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Patient Counseling; Practicing Community Pharmacists' Perceptions from Two South Indian States

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Patients often due to lack of proper information on medication usage, fail to adhere to their medication. This leads to failure of achieving therapeutic goals and decreased quality of life. In developed countries, pharmacists take the responsibility of patient counselling. In India, pharmacists are silent in taking up the counselling responsibility. The prescribers due to heavy patient load are not in a position to spend enough time in educating the patient about their medication. Now the question remains, who actually should take the responsibility of patient counselling? Many professional organisations like International Pharmaceutical Federation, Pharmaceutical Society of Australia, and Royal Pharmaceutical society of Great Britain stress that patient counselling is pharmacist's responsibility. The present study was conducted to assess the pharmacists' opinion about the responsibility of patient counselling. The work was carried out in Karnataka and Kerala states. The respondents from Karnataka state opined that, patient counselling is shared responsibility of both doctor and pharmacist, where as respondents from Kerala mentioned that, patient counselling is pharmacist's responsibility. Age, professional education (Education Regulation-81 and 91 and B. Pharm.) and experience have shown influence on the responses. Young pharmacists responded that patient counselling is their responsibility. Major barriers to counselling were identified as doctor dispensing, lack of knowledge, and non legalisation of patient counselling.

The immediate outcome of patient's consultation with physician in a primary health clinic is the prescription. Prescriptions often consist of various medications ranging from ordinary oral pills to topical preparations, liquid orals, parenteral and special medications packed in certain mechanical devices. What ever the type of medication, patients need basic information regarding the administration technique, storage conditions, possible side effects associated with usage and possible drug – drug and drug – food interactions with strategies to overcome[1]. Often due to heavy patient load, prescribers hardly find time to explain complete details about the medication usage to the patient. The pharmacist who fills the prescription remains silent or tells the patient to consult their doctor for more details about the medication usage.

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Next to the drug dispensing, patient counselling is probably the most widely accepted professional responsibility of the pharmacists in most of the developed countries. White papers, and standards of practice from major pharmaceutical organizations such as FIP (www.fip.org), Australian Pharmaceutical Society[2], and Royal Pharmaceutical Society of Great Britain[3] stress that patient counselling is an important component of the pharmaceutical care. In the United States, the legal standards such as the Omnibus Budget Reconciliation Act[4] (OBRA) of 1990 requires in most states that, pharmacist should offer patient counselling. David Kessler[5], the former FDA commissioner described the role of pharmacist as a patient counselor and

stressed that it is an important obligation of the pharmacists. Pharmacists have a duty to inform patients about the risks of prescribed drugs, since, patients are reluctant to ask questions, and pharmacists should initiate conversation. Many international compliance studies have proven that, well-informed patients about their medications will adhere to their regimens. In 1972, Blackwell[6] reported that, up to 50% of ambulatory patients failed to use their medication as prescribed. Even today the same problem continues to exist all over the world. Especially in the elderly patients, the non-adherence is very common due to polypharmacy, adverse effects, and forgetfulness[7,8]. In chronic illnesses, poor adherence may be one of the important causes of death. Improved medication adherence enhances the quality of life by achieving the therapeutic goals. But this is possible only through the structured patient counselling.

In India, since the doctors and the pharmacists are either busy or not keen on providing the medication information, it remains an important question that, who actually should take the responsibility of providing medication and disease related information to the patients. Internationally, it is very well accepted that, pharmacist should take the responsibility of counselling. So what are the opinions of Indian community pharmacists about the patient counselling responsibility and what barriers they are facing in counselling and how to motivate them to overcome these barriers and provide the information to the patients?

The present study was aimed to compare opinions of practicing community pharmacists from Karnataka and Kerala towards the responsibility of patient counselling. The objective was also to assess the barriers in offering patient counselling and suitable strategies to overcome them.

