

## Looking backwards and forwards

Jean-Daniel Hecq, PharmD, PhD



**W**hat a beautiful job. The opportunity of taking part once again in the 'In My Opinion' column has been given to me in the year marking 30 years of my career. It gives me the opportunity to assess the development of this beautiful profession of ours.

Indeed, in 30 years the job of hospital pharmacist (Belgian and European) has passed from the simplistic role of wholesaler and distributor of drugs in hospitals to that of dispenser of ready-to-use medicines. The concept of 'medicine' has expanded to include not only proprietary medical products but products prepared routinely in considerable quantities and also medicines prepared extemporaneously, either once only for a particular patient, or such a medicine prepared regularly at the request of the doctor, for different patients. Then there are disinfectants, dietetic products, sterile surgical materials, medical prostheses, implants and devices, Medical Need Programme drugs and drugs in clinical trials.

Data processing, still stammering at that time, has developed considerably and has led, not only to the creation of hospital pharmacy management software allowing the automated sending of orders by email, but also to the advent of computerised medical prescription. The legislation is under way or has already been adapted, depending on the country, to allow the information to be shared and prescriptions to be signed electronically within the hospital.

The pharmacist's role of compounder has developed and now includes the manufacture or the reconstitution of parenteral

nutrition admixtures, taking over responsibility for the doses of anticancer chemotherapy and other injectable preparations, using more and more sophisticated equipment and subject to far more stringent safety standards.

Clinical pharmacy, so often discussed, is on its way. Certainly the speed varies depending on the country, but it is no longer a dreamed-of utopia and some universities have developed appropriate courses, linked with training in teaching hospitals.

Pharmacists have acquired an important place in the flow chart of the hospital and are now members of multidisciplinary teams and committees. Moreover, some members of our national committees have national and international influence on national medicines agencies, ministries of health, pharmacopoeia commissions, etc. National hospital pharmacy associations have found themselves supported by a steadily growing European association, and by a European journal, read by more than 27,000 colleagues.

Finally local inter-hospital and inter-university collaborations have been created. Inter-hospital partnerships are found in particular along the Franco-Belgian border, to treat local patients. European inter-university collaboration already exists, between the universities of Paris V, Lille II, Geneva and Louvain, through which a European hospital compounding diploma can be obtained. Students study in Paris and the teachers visit from the foreign institutions to pass on their knowledge.

All this has been accomplished. However, development has not finished.

In particular, I think the appearance of preparation and dispensing robots will create new objectives, maintaining our profession in perpetual evolution.

Is this not a beautiful job?

### Author

Jean-Daniel Hecq, PharmD, PhD  
Hospital Pharmacy  
Cliniques Universitaires UCL Mont-Godinne  
1 Avenue Therasse  
B-5530 Yvoir, Belgium  
Tel: +32 8141 3300  
Fax: +32 8142 3315  
jean-daniel.hecq@uclouvain.be

### Cliniques Universitaires UCL Mont-Godinne in the snow

