**The Role of the Pharmacist in Patient Care (Book Review)**

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**Abstract**

Most people on the outside of the health care profession are unfamiliar with this new role of the pharmacist. The general public has portrayed a stereotypical pharmacist's picture as remain a person who stands behind a counter, dispenses medicine with some instructions to the respective consumer. Pharmacy practice has changed substantially in recent years. Today’s pharmacists have unique training and expertise in the appropriate use of medications and provide a broad array of patient care services in many different practice settings. As doctors are engaged with the diagnosis and treatment of patients, the pharmacist can assist them by selecting the most appropriate drug for a patient. Divine interventions by the pharmacists have always been considered as a valuable input by the health care community in the patient care process by radically reducing the medication errors, rationalizing the therapy and reducing the cost of therapy. The development and approval of the Pharmacists’ Patient Care Process by the Joint Commission of Pharmacy Practitioners and incorporation of the Process into the 2016 Accreditation Council for Pharmacy Education Standards have the potential to lead to important changes in the practice of pharmacy, and to the enhanced acknowledgment, acceptance, and reimbursement for pharmacy and pharmacist services. As an author, it is my heartiest believe that the book will adjoin significant apprehension to future pharmacists’ in-patient care as most of the portion created from recently published articles focusing pharmacists in patient care settings.

**Keywords:** Patient Care, Patient Compliance, Patient Counseling, Extemporaneous Prescription Compounding, Framework for Medication Safety, Patient Behavior, Patient Education, Patient-Provider Relationship, Patient Relationship Management, Patient Problem Solving and Preventive Care, Pharmacovigilance, Patient Safety, Pharmaco-Economics, Long-term Care, Community Liaison Pharmacists in Home Care, Pharmacists in Ambulatory Care, Critical Care Pharmacists, Rational Use of Drugs, Surgical Dressing, Medication Risk Management, Medication History Taking and Reconciliation, Drug Related Problems, Medication Reconciliation, Palliative and Hospice Care

**INTRODUCTION**

The goal of excellent quality, cost-effective and accessible health care for patients is achieved through team-based patient-centered care. Pharmacists are essential members of the healthcare team. The profession of pharmacy is continuing its evolution from a principal focus on medication product distribution to expand clinically oriented patient care services. As an unfortunate result of this professional evolution, the paramount importance of, and need for a consistent process of attention in the delivery of patient care services has been increasingly recognized by the profession at large. Pharmacists in hospital, community care, dispensing and allied healthcare arena are highly appreciated for their knowledge-based contribution and dedication towards the profession. The practical purpose of the published book efficiently is to properly guide the patient care pharmacists in their modern day to day activities. Along with specific guidelines, the book encloses ideas about patient dealing, patient rights, ethical decision making, professionalism. At every chapter, the role of pharmacists in that chapter specific issues are detailed explicitly so that a professional pharmacist or a student can figure out she or his do and not to do in that specific situations. Moreover, further reading references are typically listed to naturally follow specific guidelines further.

Therefore, the book is an archive of potential references too. Among so many books on clinical pharmacy, hospital and community care pharmacy the role of pharmacist’s in-patient care is rarely highlighted with a very little information. The key sector is emerging in both developed and under-developed countries. In most of the books, either doctor or nurses’ roles are highlighted. The proposed book **(Figure 1)** highlights pharmacists’ roles and responsibilities to the most, separated from those of doctors and nurses, with most recent information obtained from recently published articles of several journals, books, newsletters, magazines etc. The book’s chapter-based summary is added in **Table 1** and comparison with similar other available books given in **Table 2.**

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**Figure 1.** Book Cover Page. [Publisher: Universal-Publishers (US). (ISBN-10: 1627343083, ISBN-13: 9781627343084)].