MATERIALS AND METHODS

A well-designed 14-item questionnaire was developed based on the United States Pharmacopoeia medication counselling inventory items. For each item four responses were given. They were Doctor, Pharmacist, Shared, and None. Based on the patient counselling item, the respondents were advised to choose an answer that actually matched their perception. Data was collected by convenient sampling method. Workshops on patient counselling were organized in nine district head quarters of Karnataka namely Mysore, Mandya, Tumkur, Hubli, Belgaum, Bidar, Gulbarga, Udupi, Mangalore and in Calicut and Wayanad districts of Kerala. Participation in the workshops was restricted to only registered pharmacists. Before starting the workshop, the respondents filled the questionnaire. Two hundred and fifteen and 106 practicing community pharmacists of either sex, in the age group of 20–50 y participated in the study from Karnataka and Kerala, respectively. All respondents were having the qualifications ranging from crash course in pharmacy to B. Pharm with practice experience of 2 to 25 y. The percentage responses of respondents from both states were calculated and compared.

RESULTS

Karnataka state practicing community pharmacists opined that, medication counselling is shared responsibility of both doctors and pharmacists. The response rates of counselling items considered to be as shared responsibilities are as follows. Name of the drug (42%), general purpose of the drug (52%), number of times to take the drug (44%), amount to be taken at one time (43%), when to take the drug (43%), discuss drug interactions (43%), mode of administration of the drug (38%), and check whether medication were taken as per the instructions (36%). The respondents opined that, doctors should counsel the patients about how drug works (36%), duration of therapy (52%), which food should be taken and avoided (41%), whether to take the drug regularly or as and when required (44%). Maximum percentage of the respondents (85%) opined that, explaining the storage and handling of medications is the responsibility of pharmacist. (Table 1)

In contrast to the Karnataka state practicing pharmacists' opinions, Kerala state practicing pharmacists opinions are quite opposite. The respondents opined that, patient counselling is the pharmacists' responsibility. The majority of the respondents mentioned that, following items are supposed to be counseled by the pharmacists. They are, general purpose of the drug (64%), number of times to take the drug (68%), amount to take at one time (71%), when to take the drug (77%), whether to take the drug regularly or as and when required (60%), discuss the common side effects (53%), discuss drug interactions (52%), how to administer non oral drugs (72%), how drug works (70%), storage and handling of the drugs (95%), check whether medication received are taken according to the instructions (57%), and the doctor's responsibility is telling about the name of the drug (69%) and duration of therapy (64%), where as the shared responsibility of doctor and pharmacist is to tell which food is to be taken and avoided (39%). These results have been presented in Table 1. To the question of barriers in offering the patient counselling, the pharmacists mentioned, lack of time, lack of knowledge and confidence, lack of training, lack of interest, lack of infrastructure like

patient counselling cubicle and patient counselling aids, doctor dispensing, non legalization of patient counselling, poor response from the patients.

The proportion test was applied for various items between the two groups of Kerala and Karnataka and the 'p' values were determined to draw the inference whether there is any significant difference exists between opinions of two groups. For various items, it was also determined by comparing the tables with the calculated values to see whether there was any significant difference or not? $P<0.05$ indicated a significant difference, and where 'p' is more than 0.05 indicates not significant. Many responses from Kerala pharmacists found to be significant compared to Karnataka pharmacists.

DISCUSSION

Pharmacists are often considered as first point of contact in the health care system[9]. This is because of the easy availability of pharmacist with out any consultation fee. Rappaport[10] has suggested five important areas where pharmacist can realistically prove his professional roles. One among them is patient counselling. Structured counselling helps patients to improve their knowledge about their medication, which ultimately improves their behavior of medication adherence[11]. United States Pharmacopoeia has listed about 175 counselling items as inventory to enable pharmacists to use few or all of the items depending upon the time and situation[12]. In the present study, most important and commonly useful items were listed and collected the response from pharmacists about the responsibility of counselling on those items.

Respondents from Karnataka, opined that, patient medication counselling is basically a shared responsibility of both doctor and pharmacist and the only major

