

# **The role of the pharmacist in counselling, taking care of HIV-infected patients**

**Abdelkader Helali**

- Pharmacists : Accessible and the most trusted of all health professionals ;
- Pharmacist competence in counselling is reduced to self medication symptoms or explaining the use of medicines ;
- Unfortunately, little attention has been paid to develop competency in pharmaceutical care ;
- No team approach in patient care with physician in promoting wellness and protecting the public's health is undertaken .

Pharmacist (students in pharmacy) should be trained to help their patient :

- Identifying the disease seriousness and outcome under drug therapy ;
- Coaching the patients on long-term disease management, medication plan, and even about diet and exercise for better health ;
- Advising for preventive attitudes.

*“The face of pharmacy is therefore changing as the health care system changes”*

## Therapeutic reasoning may necessitate:

- To incorporate into pharmacy some academic medical knowledge like physiology, pathology, pharmacotherapy to discuss the seriousness of disease and therapy ;
- To discuss with patient the outcome of the disease under therapy at this basic science level ;
- To learn from existing logical rational prescribing method what is the cornerstone in prescribing ;
- To integrate a new knowledge with the assistance of computerized programme, to assist the pharmacist to function as an “independent practitioner”.
- To develop comprehensive practice skills through the problem-based learning and use of role play between students in pharmacy and students in medicine at their respective clerkships.

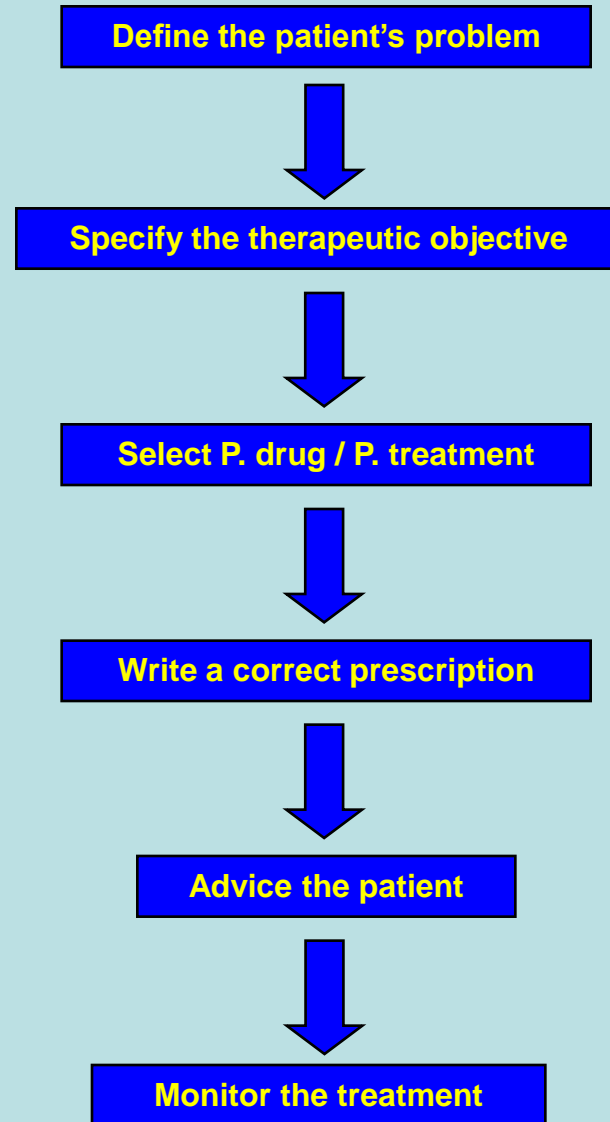
To fill with this clinical reasoning business,  
2 issues will be undertaken :

- What pharmacy can learn from others, especially from medicine?
- How can we integrate medical thinking and reasoning into pharmacy curricula?

