LETTERS

Experiences With an Elective in Spirituality

To the Editor: In May 2006, the Oklahoma Health Center Clinical Pastoral Education Institute, Inc., offered for the first time an elective course concerning spirituality in medicine, since more patients are identifying this aspect of their life in coping with medical and psychiatric illness. We believe that some of our preliminary findings and experiences with this course might be of interest to the academy as new accreditation standards highlight the need to prepare future pharmacists to meet increasing expectations for the direct and preventive care of patients as part of interdisciplinary teams.[1]

The first offering of this interdisciplinary course, designed primarily for students in the University of Oklahoma College of Medicine, attracted 7 medical students and 13 pharmacy students. This 2-credit hour course, which required approximately 36 hours of direct contact, met daily during 1 week of our May intercession. Course content presented by medical and clergy professionals included first experience with the death of a patient, "do not resuscitate" orders, assessment of a patient's spiritual beliefs, a review of peer-reviewed literature on spirituality in medicine, and how practitioners from various faith traditions integrate their beliefs with their practice. Throughout the course, students were given opportunities to explore their faith tradition as well as those of others in the context of the provision of health care.

An informal survey instrument approved by the local institutional review board was offered to students at the end of the course and provides some insights into the perceptions of this small sample of pharmacy professional students. The overwhelming majority of the pharmacy students participating in the course were female and under 30 years of age. Approximately one third were Asian-Americans and one half were Caucasian. All were Christian by faith, with two thirds being Protestant Christian.

Most students stated they would ask patients about their spirituality, although none had ever been asked about their own spirituality by a health care practitioner. Students also stated being comfortable addressing the subject of spirituality with their patients in encounters ranging from a routine visit to a life-threatening, even terminal, illness. They anticipated spending as long as it took to address spiritual issues with patients, but were mindful in reality that they may have time limitations. Some students indicated the need for a cue from the patient before approaching the subject of spirituality.

Commonly cited reasons for not asking a patient about spirituality included feeling unprepared; feeling the patient might become angry, fearful, resentful, or uncooperative; and a lack of comfort with their own spirituality. Other barriers cited were lack of time and concerns that some patients might misinterpret questions about spirituality as advocacy for the pharmacist's personal spiritual values.

Only one article relating to spirituality assessments by pharmacists has appeared in the literature.[2] Most of the articles on the topic of spirituality in medicine address physicians interacting with patients. Among these, a positive correlation appears to exist between addressing religiosity and spirituality needs, and better outcomes for patients' physical health, mental health, and coping skills, as well as willingness to access health services[3-8]; however, not every author agrees.[9] A number of other articles refine descriptions of this relationship by addressing the level of congruence of practitioner's beliefs with their patients' beliefs, some of the negative effects of certain religious practices, and when, how, and why to address this issue with patients.[10]

It may be of value for pharmacists to be aware of the potential influence of spirituality in the health behaviors of the patients they serve, especially as the health benefits of addressing spiritual resources of some patients become better documented.[11] Student responses from our informal survey indicate their willingness to address the issue of spirituality with their patients. Time constraints and the expected roles of pharmacy practitioners will clearly vary with the type of pharmacy practice environment and will impact the ability of pharmacists to be involved in matters of patients' spirituality.

Information gained from this group of students, self-selected to take this elective, may be of interest to those involved in pharmacy curriculum development and revision and may indicate a need for further education and training about spirituality, its effects on health, and the use of formal spirituality assessment tools.[12] Additionally, information about when and how to make referrals for chaplaincy care may be helpful for pharmacy practitioners. Further evaluations of the perceptions and interests of a larger sample of pharmacy students and health care practitioners may be helpful in decisions about the inclusion of this content in the professional curriculum to facilitate student understanding of the many dimensions involved in patients' understanding of and response to disease and therapy.

