



A Piece of my Mind

Editorial Comment

Pharmacy Month 2019

I love Pharmacy Month. I love seeing pharmacists reaching out to their communities and making a huge impact on people's lives. Yes, I do know that this is part of everyday life, so what is the difference? To me, as an interested observer, it's that it is only during or after Pharmacy Month that many pharmacists share what they have done with their peers. It's exciting to say, "This is what I did", and receive positive responses from others. Social media has taught us that a simple "like" can lift our mood, and a "love" can make us happy. This is equally true in real life, but how often do we go to someone and say, "You're doing great work"? As a pharmacist, when last did someone say that to you? And as a pharmacist, when last did you say it to someone else? Just asking.

Another observation – the first people to display enthusiasm over Pharmacy Month are usually young pharmacists and pharmacy students. I know that there are pharmacists who feel that practising pharmacy is a burden and they no longer experience joy in their profession. That is frightening and sad. No-one denies that we are living in challenging times, but the young pharmacists remind us why we entered the profession. The pharmacy students are energised by sharing their new knowledge and skills. Perhaps those of us who are more jaded could use their energy to refresh ours. Just saying.

Refloee the poetess

If you haven't read her column yet, please go and read Refloee's contribution to this issue's *Forum*. It's one of the most inspired and inspiring tributes to pharmacists that I have ever read.

Refi, it is so inspirational, I think we should make it compulsory reading, especially for pharmacy students. Let's help them to understand what faces them as professionals.

I must admit that I internalised what Refloee said. Do I have professionalism, humanity, adaptability, reliability, morality, cordiality, ingenuity, specialist skills and tolerance? May I call myself a pharmacist if I lack in any of them? These are, after all, critical attributes. And I completely identified with scenarios she provided. They are generic scenarios, which can apply to all pharmacists, no matter where they work. (I found myself thinking of each of the incarnations I've had in pharmacy because I've worked in each sector of pharmacy at some stage of my life.)

SAAHIP Limpopo conference

We're also reporting on a conference that took place at the end of 2018. Why did we decide to publish it now? Surely, it's old news. Yes, I guess it is old news. But while reading it, I realised that the work that was done may just be useful for other pharmacists. We all know that there are things in our working environment that need changing or fixing. I'm hoping that you will recognise some of the issues that

the pharmacists in Limpopo identified. Obviously, each facility, in all sectors of pharmacy, has its own challenges. And each facility will have its own solutions and resources (probably very scarce). I'm hoping that you will read what they have said and perhaps let us know how you would have handled it.

Managing surgical supplies and medical devices

I must comment on this because it was the one part of hospital pharmacy that I did not enjoy. If I never have to take stock of catheters again, it will be too soon!

The Limpopo conference identified management of surgical supplies and medical devices as being problematic for two reasons – most pharmacists don't know enough about them and it is time-consuming.

It's true about the lack of knowledge. I certainly didn't know enough about them when I started working with them. (And when I was in community pharmacy, it would have been useful to know about stoma care products.)

It's unlikely to be studied in depth by undergraduates. There's a wonderful CPD opportunity here!

The feasibility of handing the management over to another health professional was discussed, but I don't think it's possible. At least we are trained in logistics and we manage our dispensary stock very well. I'd hate to see a "dispensing" doctor or nurse doing it – and they'd probably hate it even more than we do. To my mind, this is where we can use a pharmacy technician or a pharmacist's assistant, provided that their training is appropriate. What do you think?

Mrs X's boobs

My very first hospital shift was in a small hospital, with a small pharmacy. There was only one pharmacist and no support staff. The hospital messenger would deliver parcels to the wards if needed.

One Friday afternoon, I went into the dispensary to see how they worked and what I would need to do. The following morning, I went to the hospital, unlocked the dispensary, and walked in. The phone was already ringing so I answered it. The voice on the other side asked, "Have you got Mrs X's boobs?" Needless to say, I nearly had a heart attack on the spot.

It turned out to be a theatre sister on the line, and apparently the practice was that the breast implants were sent to the pharmacy and then delivered to surgery when needed. Poor Mrs X. She was in theatre at that stage, and I did not have her boobs. They hadn't been delivered.

Lorraine Osman