

## **The role of the pharmacist in Palliative Care**

### ***What has the pharmacist to offer ?***

Palliative care is aimed at offering the highest possible level of comfort to the patient during the last phase of his life. Technical and excessively prolonged treatment has to be avoided as much as possible, allowing the patient to lead as normal a life as possible.

#### ***1. A relationship, based on trust, with the patient and his family***

Most of the patients in need of palliative care have already a long lasting relationship, based on trust, with their regular pharmacist. In the difficult circumstances of palliative care, this relationship becomes even stronger.

The pharmacist has the full history of the medicines, previously used by the patient, on record. The name of the pharmacist should therefore also be recorded in the file of the patient, along with that of his doctor, ensuring that any additional drug use will be systematically recorded and checked (for a.o. interactions).

Patients often move between care settings, for example, hospital, hospice and their own home and it is vital that accurate records of the patient's medication are transferred between these settings. Pharmacists are usually the only healthcare professional with access to the patient's complete medication history.

The trusting relationship with the pharmacist offers a strong basis for the psychological and social support needed by the patient and his family. During the last phase of life, the patient and his family are confronted with previously unknown and sometimes bewildering aspects. Accepting palliative care as the last option for treatment can be difficult. The family of the patient very often decides to hospitalise the patient when it is not really necessary. The main reason is they are not used to the specific – but very normal – evolutions in the palliative phase of life. On the contrary, home treatment is very often possible, and should be preferred, as it is more comfortable for the patient.

For humanitarian reasons, patients wishing to stay with their families for as long as possible should be encouraged to do so, and the pharmacist, along with all other health professionals, can support the patient, and family members, in making the situation more acceptable, and in taking the right decisions.

#### ***2. Pharmacotherapeutic advice***

Pain and symptom control is the most important item in palliative care. Indeed, one could hardly start with e.g. the psychological and comfort aspects of palliative care, if the patient has a tremendous pain or other symptoms. The pharmacological approach in palliative care is specific and special attention should be paid. The right choice of drug, its dosage, the detection of side effects, interactions, over- or under utilization, (certainly in case of *polymedication*, as is often the case in palliative care) are important points where communication between the doctor and the pharmacist can be of high importance.

Pharmacist counselling of patients about drug dosage, administration and anticipated side effects can aid compliance. For patients who have difficulty remembering to take their medication at the right time, pharmacists can provide and, where necessary, fill 'compliance aids'.

Side effects or interactions often go undetected. In most cases they are masked, using even more medication, instead of finding the drug that is causing the problem and replacing it with a better suited one. With patients in the last stage of their life, most of them already weakened, to aim at maximum comfort should mean to rationalise and optimise their medication scheme as much as possible. The pharmacist can help to identify best pharmaco-therapeutic solution, also from a financial point of view.

In the UK, the Government has recognised the importance of the pharmacist's role and provides funding to hospices to enable them to purchase pharmaceutical advice. This advice, which may be provided by either hospital or community pharmacists, consists of individual patient prescription monitoring, recommendations for formularies, advice on medicines policies, discharge planning and the use of patients' own drugs and advice on stock control and the safe storage, administration and disposal of medicines.

Many patients, especially towards the end of life, have their medicines administered over 24 hours through a syringe driver. There is little published data available on the compatibility of different injectable medicines in a syringe driver and pharmacists are often asked for professional advice on the stability and suitability of combinations of two, three and even four drugs in a syringe.

### **3. Specific preparations and products**

The pharmacist can help the doctor in identifying specific products, needed in palliative care: specific preparations, adapted galenic forms, medical devices (specific bandages, needles, catheters...), etc. Pharmacists advise on the formulation and preparation of medicines for people with swallowing difficulties.

The pharmacist is legally responsible for the quality of all the products he delivers, with particular attention to sterility when applicable.

While these products are normally known and regularly used in hospitals, they should and can be used as well at home in palliative care. Given the necessary documentation and training, as part of his continuing education, the pharmacist can help to identify them and make them available.

Pharmacists can also rent specific tools, such as hospital beds, syringe drivers, enteral feed pumps and other nursing devices. While maybe this service cannot be offered through every pharmacy, in many areas some pharmacists have developed it and help out their colleagues or their patients.

### **4. Low threshold and 24/7 service**

Pharmacists are known for their "low threshold", meaning that patients, family or health professionals can always freely ask for advice and assistance.

The fact that pharmacies, through regular duty services, can offer assistance and products 24 hours a day, 7 days a week, is an important asset. The continuity of care can and should be guaranteed, although – as stated in the first point – the aim should be to use as much as possible the services of the regular pharmacist of the patient. Many community pharmacists are involved in the distribution of rarely used drugs to ensure that healthcare professionals and patients have access to these medicines when they are needed. During normal working hours, most medicines can be obtained from wholesalers within a matter of hours. However, at night and at weekends, deliveries are not as frequent. In different countries community pharmacies organised a system to stock small amounts of rarely used medicines for palliative care in some community pharmacies<sup>1</sup>.

Pharmacists often provide information and advice about patient support services such as self-help groups, palliative care services, and so on.

It is clear that communication with other healthcare providers, and certainly with the GP, and seamless care - are absolutely necessary.

### **Conclusion**

*Together with the other members of the team that is formed around a patient in need of palliative care, the pharmacist has a well-defined and unique role in order to guarantee maximum comfort, based on the rational and optimal use of medication and other specific products.*

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<sup>1</sup> UK, Belgium, The Netherlands