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A Decade of Pharmacy Practice Education in India

With a decade of introduction of pharmacy practice education in India, there has been a paradigm shift in the practice of pharmacy in the country. In spite of this, pharmacy practice education faces many challenges before it can transform the pharmaceutical care practice in India from a product-oriented approach to patient-oriented care. Pharmacy education in India is mainly industry oriented. The curriculum at the undergraduate level is more or less designed for preparing students towards industry rather than for patient-oriented services like hospital, clinical, and community pharmacy. To train the graduate pharmacists to provide patient-oriented services, a pharmacy practice course was started at a postgraduate level. Pharmacy practice curriculum enters its tenth year in India since its beginning in 1997.[1] The curriculum trains the postgraduates in rational therapeutics, patient counseling, pharmacovigilance, therapeutic drug monitoring, clinical research,and toxicology to name a few. With the efforts being on introducing the advanced clinical-based courses of the doctor of pharmacy (PharmD) degree in India, there is a need to contemplate where the profession stands at this juncture.[2] As of today pharmacy practice is at a crossroads in India, facing numerous challenges that need to be addressed before marching further. This letter is an effort to identify deficiencies, vis-à-vis regulatory requirements, and evaluate the current status of pharmacy practice education in India.

The decade long journey of pharmacy practice curriculum in India provides some key insights:

(1) **The profession is restricted only to the hospitals linked to a pharmacy practice school.** With the completion of a decade there are few pharmacy schools providing specialization in pharmacy practice. Due to lack of job avenues, prospective postgraduates cannot opt to work as a clinical pharmacist in Indian hospitals as the value of clinical pharmacy services is not recognized.

(2) **Regulatory framework does not recognize the need for clinical pharmacist at the national level.** There are no regulatory guidelines for having qualified clinical pharmacists in an Indian hospital. Even if the regulations are framed in due course, a point to ponder is whether there will be any experienced pharmacists left to practice in the clinical set up as there is a mass migration of trained clinical pharmacist to pharmaceutical industry. Though clinical pharmacists have gained the confidence and acceptance of the medical fraternity, that acceptance alone will not help to overcome the shortcomings, like lack of a regulatory framework or scarce job opportunities as a clinical pharmacist. Pharmacy councils and professional leaders need to take initiative by lobbying with relevant government authorities to create a position in the hospital set-up where a trained clinical pharmacist can fit in.

(3) **Exodus of trained clinical pharmacists toward industry as there is almost no opportunity in the hospital setting.** As there is no recognition of the job done by the clinical pharmacist at the regulatory level, the profession failed in to create job opportunities in hospitals for qualified clinical pharmacy postgraduates. Students are forced to either seek jobs in in-

dustries (clinical research) or continue in academics, at times teaching subjects which are out of scope of clinical pharmacy (as not many university hospitals have pharmacy practice school). The last option being to move to countries where the pharmacy profession is well recognized. (A chart depicting the career model for a pharmacy practice postgraduate in India is available from the author.)

(4) **The need for adding industry relevant topics in course curriculum – Dilemma of Dilution vs Evolution.** There is a widening gap between the number of students graduating from pharmacy practice institutions and the number actually employed as pharmacy practitioners. There is a need to take key steps to either create a niche for clinical pharmacy professionals in the hospital or make them competent to take up other challenging jobs in the industry. There is a need for introducing specific roles that include training in pharmacogenomics, pharmacokinetic-pharmacodynamics, and medical informatics, which are job-oriented skills. Before the academic move to the next step of bringing PharmD courses, there is a need to augment the acceptability for existing courses. In an evidence-based health service, it is not just sufficient to propose new roles for clinical pharmacist without adequate evidence of benefits. Services should not only be clinically cost effective but also acceptable to patients and other health care colleagues.

This situation helps the profession to learn the difficulties in implementing patient-oriented services when the health care system does not recognize the need for clinically trained pharmacists. The experience in the past decade helped to understand the lacunae within the profession, especially on the regulatory side. This situation calls for the sustained effort by academic leaders to work with government authorities to bring suitable changes in regulation that will help the profession grow towards patient care. Working on regulatory issues with the respective government authorities is an important task for profession leaders as the regulatory environment is one of the important factors that determine the growth of health professions like pharmacy.

To summarize, clinical pharmacy education in India after a decade is at a crossroads. The pharmacy educators are in a dilemma as to whether the course will evolve by incorporating industry relevant components or progress into a clinically relevant course with the help of regulatory changes. This dilemma may resolve with time.

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