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DIAGNOSING PHARMACY'S TERMINOLOGY ISSUES



GUEST AUTHOR — 23/09/2018

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Does pharmacy have a problem with the way it thinks about, and refers to, patient diagnosis? Glenn Guilfoyle and Jenny Blair thinks it does, and that it may have unintended business consequences

To diagnose or ascertain the root cause of the patient's condition?

Is this an example of tautology? Most likely, it is.

That said, there does seem to be quite a dichotomy in the thinking around the pharmacist's role in "diagnosing" in the retail pharmacy setting.



This seems curious given the apparent inexorable trend towards pharmacist prescribing functions and role in minor ailments.

Thinking about a range of conversations we have been privy to over the course of this year – across a range of domains that make up the retail pharmacy industry – views are as opposite as “we don’t diagnose!” to “well we do, but because we don’t conduct a physical examination like a doctor we don’t call it that” to “well, of course we do”.

Why is there such dissonance?

Consulting Wikipedia, diagnosis is simply explained as *“the process of determining which **disease** or condition explains a person’s **symptoms** and **signs**”*.

Sometimes we also hear confusion between “treat” and “cure” the disease or condition. Healthwriterhub tells us that *“cure implies there is a certainty that a medical condition will not be present after a medical intervention. However, many medical conditions, such as hypertension, have no cures – and patient recovery is not common. Treatment, however, is a process that looks at other underlying risks that may contribute to high blood pressure. The word treatment is used in health care to imply a process to manage the disease or disorder and improve outcomes”*.

In hosting discussions on how pharmacists can/should add value conversationally, further confusion reigns around the notion of signs vs symptoms when it comes to diagnosing.

Medicinenet states that: *“a symptom is any subjective evidence of disease, while a sign is any objective evidence of disease. Therefore, a symptom is a phenomenon that is experienced by the individual affected by the disease, while a sign is a phenomenon that can be detected by someone other than the individual affected by the disease”*.

Does it matter?

Aside from the curious academia, what does it all matter? The answer is best exemplified by the OTC customer (compared to the script customer).

Broadly, two scenarios apply. The customer has self diagnosed vs seeking a diagnosis and solution. In the former scenario, two consequent scenarios follow. The customer is right vs wrong. In any case, one may mount an argument that the pharmacist can add significant value even before offering an appropriate solution by way of asking the right questions the right way to ascertain signs and symptoms to arrive at the most likely diagnosis.

Wikipedia reminds us: *“The information required for diagnosis is typically collected from a **history** and **physical examination** of the person seeking medical care. Often, one or more diagnostic procedures, such as **diagnostic tests**, are also done during the process”*.

Of course, the information available to the pharmacist is typically limited to history (asking the right questions the right way) and sometimes physical examination. Therefore the notion of the root cause of the condition, will be understandably more

palatable to some, than the term diagnosis.

One may argue that such discovery is still academic and that the best way a pharmacist can add value is to provide the best solution, regardless.

The corollary here is that unless the most likely diagnosis is determined from best available and extractable evidence, then it becomes likely to sub-optimize the choices offered to treat the condition, relieve the symptoms, alleviate any side effects from any prevailing primary med, prevent the condition and provide overall support in terms well being for the condition in question.

Is it the correct conversation?

Too often in retail pharmacy (based on studies conducted by The Next Level), the conversation conducted at the OTC counter either simply complies with the customer instructions, or focuses on symptomatic relief.

The great opportunity for a pharmacist to add significant value is to diagnose first, and then make the best solution offerings accordingly, in the sequence outlined above, starting with treating the condition. Which often may not be pharmaceutical.

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