



One of the five key therapeutic themed seminars to take place at the 18th Congress of the EAHP, 13-15 March 2013, will focus on the subject of **ethics and risks in antibiotic prophylaxis** [1].

The seminar will look at the rise of resistance in antibiotic therapy and the ethical dilemmas posed by the subsequent restricted use of antibiotics in hospitals. The seminar will also deal with the methods and activities of hospitals and others to reduce the burden of resistance in hospital and also in ambulatory care, with a particular focus on the hospital pharmacist's role in antibiotic stewardship.

Below, we speak with the Seminar Facilitator Beata Horoszko about some of the potential discussion points of the Seminar, and consider some the issues hospital pharmacists typically

experience in relation to use antibiotics in the secondary care setting.

**Can you say something about some of the key issues and questions you anticipate emerging in this seminar?**

*The widespread use of antibiotics both inside and outside of medicine is playing an important role in the emergence of resistant bacteria all over the world. In some countries, antibiotics are too easily available, which also leads to the creation of resistant strains. The major problem in human medicine is due to misuse and/or overuse of antibiotics thanks to their relatively safe properties and effectiveness.*

*This may be discussed in the seminar in the context of an ethical dilemma, namely how to use antibiotic therapy with respect to its effectiveness and the exposure of a patient and the population to the risk of the development of mutations.*

*Therefore, the use of antibiotics in hospitals should be restrictive and according to special guidelines prepared on the basis of a microbiological map of hospital.*

*The seminar will offer an insight into the problems of bacterial resistance to antibiotics, for example perioperative prophylaxis and the role of hospital pharmacists in preventing the burden of resistance and developing actions to keep antibiotics effective.*

**What do you consider are the yet-to-be-fully-realised roles of hospital pharmacists in meeting the antimicrobial resistance challenge and what do you consider are some of the professional obstacles to be overcome in order for the profession to conduct these roles?**



*Widespread inappropriate prescribing of antibiotics in hospitals has led to the introduction of specialist antibiotic pharmacists. Their role is to monitor antibiotic use, advise clinicians, educate all grades of healthcare workers and help to develop policy. However, implementing an intervention to reduce antibiotic use is not straightforward. Despite the initial success of education campaigns, progress is generally short-lived, possibly due to the high turnover of medical staff. Almost all strategies successful in the long term involve an element of restriction and compulsion.*

*Interventions of this type are time consuming and need the full time services of a dedicated individual. This task is well suited to a pharmacist with the tools such as a network of pharmacists with IT access. With respect to the latter, microbiology and pharmacy computer systems allow the antibiotic pharmacist to identify problem areas and devote resources to tackling them.*

*The identification and clear definition of key roles for hospital pharmacists is helpful and those include:*

- *education of medical, pharmaceutical and nursing staff*
- *audit of local practices*
- *monitoring of antibiotic consumption*
- *participation in infection control*
- *formulary development*
- *appraisal of new antimicrobials*

*Antimicrobial issues are therefore regularly detected and discussed and the appropriate action suggested to the clinical team. An antibiotic pharmacist is also well placed to monitor specific problem areas such as oral switch and the administration of antibiotics with a narrow therapeutic index. While many clinicians recognise the need to improve antimicrobial prescribing, not all will accept that their own practice may be in need of improvement. For this reason antibiotic pharmacists will have to work hard to gain the respect of medical colleagues, some of whom will not appreciate “interference” from non-medical staff.*

*Nonetheless, successful implementation of the antibiotic pharmacist role requires that good working relationships and trust be developed with clinical teams. They need to see the benefits of advice and support from the pharmacist, rather than viewing them as a policy enforcer. Furthermore, having a group of professionals with direct responsibility for prudent antimicrobial prescribing is likely to improve overall patient care.*

**Finally is there anything you would say to those hospital pharmacists who are perhaps considering coming to the EAHP Congress for the first time?**

*The programmes of the EAHP congresses are developed by pharmacists and for pharmacists. This guarantees that all the seminars and key presentations address trends and issues which are highly relevant to contemporary practice of hospital pharmacy.*

*There are also great possibilities for meeting and exchanging experiences and best practices with hospital pharmacists from across the world. The contacts established in seminars and during the breaks in sessions is often a start to fruitful collaborations and exchanges on a regular basis. It is equally a unique opportunity for experienced pharmacists to share their knowledge and passion with their younger colleagues.*

*Many useful conversations take place at EAHP Congresses, hence the long-term contribution to the contemporary practice of hospital pharmacy, and the organisations such as EAHP, is unquestionable.*

**More details about the Congress's Therapeutic Seminar on antibiotic prophylaxis can be found [here](#) [1].**

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#### **Links**

[1] <http://www.eahp.eu/congresses/goals/seminar-therapeutic-2-ethics-and-risks-antibiotic-prophylaxis>