**PHARMACIST’S ROLE IN PATIENT CARE**

The development and approval of the Pharmacists’ Patient Care Process by the Joint Commission of Pharmacy Practitioners and incorporation of the Process into the 2016 Accreditation Council for Pharmacy Education Standards have the potential to lead to important changes in the practice of pharmacy, and to the enhanced acknowledgment, acceptance, and reimbursement for pharmacy and pharmacist services [1]. Nowadays, pharmacists also ensure the rational and cost-effective use of medicines, promote healthy living and improve clinical outcomes by actively engaging in direct patient care and collaborating with many healthcare disciplines. With this expanding scope of modern practice, practicing pharmacists are being recognized as key

**Table 1.** Book Compendium.

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| **Chapter** | **Synopsis** |
| **Chapter 1** | **Pharmacy Practice at a Glance**Pharmacy in common is the art and science of carefully preparing and dispensing medications and the key provision of drug-related information to the consuming public. It typically involves the modern interpretation of prescription orders; the compounding, labeling and dispensing of drugs and devices; drug product selection and drug utilization reviews; patient monitoring and appropriate intervention; and the provision of cognitive services related to proper use of medications and modern devices. The current philosophy or approach to competent practice in pharmacy is designated as pharmaceutical care. This concept holds the important role of the pharmacist is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life. Pharmacists, then, are those who are educated and licensed to dispense drugs and to provide drug information - they are typically leading experts on used medications. They remain the most accessible member of today’s health care team, and often are the first credible source of assistance and advice on many common ailments and health care matters. |
| **Chapter 2** | **Pharmacists in Clinical Pharmacy Practice**Clinical pharmacy gently took over a key aspect of medical care that had been partially abandoned by practicing physicians. Overburdened by patient loads and the terrific explosion of modern drugs, practicing physicians turned to pharmacists more and more for drug information, especially within institutional settings. Clinical pharmacy is genuinely concerned with both medicines policy and the effective treatment of ill patients, with the ultimate aim of achieving optimal use of medicines. Hospital clinical pharmacists typically interact with patients on wards, on multi-profession ward rounds or in clinic settings to treat, monitor and allegedly advise on the possible use of medicines. However, CP clearly includes more than just direct patient care. Therefore, activities like production of guidelines and policies, advising on drug expenditure controls, training and education of other healthcare professionals are also included. |
| **Chapter 3** | **Pharmacists in Hospital Management**The modern advancements in preventive medicine and innovative technology have graciously allowed care that once required the intensive care of a hospital setting to be delivered in less intensive settings. As a result, we have witnessed the historical development of ambulatory surgery centers, skilled nursing facilities, home health services, outpatient treatment centers, and multiple chronic disease monitoring programs. Health care leaders continually search for the delivery model that approaches the quality, safety, and access expectations of patients at an affordable cost. This quest led to a progression from particular stand-alone hospitals to health systems. These “comprehensive health systems” inevitably include the acute care services that only hospitals are equipped to provide and a cadre of other services that may include primary care, specialty outpatient care, home care, nursing home facilities, hospice care, ambulatory surgery programs and a network of physicians and other healthcare providers. |
| Chapter 4 | **Pharmacists in Community Care**Community pharmacy comprises all of those establishments privately owned and whose function, in varying degrees, is to serve society’s need for both drug products and pharmaceutical services. It is challenging to characterize or describe the typical pharmacy because of the considerable variance among them. They typically range from the corporately owned chain pharmacy, to the pharmacy department in a supermarket, to the independently owned pharmaceutical center that provides prescription service plus a relatively few lines of health-related products. Although heterogeneous in some respects, as in type of ownership and type of goods and services offered, community pharmacies generally are recognized by the public as the most accessible source of drugs and information about drugs. |
