described as simple “fundamentals” stemming from the thinking of many early pathfinders.

Before we move into heavier material, let us pretend that we are not pharmacists but are outsiders looking at a group. We shall test a few areas to see where that group of professionals came from and where they are in 1987. Then we shall examine the significance of these areas.

One characteristic of a profession is that it has its own special body of knowledge. The evolution of hospital pharmacy literature is a major resource and strength.

We are now a long way from the early pathfinders, Harvey Whitney and Leo Mossman, who personally pecked at the typewriter to communicate “tips of the trade” and editorials. The sporadic, two-page, green stenciled publication had a proud masthead proclaiming, “Official Bulletin of the American Society of Hospital Pharmacists.” From the beginning, these pathfinders intended that this medium would be the added “glue” to bind people and aspirations together for professional development. Because of that belief, many decisions were made along the way to keep the medium alive.

Having passed through many growing stages, the *American Journal of Hospital Pharmacy* is the official centerpiece today—the “flagship” publication. By all professional measures, it continues to advance in its literary quality, content, and range of technical information. The significance of the *Journal* is that it has greatly enriched the body

of specialized pharmacy information while meeting the practitioner's needs in various historic periods.

Some people say that hospital pharmacy, to become a "profession" in itself, depends on pharmacy in general for its theory base. Who knows but that the developing specialized body of knowledge may eventually lead to that final rung, which would be the evolution of our own theory base, distinct for institutional pharmacy, and support yet unforeseen functions and techniques. It is visionary but intriguing!

The quality of editorials in the *American Journal of Hospital Pharmacy* has its own significance. The editorials appear to me, as a reader, to have great value for today's busy practitioners by summarizing contemporary issues, all expressed in fundamental and simple terms. Of equal importance is that the editorials serve as a major communication link for a huge membership to achieve a unity of purpose. This unity of purpose has been regarded as unique to, and the hallmark of, hospital pharmacy among all of American pharmacy practice areas. Some people contend that this consensus, cultivated very diligently, has historically been the energizing influence for the rapid developments in this pharmacy practice area.

The body of knowledge continues to grow through a supplemental support system of many official Society publications and programs for the practitioner. This support system serves a paramount need for frontline pharmacists, who increasingly require knowledge and information as their compounding role fades. Major advances in this support system are the innovative uses of the latest in computer technology and the beginning of consumer-designed information to extend the mission of the "safe and appropriate use of drugs" into the hands of the public.

Two programs in the support system deserve a nod in view of their track records. One is *International Pharmaceutical Abstracts*, which abstracts over 600 worldwide pharmaceutical, medical, and health care publications. No practitioner could do that alone. The other program is the *American Hospital Formulary Service Drug Information*. In my judgment, it is the outstanding contribution of the Society to American hospitals, other health professionals, and patients for the "safe and appropriate use of drugs." Most hospitals in the United States subscribe to this publication year after year, signifying its value in providing detailed information on practically every drug in the United States. The *American Hospital Formulary Service Drug Information* now has had more than 25 years of broad national acceptance. It extends the profession's mission through thousands of people in most American hospitals. That is involvement in our mission!

These foundations have expanded the body of knowledge for hospital pharmacy and have kept pace with related, rapid advances in health sciences and health care—no mean feat.

A profession that attempts to achieve a unity of purpose develops order through some formal organization.

ASHP developed its thrust in the "American way," using scattered volunteers for the initial five years. These hospital pharmacy volunteers, with working officers and committee members, were the "staff." ASHP has evolved today into a sophisticated

and refined organization, with more than 100 staff people supporting 22,000 members. The form of the organization has changed over the years to fit different times. But each age has its fashions, concepts, values, and aspirations. The formal organization must adapt. With its record of above-average resiliency, ASHP stays viable regardless of changes in the players and pathfinders.

The early pathfinders applied some simple fundamentals to the organization of effort for the Society. One of these fundamental ideas was that ASHP would do for the practitioner what the practitioner could not do for himself. By providing information and knowledge for the profession, educating working practitioners, and stimulating the organization's evolving public influence and credibility, ASHP has achieved this goal.

