



Barriers to pharmaceutical care in Iran

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Pharmaceutical care is a professional movement that started in the eighties as a result of a profound change, due to an economical crisis, in the sanitary system of the United States (1). One of the first definitions of pharmaceutical care came from Strand and Hepler: "The responsible provision of medicine therapy for the purpose of achieving definite outcomes that improve a patient's quality of life" (2). The aim is to achieve rational and evidence-based pharmacotherapy, which is beneficial for each patient and for the society.

Over the years, traditional role of pharmacist has been changed from preparing and dispensing of drugs to much more patient-centered approach. Pharmaceutical care involves the process through which a pharmacist cooperates with a patient and other professionals in designing, implementing, and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient. This in turn involves three major functions: (1) identifying potential and actual drug-related problems, (2) resolving actual drug-related problems, and (3) preventing potential drug-related problems.

After 20 years of introducing the concepts of pharmaceutical care, positive outcomes obtained with different programs of pharmaceutical cares such as

improvement in rational use of drugs and patient's adherence, decrease in drug-related problems (e.g. adverse effects or medication errors) and also total costs of disease care.

Countries which have used pharmaceutical care services confronted many obstacles; however only a few of them could overcome these barriers with appropriate strategies, but most of them failed to extension of pharmaceutical care services because of the complexity of problems.

In 1996, first academic department of clinical pharmacy has been established in Iran. The major priority of this group was providing the academic needs of country but this department has been facing significant problems for providing standard pharmaceutical care. Because of the lack of comprehensive attitudes towards the existing barriers, the group has not achieved its goals regarding patient care yet.

Recently, national policies focused on rational use of medicine and improvement of patients' quality of life by involvement of pharmacists as one of the care-providers. These changes currently are taking place but not in very deliberate or structured manner. Some basic barriers to providing pharmaceutical care services in Iran have been existed and could be classified in to the following groups:

- Lack of specific software/technological resources such as standard software's for records of patients information and history
- Vagueness of rules and instructions within the

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authorization of pharmacists in communities or hospitals

- Inadequate skills of community and hospital pharmacists for providing of pharmaceutical care because of limited specific training in this area
- lack of financial tariffs and fee for services and also lack of support of insurance companies of pharmaceutical care services

The supposed barriers help to detect threats and

weaknesses in the development of pharmaceutical care in Iran and find out possible solution to resolve them.

References

1. van Mil JWF. Pharmaceutical Care in community pharmacy in Europe, challenges and barriers. *Pharm Care Esp* 2000; 2: 42-56.
2. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm* 1990; 47: 533-43.