

Effective, safe and efficient

Arnold G Vulto

'Effective, safe and efficient' is what patients in our hospitals expect from a drug treatment. And we know too well that at times we could do better. It has been my ambition with the *European Journal of Hospital Pharmacy (EJHP)* to improve all of these aspects in our professional life, with the simple question: does it benefit our patients? This has also dictated the format of the journal; about one-third of the content has an educational purpose (cover stories and features), written by first rate authors; another third is devoted to sharing news from the European Association of Hospital Pharmacists (EAHP) and national associations, in addition to information on best practices (ie, in our Country Focus, Medication Safety Forum, Pan-European Surveys); and, of course, *EJHP* is also the platform to share research findings: members writing for members.

Since I took responsibility as editor-in-chief of this journal in January 2004, I have written more than 80 editorials (see table 1). They have covered a wide range of topics, touching on all aspects of the hospital pharmacy profession. I am convinced that many of you will have noticed that these editorials invariably contained the same message in the end: we are doing this for the benefit of our patients.

This is my final editorial in my capacity as editor-in-chief. When the journal changed publishers in 2011, the Association asked me to stay on as editor to guide the transition. This was not an easy task. Nevertheless, I believe the transition has been completed, more or less successfully, and my expiration date has arrived. It is time to handover the gauntlet to a new editor.

As patient care is the goal of all of our activities, I have chosen this as the topic for my last editorial. With this I wish to make some comments on modern developments in hospital pharmacy: do they really benefit our patients?

Personalised medicine is the new mantra in drug treatment. I believe we can do a lot better with drug treatments, taking into account the individual characteristics of our patients. But how do we get there?

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Editorials by Arnold Vulto 2004-2012

2004

Automation of the prescribing and dispensing process: where is the evidence of the benefits
In Seville or at home
Perceptions of our Association
A broad view of hospital pharmacy
Unique
Congratulations

2005

Quality
Lisbon 2005
Continuing professional development: a necessity, not a luxury
Multidisciplinary collaboration
How do we care for our patients?
We care!

2006

What's new?
Geneva 2006: Quality = Safety
The largest event devoted to improving patient safety in hospital
Unity within diversity
Triple P: pills, patients and processes
Making cancer history

2007

Risk management
The challenges of new therapies
Nothing new
Extremes
Steeep (safe, timely, effective, efficient, equitable, patient-centred)
Never enough

2008

Achievements
How can you afford NOT to hire a pharmacist....
Sustainability
Collaboration
Think global, act local
The year that was

2009

The price of life
The promise of Basel
Precision medicine
Uncertainty around new cancer treatments
Unaffordable for our patients
New influenza A(H1N1) vaccination

EJHP cover stories 2004-2012

2004

Automation
Nephrology
HIV/Aids
Transplantation
10th anniversary EJHP

2005

Radiodiagnostic agents
Quality management
Hospital pharmacy and economy
Haemato-oncology (1)
Bone marrow transplantation
Supportive care in Oncology

2006

Innovative drugs in hospitals
Quality and medication safety hand-in-hand
Renal disease and drug treatment
Haemato-oncology (2)
Biopharmaceuticals
The future of oncology treatment
Access to cancer therapy

2007

Multiple sclerosis
New therapies in the 21st century: challenges for hospital pharmacy
Antifungal drugs
Gene medicines
Paediatric pharmacy

2008

Hospital pharmacists: added value for health
Counterfeit medicines
Pharmaeconomics
Quality in Oncology Pharmacy
Transplantation
Age-related macular degeneration

2009

Breakthrough in oncology
Intensive care therapeutics
IT and automation for the hospital pharmacist
Access to cancer therapy
Clinical trials in Europe
MRI contrast agents

2010

Management of thromboembolism
Photodynamic therapy
Pharmacoeconomics from science to practice
Pharmacotherapy—hospital pharmacists advancing patient care
Clinical application of total parenteral nutrition
Drugs for rare diseases
Biomarkers

Almost all developments are *against* a more personal approach to our patients. Personalised medicine entails advanced analytical techniques (such as SNP analysis), advanced IT systems (to inform us of individual traits, such as kidney function and potential interacting drugs) and flexible dosing of medicines. The latter is almost certainly prohibited by the current demands on compounding in hospital pharmacy. Although I believe that GMP is important as a quality standard for drug manufacturing, it is—in the way it is applied in many hospitals—prohibitive in solving individual patient needs. For this reason I am delighted with the cover story, ‘Quality of drug preparation in hospital pharmacies’, appearing in this, my final issue. As my associate editor V’lain Fenton May, who assumed leadership for this cover story, writes in his article (see page 465) “The core role of a pharmacist is and has always been to supply the patient with the most appropriate medicines according to their needs”. It sounds so simple, but as you can read in the news, with increasingly failing drug supplies it is no longer self evident. Simple trials to find simple improvements in drug treatment became history. The implications of the EU guideline 2001/20 and how it is being interpreted are almost prohibitive for the pharmacy’s support of these simple trials.