TABLE 1: KERALA & KARNATAKA STATES PHARMACISTS' RESPONSES ON PATIENT COUNSELLING RESPONSIBILITY

Counseling Item	KL D	KA D	I	KL Sh	KA Sh	I	KL Ph	KA Ph	I
Name of the drug	69	40	S	20	42	S	11	17	N
General purpose of the drug	05	21	S	30	52	S	64	27	S
Number of times to take the drug	16	20	S	16	44	S	68	36	S
Amount to take at one time	15	25	S	13	44	S	71	31	S
When to take the drug	06	22	S	16	43	S	77	35	S
Whether to take the drug regularly or as and when required	13	44	S	27	31	N	60	25	S
Discuss common side effects	07	30	S	43	34	S	53	36	S
Discuss drug interactions	08	30	S	40	43	N	52	26	S
How to administer the drug	02	30	S	26	38	S	72	31	S
Explain how drug works	07	36	S	20	32	S	70	32	S
Explain which foods to be taken or avoided	27	41	S	39	34	N	25	34	N
Explain storage and handling of drugs									
Duration of therapy	00	02	N	04	13	S	95	85	S
Check whether medication being taken as per the instruction	64	52	S	26	31	N	10	17	S
	04	24	S	29	36	S	57	39	S

KL represents Kerala while KA indicates Karnataka. D represents doctor, Sh means shared and Ph stands for pharmacist. I stands for inference which is either significant (S) or not significant (NS). All values are in percentages and level of significance is $P<0.05$.

responsibility of pharmacist is to provide the information on storage and handling of drugs and monitoring the patient's medication usage. The respondents also opined that, telling the name of the drug, whether to take the drug regularly or as and when required basis, explaining how drug works and duration of therapy are the doctor's basic responsibility. In expressing the above opinions, the age, education, and experience of the respondents have shown a great influence. Respondents with crash course and with education regulation-81 qualification have indicated that, medication counselling is primarily the doctor's responsibility. The respondents with B. Pharm. of education regulation–91, with more experience have expressed that the counselling is shared responsibility. In education regulation–91, the students are taught more about professional aspects such as community pharmacy and health education, hospital and clinical pharmacy and professional business management, which are necessary for a good community pharmacy practice. But many pharmacists do not consider patient counselling as their professional responsibility. This may be because of their business attitude. Once a person enters the profession, in the initial stages, out of interest they may consider of offering some professional services. But over a period of time, due to business pressures, lack of time and lack of interest slow erosion of professionalism occurs. This may be the reason for the above responses. The other reasons may be no monitory benefit for offering medication counselling and recognition from the patients. The same have been expressed in barriers for offering counselling. But the young pharmacist respondents with less experience opined that, patient counselling is their responsibility.

Where as the respondents from Kerala state have opined that, patient counselling is primarily pharmacist's responsibility. This may be observed in the results. This may be because of young age group (20–35 y), educational background of the respondents and strong professional association. Most of the respondents are from education regulation–91 scheme. A very good attendance in continuing professional development programs suggested that, the respondents from Kerala state are keen on developing the professional attitudes. High literacy rate of public may have also contributed for this.

Among the barriers in providing patient counselling, the major ones listed by the respondents are doctor dispensing, lack of knowledge, and confidence, non-legalization of patient counselling, and poor response from patients. In 1940, when the number of qualified pharmacists was less, under schedule K, Drugs and Cosmetics act 1940[13], the Government permitted the doctors to dispense. The doctor dispensing has become more of a business than service, which is affecting the pharmacists' income. But today in our country, we have about six lakh-registered pharmacists. That means for every 2000 people one pharmacist is available, which is an internationally accepted ratio. So, the concerned authority and professional associations may work on this issue constructively and find suitable solution in favor of pharmacists and profession. Another important barrier is lack of knowledge and confidence. This can be over come by attending continuing professional development (CPDs) programs regularly. The registration authority i.e. concerned state pharmacy councils role in organizing such CPD's will be highly valuable and useful to the practicing pharmacists. Many respondents have also expressed the lack of financial incentives such as professional fee as another important barrier in offering the patient counselling. Implementation of Kelkar committee recommendation may be helpful in encouraging such enthusiastic pharmacists. But before implementation of Kelkar recommendations, the Government should strictly enforce certain minimum requirements and standards for patient counselling such as pharmacy to have a semi private area like patient counselling cubicle, and a qualified and trained pharmacist to be present while dispensing and handing over the medication to patients with necessary medication usage information. Providing information leaflets on drugs and diseases will be of highly useful to patients. It also improves the reputation of pharmacy. Attitude of individuals is an important element in the success of any profession. Individuals with poor attitudes hardly gain any rewards in their career despite having all facilities and incentives. So practicing pharmacists having right professional attitudes may certainly offer the patient counselling.

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