Article:
How do patients with cancer pain view community pharmacy services? An interview study.

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Review:

Strengths of study: No conflicts of interest declared and no commercial funding identified. Data was collected, coded and interpreted by a total of 4 different researchers

Weaknesses of study: Study took place in a single city in the UK and is not generalizable to Canada. Recruitment method introduces biases. Qualitative study involving subjective interpretation of the data

Relevance to palliative care: Many palliative patients wish to remain at home for as long as possible and this requires a team of healthcare professionals to assess, prescribe, and dispense the appropriate medications in a timely manner. The pharmacist is often the last healthcare professional to be seen, and has the potential to review the dosing regimen and offer advice regarding potential side effects and what to do about them. Additionally, the community pharmacist can encourage adherence by offering various dosing aids or strategies. However, it is common for the patient to have others pick up their medications as the patient is bedbound or too fatigued to come to the pharmacy in person, so the information may be relayed (with varying accuracy) by a third-party. Community pharmacists have the potential to optimize adherence, and minimize diversion by providing smaller quantities of medications and monitoring their usage. This service will incur additional cost, but this could be government funded if there were a decrease in wastage and diversion, and their associated costs. Community pharmacists do not feel well equipped discussing medications used to treat cancer and for palliating the symptoms. This is partly due to lack of instruction in the schools of pharmacy, though we have been increasing the content in the pharmacy curriculum at the U of A. We have also offered accredited continuing education courses to practicing pharmacists. Additionally, pharmacists can offer medication review services by appointment (at the store or patient’s home), allowing sufficient time for the necessary research. In Alberta, we are fortunate to have access to Netcare where the patient’s health information can easily be retrieved. In jurisdictions without this capability, information could be collected by the patient (or agent) filling out a health questionnaire.
Routine addition of pharmacists to palliative teams, who can provide seamless care to the community pharmacists is also another method of providing the necessary information and education required to care for their patients appropriately.
We will continue our research in this area so patients can remain at home as long as possible.