| **Chapter 5** | **Patient Rights and Ethical Care**Patients also have a right to treatment that is both safe and effective within given parameters. The fundamental question that must be posed prior to considering any medical or surgical treatment for a patient is, Is the treatment realistic and effective? Such a proper standard for drugs has been in effect since the passage of federal legislation in the initial part of the 20th century. Not only must a drug be shown to be effective - that is, able to produce the effect for which it was administered - it must work with a certain degree of safety. Patients typically choose their own physician, pharmacy, and hospital. Likely patients are knowingly allowed to choose from multiple options of effective treatment when they traditionally exist. Patients must confirm their approval, through the process of informed consent, prior to the initiation of care. All of the preceding presupposes that treatment is available and that the patient possesses the economic wherewithal to pay for that treatment. For uninsured patients or lack the ability to pay, the fundamental right to voluntarily choose the divine nature of their affordable health care is meaningless. |
| **Chapter 6** | **Prescription**The prescription order is a part of the professional relationship among the prescriber, the pharmacist and the patient. It correctly is the practicing pharmacist’s grave responsibility in this relationship to properly provide quality pharmaceutical care that adequately meets the medication needs of the patient. The pharmacist must be precise in the manual aspects of typically filling the prescription order and must provide the patient with the necessary information and guidance to solemnly assure the patient’s compliance in taking the medication properly. It is also the pharmacist’s ultimate responsibility to advise the prescriber of drug sensitivities the ill patient may have, previous adverse drug reactions (ADRs), and, or other medications that the patient may be taking that may alter the effectiveness or safety of the newly or previously prescribed medications. Practicing pharmacists now find themselves frequently contacting physicians to respectfully suggest alternative drug products for individual patients as dictated by the formularies used by third-part prescription insurance plans. To meet these responsibilities, it is essential the pharmacist maintains a high level of practice competence, keeps appropriate records on the health status and medication history of his or her patients and develops professional working relationships with other health professionals. |
| **Chapter 7** | **Prescribing**While drugs possess the capacity to enhance health, they all offer the potential to cause harm if prescribed inappropriately. For this reason, it is recommended that healthcare professionals who prescribe medications exercise critical reasoning skills to ensure the cautious and effective use of therapeutic agents. Pharmacists undoubtedly have crucial role plays in both handling prescription and prescribing. A rational prescribing is the sole of patient safety, patient compliance and patient relief. This published paper proposes aims that a prescriber should try to achieve, both on first prescribing a drug to maximize effectiveness, minimize risks and costs, and respect the patient's undeniable need. |
| **Chapter 8** | **Patient Counseling**The patient has an altered mental state mostly driven by emotional disturbance for being ill. Along with that cultural and economic factors gives rise to a fundamental question of out of the pocket expense. Any private counseling or consultation provided should be traditionally done in a gentle manner which universally respects the patient’s privacy and maintains confidentiality. Nothing should be taken for granted regarding the patient’s personal understanding of how to use medication and appropriate steps must be taken to provide likely patients with the information and counseling necessary to manage their medications as effectively and as safely as possible. |
| **Chapter 9** | **Extemporaneous Prescription Compounding**Pharmacy activities to individualize patient therapy traditionally include compounding and clinical functions. Either function in the absence of the other results in placing pharmacy in a disadvantaged position. It is significant to use a pharmacist’s personal expertise to carefully adjust dosage quantities, desired frequencies, and even dosage forms for enhanced compliance. All pharmacists should properly understand the viable options presented by compounding. Pharmaceutical compounding is increasing for a number of possible reasons, including the availability of a limited number of dosage forms for most drugs, a limited number of strengths of most drugs, home health care, hospice, the non-availability of drug products, unusual combinations, discontinued drugs, drug shortages, orphan drugs, alternative therapeutic approaches and special patient populations (pediatrics, geriatrics, bioidentical hormone replacement therapy for postmenopausal women, pain management, dental patients, environmentally and cosmetic sensitive patients, sports injuries and veterinary compounding). |
