

## PATIENT COMMUNICATION

## Talking the talk: new online interpretation system

An innovative interpretation service that allows medical staff to converse directly with non-English speaking patients at New York's Bellevue Hospital Center is proving to be cost-effective and efficient, an International Conference on Urban Health was told.

The remote simultaneous medical interpretation system is more accurate than other types of interpretation, said Dr. Francesca Gany, director of the Center for Immigrant Health at the New York University School of Medicine.

The interpretation service,

which uses voice-over-Internet technology, is a world first. The health professional and patient each wear a headset attached to an Internet protocol phone. The phone connects them to interpreters, who translate as they speak. "It's our hope that this will become global," Gany told conference participants in New York last fall.

The service, which costs about US\$1 a minute, will soon be available through the New York hospital system.

An error analysis done by Gany's centre found simultaneous translation to be more accu-

rate than over-the-phone consecutive translation, or consecutive translation by a trained translator in the same room. In those situations, translators often forget to repeat something because of the time lapse, she said.

The centre has also initiated a randomized controlled trial, comparing the new system with "usual and customary" ones, considering aspects such as patient adherence and test ordering. "There can be a hidden cost of not using [well qualified] interpreters, such as a tendency to order more tests," Gany observed. — *Ann Silversides*, Toronto

## ALLIED HEALTH PROFESSIONALS

## Alberta pharmacists seek authority to prescribe

If Alberta pharmacists have their way, they'll soon have limited authority to prescribe Schedule 1 drugs and to administer vaccines and other drugs by injection.

The Alberta College of Pharmacists (ACP), which has been advocating changes to scope of practice for its 3054 members for more than a year, hopes to convince the Health Professions Advisory Board to approve sweeping changes that would give prescriptive authority to pharmacists in predetermined situations. The board will recommend a course of action to the province. The ACP hopes the Health Professions Act for pharmacies will be proclaimed this spring.

The proposed rules, according to an ACP document, would permit independent prescribing of Schedule 1 drugs (including smoking-cessation products and emergency contraception), vaccines, blood products and parenteral nutrition "without requiring the approval or authorization of another health professional."

This means pharmacists could refill prescriptions for long-term conditions, prescribe medications in emergency situations for well-known patients (e.g., prescribing an asthma inhaler to a wheezing patient whose history is known), initiate drug therapy in select cases that don't require physical examinations, and administer vaccines and other drugs by injection after certification in a college-approved program.

The ACP says the move would improve access to drug therapy and allow pharmacists to work to their potential in collaboration with other health professionals (see also page 333). The Pharmacist Association of Alberta says the landmark move would validate the expanding role pharmacists have increas-

ingly found themselves taking on. "We're not talking about diagnosing," said President Susan Haunholter. "We're talking about just doing assessments and then telling physicians about what we've done for their patients. It's a total 2-way conversation that we're hoping for."

Haunholter points to precedents set by military pharmacists and pharmacists in parts of the US and Britain. And she has seemingly found influential support with Roy Romanow's federal commission on health reform, which advocated a stronger role for pharmacists.

But the College of Physicians and Surgeons of Alberta (CPSA) thinks the pharmacists' proposal needs to be reined in if it's to be approved.

Registrar Dr. Bob Burns takes issue with the notion of "first-contact" prescribing, which would have pharmacists prescribing medications in cases where patients can be assessed by symptoms alone. "To make a direct link between 'You tell me what the diagnosis is and I'll just prescribe a drug' — it's a bit breathtaking," said Burns. — *Brad Mackay*, Toronto



Alberta pharmacists are filling prescriptions, but not their potential.