Documentation of the Pharmaceutical-Care Process

Documentation of the Pharmaceutical-Care Process is undertaken on a far broader scale, can be as invasive as surgery or any other medical intervention. In any case of proposed pharmacotherapy, patients should receive enough clearly communicated information to enable them to articulate reasonable subjective preferences and to reflect on alternatives, risks, benefits, and personal values concerning their well-being and self-determination. Information provided to the patient is considered adequate when it meets two standards: (a) the information is commonly provided by competent practitioners - including specialists - in the community, and (b) the information would allow reasonable persons to make prudent choices on their own behalf.

Yet another important ethical issue in pharmaceutical care is confidentiality, which is essential to both the establishment and the maintenance of the patient's trust of the pharmacist. As are other health-care professionals, the pharmacist is obliged to maintain confidentiality in all matters related to information concerning the patient. That obligation, say Jonsen et al, "...is justified by the right of privacy, by the expectations of the patient, and by the social advantages of the practice of confidentiality."

Pharmaceutical care is both a clinical (empirical) and an ethical system and is characterized by a therapeutic dyad of trust and care. Thus, among the most important imperatives of pharmaceutical care are preference of the patient, beneficence, and respect for autonomy, informed consent, and confidentiality. A solid grounding in, and appreciation for, biomedical ethics is essential to the delivery of pharmaceutical care.

Pharmaceutical care cannot be provided without the recording of certain information, decisions, and actions. Although documentation can be time consuming and intensive, its importance cannot be overemphasized. However, one of the first problems encountered in a discussion of how to document pharmaceutical care is that "documenting the pharmacist's activities" has come to mean many different things. Therefore, we need to understand how the term "documentation" has evolved in the context of pharmaceutical-care delivery and how it is now being used.

The earliest use of the term in the pharmacy literature, in the late 1960s, referred to descriptive reports of a clinical pharmacy practice. The new concept of clinical pharmacy called for definitions, guidelines, policies, and procedures. The resulting descriptions of the type of services provided, along with general accounts of the activities performed (that is, job descriptions), represent the beginning of pharmacy's documentation of clinical activities. Unfortunately, documentation was not focussed on clinical issues and therefore did not provide the clinical data necessary to relate the pharmacist's case-by-case professional abilities to patient outcomes.

Beginning in the late 1970s, a number of external changes and issues created an environment that made it necessary, popular, and indeed lucrative to redefine documentation to mean justification for continued or expanded pharmacy services. Documentation of clinical pharmacy services was being solicited primarily for maintaining or broadening pharmacy's territory and for establishing financial stability.