| **Chapter 10** | **Framework for Medication Safety**Appropriate medication use is a complex process involving multiple organizations and professions from various necessary disciplines combined with a practical knowledge of medications, access to accurate and complete patient information and integration of interrelated decisions over a period of time. The increasing complexity of modern science and technology naturally requires health care providers to know more, manage more, monitor more, and involve more care providers than ever before. Current methods of organizing and delivering care are not able to meet the new expectations of patients and families because the knowledge, skills, care options, devices, and medications have advanced more rapidly than the health care system’s ability to deliver safety to them, effectively, and efficiently. The potential for errors of notable omission or commission to creep into the gradual process is extraordinary. No one clinician can retain all the information necessary for overseeing sound, effective, most recommended practice. This is substantially accurate in the case of pharmaceutical delivery and development. |
| **Chapter 11** | **The Enigma of Patient Behavior**Patients today are considered to be typically thinking, able decision makers who can play an important role in the treatment process. Because patients are now recognized as active individuals, more focused attention is being paid to ways of restoring ill health or slowing illness progression through improved provider-patient communication and patients’ involvement in their own treatment. Emphasis, therefore, is placed on a range of patient treatment behaviors including sharing beliefs and expectations, asking questions, adhering to regimens, using home monitoring devices, keeping appointments, identifying and reporting side effects and drug-taking problems, and other valuable forms of necessary communication in contemporary health care. |
| **Chapter 12** | **Patient Education**Patient education ensures healthcare team is working together on patients’ individual medication plan, in conjunction with the rest of treatment, is vital to your recovery. Medication management is part of every patient’s plan of proper care. On an initial visit a clinician completes comprehensive medication reconciliation. However, education is provided to every patient based on each medication the patient is prescribed. This includes its purpose, how and when to take it and how much of the medication to take. Education may be provided by any healthcare professional that has undertaken appropriate training education, education on patient communication and education is usually included in the healthcare professional’s training. Health education is also an effective tool used by managed care plans, and may include both general preventive education or health promotion and disease or condition specific education. Important elements of patient education correctly are skill building and ultimate responsibility: patients need to know when, how, and why they need to make a lifestyle change. Group effort is equally important: each member of the patient’s health care team needs to be professionally involved. |
| **Chapter 13** | **Patient-Provider Relationship**The Provider-Patient Relationship is a recent idea of medicinal human science in which patients intentionally approach a specialist and, in this way, turn into a piece of an agreement in which they will in general reside with the specialist's direction. It has been recommended that a perfect relationship has specifically deliberate decision, professional's enhanced capability, great correspondence, genuine compassion by the considered specialists, congruity, and no irreconcilable circumstance. Truth be told, a poor relationship has been turned out to be a noteworthy impediment for the two specialists and patients and has in the end influenced the nature of medicinal services and capacity of the patients to adapt to their disease. Inferable from the poor relationship, patients do not demonstrate consistence with specialist guidance totally; pick the expert - by changing their professional over and over; stay on edge; may pick quacks or other non-logical types of preferential treatment; critical increment in immediate and roundabout restorative costs. In view of intermittent change in line of treatment according to the counsel of various experts and non-culmination of the whole course of medications, there is an unmistakable extension for the rise of antimicrobial opposition, which further intensifies the medicinal expense and tension, lastly may create genuine types of malady or complexities. From the experienced professionals' point of view, they may respectfully request superfluous examinations or may give over-medicines, as a sanity check. There is likewise watched an amazing decrease in human touch or sympathy; and a noteworthy ascent in unfortunate rivalry among specialists. |
| **Chapter 14** | **Patient Compliance**With affectionate regard to the used provision of health care, the concept of compliance can be viewed broadly, as it relates to instructions concerning diet, exercise, rest, return appointments, etc., in addition to the use of drugs. However, it is in lively discussions concerning drug therapy that the designation patient compliance is employed most frequently. It is in this context that it will be utilized in this discussion, and compliance can be defined as the extent to which an individual’s behavior coincides with medical or health instructions, advice. Patient compliance with therapy implies an understanding of how the medication is to be used, as well as a positive behavior in which the patient is inspired sufficiently to use the prescribed treatment in the manner intended, because of a perceived self-benefit and a positive outcome (e.g., enhanced daily functioning and well-being). |