*“All is connected...no one thing change by itself”*

*P. Hawken*

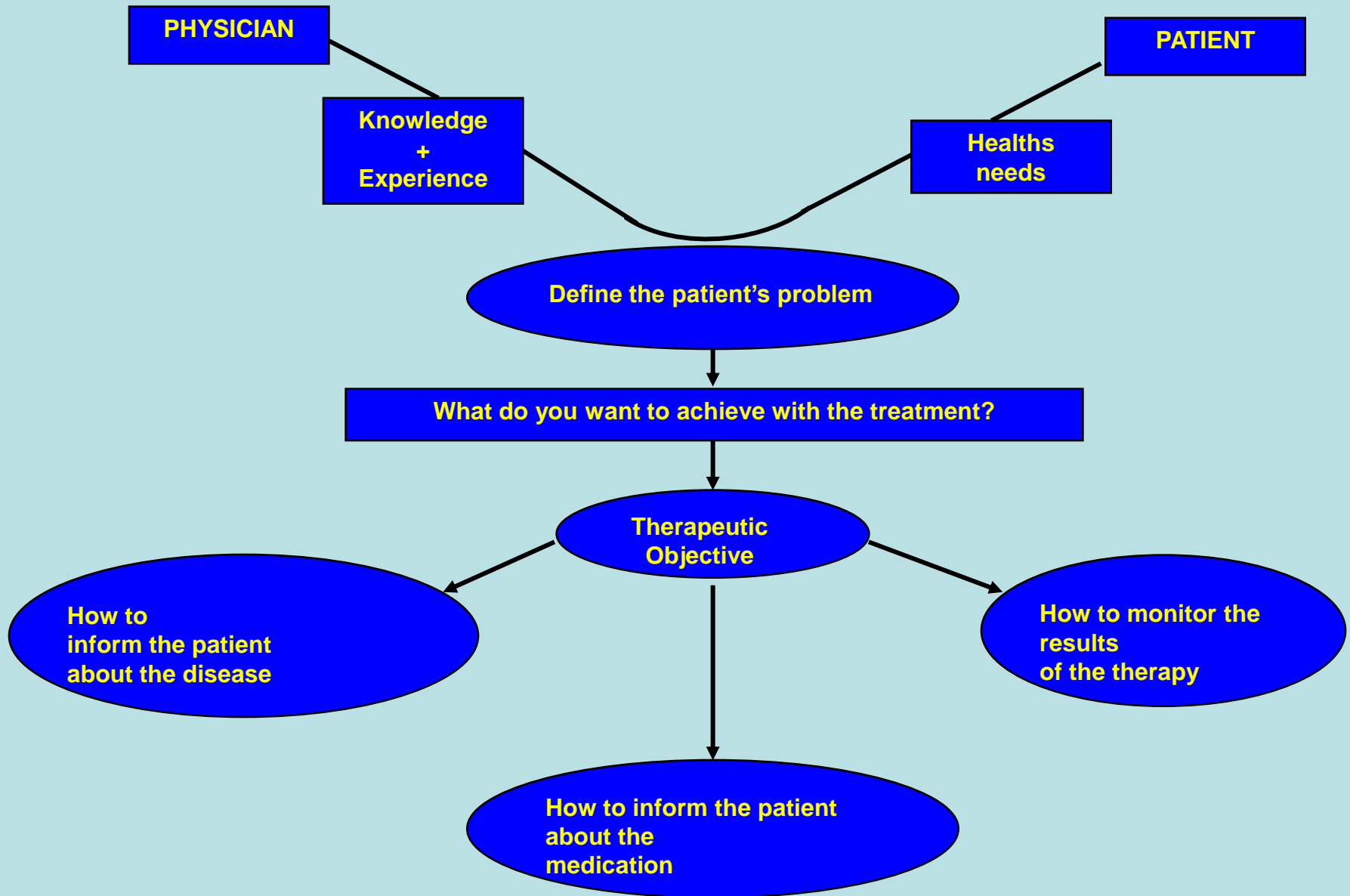
## To learn from the rational logical prescribing method (The Groningen method)



P.drug :\_Personal drug, is personal choice of medicines for identified disease and for individual patient on the basis of efficacy, safety, cost, availability, medical culture.

