Dear Editor:

We read with great interest Björkman et al.’s original work comparing different ways of practicing pharmaceutical care, each based on different conceptions of pharmacy practice philosophy. The authors analyze the influence of what they call “care ideologies” on 4 conceptions of pharmaceutical care. Their analysis is based on the assumption that 2 distinct care ideologies, “patient-centered” and “evidence-based medicine (EBM),” have been launched within the health care sector.

These 2 ideologies are purported to be mutually exclusive in Björkman et al.’s theoretical framework. It is our view, however, that these 2 “care ideologies” can and should be combined. According to Granada’s procedures, pharmacists talk face-to-face with their patients about any worries and concerns that they may have in relation to their medications. The pharmacist, following the best available evidence (EBM ideology), then presents to the patient the putative therapeutic goals. The pharmacist and patient then decide together how to proceed. The role of the pharmacist is to propose possible therapy goals, collaborate with the patient in deciding what to do, and assess whether goals have been achieved by the patient.

We were surprised by some of the authors’ statements, such as “the pharmacist did not discuss individual therapies with the patient” (p. 338) or “the patient’s individual therapy goals were not explicitly discussed with the patient” (p. 339) as these practices are contrary to the Dader method (Granada-II). According to the Dader method, every aspect of care must be related to the patient: information is first obtained from the patient and then the decision for the subsequent course of action is made in collaboration with the patient. We think that this pharmacist-patient interaction could be defined as a “shared decision-making model” and thus that Granada-II can be considered as a patient-centered approach. In the article, this patient-centered idea is represented by the Granada-II representative with the quote “Need to change focus from pill to patient.”

We believe that this consideration is important given the push for a shift in pharmacy practice from a product-oriented to a patient-focused approach. Hence, the conclusion of Björkman et al. that when the nominal “patient-centered approach” is not being followed, Granada-II is not really providing for satisfactory pharmaceutical care. We reject this assumption as we cannot comprehend a form of pharmaceutical care that does not involve the patient in a critical manner, even when the best available evidence (EBM) is being used to inform the pharmacist’s course of action.

Hence, we propose that the discussion and conclusion sections of Björkman et al.’s article be considered in light of the possibility that the theoretical foundation rests on an assumption with noted shortcomings.

References

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