



*“What we believe our profession
to be determines what it is.”*

== WENDELL T. HILL, JR. ==
(1989)

At the time he received this award, Wendell T. Hill, Jr., was Dean of the College of Pharmacy and Pharmacal Sciences at Howard University, Washington, D.C.

Taking Charge of the Profession

I am pleased and honored to have been selected to receive the 1989 Harvey A. K. Whitney Lecture Award and to have the opportunity to present the Whitney lecture for 1989. Receiving this Award is the highest point of my 39-year career in pharmacy. I wish to thank past recipients who voted for me, and I thank each of you personally for spending this evening with me in celebration of this important event. I thank Joe Oddis for his behind-the-scenes magic and the ASHP staff for making this an enjoyable evening for my family and friends. And I thank many of you who have shared with me your personal expressions of congratulations, advice, and good will.

The purpose of my lecture is to motivate hospital pharmacists to take charge in the practice of pharmacy and to be committed to the highest conceivable standards of professional conduct. I challenge pharmacists to recognize that ideal professional

practice begins with a personal commitment to excellence and integrity, a release of negative thoughts, and a thorough recognition that the high calling of pharmacy is an essential component of quality health care delivery.

Further, I challenge members of the profession to have complete conviction of, and determination for, maximum success and to understand that pharmacists alone are responsible for the status of the profession and are the only ones to change what needs to be changed. Professional change can occur when pharmacists become determined to make good things happen or when they allow others to make changes in the profession, good or bad. A central role of professional education, postgraduate education, inservice education, and continuing education is to institutionalize in the minds of pharmacists an attitude of service and excellence.

Willis Harman, Professor Emeritus of Engineering-Economic Systems at Stanford University, has written in his book *Global Mind Change* that during the last part of the 20th century the world has been experiencing a basic mind change. He believes that the real action today is changing fundamental assumptions and that the key challenge is not to try to resist a change that may be inevitable but to go through the change with mutual cooperation and caring and with as little misery as possible.

Pharmacy, especially hospital pharmacy, has not escaped the forces of social, political, economic, and professional change. It is my thesis that these changes in public values make expert speculation about the future of pharmacy, especially hospital pharmacy, unreliable. Any assumption that history will prepare us for the future must be tempered by a recognition that events in the past were created in a different setting of public and private attitudes, values, and assumptions. Many of the assumptions and values that made life predictable in the past are changing.

People are no longer driven by traditional values such as a strict work ethic characterized by the dignity of labor, diligence, sobriety, and thrift. Waste, extravagance, and ostentation are no longer discouraged but rather are, at times, encouraged. Many people no longer assume that poverty is the result of individual failure. Many people no longer rely entirely on health care providers to remain healthy.

The Washington Post recently carried an article extolling the entrepreneurial success of a pharmacist who has generated a large annual income by supplying physicians with prepackaged prescription drugs for office dispensing. Not long ago, this enterprise would have been considered unethical and illegal by organized medicine and the public, and it still is despised in many pharmaceutical circles.

Since predicting the future of pharmacy is unreliable, it is necessary that pharmacists take another approach for securing an important role as health care providers. Success begins with the right kind of thinking. Success depends not so much on *what* people believe but that some belief exists—that we believe something, anything. If this is true, we had better believe good things for ourselves. Our belief determines our experience.

Examine the experience of hospital pharmacists. Most hospital pharmacists believe that they make important contributions to society; hence, ASHP has been said

to be the most successful professional practitioner organization in pharmacy. Our success is controlled by how we think about the roles of pharmacists, by how pharmacists define success, and by our commitment to following successful principles. Our success is not controlled by what others think of us or even by changing social, political, economic, and professional circumstances. The professional pharmacist must always have in mind a clear purpose, especially while others may be confused, angry, frustrated, fearful, and defensive.

For a long time, the public and physicians told nurses that they should take orders from physicians; that worked as long as nurses went along with the program. Then one day some nurses said, “No more. We can be independent nurse practitioners.” The result is current history. The public and most physicians today accept nurses as nurse practitioners, midwives, and so on. Psychiatrists were successful in establishing limits to the practice of psychology until psychologists had other ideas. The cases of acupuncturists, optometrists, social workers, and many others are similar.

