

Canada's doctors assail pharmacist prescribing

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Doctors have faced a raft of subtle, nation-wide attempts to erode their authority and responsibility in recent years, largely in the interest of cost-cutting. From allowing pharmacists to prescribe, to the creation of new positions like nurse practitioners and all manner of collaborative team practice, reforms have been introduced that physicians believe are slowly eroding their leadership.

Canada's doctors, though, indicated yesterday at the Canadian Medical Association (CMA) 140th General Council in Vancouver that physicians will not go quietly into the obscure night. They adopted a series of resolutions demanding that they be firmly placed in command of all collaborative care teams in the future and that pharmacists be precluded from all manner of "independent" prescribing.

Canadian Pharmacists Association Executive Director Jeff Poston later wondered whether doctors might feel slighted if pharmacists had the temerity, at their annual general meeting, to define what they believed should be the suitable duties of doctors within the health care system.

But delegates at General Council did not hesitate to fire a shot across the bow of pharmacists and other health care professionals who may now be assuming duties that traditionally did not fall within their purview.

With nurses, pharmacists and social workers now often assuming leadership of collaborative care teams that oversee treatment of patients, delegates to a special strategic session on collaborative care approved 12 desired principles of a patient-centred collaborative care model, based on CMA discussion paper.

At the core of the model lies the proposition that doctors should always be the clinical leader of a collaborative team, i.e., "the individual who, based on his or her training, competencies and experience, is best able to synthe-

size and interpret the evidence and data provided by the patient and the team, make a differential diagnosis and deliver comprehensive care for the patient. The clinical leader is ultimately accountable to the patient for making definitive clinical decisions."

Physicians are the health care providers who are ultimately accountable and ultimately liable, stated the discussion paper, crafted by the 13-member CMA working group on collaborative care, co-chaired by board members Dr. Don Pugsley and Dr. Susan Fair.

"Collaborative care," Pugsley told delegates, "should not be seen as an opportunity for governments and must not be permitted to substitute one care provider for another simply because is more plentiful or less costly than the other."

CMA chair Dr. Louise Cloutier said an association-commissioned poll of 1001 adults, conducted by Ipsos-Reid, indicated most Canadians (76%) believe doctors are "most qualified to be the team leader."

Nor should collaborative approaches to providing health care be a vehicle to achieve other political goals, such as finding cheaper or alternative forms of remunerating physicians, Cloutier added.

Several delegates contended patient safety is compromised if doctors aren't firmly in command. "Different people [in a team] may deliver different messages to the same patient," in a system with fragmented lines of authority, argued Ontario delegate Dr. Ron Wexler.

Both the delegates, and the discussion paper, contended that within any collaborative team, there's a need for clear lines of authority and clearly defined roles for all members.

Nowhere was that expressed more forcefully than during a discussion of the role of pharmacists. In a series of resolutions, delegates unequivocally took the stance that the role of pharmacists must be limited. Among the resolutions adopted was one that stated, point-blank, that the CMA "recommends that pharmacists not be given independent prescribing authority."

Delegates narrowly defeated a separate, more conciliatory resolution from CMA board member Dr. Graham White that would have supported "expansion of pharmacists' role in managing and

monitoring patients medication within a well-defined collaborative practice arrangement."

Poston at the Canadian Pharmacists Association said the CMA's proposed collaborative care model is nowhere near as offensive as the tenor of some delegate comments. "What I was getting routinely from the floor was that those doctors, who work routinely with pharmacists, understand their value. Yet, there were some sort of politics around which was essentially paternalism and turf protection. Medicine has still got a long way to go in terms of accepting the roles of other health care professionals."

"It's a pity," Poston added. "The evidence is overwhelming that collaborative care practice is the way to go in a whole range of areas of medical practice that would improve the outcomes for patients and make the health care system cost effective."

Poston added that a paternalistic, defensive attitude is out-of-step with realities across the country. Alberta has already passed legislation allowing pharmacists to initiate or modify prescriptions. New Brunswick and Nova Scotia allow pharmacists to extend a prescription for 30 days if a patient is unable to see a doctor, while, in Quebec, pharmacists can "adjust" prescriptions. Manitoba legislation gives pharmacists broad prescriptive authority, although specifics have yet to be announced.

"Pharmacists already prescribe independently on a regular basis. They assess [patients]. They may recommend an over-the-counter medicine. They may recommend they go see a physician. They may recommend they go to emergency. So pharmacists are already independently prescribing," Poston said.

CMA President Dr. Colin McMillan later told reporters the goal is enhanced patient care. "Collaborative care must not be about shuffling work from one set of hands to other busy hands. And collaborative care must not be about protecting or enhancing a profession's scope of practice. It must be about patients."

A final formulation of the collaborative care policy will be presented to CMA's Board of Directors for approval in September. — Wayne Kondro, CMAJ

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