

Original Article

The Activity of Palliative Care Team Pharmacists in Designated Cancer Hospitals: A Nationwide Survey in Japan

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Abstract

Context. The role of pharmacists in palliative care has become more important now that they are able to provide medication review, patient education, and advice to physicians about a patient's pharmacotherapy. However, there is little known about pharmacists' activity on palliative care teams.

Objectives. The present study aimed to examine the clinical, educational, and research activities of pharmacists on palliative care teams and pharmacist-perceived contributions to a palliative care team or why they could not contribute.

Methods. We sent 397 questionnaires to designated cancer hospitals, and 304 responses were analyzed (response rate 77%).

Results. Of the pharmacists surveyed, 79% and 94% reported attending ward rounds and conferences, respectively. Half of the pharmacists provided information/suggestions to the team about pharmacology, pharmaceutical production, managing adverse effects, drug interactions, and/or rotation of drugs. In addition, 80% of the pharmacists organized a multidisciplinary conference on palliative care education. Furthermore, 60% of the pharmacists reported on palliative care research to a scientific society. Seventy percent of the pharmacists reported some level of contribution to a palliative care team, whereas 16% reported that they did not contribute, with the main perceived reasons for no contribution listed as insufficient time (90%) and/or staff (68%).

Conclusion. In Japan, pharmacists exercise a moderate level of clinical activity on palliative care teams. Many pharmacists believe that they contribute to such a team and generally place more emphasis on their educational and research roles compared with clinical work. *J Pain Symptom Manage* 2014;47:588–593. *Crown Copyright* © 2014 Published by Elsevier Inc. on behalf of U.S. Cancer Pain Relief Committee. All rights reserved.

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Key Words

Palliative care team, pharmacists, designated cancer hospital, questionnaire, nationwide survey, Japan

Introduction

Pharmacists can now provide medication review, patient education, and suggestions to physicians about patient pharmacotherapy.¹⁻⁴ These altered responsibilities have made the role of pharmacists in palliative care even more important. However, few nationwide investigations have examined pharmacists' activities on a palliative care team.

In preliminary surveys from Australia and Canada, approximately 70% of hospital pharmacists provided specific advice on pharmacotherapy, drug administration, patient treatment, adverse effects of therapies, and drug incompatibilities as part of a palliative care team;¹ however, this study involved only a small sample size. In Sweden, pharmacists' expertise was used on palliative care teams to contribute valuable advice regarding drug-related problems and stock management, although only one institution was involved and thus the results could not be generalized.² Therefore, it remains worthwhile to investigate pharmacists' roles on palliative care teams nationwide, including their clinical, educational, and research activities.

In Japan, the Ministry of Health, Labour, and Welfare⁵ has strongly supported the dissemination of specialized palliative care as part of the National Cancer Program. Consequently, palliative care consultation services have been covered by National Medical Insurance since 2002, and designated cancer hospitals (currently numbering 397) were required to establish palliative care teams.⁶ In addition, standards for hospital-based palliative care teams were recently developed, including the involvement of pharmacists in the team's care provision.⁷ Nevertheless, few nationwide investigations have focused on the pharmacist's role on a palliative care team.

Thus, the aims of the present study were to examine the clinical, educational, and research activities of pharmacists on a palliative care team and pharmacist-perceived contributions to a palliative care team and why

pharmacists believed that they could not contribute to such a team.

Methods

This study used an anonymous, questionnaire-based, postal survey, which was approved by the Ethical Review Board of the Nippon Medical School Hospital. We identified all 397 designated cancer hospitals across the country, and questionnaires were mailed to all these centers from November 2012 to January 2013. No reminders were sent, and no compensation was offered.

Questionnaire

Owing to the lack of validated instruments, the questionnaire used in the present study was developed after a systematic literature review and discussions among the authors.^{1,2} The face validity of the questionnaire was confirmed in a pilot study involving 10 palliative care team pharmacists (convenience sample). The survey included queries about clinical activity on a palliative care team, educational and research activities about palliative care, pharmacist-perceived contributions to a palliative care team or the reasons why pharmacists believed that they could not contribute, and personal background information.

Clinical Activity of Pharmacists on a Palliative Care Team. We asked pharmacists to comment on their clinical experience on a palliative care team, for example, direct counseling to patients, provision of information/suggestions to palliative care team staff, and the team's primary physician, nurse, and pharmacist. Clinical activity was rated on a five-point Likert-type scale as not at all, rarely (one day per month), sometimes (one day per week), often (three to five days per week), or always (every day).

Educational and Research Activities of Pharmacists About Palliative Care. We asked pharmacists to

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