Another fundamental was that the "network" of state groups in a formal organization is the primary area for action (the grassroots). Here, health-service-oriented goals are proved. In addition, ASHP appears to have made a conscious and deliberate effort over the years to value the importance of each member and the affiliated organization as the real epicenter for promoting and advancing standards and public service, rather than establishing a central power base, except as it serves to establish unity of purpose.

Today, we can see the growth (and retention) of a total of 49 state chapters, some having their own staff. They maintain constant relationships with the national core. ASHP Board and staff last year made outreach-personal contact visits to 33 of the 49 state chapters. In addition, regional sessions were held across the country for a two-way exchange of information and attitudes on current issues.

What about the signs of support being returned from the grassroots? The two-way liaison and local support appear to be working well. One piece of evidence is the reported 85% response from members on recent national surveys issued from ASHP headquarters. Another piece of evidence was demonstrated at this Annual Meeting. As many as 90 points or current issues and policies surfaced for review through different councils or groups (the formal organization), as officially recorded in the House of Delegates report.

An outside estimate of the formal organization would show that it is in touch with those older precepts, or fundamentals, and that it has strong participation from members, with genuine support from the grassroots. These characteristics must be guarded as a legacy for future pathfinders and leaders.

Institutional pharmacists and their Society have been cited by pharmacy media reports as "pharmacy's most dynamic group." It is interesting how the informal and social organization contributes one or two characteristics to this description.

Those of us who were on the faculty of the first "refresher course" or "institute," held at the University of Michigan in 1946, saw 136 hospital pharmacists almost euphoric about the new learning experience, not because of the faculty but because of the ability to "interchange information"—the announced purpose of the institute. The new format also stimulated hospital pharmacists because it was a departure from the traditional American convention program for professionals. It was a first in the

pharmacy field. It was all learning, scheduled for 4½ to 5-day sessions from 8:30 to 5 and again from 7 to 9, with educational lectures, “show and tell” hands-on demonstrations, and spirited panel-audience interchanges. There were purposely scheduled periods when people could cluster and “jawbone.” These “rap sessions” helped to develop changes in patterned behavior and attitudes—a prime goal of the educational sessions.

One characteristic of these meetings has been described as a literal “self-awakening,” a self-motivation to reevaluate the standards of service the hospital practitioner provided (or the employer permitted to be provided). Additionally, in the informal contact with peers and in some “smoke-filled rooms,” other ideas arose concerning service improvements that could be introduced and achieved back home.

A second observable characteristic of the informal sessions was described by Sister Mary Florentine and Clifton J. Latiolais in their Whitney Award lectures as the “enthusiasms,” “verve,” “vigor,” and “dedication” that the groups generated. A practitioner’s view was expressed as follows: The most valuable thing I got out of the meetings was when I got together with my friends and we talked till the wee hours of the morning on what we heard and how we could use it back home.

The informal, programmed time helped stimulate motivation and that initial self-awakening spark to improve services. The purposely limited size of the institutes (125–135 attendees) fostered the intimate interchange of information.

Time and growth factors have changed the way such educational sessions are conducted. Today, for example, the ASHP Midyear Clinical Meeting attracts the largest gathering of pharmacists in the United States and the world—as many as 10,000.

We trust the human spirit to achieve self-awakening, and we hope that self-motivation still accompanies the educational benefits derived from the meetings, despite the large attendance. Only the individual participant can answer that question.

Hospital pharmacy has taken the responsibility to “train its own” to provide skilled professionals. Like its companion profession—medicine—pharmacy’s early philosophy maintained that “the hospital is the college,” not the lecture room or laboratory bench alone. From the days of Edward Spease and Harvey A. K. Whitney, it took over 40 years of advocacy by institutional pharmacists before colleges of pharmacy fully accepted that premise.