| **Chapter 15** | **Patient Relationship Management**In the healthcare sector the key customers are patients. Hospitals may offer better care by establishing a long-term relationship between the hospital and a patient. The primary reason for investing in building beneficial relationships with patients is a limited number of patients in the therapeutic segment or of long-term care and only clinics aware of this fact that can attach to each patient have a chance to build a sustainable advantage. Encouragement of the patient to continue to utilize the services of a company, provider is a procedure several times more reasonable than convincing current patients. Developed or under developed country, patients maintain a similar need for understanding and following treatment guidelines which is truly impractical for long term care without personal supervision. So many factors are behind patient relationship but one thing clearly understood that the handling of such situations is a provider’s function, a regular follow up through taking different measures along with treatment intervention. |
| **Chapter 16** | **Patient Problem Solving and Preventive Care**Pharmaceutical care remains a straightforward concept. It intimately involves the pharmacist working in concert with his patients and other healthcare providers to identify, monitor, and achieve desirable health-related outcomes through the appropriate use of medications. The care provided must be scientifically based upon a logical, effective, and patient-specific pharmaceutical care plan. There is an ancient saying, “an ounce of prevention is worth a pound of cure.” This has never been true in health care. Routine follow-up with primary care physicians and other health care professionals can aid in the initial detection of many medical conditions (e.g., discovered cancer, diabetes, essential hypertension) and can gently encourage healthy habits that prevent the development of other conditions (e.g., Hormone replacement therapy, substance abuse, obesity prevention, thyroid disorders, etc.). |
| **Chapter 17** | **Pharmacovigilance**Pharmacovigilance fundamentally comprises safety of prescription. It is the science and movement associated with collection, detection, assessment, monitoring, and counteractive action of untoward impacts with pharmaceutical items. Drug specialists have entered the job in wellbeing frameworks to keep up the objective and safe utilization of medication for they are sedate specialists who are unequivocally prepared in this field. The perspective of drug store understudies on pharmacovigilance and ADR announcing has additionally been talked about with a mean to center the need to improve content identified with ADR revealing and pharmacovigilance in undergrad drug store academic programs. Globally, despite the fact that the job of drug specialists inside national pharmacovigilance frameworks varies, it is exceptionally all around perceived. Reconciliation of ADR detailing ideas in instruction informative programs, preparing of drug specialists and willful commitment of drug specialists in ADR announcing is essential in accomplishing the safety objectives and preservation of general wellbeing. Additionally, these learning holes can be placated through ceaseless expert improvement projects and reinforcing hypothetical and viable information in undergrad drug store informative programs. Without adequately recognizing and acknowledging preparing requirements of drug specialists and other social insurance experts, the ability of national pharmacovigilance frameworks is likely not going to enhance which may trade off patient's safety. |
| **Chapter 18** | **Patient Safety**Patient safety is a global concern and is the most noteworthy areas of medicinal services quality. Medical error is a noteworthy patient safety concern, causing increment in medicinal services cost because of premature mortality, morbidity, or broadened clinic remain. A definition for patient safety has emerged from the medicinal and similarly unique services quality development, with different ways to deal with the more solid basic segments. Patient safety was characterized as "the counteractive action of damage to patients." Importance is put on the arrangement of consideration conveyance that blocks errors; gains from the errors that do happen; and is based on a culture of safety that includes medicinal services experts, associations and patients. Patient safety culture is a multifaceted marvel. Patient safety culture appraisals, required by universal accreditation associations, enable services associations to acquire an unmistakable perspective of the patient safety viewpoints requiring critical consideration, recognize the qualities and shortcomings of their safety culture, help care giving units distinguish their current patient safety hitches, and benchmark their scores with different healthcare settings. |
