

section 2.1.1: the role of the multidisciplinary team

6. Clinical pharmacy

Clinical pharmacists provide direct, responsible medication-related care for the purpose of achieving definite outcomes that improve a patient's quality of life.¹ The medication regimes of palliative care patients may be complex, use multiple medications and pathways to manage symptoms and may be subject to progressive and rapid manipulation as the clinical situation changes. They may also include the use of "off- license" drugs, that is the use of licensed medications that are used for unlicensed indications or by an unlicensed route as outlined in the Pharmaceutical Benefits Schedule.

A comprehensive pharmaceutical assessment as outlined by The Society of Hospital Pharmacists of Australia (SHPA)² includes:

- **reviewing the patient's history and list of medications** and then:
 - interpreting patient-specific data
 - identifying clinical problems
 - establishing therapeutic goals
 - evaluating therapeutic options
 - monitoring patient outcomes
 - suggestions may include:
 - rationalising or modifying as needed
 - minimising duplication of medications
 - identifying possible interactions of medications
- **educating staff, patients and family**
 - providing relevant medicines information on efficient ways of handling and using medications, including the names of drugs, usage, quantity, effectiveness
 - identifying risks, reasons for caution and possible side-effects
 - advising on possible routes of administration
 - counselling regarding potential toxicity from and interactions with dietary supplements, alternative and complementary therapies
- **counselling patients and family** about:
 - the use of dosing administration aids including dosettes/blister packs
 - the cost of medications in the community and the capping for PBS listed medications
 - home delivery of medications from community pharmacies
 - fears and misconceptions about addiction to and dependence on opiates
- **discharge planning in managing medications at home**
 - providing a list of medications to family which can be easily understood, including names of drugs, dosing regimen and reasons for their use
 - discussing the role and value of a medication diary, particularly for "prn" or as necessary medication
 - exploring continued medications supply in the community by liaising with community pharmacies and palliative care specialist providers, especially with non-PBS listed medications.

references

¹ American Society of Hospital Pharmacists. ASHP statement on Pharmaceutical care(1993). *Am Journal of Hospital Pharmacists*.50:1720-1723.

² SHPA Standards of Practice for Clinical Pharmacy: SHPA Committee of Specialty Practice in Clinical Pharmacy (2005). *Journal of Pharmacy Practice and Research*. 35:122-146.