Pharmacy almost stands alone today among health professions in permitting others to establish the scope and limits of professional practice. Notable exceptions within pharmacy include clinical pharmacists and hospital pharmacists.

What we as pharmacists believe our profession to be determines what it *is* (no more and no less). When we are dissatisfied with the state of affairs in pharmacy, pharmacists can examine the literature to find the cause in what pharmacists are saying to each other.

Not long ago, pharmacists were called druggists. Pharmacists decided that *pharmacist* is a superior designation. I seldom hear of druggists today. The magic of this concept is that no outside agency imposed this title on pharmacists—pharmacists did it themselves. Remember when Jere Goyan, as FDA Commissioner, tried to impose a drug counseling role on pharmacists? It did not work because most pharmacists could not see themselves in the patient-counseling role.

Only if we *think* such things as professional standards’ review organizations, diagnosis-related groups, managed care, physician dispensing, and mail order pharmacies constitute threats to the practice of pharmacy will these agencies definitely cause us problems.

When we focus our attention instead on the health care delivery needs of the public that pharmacists are most suited to meet, and on meeting the challenges of providing pharmaceutical services that are attractive to the public, we shall have little time left to consider threats from perceived competitors, and they will appear less important in the total scheme of things.

I am not suggesting that we pharmacists ignore the world around us but rather that we recognize uncomfortable changes in popular attitudes about pharmaceutical services as indicators of unmet public demand that we can fulfill. We must mobilize our considerable intellectual resources to meet the public’s need under new circumstances, no matter how much the health care environment changes.

The practice of pharmacy can conceptually be viewed as a continuum. Every pharmaceutical activity is part of, and inseparable from, that continuum. When pharmaceutical scientists consider the practice of pharmacy to be less important than research, they do harm to all of pharmacy. When clinical pharmacists separate them-

selves from other practicing pharmacists, all of pharmacy hurts. When pharmacist managers and owners separate themselves from other pharmacists economically, politically, and emotionally, all of pharmacy suffers. No useful purpose is served when pharmacists say that “counting and pouring” is a marginal task unworthy of the high calling of pharmacists or when they condemn the traditional product-related functions of the pharmacist.

Commonly accepted and easily understood ethical standards can create guidelines for successful practice in pharmacy. As a matter of professional viability at a time when public assumptions are changing, pharmacy is in great need of a revitalized interest in ethical standards of conduct. Hospital pharmacists have some work yet to do to establish a universal consensus for defining the ethical role for pharmacists in modern health care facilities.

Donald C. Brodie advised us that the principal role of the pharmacist is centered in “drug use control.” From that simple principle flow all of the functions of the pharmacist. When all pharmacists come to accept drug use control as the primary ethic that drives pharmaceutical decisions, the public, the government, and other health care providers will respect that role for pharmacists, and pharmacists will be handsomely rewarded for their efforts. The secret is not that drug use control is a superior role for pharmacists, which it is; rather, the secret is that drug use control is a simple and understandable principle that leads to responsibility and accountability.

I propose that the ASHP limit its search for external conditions or influences as controlling factors for the future of pharmacy and look inward for a unifying principle to promote to pharmacists. It has worked for others, and it will work for pharmacy. Pharmacy must decide what its central role is in health care delivery before legislators, regulators, and managed care administrators establish a direction that we would like less.

Perhaps the greatest value in publishing the results of pharmacy practice studies measuring the value-added benefits of pharmaceutical services is in influencing pharmacists to have positive feelings about their contributions; the same might be true for measuring and reporting professional productivity of pharmacists.

The Society may wish to consider the establishment of local support groups that meet regularly to reinforce the ethics of pharmacy. ASHP’s practice standards and the *American Journal of Hospital Pharmacy* could be reviewed by these discussion groups. The result would be wide acceptance and adoption of these valuable standards and guidelines. Witness the success of journal clubs, photography clubs, and others. Working together for a common ideal can produce amazing results. Imagine the effect if all pharmacists in a given community projected a common objective simultaneously, with conviction, determination, and commitment. There is no power strong enough to prevent success of the group. Skeptics and believers alike should try it.

People have told me that if I can change my thinking, I can change my life. I believe that if organized pharmacists can change their thinking, they can change their career opportunities.

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

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