Pharmacists Are Medication Stewards

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Pharmacists have long been key members of antimicrobial stewardship programs, having held leadership roles in such programs for more than 25 years, and more recently they have done the same in opioid stewardship programs. Now, we are hearing calls to action for the similar development of stewardship programs in anticoagulation, a field where hospital pharmacists have had extensive responsibility.[1] This issue of the *Canadian Journal of Hospital Pharmacy* is filled with many important examples of original research related to these types of stewardship, which are central to hospital pharmacy practice.

Stewardship programs have highlighted the unique insights and expertise of pharmacists, and our involvement in these programs has driven both health care and the pharmacy profession forward. The term "stewardship" continues to increase in popularity, not only within health care but even more broadly in society, as in environmental stewardship. In general terms, stewardship is an ethical value that embodies the responsible planning, management, and use of resources, often precious resources.[2]

In our case, as pharmacists, we have thus far been recognized as stewards of specific medications or classes of medications, and this recognition has fostered focused improvements in patient care, health systems, and research. Original research papers, many of which have been published in this Journal, have been critical in helping to disseminate our collective knowledge to move these fields forward for even more patient health advances. When pharmacists are seen as stewards functioning within the stewardship program for a particular medication class or therapeutic area (e.g., antibiotics, opioids, or anticoagulants), their role as medication experts is anticipated and easily understood. Thus far, however, only a few drug classes have been deemed worthy of being the focus of designated stewardship programs.

As the Institute for Safe Medication Practices Canada has reported, from 2015 to 2020, the top medications associated with harm incidents were pain relievers (opioids and acetaminophen), insulin, anticoagulants, methotrexate, furosemide, and metoprolol.[3] Stewardship programs already exist for some of these, and patients could likely benefit from stewardship for insulin, methotrexate, furosemide, and metoprolol as well, but should we have defined stewardship programs for each of these medications? Should there also be stewardship programs for critical care, for drug interactions, for drug dosing, all of which represent other areas of extensive pharmacist involvement and expertise? Although we could create an ever-increasing number of individual stewardship programs that further subdivide patients into individual medications or specialties, is this practically feasible? If we further "silo" a patient's care in relation to all of their constituent medications, we risk losing the holistic nature of pharmaceutical care.[4]

At our core, pharmacists are in fact stewards for all medications. We are ambassadors for optimizing medication use both for individuals and for the greater good of the population. Perhaps, as medication experts, pharmacists should capitalize on the importance that the term "stewardship" connotes and lead a movement to fully realize the shared value of pharmacists in our key role as the primary providers of global medication stewardship, without the need for drug-specific programs. As technology increases, thereby reducing the need for pharmacist involvement in medication dispensing, it is the ideal time to strengthen our role as clinicians and to make stewardship of medications a key part of this message. Let's empower ourselves to not only be the most trusted medication experts, but also embrace our key role as medication stewards. Furthermore, let's continue to make use of the Journal as a vehicle to share our journeys with one another as we continue to travel down exciting paths in hospital pharmacy practice.

References

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ON THE FRONT COVER

Sturgeon Lake, City of Kawartha Lakes, Ontario

Sunrise after the first snowfall on Sturgeon Lake, City of Kawartha Lakes, Ontario. This is Carolyn Dittmar's morning view from her home on the lake. The photo was taken on her Samsung Galaxy S21 5G mobile phone.

Carolyn is a semi-retired hospital pharmacist currently working in a Geriatric Assessment and Intervention Network (GAIN) clinic in Lindsay, Ontario. Carolyn most recently has extensive experience working in geriatrics and rheumatology. Carolyn is a CSHP Past President, CSHP Fellow, and recipient of the CSHP Distinguished Service Award. Some of her spare time is spent as the Managing Editor of the CSHP Hospital Pharmacy in Canada Survey.

The *CJHP* would be pleased to consider photographs featuring Canadian scenery taken by CSHP members for use on the front cover of the Journal. If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to publications@cshp.ca.