

Social Pharmacy—a novel discipline

By

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As a budding social pharmacist, I like to think of social pharmacy as one ingredient in the pharmaceutical potpourri. For me, it is the spice that adds flavor to pharmacy. Although many health professionals have not yet heard of this novel discipline, its recognition is growing steadily day by day. Simply put, social pharmacy relates medication use to individuals and to society at large by using the methodology of the social sciences. In this field, pharmacy is coupled with psychology, economics and sociology. It is truly a blend of science and art.

Social pharmacists are direct care providers who promote health by advocating for the easy access and affordability of drugs as well as their appropriate and rational use. Social pharmacists take into consideration the cost of treating an illness. Social pharmacists advocate for radical change in the recognition of pharmacists' status. Social pharmacists initiate policies to change the system and attempt to become an integral part in developing and implementing such policies.

Some researchers challenge the moral soundness of the discipline of social pharmacy. "You are in a dubious research field," a prior colleague opined. "What is social pharmacy? Something not worth doing, not even worth mentioning."

Since enrolling in the study of social pharmacy at Universiti Sains Malaysia, I am challenged with statements like these every day. Generally, these inflammatory declarations come from fellow colleagues involved in experimental research disciplines in pharmacy. In their opinion, selecting a person to interview is simple; devising a questionnaire or survey form is mere child's play. In my opinion these perceptions are, naïve, irrational and illogical.

Social pharmaceutical research is as risky as inserting a canula into the blood vessel of a living animal. It is as frightening as handling sulfuric acid without gloves. This research is every bit as challenging as running high performance liquid chromatography (HPLC). Extracting data from respondents is like juggling dynamite; analyzing data is as scary as any science-fiction movie.

What are the potential uses of a particular drug that has been synthesized but is not yet available for consumption? What is the practical utility of a treatment that is not cost effective? Why is the pharmaceutical profession usually a second career choice? Why are objective measures in drug policy poorly implemented?

The answers to these questions lie with social pharmacy team.

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