



Clinical Pharmacy in Iran: Evolution and Up-to-Date Developmental Provisions

Jamshid Salamzadeh^{1*}

¹Clinical Pharmacy Department, School of Pharmacy, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

ARTICLE INFO

Article type:

Editorial

J Pharm Care 2013;1(3):79-80.

► Please cite this paper as:

Salamzadeh J. Clinical Pharmacy in Iran: Evolution and Up-to-Date Developmental Provisions. J Pharm Care 2013; 1(3): 79-80.

It is around two decades that clinical pharmacy, as an academic major and health care profession, has been introduced to the pharmacy faculties and the health care system of the I.R. Iran. During this period, foremost steps have been taken towards establishment and development of this profession including clinical oriented revisions in the Pharm.D. curriculum; providing various clinical and pharmaceutical care services in university hospitals; introduction of the post-graduate training program of clinical pharmacy presented in 4 pharmacy schools throughout the country; directing patient-centered researches in the schools of pharmacy; setting up the Iranian Society of Clinical Pharmacists (ISCP); holding the ISCP's scientific annual congress; building productive inter-professional relationship with other health care professionals and major medical specialty societies; interactive involvement in the continuous education of community and hospital pharmacists; building up international professional and scientific relationships and finally launching the *Journal of Pharmaceutical Care* (as a scientific high-profile outlet of the ISCP).

With no doubt, dedicated involvement of the intellectual pioneers of clinical pharmacy profession in Iran and their enthusiastic commitment for implementation of this profession with the aim of providing a first-class

pharmaceutical care for patients had the most incredible impact on the effective initiation and succeeding development of this major in Iran.

In addition, talented presence of the key members of the ISCP in the private, non-governmental or governmental organizations as well as in the influential health authorities was and also currently is the main supportive power to keep on the progress of clinical pharmacy and strengthening its position amongst other health care professionals and fellow pharmacists.

It is apparent that clinical, academic, research, administrative and managerial roles of clinical pharmacists, altogether would guarantee excellent presentation and outstanding multi-dimensional performance of the profession as a whole. Naive, one-dimensional and unilateral movement of any member of the ISCP would not certainly have led to the rewarding position currently members of the society enjoy in Iran. Acknowledgment of these efforts by younger members of the profession, who are in fact trainees of their experienced trainers, would be the least right which is expected to be declared by younger clinical pharmacists. Albeit, more attempts are still required to proceed forward and attain the more satisfying position in patient care teams. In other words, despite all these achievements, there is still widespread recognition of the realistic need for improved quality control, in particular in the long term use of medicines, based on evidence of risk of economic inefficiency, failure in control of disease, frequent admissions to hospital and poor communication between patients, doctors and

* Corresponding Author: Dr Jamshid Salamzadeh

Address: Clinical Pharmacy Department, School of Pharmacy, Shahid Beheshti University of Medical Sciences, Tehran, Iran. Phone: +982188662334.
Fax: +98 2188662335

E-mail: j.salamzadeh@sbmu.ac.ir; j.salamzadeh@yahoo.com

pharmacists.

These may not be resolved unless offering an appropriate “*pharmaceutical care*” that patients deserve to receive. Hepler and Strand (1990, American Journal of Health Systems Pharmacy) has defined Pharmaceutical Care as “*The responsible provision of drug therapy for the purposes of achieving definite outcomes that improve a patient’s quality of life*”. Pharmaceutical care can therefore be considered as a quality assurance system based on improved teamwork and improved systems for providing drug treatment. Consequently, the pharmaceutical care philosophy encourages pharmacists to target beyond inpatient services and direct their attention to medication-related issues in the community as well. Numerous studies have been conducted, which show that the provision of pharmaceutical care has its value in common pathologies such as diabetes, hypertension, asthma, hyperlipidemia, chronic pain, rheumatic diseases or psychiatric disorders, as well as in polymedicated patients. Also, a large amount of data is currently being published in biomedical journals, in an effort to establish the clinical, economic

and humanistic feasibility of pharmaceutical care.

More importantly, along with establishment of the “*family medicine program*” in Iran, pharmacists have to develop their roles working directly with family or community physicians in ways that make those roles comparable to the hospital clinical pharmacist roles working within clinical specialties. This new form of clinical pharmacy practice emerging in primary care makes clinical pharmacists to play a cooperative role in implementing improved medicines management by working with community physicians, community pharmacists, hospital pharmacists and medical specialists.

As the final word, considering the recent implementation of the *family medicine program* in Iran and obligations that our society has for serving the country, it is, again, time to work together as a profession to plan our shining future, targeting the state of the art care which should be offered to the public. This is normally expected of all grown-up and wise members of a professional health care society that has dedicated themselves for the welfare of the community.