



# Statement of Principle

## **Self-care including self-medication - The professional role of the pharmacist -**

*This Statement was adopted by the Council of the International Pharmaceutical Federation (FIP) at its Council Meeting in Jerusalem on Sunday, September 1, 1996.*

### **Introduction**

#### **(1) Self-care and Self-medication**

- (a) Self-care, including self-treatment or medication, has been a feature of healthcare for many years.*
- (b) Nowadays, members of the public, better informed than in the past, are keen to take more personal responsibility for their own health status. They are also keen to obtain as much information as possible from expert sources to help them to take appropriate action in healthcare. Consumer research demonstrates that people recognise the pharmacist as an authoritative source of information and advice.*
- (c) Self-care includes the prevention of ill-health by appropriate diet, exercise, consumption of, at most, only moderate amounts of alcohol, avoiding smoking and use of other tobacco products and avoiding misuse of drugs. When preventative measures fail, self-medication, which is the treatment of symptoms that the patient has observed for himself with medicines available without prescription, should be responsible.*
- (d) Governments and health insurers encourage responsible self-care to improve the health of the nation and recognise that it may help to limit the rate of increase in third party funded expenditure on healthcare.*

#### **(2) Modern Medicines**

*The competent authorities which issue marketing authorisations for medicinal products seek to ensure that they are safe, of high quality and efficacious. Medicines are classified as prescription-only medicines when the competent authorities are of the opinion that a medicinal product should only be used under medical direction or that there are potential problems associated with the use of the product that make medical supervision of patients undergoing treatment with that medicine imperative. Where these criteria do not apply a medicinal product will be available for use without medical direction. It is then necessary to ensure that self-medication is responsible and that advice is given that a prescriber should be consulted where self-medication is not appropriate. This can only be achieved by adequate labelling and by ensuring that any necessary additional information is given only in premises in which professional advice is available from a pharmacist. Thus medicines should be restricted in their distribution to pharmacies.*

**(3) The Role of the Pharmacist**

- (a) In most countries pharmacies are conveniently accessible and, in them, pharmacists are available for a considerable period during each working day and no appointment to see them is necessary. In countries where pharmacies are not well distributed, the aim of governments should be to ensure that the vast majority of the public have convenient access to a pharmacy. Pharmacists have a professional responsibility to provide sound, unbiased advice and to ensure that self-medication is resorted to only when it is safe and appropriate to do so.*
- (b) The pharmacist is ideally qualified and placed to advise on the need to consult a prescriber and that advice, because it will be based on expert knowledge, is bound to be better and safer than advice given by a friend or member of that person's family.*
- (c) Pharmacists have the necessary knowledge to advise on safe storage of medicines in the home and on safe disposal of medicines once a course of treatment has been completed or, in the case of a medicine which is obtained for occasional use, when the expiry date has been reached.*
- (d) Pharmacists can also advise that medicines prescribed for one individual or purchased for the treatment of a specific medical condition should not be used by another person without professional advice first being sought.*
- (e) Pharmacists have a responsibility to report to the person's doctor, the manufacturer and the regulatory authorities for medicines, any relevant information about an adverse reaction encountered by an individual which may be associated with a medicine purchased without prescription.*

**(4) Knowledge about Medicines on the part of the Public**

- (a) A considerable amount of information about medicines is now provided to consumers in many countries through items in the media, in information leaflets accompanying medicinal products and sometimes by advertising. Experience has shown that the provision of this additional information may be misunderstood and often raises new questions in the minds of consumers. As medicines are not ordinary articles of commerce, it is important that their advertising is controlled.*
- (b) It is important too, that when a medicine is requested by name in a pharmacy, it should not be assumed that the enquirer is fully aware of its properties, potential side-effects and possible interaction with other medicines. The person concerned may have become aware of the medicine only by reading, seeing or hearing an advertisement for that medicinal product; or it may have been suggested by a friend who has little or no knowledge of the potential difficulties associated with the use of the product.*

