

MULTIDISCIPLINARY VIEWS TOWARDS THE CLINICAL PHARMACIST: A Hospital Palliative Care Team Perspective

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Background

Successful provision of palliative care requires multidisciplinary collaboration from various healthcare professionals [1]. A clinical pharmacist is an important member of the multidisciplinary palliative care team since patients at end-of-life generally experience complex medication regimens that require frequent monitoring and adjustment [2]. At present, clinical pharmacists are missing in Maltese palliative care teams.

Objective

To explore the views of the multidisciplinary healthcare team towards the role of the clinical pharmacist within the palliative care unit of an oncology hospital (Sir Anthony Mamo Oncology Centre, Malta).

Study Design

Open-ended and close-ended questions in the form of recorded semi-structured focus groups were chosen as the most appropriate tool to explore the views of the team.

The questions (referred to as the topic guide) were formulated after an extensive literature review and were then assessed for face and content validity by an expert panel.

Willing eligible participants (n=26) were randomly assigned into 3 heterogeneous focus groups with one group acting as the pilot study.

The recorded data was then transcribed *ad verbatim* into raw text where participants were anonymised.

The transcripts were analysed using the framework method whereby emerging categories and themes were devised. Quotations were then selected depending on their relevance to context of narrative text.

Results

A number of key study outcomes were identified following a framework analysis and are highlighted as follows:

- Clinical pharmacists are considered as a **valuable reference point** for guidance in **mixture compatibility** and **documentation issues**. They are desired in the ward (including ward rounds) for their pharmaceutical expertise, especially in **stock management** and **medication review**;
- They are also believed to have a role in **formulary management**, principally in making protocols more lenient;
- They are required for **patient counselling** to increase compliance and to educate both patients and doctors alike on waste management;
- A **missing link with the community** in terms of hospital pharmaceutical services was acknowledged;
- Innovative concepts were also mentioned, including **medication reviews on an outpatient basis**.

Discussion

To the authors' knowledge, this is one of the first qualitative studies exploring multidisciplinary views on the role of the clinical pharmacist in the palliative setting. Reports identified in the literature substantiate the key study outcomes highlighted in this study:

- **Ward round attendance** improves drug history documentation, reduces drug costs and decreases patient risk [3];
- **Protocol development** is perceived to be of lower impact than it actually has by pharmacists. This discordance should trigger pharmacists to realign the time they dedicate to this activity [4];
- **Patient education** reduces unnecessary anxiety and increases adherence [5];
- **Missing community link** - Service fragmentation causes loss of continuity of care hindering the timely availability of medication [6, 7].

It is believed that theoretical saturation was reached with the sample collected as no further new themes emerged from the last focus group. A quantitative questionnaire could have been developed following the focus group sessions to support the evidence generated from the data analysis and ensure triangulation; however due to time constraints this was not possible. This could be considered as an option for further researches.

Conclusion

The general view of healthcare providers on the clinical pharmacist's role in palliative care was largely supportive and positive. This should encourage local policy makers to introduce clinical pharmacy services within this setting.

References

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