Some of us early “interns” experienced the positives and negatives along the way, such as misgivings about being considered “cheap labor” for the hospital; the voluntary long hours on call; the timid and frightening curiosity of our first “post” (autopsy) or surgical procedure as we stood beside the pathologist or surgeon; the initial thrills of around-the-clock association with medical residents, including both work (ward rounds) and play (billiards and squash) as we lived side by side in the “interns’ quarters”; and the attendance in the amphitheater with more than 100 house staff physicians at clinicopathological or specialty conferences. These events represented some learning experiences Whitney and others thought important for future hospital pharmacists.

Across the United States, these early prototype “nonacademic internships” had

individual characteristics and variations, as designed by the pathfinder preceptors like Whitney. Yet all of the internships in hospital pharmacy then could be counted on two hands. Today, the growth and achievement are astounding to me. There are a reported 188 ASHP-accredited residency programs for pharmacy in hospitals. In one year, 1986, 400 graduates completed ASHP-accredited residencies. There have been 4000 graduates from those foundations of “training our own.” Higher standards have gradually evolved, including formal visiting teams for accreditation according to refined guidelines.

The residency program has provided a major foundation and stimulus for the refinement and long-term continuity of improved practice standards for institutional pharmacy. Not all of the early visions of supplying manpower from this source have been achieved; but trainees, ever since the initial programs, have had national influence in the hospital pharmacy movement, in the affairs and events of American pharmacy in general, and in the pace-setting hospitals in the United States. The residency program has proved, over the long term, hospital pharmacy’s special commitment to ensuring the continued education of skilled professionals.

One of my most vivid recollections of the evolution and development of the hospital pharmacy movement is the continuing influential leadership and commitment of women.

The Catholic sisters provided some of the greatest impetus and spirit of enthusiasm for the profession and the development of programs. Many turned their pharmacies in Catholic hospitals upside-down to provide advanced services following their participation in institutes. Their presence was prominent in state affiliates and ASHP committees and as ASHP officers, and they contributed much volunteer time. Their contribution to American pharmacy, largely through ASHP, has not been told fully.

Women were in leading roles in the 11 city and state hospital pharmacy associations even before ASHP started. They were among the strongest advocates for standards and national development. Did you know that of the charter members of this Society, almost 50% were women hospital pharmacists?

Women continue to be elected to key officer positions at both state and national levels. The headquarters of the Society continues to have women with high levels of management ability in positions of influence.

Some of the most lasting contributions, far beyond the call of duty, were made by women pathfinders. Many foundation stones of today’s Society programs, systems, and literature were first laid by the creativity and labor of these women. The place of women in the affairs of the profession and in leadership contributions is an accomplishment few other professions can match as an historical record.

Evolutionary development would have been slowed greatly without the economic organizational development of ASHP and the stewardship of this development to date. The method of funding the profession’s Society has been a potent force, allowing the rapid evolution and expansion of programs and staff support and the development of a sophisticated formal organization.

What I call the “economic organization” stemmed from the following philosophy held by many pathfinders: Limit the burden of members’ assessments or dues whenever possible to increase to the maximum the practitioner enrollment and thus professional participation.

From 1200 members, a \$3900 yearly fund limit, and a deficit in 1947, annual funds now in eight figures have evolved through the efforts of many pathfinders. In 1986, the income for the Society’s annual operating fund reached an amazing \$12.3 million; but more amazing is that almost 90% of it came from income sources other than membership dues (e.g., publications, investments, and continuing-education programs).

What are the fruits of such an economic structure?

Two-thirds of all income is ploughed into education and professional information (professional services); almost one-third goes into what we termed unity of purpose (policy development). These accomplishments support the earlier ideals about the real place of the formal organization.

The favorable and successful economic picture, as well as the continuing good management of it, places many new horizons within reach. One new horizon is the sending of added leadership into the international arena. A favorable economic picture will allow for fuller participation now on a worldwide basis to help improve health care and to work on pharmacy standards.

The results of promoting creative income sources (other than membership assessments or dues) for the Society have been unusually successful, with prudent direction. This strong funding base has led to extraordinary accomplishments and to accelerated developments for institutional pharmacy and its practitioners.

