

Establishing a Hospital Pharmacy in Nepal: Experiences and Challenges

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Abstract

Hospital pharmacy in Nepal is in the state of infancy where pharmacists are struggling to gain their professional recognition. The first hospital pharmacy in Nepal was set up some 50 years ago but has not gained the popularity as this achievement was limited to some missionary hospitals. No any governmental hospitals own their pharmacy until 2015, the year in which Hospital Pharmacy Service Directive was passed which stated that every hospital should have their own pharmacy. This has given some hopes for pharmacy professionals as some of the government hospitals have already started running their own pharmacy and stopped renting the pharmacy space on contract. However, multiple challenges exists in setting up a hospital pharmacy and expand the services for the care of patients, some private hospitals have run a well-functioning pharmacy unit on its own. Some of these hospitals have delivered good pharmacy services like use of computerized billing system, dispensing and counseling by qualified pharmacy personnel, drug information. Involvement of dedicated manpower and support from the hospital management are equally important for the smooth running of hospital pharmacy.

Key words: Challenges, Experiences, Hospital pharmacy, Nepal, Rational drug use.

INTRODUCTION

Hospital pharmacy is a dignified and trusted department of a healthcare institution in developed countries like United States, Canada, United Kingdom. But, in developing nations like Nepal, pharmacists are still struggling to execute their recognition as hospital pharmacists.^[1,2] The pharmacist in developing nations like India, Pakistan and Bangladesh still lacks recognition which may be because of limited interaction with the public. The neighboring country India has high number of pharmacy personnel but most of them are focused on industrial sector.^[2,3] Compared to others, hospital pharmacy in Pakistan is evolving but it lacks adequate number of pharmacists in hospitals and if present, is more focused to managerial aspects than clinical services.^[4,5]

Many studies have shown that there exists a high number of medication related problems like unavailability of drugs, unethical dispensing, polypharmacy, use of



ineffective and expensive drugs, overuse of antibiotics and injections, inappropriate use of combination drugs, underuse of effective drugs in Nepal.^[6,7] All the healthcare professionals share an equal responsibility on the above mentioned drug related problems. A well-qualified and competent pharmacist can be in excellent position to cope with all these situations and hospital pharmacy can be an important department which can deal together with other health professionals and interact directly with the patients.^[8]

With the aim to ensure proper use, distribution, availability, dispensing of medicines, promote rational drug use and ultimately to deliver appropriate health care, the department of hospital and clinical pharmacy was established in College of Medical Sciences- Teaching Hospital (CMS-TH), Bharatpur, Nepal in May 2011. The objective of this paper is to highlight the status of hospital pharmacy in Nepal and share the experiences and challenges in setting up a hospital pharmacy in Nepal with special reference to the CMS-TH.

Hospital pharmacy: Status in Nepal

Hospital pharmacy in Nepal was first established by Shanta Bhawan in 1950s, which is known as Patan Hospital at present.^[9] The hospital pharmacy service of the country is in initial phase where no pharmacist has gained recognition as hospital pharmacist. In the year 2015, Hospital Pharmacy Service Directive was passed by the Government of Nepal which states that every hospital should have its own pharmacy and should not be given on lease.^[10] The directive also set up a minimum number of qualified pharmacy personnel required according to the size of a hospital.^[10] In the past six months, the Government has taken some steps to upgrade the pharmacy service by keeping interest on health of people. Few governmental hospitals (national, regional, zonal hospitals) have set up their own hospital pharmacy with the help of existing manpower (non-qualified). Some of private hospitals have their own pharmacy and some of them have hospital pharmacist in them. Many hospitals have pharmacy run on contract basis where the hospital selects the bidder who pays highest amount of rent. The rented pharmacy pays about Nepalese rupees (NRs) 1,000,000-2,000,000 (approx. USD 12,000-24,000) per month to the hospital management. Most hospital management has the perception that private owned pharmacy has less administrative hurdles.^[11]

There is no doubt that the whole pharmacy profession, like many other professionals is downsized and severely neglected in the face of increasing privatization doctors'

dominance in medical industry. The pharmacists working in hospitals can take the governmental laws as opportunity to execute patient focused services which may like drug information,^[12] bed side and discharge counseling etc., work in coordination with other health professionals in making drug related decisions to uplift the value of hospital pharmacy and moral of pharmacist in Nepal.

