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## A GLOBAL VIEW OF THE FUTURE OF HOSPITAL PHARMACY

Adriano Max Moreira Reis

The new version of the *Basel Statements on the future of hospital pharmacy* (BSFHP) document has been published in 2015 presenting a global view for the future of hospital pharmacy<sup>1</sup>.

The first version was developed in 2008 under the coordination of the hospital pharmacy section of the *International Pharmaceutical Federation* (FIP) during the global conference on the future of hospital pharmacy held in Basel (Switzerland), with participation of representatives of 98 countries<sup>1</sup>. The first set of guidelines was drawn from consensus methodologies and aimed to identify strategic objectives and areas for international cooperation, seeking to prioritize advances in professional practice<sup>1-3</sup>.

The current 65 guidelines that make up the BSFHP have been simplified and grouped in the review process. The driving elements were preserved and new guidelines and concepts incorporated to reflect global trends of the professional practice at present days, among which stands out "the optimization of patient outcomes through the collaborative, interdisciplinary and judicious use of drugs, devices, and medical-hospital supplies" as the overarching goal of hospital pharmacists<sup>1-3</sup>.

The concept of judicious drug use was published by FIP in 2012 and incorporated into the BSFHP to indicate that the activities, capabilities and resources available in the health system are mobilized to ensure that patients receive the correct medication at the right time, properly use drugs and achieve the expected benefits. FIP stressed that the purpose was to complement and not to replace the concept of rational use of medicines of the World Health Organization<sup>1</sup>.

The focus of the *rational* use of drugs is the patient and the medication received by this. The *judicious use*, on the other hand, has a broader scope who acknowledging the importance of the patient, safety, availability and proper use of the drug, as well as the monitoring of this use. Other professionals beside pharmacists were involved in this mission, as well as managers, carers and health systems<sup>1</sup>. In that sense, according to the BSFHP, the judicious use of a given drug means to use it only when necessary and based on clinical scientific evidence of effectiveness and less damage risk<sup>1-3</sup>.

Given the growing increase of health care costs, the importance of the fundamentals and principles for Health Technology Assessment (HTA) were highlighted in the latest edition of the BSFHP. The document highlights the HTA contribution to support the decision-making process on incorporation of new drugs, the development of therapeutic clinical guidelines for hospitals and actions to guarantee the judicious use of medicines<sup>1-3</sup>. The BSFHP also emphasizes the importance of computerization of pharmaceutical care processes and the use of clinical decision support systems, always seeking optimized results, safe pharmacotherapy and cost effective use of medicines<sup>1-3</sup>.

In line with the growing concern with the sustainability of the planet, the BSFHP incorporated the responsibility of pharmacists to minimize the effects of drugs on the environment into the new edition. Therefore, hospital pharmacists must contribute to the management of waste created by the use of drug products, evaluating the systematic disposal of wastes in order to minimize environmental impact<sup>1,2</sup>.

The pharmaceutical practice as a catalyst of patient safety promoting processes is present in several BSFHP guidelines, such as assurance of quality of in-hospital production of sterile and non-sterile medicines, qualification of care transition, employment "seven rights" (right patient, right medication, right dose, right route of administration, right reason and right time) in all activities related to medicines in the hospital environment and monitoring of the use of medicines. The guideline on preparation of antineoplastic and other sterile drugs are in line with the *General Chapter 800 (Hazardous Drugs-Handling in Healthcare Settings)*, published in 2016, and the *General Chapter 797 (Pharmaceutical Compounding - sterile preparations)*, under review, both part of the *United States Pharmacopeia*, highlighting the necessary infrastructure and standards for practice to ensure the safe preparation and use of these medicines in hospitals and health services<sup>4,6</sup>.

A significant part of the BSFHP guidelines are in line with the provisions of Ordinance N° 4283 of December 30, 2010, which addresses the organization, strengthening and improvement of actions and

pharmacy services within hospitals<sup>7</sup>, also with the actions planned by the National Program on Patient Safety of the Ministry of Health<sup>8</sup>. The inclusion of international trends is evident in the document approach to the evidence-based practice model, patient-centered care and emphasis on the responsibility of pharmacists for pharmacotherapy outcomes of hospitalized patients and outpatients<sup>3</sup>.

Research has been carried out in recent years on the development of hospital pharmacy service assessment tools, the BSFHP fundamentals, adaptation of guidelines to local contexts, and analysis of factors affecting the implementation of the guidelines<sup>9-11</sup>.

In Brazil, the publication of the BSFHP in 2008 did not cause much impact in academia or among professional associations. The translation of the 2015 updated version of the BSFHP into Portuguese carried out by a team of Brazilian pharmacists is available on the FIP website<sup>12</sup>. Therefore, greater dissemination of BSFHP guidelines in Brazil is necessary to advance the hospital pharmacy development.

A thorough analysis of the BSFHP by hospital pharmacists in Brazil with a view to tailor their vision of the future of the profession is recommended. The next step is to transform the reality of pharmacy services where these play a role, planning to incorporate BSFHP guidelines that are suitable to the hospital reality and that have not yet been fully implemented. This will increase the value of pharmaceutical activities in the hospital setting and in health services, contributing to better hospital care outcomes and visibility of pharmacists as responsible professionals committed to clinical results and humanistic and economic aspects of patient care.

Adriano Max Reis is pharmacist, PhD in Sciences, RBFHSS editorial board member and professor at Universidade Federal de Minas Gerais

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