Editorial

Pharmacists and prescribing: an unrecorded influence

Hospital case notes are designed to be a chronological record of all significant events occurring during a patient's care. They include the reasons for admission and details of investigations, diagnosis, and treatment regimen. Despite the growing involvement of other disciplines in the provision of health care, case notes still project an outdated image of care determined exclusively by doctors. This is slowly changing; social workers, for example, have begun to record care plans in case notes. The current situation, however, where most of the contents of a patient's case notes is written by medical staff, remains far short of the provision of a comprehensive record of decisions about the patient's care.

Evidence of pharmacists' influence on patients' drug treatment

One group of health care professionals with a significant input into decisions regarding patients' drug treatment are pharmacists. On a day to day basis the routine prescription monitoring service provided in the wards by pharmacists frequently involves discussion between the prescriber and the ward pharmacist about the appropriateness of drug treatment. The consequence is sometimes a change in the prescription. Several studies have measured the frequency with which prescriptions are changed because of pharmacists' influence. One study, carried out by a research group in the North West Thames region, found that in 97% of cases in which a pharmacist advised a change in prescription the prescribing doctor agreed to the change.¹ The most recent results from this group indicate that in a 400 bed general hospital, pharmacists would cause the alteration of 93 prescribing decisions each week (R Batty, personal communication). Similar results have been reported elsewhere in the United Kingdom^{2 3} and in the United States.⁴

In addition, pharmacists may participate in multi-disciplinary care teams with doctors and other health care professionals. Recent research has indicated that participation in cytotoxics teams and total parenteral nutrition teams is now relatively common in the United Kingdom (S M Cotter *et al*, United Kingdom Clinical Pharmacy Association Annual Conference, 1992: abstract). Pharmacists who are members of these specialist teams are often experts in such areas and frequently make significant contributions to decisions on an individual patient's care.

Pharmacists' unrecorded contribution

Despite this considerable influence on decisions about patients' drug treatment pharmacists rarely record their input into the prescribing process.⁴ The absence of a record of pharmacists' advice on drug treatment is astonishing because the details of such treatment are a key component of the case notes. Without a record of the pharmacists's advice, how easy is it to determine the cause of drug related adverse events? In a recent study in the United States a fifth of all disabling injuries caused

to patients were due to complications of drug treatment and 18% of these were judged to be due to negligence.⁵ Serious disability resulted from 14% of the drug related errors, but it was impossible to discern from the patients' medical notes the precise responsibility for adverse events resulting from negligence. The authors drew attention to the way in which modern patient care involves many health care staff in addition to doctors. The avoidance of iatrogenesis in such a complex system necessitates examination of all components of the system and not simply the doctors' potential for inducing adverse events in their patients. As a first step all significant inputs into decisions made about patients' drug treatment should be recorded in the notes. This would include advice given by pharmacists.

The absence of a record may have important medicolegal implications. What if the pharmacist's advice was important, correct, and not followed? What if it was wrong and followed? There is little to suggest that pharmacists are averse to record keeping; the question centres around where the records are made. Pharmacists providing drug information services, for example, have frequently provided written replies to queries, particularly when they touch on subjects such as teratogenicity. In some hospitals it is usual for pharmacists working in wards to document their actions and the subsequent results in "log books" or, more recently, with pharmacy based computer systems.⁶⁻⁸ Such records would more appropriately be made in the patient's notes, where all members of the health care team can read them.

The absence of a record of pharmacists' advice in case notes is even more surprising because the same information is routinely recorded by others. Clinical pharmacologists, the traditional source of expert advice on individual patients' drug treatment in most teaching hospitals, normally record their observations and recommendations in the notes. The development of clinical pharmacy has extended pharmacists' activities into this sphere so that similar advice is now provided, but not recorded, by clinical pharmacists in most hospitals. Pharmacists are increasingly looked to by doctors as experts in drugs and capable of advising on the choice of treatment regimen, including the choice of drug, its dosage, route of administration, potential adverse effects, and capacity for interactions. The development of this advisory role has been supported by the independent Nuffield report⁹ and subsequently by the Department of Health in the health circular *The Way Forward for Hospital Pharmaceutical Services*.¹⁰ The use of clinical pharmacy services by other health care professionals indicates recognition of the pharmacist as a source of specialist advice with the multidisciplinary health care team and acceptance of clinical pharmacy.

We do not know why pharmacists do not routinely record their advice in patients' case notes, neither are we aware of reasons why such records cannot be made. Recent research indicates that doctors would not object to a system whereby pharmacists record their advice in

this way.¹¹ This work, carried out in an Australian hospital, found that a significant proportion of doctors responding to a questionnaire would welcome pharmacists making written comments in medical notes.

Benefits of establishing accountability

As the role of clinical pharmacists expands their potential to influence prescribing practices and policies will increase. In the current quest for quality assurance of health care, it would seem logical to establish a clear line of accountability for prescribing decisions that involve the pharmacist. In the worst possible scenario the existence of records in the case notes of the pharmacist's contribution to prescribing decisions will reduce the risk of medicolegal problems. On the positive side such records will have several other desirable effects.

In the current climate an important effect of pharmacists' overt accountability will be detected in the process of clinical audit. Pharmacists' records in the case notes should facilitate clinical audit in three main ways. Firstly, by establishing the precise nature and consequence of the pharmacists' contributions to decisions on patients' drug treatment it will be possible to optimise the services currently offered by pharmacists in the context of multidisciplinary care. Secondly, consideration of the content of the pharmacists' records may help in developing better prescribing policies. Thirdly, routine recording by pharmacists in case notes may raise awareness among all health professionals of the importance of aspects of drug treatment not currently obvious in the drug chart.

A growing recognition of the benefits of multidisciplinary working is leading to calls for the adoption of integrated case notes. Pharmacists are important members of the health care team; their influence on

prescribing decisions should not remain unrecorded. Drug and therapeutics committees should give this issue consideration at the earliest opportunity.

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