Letters to the Editor
AMJ 2012 5, 12

Doctors and the media and communicating health risks through the media

Corresponding Author:

Name: Dr Simon Spedding
Email: spedding@adam.com.au

Dear Editor,

The Editor concludes that the media has cast doctors as heroes and villains. Whilst it used to reinforce positive impressions, the media now sows the seeds of mistrust in the profession. This is seen most clearly in the characters of *House* or *Doc Martin*, when once *Dr Kildare* was the role model and similarly with lawyers where *Rake* has replaced a more benign *Rumpole*.

The focus of 20th Century television doctor serials, such as *A Country Practice*, were stories about topical health issues. The doctor was not the main character; the whole village was full of characters that the audience could relate to. The story was about health not personalities.

The focus in 21st Century television is the doctor portrayed as hero and villain all in one; with good intentions but personality flaws. They are portrayed as being self-absorbed rather than patient-centred; such as *House*, who focuses on the diagnostic challenges and *Doc Martin* on his inner world, and seem unaware of the people around them and their patients.

Positive stories about health are effective, whereas health messages about the dangers are counterproductive. Stories help people change their behaviour, whilst health messages only increase their information. Thus information does not lead to behavioural change as is demonstrated by research showing that smokers and obese people have more information about the dangers of their lifestyle than non-obese and non-smokers. Case histories should be encouraged in journals as they are the 'stories' of medicine. Whilst they are not highly prized in publications as they represent low-level evidence, they are an excellent teaching tool for doctors and consumers as they change behaviour rather than simply inform.

Michelle Phillipov reminds us that the success of *MasterChef* comes from portraying food positively, focusing on pleasure and taste, whereas consumers switch off when messages about health food emphasise illness and danger. Following this model *Biggest Loser* and *Quit to Win* have been more successful than scaring people with heart attacks.

MasterDoc is the obvious solution to the problem of improving the image of both doctors and health, but no one has come up with a game plan for the series. Perhaps the journal could run a competition.

Problem: The media portrayal of doctors as personality disordered and deeply flawed does little to ensure that our informed commentary on medical issues is taken seriously by patients or government

Solution: The media is a powerful tool for the profession to correct this when voiced positively. Doctors need to use the media and the web to combat these misperceptions. If more doctors started free access journals or created an independent electronic forum for dispersing reliable information to doctors and the public, as the editors of this journal have done, this may help to combat the current perceptions of doctors in the media.

Sincerely,

Simon Spedding
Nutritional Physiology Research Centre
University of South Australia

Initiating PharmD internship in a teaching hospital in Nepal

Corresponding Author:

Name: Dr. P. Ravi Shankar
Email: ravi.dr.shankar@gmail.com

Dear Editor,

The last decade has seen tremendous growth in pharmacy manpower in Nepal and the opening of many undergraduate and postgraduate pharmacy programs. Kathmandu University started a three-year post baccalaureate Doctor of Pharmacy (PharmD) program in

2010. The 13 students of the first batch are at present doing their internship in different institutions in Nepal. Seven of these students are doing their internship in KIST Medical College.

These institutions are teaching hospitals which train medical, dental, nursing and other health science students. Most of these institutions run their own hospital pharmacies under the guidance and supervision of qualified pharmacists and the institutional medicine (drug) and therapeutics committee, run medicine information centres and have an active pharmacovigilance program. Accompanying clinicians on ward rounds, providing information about medicines, research and publications can be activities for pharmacists in teaching hospitals in addition to counselling and dispensing.[1] Reporting adverse drug reactions (ADRs) and pharmacovigilance can be important responsibilities for pharmacists.

The concept of clinical pharmacy and involvement of pharmacists in patient care are new concepts in Nepal.[2] In Nepal the traditional image of a pharmacist is of a person who runs a medicine shop (pharmacy) and dispenses medicines. The pharmacists' role in patient care in a hospital setting is not widely accepted. Also to the best of our knowledge there are no PharmDs working in hospitals in Nepal.

The lack of PharmDs and clinical pharmacists in hospitals where students are doing their internship creates a unique set of challenges. In most internship programs the interns work under the guidance and supervision of senior members of their own profession. Also being the maiden PharmD program in the country the roles and responsibilities of these students and professionals is not completely understood. Migration of pharmacists to developed nations is a major problem in the country and if suitable opportunities are not created for PharmDs the country risks facing a migration of these highly trained and motivated individuals.

In Nepal the clinical research industry is in its infancy and the role of clinical pharmacists in most hospitals including teaching hospitals is not widely accepted. A previous article had stated that most hospital pharmacies in the country are run by private parties.[3] Most institutions lease out the hospital pharmacy on contract to the highest bidder.

