

Improving the Quality of Pharmaceutical Care in Mexico

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On October 4 and 5, 2007, more than 70 Mexican politicians, university professors, physicians, chemists, biologists, and pharmacists attended a conference in Pachuca, Mexico, to develop consensus regarding a clinical role for pharmacists in Mexican hospitals and the competencies needed for such a role. The Canadian Society of Hospital Pharmacists (CSHP), the American Society of Health-System Pharmacists (ASHP), and the Mexican Association of Hospital Pharmacists (MAHP) planned this conference, which falls within the commitments of the North American Compact on the Advancement of Hospital Pharmacy, a collaborative agreement signed by the 3 associations in 2004 to improve the health and quality of life of the people of North America by fostering the advancement of hospital pharmacy practice.

Most universities in Mexico grant a degree entitled "Chemist, Pharmacist, Biologist". The curricula of these university programs focus mostly on drug products, with very little emphasis on clinical pharmacy and therapeutics-related topics. Consequently, graduates work mainly in the pharmaceutical industry and in clinical laboratories. Currently, "pharmacists" are not recognized as professionals in Mexico, let alone as members of the health care team. Furthermore, existing legislation mandates the presence of a pharmacist in community pharmacies only if controlled drugs are being sold.

The seeds for last fall's conference were planted more than a decade ago. In 1994, Dr Fela Viso Gurovich, a past president of the MAHP, approached the Autonomous University of the State of Hidalgo, where she is a faculty member, with a proposal for a program to train pharmacists. She insisted that pharmacy be considered one of the medical sciences, not part of the humanities. The program was established and is currently the only one in Mexico with a compulsory hospital rotation/internship, followed by 1 year of social service in a hospital after graduation. Most of the 135

pharmacists who have graduated from the Hidalgo program are now working in hospitals; they are the pioneers of hospital pharmacy in Mexico. Their role is primarily in drug inventory management, controlling costs and performing postmarketing surveillance as they struggle with the challenge of promoting rational use of medications in hospitals.

During the recent conference, ASHP President Janet Silvester and I outlined the responsibilities of hospital pharmacists in our respective countries, highlighting our role in collaborative patient care and medication safety. Dr Lalitha Raman-Wilms of the Association of Faculties of Pharmacy of Canada and Dr Cynthia Raehl of the American Association of Colleges of Pharmacy described current pharmacy curricula in Canada and the United States and discussed the challenges of meeting the future educational needs of pharmacists in our evolving health care systems. By relating their personal experiences, 2 physicians, one from the United States and the other from Mexico, lent credence to the value of hospital pharmacists. The first day of the conference concluded with MAHP President Vidal Encarnacion describing the mission and purpose of the Mexican association. On the second day, conference participants discussed in small groups the potential gains for public health of adding pharmacists to the health care team in Mexican hospitals, and the challenges of changing the Mexican pharmacy curriculum and introducing pharmacists into hospital practice. Questions from the audience following each of the plenary sessions and the lively discussions during the workshops reflected the Mexican participants' desire to improve education for hospital pharmacists and their commitment to including pharmacists on the health care team. CSHP's Executive Director, Dr Myrella Roy, ASHP's Executive Vice President and Chief Executive Officer, Dr Henri Manasse Jr, and ASHP's Deputy Executive Vice President, Mr William Zellmer, also took part in the conference.



Panel of Canadian, US, and Mexican speakers during the October 2007 joint conference in Pachuca, aimed at developing consensus about a clinical role for pharmacists in Mexican hospitals.



Participants at the joint conference in Pachuca.



Canadian representatives at the joint conference. From left, Carolyn Bornstein, Myrella Roy, and Lalitha Raman-Wilms.

This conference was personally rewarding and enlightening. I felt like I was part of history in the making. It was also gratifying to see the Mexican participants becoming so energized! While pharmacists in some Canadian provinces are struggling for the right to prescribe, the manual typewriter is still a “tool of the trade” in Mexican health care, as I witnessed while touring the emergency department of the Pachuca General Hospital! Let us never forget to recognize how far we have come and how fortunate we are here in Canada. The Blueprint for Pharmacy is our vision of future pharmacy practice in this country, while in Mexico, a small group of pharmacists is struggling for recognition as professionals and as valuable members of the health care team. Their vision is simple, yet it may take decades to achieve. I feel privileged to have played a small part in the creation of that vision, and I am proud that CSHP will continue to assist with establishing a clinical role for pharmacists in Mexican hospitals.

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