INTRODUCTION

Providing high-quality, safe medical care is the primary goal of health systems. Pharmacists are well positioned to assist the healthcare system in improving quality of care. The term pharmacare was coined by the Heppler and Strand who defined the term as responsible provision of drug therapy for the purpose of achieving definite outcomes which improves the patient quality of life. It was suggesting that the pharmaceutical care involves the process in which a pharmacist co-operates with a patient and health care professionals in designing, implementing and monitoring a therapeutic plan which will produce specific outcome. Pharmaceutical care was embraced by UK pharmacists and the Royal Pharmaceutical Society. It was incorporated into professional guidelines of good practice with little debate as to its appropriateness to UK practice. The use of the more traditional term of clinical pharmacy was superseded rapidly by pharmaceutical care as a description of the work of a ward based hospital pharmacist, but the practice itself did not change radically. Pharmaceutical care is a generalist practice which has evolved from many years of research that can be applied in all settings: community, hospital, long-term care, and the clinic. It can be used to care for all types of patients with all types of diseases taking any type of drug therapy. Pharmaceutical Care practitioner is not intended to replace the physician, the dispensing pharmacist, nurse or any other health care practitioner. Rather, the pharmacy practitioner is a new patient care provider within the health care system. With increased use of medications substantially there is increase in risk of medication errors and other drug related problems. There are many problems relating to the use of medications in our current healthcare system. Identifying these problems is the first step toward alleviating them and improving patient outcomes. Many of most significant current problems relating to the use of medications ultimately relate to medication safety. As the pharmacists are the professional healthcare providers that patients turn to as a trusted and accessible source of information and advice regarding the safe, appropriate, and cost-effective use of medications The goal of pharmaceutical care is to deal with the medication related problems as well as to optimize the patient’s health-related quality of life and achieve positive clinical outcomes, within realistic economic expenditures. In 1999, WHO suggested the Good Pharmacy Practice in community and hospital pharmacy. These guidelines emphasize the provision of pharmaceutical care by the pharmacists and also recommend that national standards are to be set for the promotion of health, supply of medicines and medical devices, and medicines use by pharmacist. A standardized method based on functions of all pharmacists should perform for individual patients in the health care system to deliver the pharmaceutical care. American Society of Health-system Pharmacists (ASHP) believed that a standardized method for the provision of pharmaceutical care which include the following:

- Collecting and organizing patient-specific information
- Determining the presence of medication-therapy problems
- Summarizing patient’s health care needs
- Specifying pharmacotherapeutic goals
- Designing a pharmacotherapeutic regimen
- Designing a monitoring plan
- Developing a pharmacotherapeutic regimen and corresponding monitoring plan in collaboration with the patient and other health professionals
- Initiating the pharmacotherapeutic regimen
- Monitoring the effects of pharmacotherapeutic regimen
- Redesigning the pharmacotherapeutic regimen and monitoring plan
- Answering the physician in choosing the right drug.

Pharmacists playing a vital role in preventing the medication errors as these are not the fault of any individual health care professional but, rather, represent the failure of a complex health care system. Medication error prevention starts with recognizing that errors are multifactorial and are faults of the system as a whole rather than results of the acts or omissions of the people in the system. Sometimes health care practitioners take for granted that patients fully understand the instructions given during the patient education process. Unfortunately, patients often misunderstand the instructions. Many people have difficulty understanding their illness or disease, the proper management...
of it, and their role in maintaining their health. An elderly patient who could not tell the difference between his bottles of Coumadin (warfarin) or Celebrex (celecoxib) is an example for medication error. These types of errors can be confidentially reported by the health-care professionals through Medication Errors Reporting Program organizing by some institutions for example Institute for Safe Medication Practices4.

Although pharmaceutical care is regarded as, highly important, only 5% of the pharmacists were considered to have adequate knowledge on pharmaceutical care5. Many pharmaceutical care programs have been established in various countries to enhance clinical outcomes and the health-related quality of life (HRQOL). These programs were implemented by pharmacists, with the cooperation of the physicians and other health care professionals. However, such programs are not very common in the Indian scenario. The pharmacist can, therefore, in collaboration with physicians and other health care professionals, contribute to the improvement of patients’ quality of life by informing and educating patients, answering their questions and, at the same time, monitoring the treatment they receive and carrying out their own assessments of the patients’ health6.

Pharmacists who are specialized in this growing chronic condition can make a significant, positive impact on the patient, the health care system and themselves7. INDIAN SCENARIO India is a country with significant problems in medication use, but until recently Indian pharmacists have not been properly educated for a patient-care role8. Clinical Pharmacy services on the whole have so far remained neglected within India and there has been resistance on part of the medical professionals to accept the fact that pharmacists too have a clinical role. There has also been reluctance on part of pharmacists themselves towards assuming such clinical role and responsibilities. However this dismal scenario has started undergoing promising changes in the recent past. Many hospitals across India have of late initiated clinical pharmacy and pharmaceutical care services and this step has already started showing positive results9.

The concept of pharmaceutical care is not much developed in India as in developed countries like USA and UK. In India, pharmacy is limited to drug dispensing in hospitals, where as in community, it is mainly focused to medical stores aimed at selling of drugs to public and is mainly profit oriented. In 1999, WHO suggested the Good Pharmacy Practice in community and hospital pharmacy. These guidelines emphasize the provision of pharmaceutical care by the pharmacists and also recommend that national standards are to be set for the promotion of health, supply of medicines and medical devices, and medicines use by pharmacist10.

BARRIERS TO PHARMACEUTICAL CARE IMPLEMENTATIONS The barriers identified tend to fall into five major categories11. These are:

- Lack of time
- Personnel
- Lack of administration support
- Acceptance of these services from other healthcare professionals;
- Lack of documentation systems

The concept of pharmaceutical care also includes emotional commitment to the welfare of patients as individuals who require and deserve pharmacists’ compassion, concern and trust. However, pharmacists often fail to accept responsibility for this extent of care. As a result, they may not adequately document, monitor and review the care given. Accepting such responsibility is essential to the practice of pharmaceutical care. Pharmacists lack sufficient time to plan for pharmaceutical care and an evolving, patient centred practice. Furthermore indicated that hospital administrators represent a significant barrier. Perhaps the most important challenge facing us in this hospital is the lack of time to practice pharmaceutical care.

Pharmacist has a role both has a team members and as individual practitioners ensuring that patient benefits from their pharmaceutical care. The impact of implementation needs to be audited for health economic benefits and benefits to patients. Such an approach will enable to pharmacists to develop pharmaceutical care concepts as a firm activity12.

CONCLUSION Pharmacy as a major component in the health care system is also under reprofessionalisation. Pharmaceutical care requires pharmacists to change their practice from product oriented to patient oriented care. Some pharmacists considered pharmaceutical care to be basically patient-oriented, whilst others provided definitions of pharmaceutical care which included monitoring the outcomes of therapy, and undertaking increased responsibility for patient outcomes. Pharmaceutical care is an outcome-oriented concept that has been proposed as a model for pharmacy practice in resolving the issue of preventable drug-related problems. An essential element of pharmaceutical care is that the pharmacist accepts responsibility for the patient’s pharmacotherapeutic outcomes. The provision of pharmaceutical care requires monitoring the regimen’s effects, revising the regimen as the patient’s condition changes, documenting the results, and assuming responsibility for the pharmacotherapeutic effects.

REFERENCES
8. ISMP Medication Safety Alert! Volume 6, issue 22, October 31, 2001