The objectives of the internship program have been listed by the university and a log book for the interns has also been prepared. The university mentions that students should be posted in medical specialties but the exact period of posting and which departments should be involved were left to the institutions. The major point of concern was that PharmD is a new program and clinical pharmacists are not an integral part of the healthcare team in hospitals. In our initial interactions with heads of clinical departments where students would be posted, the questions which arose were what is the objective of the PharmD program? What are the roles of a clinical pharmacist? How should the internship should be organised so that students obtain maximum benefit? Clinicians' concerns about whether the clinical pharmacists will criticise their prescribing and drug treatment were also addressed. As services like patient counselling, medicine information services and pharmacovigilance had been already established in the hospital since its inception clinicians were aware of the important role of pharmacists in these areas. Provision of unbiased medicine information was especially valued and was a major factor used for convince clinical departments to train PharmD interns.

Table 1 shows the internship program schedule at our institution. In addition to clinical departments the departments of clinical pharmacology and hospital pharmacy are also involved in the internship program. In these departments the interns are involved in reporting ADRs and pharmacovigilance, conducting drug utilisation studies and other research, answering drug information queries, helping run the medicine/drug information centre and monitoring dispensing in the hospital pharmacy. They also counsel patients at the medication counselling centre.

To ensure close personal attention and monitoring of the interns various preceptors have been selected from clinical departments and from the department of pharmacology and the hospital pharmacy. There is an overall preceptor who is a pharmacist from the department of pharmacology for the internship program. In additional the clinical coordinator monitors the internship program. There is a weekly medication review of an admitted patient in the hospital and students also participate in the weekly academic meeting held in the hospital. Hopefully the lessons learned from the first batch of interns will be useful in further developing internship programs in Nepal and other developing nations.

Sincerely,

Shankar PR, Bajracharya O

Department of Clinical Pharmacology
KIST Medical College, Lalitpur, Nepal

References

1. Bhandari DR, Subish P, Mishra P, Alam K. Do pharmacists have a scope in south Asian hospitals? An experience from Nepal. Pharmacology online (Newsletter) 2006;3:146–55.

2. Bhuvan KC, Subish P, Mohamed Izham MI. PharmD education in Nepal: The challenges ahead. Am J Pharm Educ 2011;75(2):38c.

3. Thapa HS, Shrestha RK, Shankar PR. Hospital pharmacies should be run by the hospital under the supervision of the Medicine and Therapeutics committee. Journal of Medicine Use in Developing Countries 2009;1:52-9

Table 1: Internship program schedule at KIST Medical College

Time period	Intern	Department
28th October - 20th November	A B C D E	Nephrology Pharmacy, MCC, PV centre, research, pharmacology Medicine Surgery OB-GYN
21st November -14th December*	A B C D E F G	OB-GYN Nephrology Pharmacy, MCC, PV centre, research, pharmacology Medicine Surgery Pharmacy, MCC, PV centre, research, pharmacology Pharmacy, MCC, PV centre, research, pharmacology
16th December -8th January	A B C D E	Surgery OB-GYN Nephrology Pharmacy, MCC, PV centre, research, pharmacology Medicine
16th December -27th December	F G	Emergency & Family Medicine Paediatrics
28th December -8th January	F G	Paediatrics Emergency & Family Medicine
9th January- 1st February	A B C D E	Medicine Surgery OB-GYN Nephrology Pharmacy, MCC, PV centre, research, pharmacology
9th January- 20th January	F G	Anaesthesiology Dentistry
21st January-1st February	F G	Dentistry Anaesthesiology
2nd February - 27th February	A B C D E	Pharmacy, MCC, PV centre, research, pharmacology Medicine Surgery OB-GYN Nephrology
2nd February- 12th February	F G	Dermatology Pharmacy, MCC, PV centre, research, pharmacology
13th February - 27th February	G F	Dermatology Pharmacy, MCC, PV centre, research, pharmacology
28th February - 8th March	A B C D E F G	Pharmacy, MCC, PV centre, research, pharmacology Paediatrics Anaesthesiology Dentistry Emergency & family medicine Medicine Surgery
10th March - 19th March	A B C D E F G	Emergency & family medicine Pharmacy, MCC, PV centre, research, pharmacology Paediatrics Anaesthesiology Dentistry Surgery Medicine
20th March - 29th March	A B C D E F G	Dentistry Emergency & family medicine Pharmacy, MCC, PV centre, research, pharmacology Paediatrics Anaesthesiology OB-GYN

		Nephrology
31st March – 10th April	A B C D E F G	Anaesthesiology Dentistry Emergency & family medicine Pharmacy, MCC, PV centre, research, pharmacology Paediatrics Nephrology OB-GYN
11th April – 19th April	A B C D E F G	Paediatrics Anaesthesiology Dentistry Emergency & family medicine Pharmacy, MCC, PV centre, research, pharmacology Pharmacy, MCC, PV centre, research, pharmacology Pharmacy, MCC, PV centre, research, pharmacology
21st April-26th April	Final presentations & assessment	

* Two new interns had joined the programme in November 2012