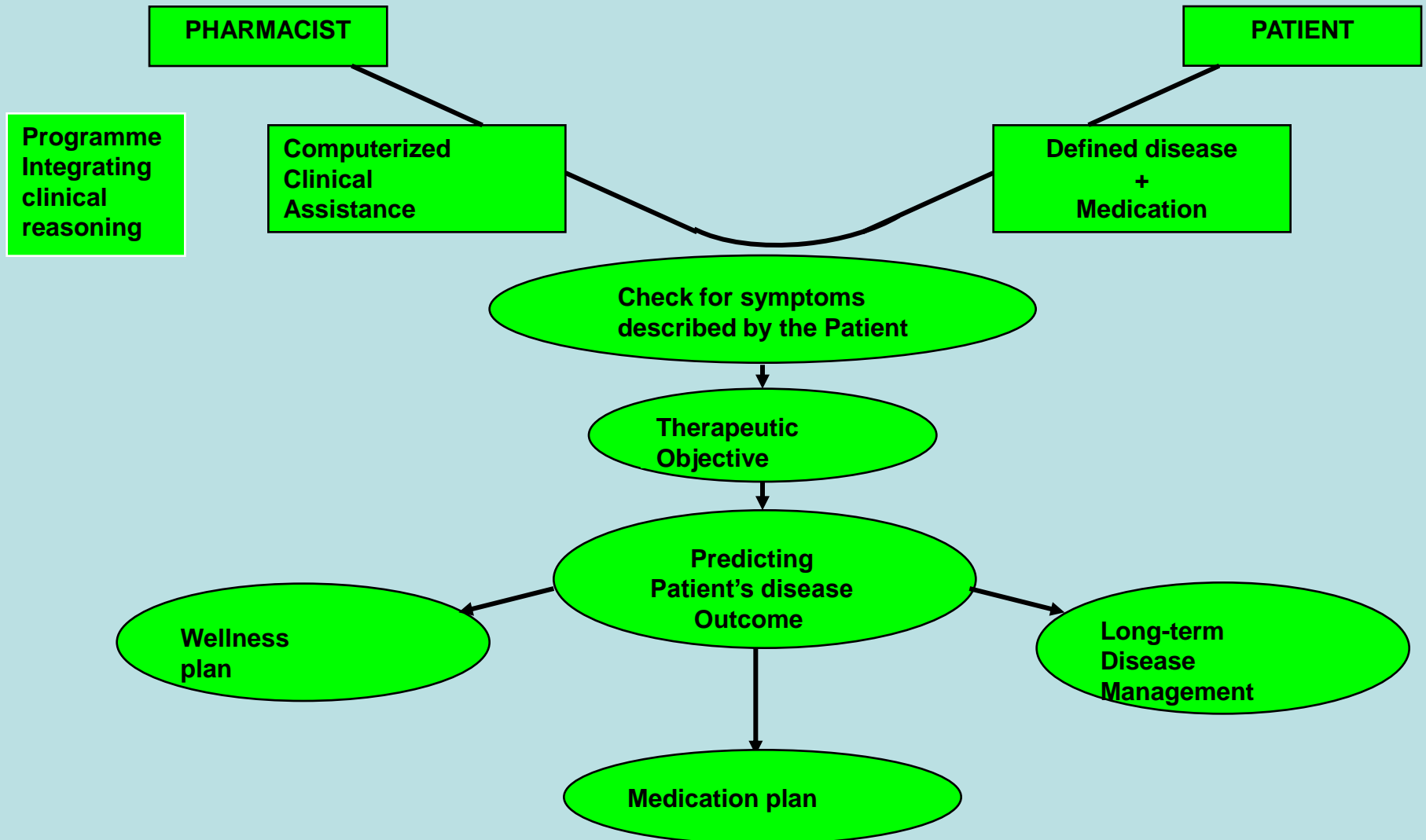
P.treatment : Personal treatment, is personal choice of non-drug treatment (diet, physical exercise,.....)

# What the physician want to achieve with therapeutic objective?



# What the pharmacist could learn behind the disease and therapeutic objective?

(Developing new knowledge and skills in pharmacy)



**Predicting Patient's disease outcome behind the therapeutic objective**

## **Case Implementation of HIV-infected patient**

## Case implementation of AIDS patient

## CONCLUSION

Therapeutic reasoning to improve pharmaceutical counselling and informing patients about the outcome of diseases, involves :

- Insight into defining therapeutic objective of each medication ;
- Better disease management according to the defined therapeutic objective.
- Developing knowledge and skills with interactive communication with patients.
- These objectives could be completed with team reasoning with both students in pharmacy (in the 4th year) and in medicine (in the 6th year) at clerkship level of their graduate training, using an computerised clinical assistance.



*“ Facing its prey, it does not always try to kill but rather enjoys playing with it, even after death”*

Hild Gauthier-Pilters (German ethnologist)