

SOME DIFFERENCES BETWEEN PHYSICIANS AND PHARMACISTS: A PLAN FOR RELIEVING THEM.*

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As pharmacists we have all observed the gradual changing character of our businesses within recent years and perhaps have often paused in reflection to wonder just where the procession is leading us. The pharmacist of to-day is not the pharmacist of a decade ago, nor again of yester-year. The changing times bring new conditions, and these must be met, studied, and applied if we are to play our part successfully in the great game of business.

Of the many basic causes underlying these changing conditions, perhaps the one most frequently heard is the complaint of the dearth in prescription writing by the physicians, and it is the aim and purpose of this paper simply to pave the way for a discussion of one phase at least of this problem—the suggestion of a possible plan of educating physicians along ethical lines—in the hope that the discussion ensuing may be both profitable and mutually helpful.

Chief among the reasons for the growth of non-prescribing by physicians is the one that pharmacists frequently make an excessive charge for prescriptions which call for such simple remedies as calomel or strychnine tablets, quinine pills, etc.—the charge being out of all proportion to the service rendered; and because of this extraordinary charge the physician, seeking his patient's every interest, in consequence, is compelled to give away gratis these simple remedies, thereby depriving the pharmacist of this particular source of revenue. If, then, this condition is a general one, it behooves us as pharmacists desirous of conserving our every interest to inaugurate some definite action or movement in order to clarify the situation and endeavor in some manner to bring about a mutual understanding or arrangement between the two professions.

In preferring these charges against our profession, I am inclined to think that the physician views the transaction from a purely selfish viewpoint. Many factors unknown to the average physician—or at least not taken into consideration by him—enter into the cost of properly compounding a prescription, such items as clerk hire, overhead expense, cost of containers, materials, etc.—all of which form the basis for the charge which, I dare say, in the vast majority of cases, is neither excessive nor illegitimate. Further, the true pharmacist regards it as a part of his mission to safeguard the interests of his patron's welfare, both physical and material, on the same plane as does the physician.

Generally speaking, I do not believe that this matter of unfair charging is warranted by the facts. While it is true that pharmacists do make a reasonable charge—*i.e.*, from 25 to 35 cents for a dozen pills or tablets when same are directed to be specially prepared, or whenever some pharmaceutical process is called into play—but the charge in such instances, I maintain, is within reason and therefore perfectly legitimate. On the other hand, I do not believe that the average pharmacist makes an excessive charge for a prescription calling for a dozen or two of the regular stock pills, tablets, or triturates. On the contrary, it has been proved that in most instances the charges have been too low rather than too high.

In order to obtain some definite data as to the actual profit on prescription work in general, Mr. F. W. Nitardy, of Denver, propounded this query in a very terse paper before the Colorado Pharmaceutical Association, outlining a summary of

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10,000 prescriptions from ten different pharmacists. All the factors of store management and expense were taken into consideration, and the analysis showed the average cost of the prescription to be $36\frac{2}{3}$ cents, while the average retail price was $50\frac{1}{2}$ cents, showing an average gross profit of approximately $27\frac{1}{3}$ percent. As the cost for running expenses of the average store is at least 25 percent (and in some cases very much higher), you can readily see that the pharmacist's chief source of revenue no longer comes from the prescription department, as the general public and many physicians erroneously believe.

Another point of frequent misunderstanding, which oftentimes causes the pharmacist much embarrassment, is the practice of physicians in telling their patients the probable cost of a prescription, basing their conclusions generally on the size of package or container, irrespective of the cost of material or method of preparation required. To my mind this is a grievous error on their part, because physicians are invariably ignorant as to the cost of the ingredients of a prescription and therefore ought never to assume positive knowledge of the exact price to be charged therefor. Particularly is this true of present-day conditions, when the drug market is in a veritable state of upheaval and the druggist himself is oftentimes in a quandary to know just how to fix the proper charge. As illustrative of this point, I have in mind a physician who quoted an off-hand price to the patient for a given prescription, whereas the real charge was more than double. Upon investigation, I learned that the doctor had based his estimate on a price-list more than three years old. Instances such as these reflect on the integrity and good name of the pharmacist merely through thoughtlessness or lack of judgment on the part of the physician.

The foregoing, then, are merely a few of the many points of difference which are of frequent occurrence in almost every community. Doubtless there are many others, each community having its own peculiar and particular problems to contend with. The point I desire to emphasize is, that misunderstanding and petty differences do exist between the members of the two professions, many of which could be ameliorated and oftentimes entirely eliminated by the simple expedient of education or diplomacy properly applied.

How to successfully bring about this condition is the question. The one proper, honorable, and perfectly feasible thing to do is to begin at the very root of the matter and plan a joint meeting of the members of the two professions of any given city or community. Arrange for a banquet with the physicians as guests, if necessary. Our own experience has been that this effort has more than repaid for the expense involved. Wherever local medical societies exist, this can be easily arranged. At such a get-together meeting, plan to have one of the leading pharmacists and invite a prominent physician, each to make an address presenting his respective side of the question. The discussion following could not possibly fail to be of inestimable value to all concerned and would undoubtedly prove to be a large factor toward clearing up many of the petty differences which constantly arise between members of the two professions and which are a source of constant annoyance and embarrassment to the pharmacist.

In certain communities, wherever these differences are regarded as of sufficient importance, delegates could be appointed to present the whole matter later on, more exhaustively, first, at a meeting of the county medical society, and later before the state medical associations—these organizations being all affiliated bodies of the American Medical Association. By the faithful carrying out of these simple suggestions much desirable publicity would be given these all-important problems and an approach, at least, made in the right direction toward restoring the status and good name of the pharmacist.