Do I believe in hospital pharmacy? Yes, I have great trust in the professionalism of my colleagues. They all do their best to cope within an almost hostile regulatory environment. Whether it is GCP, GMP, a clinical trials directive or opioid legislation, we all realise too well that in the end the patient will suffer. Because of all of these referees outside the playing field, our patients, at times, get suboptimal treatment. We live and work in a risk evasive environment, overruled by standards, regulations and insurance policies. We have become the hostage of the confection produced by pharmaceutical companies. But in many of my editorials I have emphasised that middle of the road medicine may not be best for those patients that require specialised pharmaceutical care, the *raison d’être* of hospital pharmacy.

My most sincere hope is that this journal will continue to fight for the professional competence of hospital pharmacists and will not succumb to the dictatorship of guidelines and regulations that will never be able to adequately address the needs of the odd case; there will always be patients needing a specialised drug treatment, requiring the expertise of a well trained hospital pharmacist.

It started with my residents excusing themselves by saying, “It’s not in *Martindale*”. Today they say, “I can’t find any evidence

2010

Journal club
Innovation at any price?
Imagine hospital pharmacy in 2020
Equity
Genome
Exceptional exception

2011

Scepticism
Lifelong learning
A unifying theory
Prevent or treat
No stakeholders, no solution
Turning the page

2012

A new chapter
Special patients, specialised care
Resolution in patient data
Clinical trials on trial
Effective, safe and efficient

in PubMed. . .” Well, sometimes you are the first to propose a solution for an uneasy drug problem. I was impressed by Roisin O’Hare’s contribution on hospital pharmacy education in the UK Country Focus in this issue (see page 485). She writes very inspiringly on how we need to prepare young colleagues for the challenges I depict above. I paraphrase: ‘The pharmacy profession should be able to deliver competent practitioners who are able to put patients at the heart of their practice. Pharmacists are required to be adaptable, flexible and should be able to demonstrate the benefit of pharmacy practice on real patient outcomes. Hospital pharmacists have to put continued education and learning into practice, reflecting on their benefit to patients or personal development’.

I have received a lot of support in my work for *EJHP*. My colleagues in Rotterdam have tolerated me, while I had other priorities (in particular, the final 2 years). I also have to thank my friends on the editorial board who provided ideas and inspiration. The network of country correspondents that we had in addition to our editorial board was our lifeline with the EAHP membership, and they were key in the successes of Medication Safety Forum and the pan-EU surveys. But there is one remarkable character who taught me, as an inexperienced hospital

2011

Therapeutic Antibodies
Hospital pharmacists in a changing world: opportunities and challenges
Osteoporosis
Breast cancer overview
Focus on research

2012

Palliative pharmaceutical care
Special patient groups: hospital pharmacists creating standards of care
Practical stability of drugs
New drugs: how much are they worth?
Quality in hospital pharmacy preparation

Special supplements/books:

2006: Patient Safety (distributed in EU parliament)
2007: Multiple sclerosis
2008: Quality in Oncology Pharmacy (distributed among ESMO-members)
2008: Biopharmaceuticals (together with Prof Dr Huub Schellekens)
2010: Pharmacoeconomics for hospital pharmacists (together with Prof Dr Frans Rutten)
2010: Transplantation for hospital pharmacists (together with Prof, Dr Joseph Grinyó)

pharmacist, to produce a professional journal that would appeal to the majority of European hospital pharmacists—Mrs Lasia Tang. If anyone appreciates my work as editor, they should know that it was her team that was behind the journal. Mrs Tang provided the inspiration that, coupled with my knowledge of the science and practice of hospital pharmacy, formed the basis of the success of the journal for the past 7 years. In 2008 we achieved—rather unexpectedly—indexation, and I see this as her achievement. We have now an impact factor. I wish the new editor-in-chief, Phil Wiffen, all of the success and courage he needs to continue *EJHP* as the educational servant and publication platform of European hospital pharmacists.

And why? Because only this will result in the greatest benefit for patients who expect the best pharmaceutical care when in hospital. This has been my driving force for the past 10 years as an EAHP board member, as chair of the EAHP scientific committee and as editor of your journal: for the benefit of our patients.

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