A few characteristics have been examined that make up part of our history. In a short time, historically speaking, some noteworthy accomplishments and developments have occurred. This prompts me to suggest as “intimations” some unfinished business for the profession as we adjust our focus towards “pharmacy in organized health care settings” as the more recent orientation.

My first suggestion is that the formal organization, ASHP, should consider moving more heavily to another level. ASHP should develop stronger credibility, more influence, and added recognition at the level of public policy developments concerning total health care, not just pharmacy.

This level of involvement would be a new horizon, beyond issues of safe and appropriate use of drugs, although these factors would be included. It would entail helping to resolve the broader health care needs and issues of the public. It would mean joining and participating with newly identified leadership groups that clearly will affect health care and national health policies, institutions, and programs. For example, ASHP should collaborate closely with selected professional groups such as hospital administrators (e.g., American College of Health Care Executives and American Hospital Association), leading physician groups, health agencies (voluntary and government), and others. A close collaboration should exist with formal organizations that have similar stated goals of becoming more involved at the public policy level. It is my belief that hospital pharmacy “movers and shakers” are ready to handle this new horizon.

Taking this direction would mean involvement at both community and national levels through the ASHP's existing network organization. It would not mean just a liaison approach or propaganda, public relations, lobbying, protectionism, or establishment of speakers' bureaus to build credibility but would include strong participation leading to the introduction of new ideas for the public health and welfare. It would require new emphasis on an external, outward-looking approach, commitment, and the necessary energy beyond that required for current internal professional priorities.

An accepted and a followed ethic is a core characteristic for a profession. Such an ethic is my second suggestion.

Over the history of the hospital pharmacy movement, little or no direct attention has been given, to my knowledge, to a deliberate implementation of our own written set of principles for the specific guidance of institutional practitioners. I now suggest this approach.

The mechanisms, accountability, and responsibilities of a professional organization have not been established for the elimination of substandard practitioners and practices. I now suggest this approach also.

The environment of "organized" health care settings can have its own distinct conflicts of interest and deviations from ethical standards. Dealing with problems as they arise under a generic code for all of pharmacy will underline the need for our own standards specifically for institutional pharmacy.

I contend that a professed, guiding ethic is one of the most important foundations yet to be developed for refinement of our profession.

My third and last suggestion for unfinished business is the prompt preparation of a documented history of ASHP and the hospital pharmacy movement since 1952. I understand that this suggestion may be implemented in the future. The availability of first-source people and documents becomes more important as time goes by and recollections fade.

But the major part of this suggestion is that the history (stated facts, events, dates, names) include a strong parallel component of human and social interpretations, centering on how key events came about. It should include the values, ideas, beliefs, attitudes, customs, morals, behaviors, traditions, patterns, and systems that practitioners as a group, and the pathfinders, attached to their profession during certain periods. This history would begin to emphasize the foundations of a cultural perspective, along with the purely historical facts and events.

We have available the outstanding work that Gloria Niemeyer, Alex Berman, and Don Francke produced in *Ten Years of the American Society of Hospital Pharmacists*. It is, in my estimation, a fascinating recorded history—a legacy. With their in-depth interpretations, insights, and analyses of key events, the authors leave us with a deeper understanding of the heritage of hospital pharmacy for the years 1942–1952. We have had nothing comparable since 1952, a 35-year gap.

Bill Moyers, one of our contemporary documentary historians, said: "The future being a mystery excites, but the past instructs."

And now I must say adieu to a profession of the heart. Our professional group has shown an enviable record of refinements. We have touched on just a few. ASHP and its practitioners have developed a noble tradition for pharmacy, and a special dignity of their own, in practices and professional conduct. We all turn now to the young practitioners who are the pathfinders among us today. They are taking up the responsible stewardship and commitment—ever onward in spirit and energy.

Harvey A. K. Whitney and his contemporaries would have said: “Ladies and gentlemen—plus ultra! Press ahead and beyond to your own new horizons!”

Adieu. Thank you for the honor.

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

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