Challenges

Medical Representatives: None of the drug promotional materials of Nepal contained the information as per the standard recommendation of World Health Organization (WHO) Ethical Criteria for Medicinal Drug Promotion.^[13,14] Unethical drug promotion by Medical Representatives (MRs) from various pharmaceutical companies is one of the major challenges the department has been dealing with. MRs is found giving personal gifts which make the physician compulsion on prescribing the promoted drug and ultimately they are biased on drug selection. Some physicians are also carried away by the false beliefs and misleading information from MRs. This can result to irrational drug use like prescribing drugs without indication, irrational drug combination, expensive drugs etc.^[15,16] Drug promotions by pharmaceutical companies have an influence on prescribing pattern which at times create burden to the pharmacy.^[17] The hospital pharmacies should not take any gifts from the pharmaceutical companies.

Unavailability of drugs: The lack of proper, reliable drug distribution system in the country is another major area of challenge. There is frequent shortage of essential medicines and even emergency medicines sometimes that creates a problem for smooth running of pharmacy. The ultimate blame from other departments is the hospital pharmacy department of hospital. The financial shortage within hospital pharmacy and the country and the country not being self-reliant in essential drugs on the local manufacturers is another major reason of unavailability of drugs.

Suppliers related issues: The local drug suppliers store only the limited amount of drugs. When the requisition to supply is made, they are not able to meet the orders and if supplied, do not supply on time. At times, they also have shortage of essential drugs which creates a problem to the hospital pharmacies to provide all the items of a prescription the pharmacy receive.

Free medicines: The hospital pharmacies face a challenge when the unclaimed and poor patients seek free medicines from the pharmacy. The hospital management of private hospitals

is not always ready to provide this. There are instances where the people seek discount from the medicines they are purchasing. This is because of the discount trend that is made by the retail pharmacy shops outside of hospital.

Strike (Shutdowns): The country has political instability and witness frequent shutdowns. The transportation at this time remains standstill and the drugs would not be available from the main supply channel. This situation has impact on smooth running of hospital pharmacy as the drugs will not be available on time and even shortage of essential drugs.

Overstock: There are times when there is shortage of drugs because of shutdowns, protest of drug suppliers etc. To overcome, the hospital pharmacies try their best to stock the goods for longer duration of time which leads to overstock of drugs. In this case, adequate budget is required for smooth running of pharmacies in the hospital and the management of the hospital is not always ready to allocate high amount of budget for the department.

Unethical competition among retailers: The pharmacy retail shops that operate outside of hospital premises compete with the hospital pharmacy. The retail shops have most of their staffs that lack sufficient knowledge on drugs and disease process leading to unwanted effects like antimicrobial resistance.^[18] They are found doing unethical competition like providing discounts on the medicines they sell. They also try to mention flaws of the hospital pharmacy to the people so that patients won't seek medicines from hospital pharmacy.

CONCLUSION

Setting up a hospital pharmacy is a great challenge in Nepal. Hospitals like CMS-TH have overcome many of these challenges partially and a long way is ahead. Drug information, pharmacovigilance (though existed in some hospitals, there is limited reporting), patient counseling for outpatients and discharge patients, pharmacoepidemiological research are some of the areas which the hospital pharmacies of Nepal should focus soon. Despite various challenges, the department of hospital and clinical pharmacy at CMS-TH has been working in medication management activities to ensure the quality use of drugs. Like CMS-TH, other hospitals of Nepal can smoothly run the hospital pharmacy services wherein proper drug utilization and supply of cost effective and standard quality of drugs can be done. Provided the

commitment from the senior management team of hospital to run its own hospital pharmacy and the incentives to strengthen the pharmacy services in the existing ones, the hospital pharmacies are expected to repay in terms of quality of care to patients and rational drug use.

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