

## Imagine hospital pharmacy practice in 2020

Close your eyes and try to think back to events that shaped your professional way of thinking, or maybe even your career. Which influential teacher, what scientific concepts struck you during your studies, which supervisor gave you that particular kick in the right direction? Or which paper really enlightened you and guided you to becoming a better pharmacist? Looking back will give you the answer to these questions, and will usually fill you with warm feelings. A landmark paper that shaped my thoughts on the practice of hospital pharmacy was published in 1997 in *Pharmacy World and Science* [1]. One of the key authors was Dr Bert Leufkens, nowadays a pharmacy professor in Utrecht University, The Netherlands. At the 13th EAHP Congress in Maastricht, The Netherlands, he further elaborated on his vision for the future of hospital pharmacy [2]. In 2010 the vision was extended to an analysis of the pharmaceutical sciences. Initiated by the International Pharmaceutical Federation (FIP), two meetings were held with experts and analysts in the pharmaceutical sciences, industry, regulation and society (including - via FIP - hospital pharmacy). In these meetings critical driving forces were identified that might affect the evolution of the pharmaceutical sciences. The result of this work was recently published in *Nature Reviews Drug Discovery* [3], and I believe it makes good reading for hospital pharmacists.

There is no obvious answer to where the pharmaceutical sciences will go. During the workshops, two major areas of uncertainty were discerned. Firstly, will society favour pharmacological solutions for the treatment and prevention of disease or will the culture be more non-pharmacological – focused on health promotion, lifestyle change, etc. A second area of uncertainty is how society will view science. If an entrepreneurial culture dominates, the pharmaceutical sciences will be driven by knowledge development, focused on developing and marketing new drugs. This may already contrast with the traditional positive attitude to open-ended scientific research.

Four different scenarios describe the most likely developments. Scenario 1 is called ‘Filling the pipeline’: breakthrough drugs will meet the demands of society, and society will be willing to spend a considerable amount on filling the pharmacological toolbox. Fusion is the characteristic of scenario 2: society will have less trust in pharmacological dominance. Healthcare payers will be more dominant than pharmaceutical companies are now. It will be believed that short-term health gains can be achieved by optimising the use of existing drugs rather than by spending large sums of money on new drugs that have uncertain benefits. Pharmaceutical expenditure constraint will characterise scenario 3. The debate will be dominated by containment of unaffordable and steeply rising healthcare costs, with a foreseeable impact on research and development. In scenario 4 the decline of the titans is foreseen. With major drug trials failing to meet expectations and growing concerns about company liability after costly lawsuits, large pharmaceutical companies move out of the business. The article details a number of consequences of the four scenarios for industry, drug regulation, funding of research and how academia may develop.

When reading this year’s EAHP congress reports on advancing patient care, I was trying to imagine how these different scenarios might affect the development of hospital pharmacy. It might be an interesting exercise for an EAHP think tank to explore the different directions that hospital pharmacy practice may take. Will the differences in current practice between countries become smaller or just the opposite? Will there be sufficient room to develop further patient-oriented pharmacy and personalised medicine? With healthcare markets becoming more liberal, will patient interests be dominant, or will health payers determine the healthcare basket?

Whatever the scenario that will unfold in time, our prime vocation will be the same: to try to provide the best possible care for our patients. However, the conditions and circumstances may be very different from what they are now. It will be the calling of this journal to inform you about the development of hospital pharmacy practice and provide you with the tools with which to deliver the best of care for your patients.



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### References

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