In the moment of crisis, the wise build bridges and the foolish build dams
(African Proverb)

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Are we as pharmacists bridge builders, in the first instance, or do we try and contain the flood waters by building dams?

I would like to believe that we are indeed bridge builders. I have seen pharmacists bridging gaps between ourselves and medical staff, between ourselves and nurses and between ourselves and patients. I have seen pharmacists cementing the pillars on which those bridges are anchored at management meetings and at Pharmaceutical and Therapeutic Committees and at Antimicrobial Stewardship Ward Rounds.

I have seen colleagues in action bridging the gaps between different groupings within our profession and I applaud them for the sterling work they are doing. It is a great privilege to stand on a well-built bridge and watch the storm water rushing past underneath, whilst traffic between the two riverbanks flows unhindered.

Admittedly I have also witnessed pharmacists continuing to build dams behind the pharmacy service hatches in an effort to contain the onslaught of flooding waters of change. They refuse to leave the comfort of the known and venture into the wards as part of a multi-disciplinary team. New systems to reduce the workload are seen as a threat and the development of pharmacy support personnel is perceived to be a threat to the pharmacist’s vital role as final “Gatekeeper” of medicine use. Is the medicine “ATM” system (RADUs) that our Minister of Health, Minister Aaron Motsoaledi, recently announced a real threat to the pharmacist, or could it be turned into an opportunity? Do we build a bridge to utilise this opportunity and ensure that it is aligned with legal and ethical requirements of the profession, or do we build a dam by challenging the Department on all possible grounds to try and prevent the use of RADUs? I simply do not have all the answers, but I would like to have a proper look at the proposed system before condemning it!

Whilst traffic such as PPTCs, AMS, Chronic Medicine Management, Rational Prescribing and Medicine Utilisation Reviews pass overhead on bridges built by colleagues, some of us sit and wait for the dam wall to break. Whilst some of us are really making a difference to treatment outcomes by utilising pharmacy support personnel to their full scope of practice, others prefer to continue practising at the level of pharmacy support personnel themselves and not at the higher scope of a pharmacist!

We can be certain! The challenges are coming with National Core Standards, with Universal Access to Health Services (currently NHI) and with new categories of pharmacy support staff (Pharmacy Technicians). The question we have to answer is: are we going to build bridges and utilise the opportunities this holds for the profession, or do we build our dams thick and strong and try to contain the flood-waters, hoping that we do not drown?