**(5) Education and Training of Pharmacists**

- (a) The education and training of pharmacists equips them to give sound advice on self-medication. Pharmacists have a responsibility to extend and update their knowledge on medicines and the recognition of symptoms of common ailments which can safely be treated, throughout their professional careers.*
- (b) In pharmaceutical education nowadays greater emphasis is being given to communication skills, aspects of the social and behavioural sciences and pharmaco-economics which have implications for pharmacy practice. In addition, the benefits of multi-disciplinary teaching which is being encouraged in some countries, whenever appropriate should be promoted in all countries.*
- (c) Their education equips pharmacists to play a key role in providing assistance, information and advice to members of the public about medicines available without prescription.*
- (d) The knowledge of therapeutics gained during their course of education and training enables pharmacists to advise when self-medication is not appropriate and a prescriber should be consulted.*

(6) **Prescriber/Pharmacist Co-operation**

*Close co-operation between prescribers and pharmacists is as important in the area of self-medication as it is in relation to prescribed medicines. Inter-professional relationships will be enhanced if prescribers and pharmacists at local level agree the procedures to be adopted in dealing with requests for treatment of the symptoms of specific conditions with reference to specified therapeutic groups of medicines. These will ensure effective use of the expertise of both professions, in the best interests of members of the public as patients and consumers.*

**Bearing this background in mind, it is the policy of FIP that pharmacists advising on self-medication have the following responsibilities**

(1) **Pharmacy Premises**

- (a) The appearance of pharmacy premises should be dignified and reflect the professional nature of pharmacy to inspire confidence in the kind and quality of healthcare advice that is to be provided.
- (b) In each pharmacy a quiet area should be provided where questions can be asked and advice given without the conversation being overheard by others in the pharmacy.
- (c) Methods by which medicinal products for human use are sold to the public should reflect the pharmacists professional responsibility and the need to maintain the confidence of the public in the pharmacists knowledge, ability, judgement and position as a guardian of the public interest in the safety, quality and efficacy of medicines.

(2) **Sales Promotion**

In compliance with their Code of Ethics, pharmacists must not participate in any promotional methods or campaigns which:

- (i) encourage the public to equate medicines with ordinary articles of commerce;
- (ii) encourage a person to buy more of a medicinal product than is needed; or
- (iii) undermine the exercise of professional judgement by the pharmacist or any other healthcare professional.

(3) **Advice on Treatment of Symptoms**

- (a) When advice is sought on the treatment of symptoms of a medical condition sufficient information should be obtained to enable an appropriate assessment of the situation to be made. This should include information about who has the problem, what are the symptoms, how long has a condition persisted, has any action already been taken and which medicines, if any, the person concerned is already taking.
- (b) The pharmacist should then decide whether the symptoms might be strongly associated with a serious condition and in such circumstances refer the individual for immediate medical advice. In deciding whether referral for medical treatment is required, the pharmacist must consider the following factors, among others:
  - .. whether symptoms have persisted over a considerable period;
  - .. whether a condition has recurred or worsened;
  - .. whether there is severe pain;
  - .. whether one or more medicines which appeared to be appropriate for treatment of the symptoms have been tried without success;
  - .. whether there are suspected adverse reactions to prescribed or non-prescribed medicines;
  - .. whether symptoms are recognised as being very serious.
- (c) In the case of symptoms which do not meet these criteria, a pharmacist should give appropriate advice which may or may not include a recommendation to use a particular medicinal product. Advice should also be given that a prescriber should be consulted should the symptoms persist beyond a stated time.

(4) **Request for a Medicine by Name**

When a non-prescription medicine is requested by name, the pharmacist should not assume that the enquirer has adequate knowledge of the medicinal product. In all cases the person should be asked if any other medication is being taken and if the medicine has been used previously before deciding whether the medicine requested is appropriate for supply or whether it is necessary to ask additional questions before deciding on the advice to be given.

(5) **Referral Notes**

When a decision is made that a patient should seek medical advice, it is important that the information provided to the prescriber should be adequate and accurate. The pharmacist should utilise a pharmacy referral note to remove the need for an individual to remember the details the pharmacist considers should be provided to the prescriber. The referral note is in triplicate, one copy of the referral note is given to the patient to hand to the prescriber, a second copy is given to the patient for his/her own records and the third copy should be retained in the pharmacy so that if the prescriber finds it necessary to contact the pharmacist, both will have the same documentation.

(6) **Confidentiality**

A pharmacist must respect the confidentiality of information acquired in the course of professional practice.

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