EDITORIAL
ADVANCING THE FRONTIERS OF PHARMACY PROFESSION TO NEW HORIZONS

The practice of pharmacy has been changing over the years prompting pharmacists to explore new horizons. In many medical schools teaching of clinical pharmacology has been upgraded from the previous *materia medica* thus eroding the comparative advantage pharmacists previously enjoyed over their medical counterparts. Even more significant is the access to drug information on the internet at the click of a mouse. Anybody with a reasonable level of education can access reliable information on drug use, indications, dosages, mode of action, side effects, contraindications, etc. by logging onto one of the websites. Information on diagnosis and treatment of diseases has been demystified and patients may soon wonder whether health professionals are still relevant. There are still areas where pharmacists enjoy comparative advantage over other health professions. These include formulation of drugs into suitable dosage forms and quality assurance. Unless a pharmacist is working in the pharmaceutical manufacturing industry or quality control laboratory, the above advantage is of no consequence. Certainly this is the case for over 80 % of the pharmacists who work in hospitals and community/retail pharmacies. The mandatory requirement that drugs must be accompanied by adequate information, usually in form of drug literature insert has further eroded the role of hospital and dispensing pharmacists.

The changing pattern in pharmacy practice has threatened to make practitioners irrelevant in many areas thus prompting them to look for new areas. Inevitably this has often meant encroaching on other professional's territory. About 40 years ago, pharmacy schools, notably in America began promoting a discipline they called clinical pharmacy. The medical profession protested and tried to discredit these attempts. They accused pharmacy schools of training "third class doctors". Coincidentally, the pharmacy graduates from these schools were awarded the degree of Doctor of Pharmacy (Pharm. D.) thus adding insult to injury. Through sheer determination and obstinacy, the pharmacy profession has succeeded in making clinical pharmacy a reality and managed to extract a degree of acceptance and respect in such areas as drug monitoring therapy and management of poisoning. Other new areas where the pharmacist has extended his influence include sociology (social pharmacy), patient counseling, administration/management and laboratory/diagnostic medicine. In the latter, pharmacists now do pregnancy tests, microscopic examination for parasites, and blood sugar monitoring.

A previous article in this journal explored the role of pharmacists in distribution of veterinary pharmaceutical products in Zimbabwe (Matema *et al*. East Cent. Africa J. Pharm. Sci. Vol. 8(3) 50-53). A similar article by Justin Temu *et al*. appears in this issue of the journal. Both articles must be seen in the context of pharmacists trying to consolidate and formalize an established practice, namely the distribution of veterinary drugs alongside human drugs. Indeed there are now pharmacy schools offering a diploma in Veterinary pharmacy.

Veterinary medicine is more diversified than human medicine as it deals with several species. There are several outlets for veterinary products and these include pet shops, agrovet shops, pharmacies and veterinary clinics. The veterinarian just like pharmacist, dentist and medical practitioner is a proud professional and resents intrusion of non-veterinarians in his profession. Unfortunately, a pharmacy dealing with veterinary drugs only and managed by a veterinarian would not be economically viable in any country, let alone Africa, where people have a low purchasing power. While the veterinarian would like to buttress his wounded ego by advocating exclusive right to distribution of veterinary drugs, he is forced by circumstances to cede some of his/her responsibility.

Professional ego must be seen from a historical perspective. A medical practitioner with a first degree will react negatively when a historian, geographer or engineer with a Doctor of Philosophy (PhD) is correctly addressed as 'doctor". Similarly, a lawyer with a first degree will pretend to be surprised when another person with a PhD and is not a lawyer is addressed as "learned friend". Professionals share a comical trait with some oriental people who dismiss any criticism, no matter how justified, with a knee-jerk response of 'it is like that only' meaning it is self evident.

I had the opportunity to review Principles of Veterinary Medical Ethics as approved by American Veterinary Medicine Association (AVMA) (www.avma.org/issues/policy/ethics.asp- accessed on 17th Feb 2010). One of the paragraphs which caught my attention states, "It is unethical to place professional knowledge, credentials or services at the disposal of any non-professional organization, group or individual to promote or lend credibility to the illegal practice of Veterinary Medicine". The two articles cited earlier, by Matema *et al.* and Justin Temu *et al.* envisage close co-operation with veterinarians in the distribution of veterinary products which is contrary to the principles cited above. Pet medicine has acquired a brand identity thus pushing both the veterinarian and pharmacist to the periphery. One can even order pet medicine through on-line pet pharmacy. Agrovet shops deal with such products as mineral supplements, antiseptics, milking ointments, hoof softeners, flea and tick repellants, acaricides and anthelmintics. Unlike veterinarians and pharmacists, people who run agrovet outlets do not charge 'professional fee' and hence products are generally cheaper.

While pharmacists continue to extend their influence to new areas, they need to embrace and promote shared responsibility with other professionals rather than promoting unhealthy competition. Pharmacists resent the tendency of medical practitioners having 'mini pharmacies' in their clinics and should not expect others to react differently when they feel threatened.

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