| **Chapter 19** | **Pharmaco-Economics**Cost-benefit analysis and other pharmacoeconomic tools are ways to analyze the value of the service to the public. These methods supplement the traditional marketplace value as measured by the prices that the patient or patron is willing to pay. As third parties continue to pay for a higher percentage of prescriptions dispensed, pharmacy managers are very cognizant that pharmacy services require continual cost-justification to survive and thrive in the future. The continuing impact of cost-containment is causing administrators and key policymakers in all health fields to examine closely the costs and benefits of both proposed and existing programs. It is increasingly evident private employers and public agencies are demanding that health programs be carefully evaluated in terms of clinical and social outcomes related to costs incurred. |
| **Chapter 20** | **Long Term Care**Pharmacist involvement in long-term care activities grew as a result of these regulations, which include oversight of key provision of medications to nursing facilities and consultant pharmacist duties. Pharmacists traditionally practicing in the field of geriatrics must not only be cognizant of these guidelines, but must also be capable to manage ill patients with multiple disease states taking multiple medications. Policies and standard procedures for organizational aspects, medication orders, ordering and receiving medications from the pharmacy, medication storage in the nursing facility, disposal of unused medications, medication administration, and medication monitoring are required in long-term care facilities. |
| **Chapter 21** | **Community Liaison Pharmacists in Home Care**The provision of home care has existed since the turn of the last century, when societal concerns regarding immigration, industrialization and infectious diseases spawned the need for visiting nurses. Early homecare services primarily consisted of midwife and nursing assistance for births, and the proper care of influenza and tuberculosis patients. This prior form of home care paved the way for the development of alternate site healthcare. In the historic past, the term home care generally referred to community-based nursing services provided to likely patients in their private homes. This day, the term has been expanded to include home, alternate site healthcare and encompasses: long-term care and skilled nursing facilities, assisted living and subacute facilities, home care, diagnostic centers, outpatient clinics, ambulatory surgery, rehabilitation facilities, and emergency service markets. |
| **Chapter 22** | **Pharmacists in Ambulatory Care**Pharmacy is evolving from a product-oriented to a patient-oriented profession. This role modification is extremely healthy for the patient, the pharmacist, and other prominent members of the health-care team. However, the evolution will present pharmacists with a number of new challenges. Now, more than in the past, pharmacists must make the acquisition of contemporary practice knowledge and skills a high priority, to render the level of service embodied in the concept of pharmaceutical care. Pharmacy educators’ organizations and regulatory bodies must all work together to support pharmacists as they assume expanded health-care roles. Pharmacy and the health-care industry must work to ensure the pharmacist is compensated justly for all services. But before this can happen it will be necessary for pharmacy to amply demonstrate value-added to the cost of the prescription. Marketing of the practical purpose of pharmacy in the health-care morass and of the services provided by the pharmacist is needed to generate an appropriate perceived value among purchasers and users of health-care services. Practicing pharmacists should view themselves as dispensers of effective therapy and drug effect interpretations as well as of potential drugs themselves. Service components of pharmacy should be identified clearly to third-party payers and be visible to consumers, so that they know what is available at what cost and how it may be accessed. In the future, pharmacy services must be evaluated on the patient outcome (i.e., pharmaceutical care) rather than the number of prescriptions dispensed, and pharmacy must evolve toward interpretation and patient consultation, related to the use of medication technologies. |
| **Chapter 23** | **Pharmacists in ICU**Clinical pharmacists deliver an essential contribution to the cautious and effective use of medicines in critically ill patients. Few niches clinical pharmacy areas have documented the powerful impact a pharmacist’s presence can have in the way it has been done in critical care. Direct patient care via pharmacist medication review remains a significant resource for reducing medication errors and optimizing medication use. Specific recommendations for changes to medication therapy related to these medication reviews have very high acceptance rates by critical care medical teams. The pharmacist prescribing to action the outcomes of their own medication reviews would be anticipated to reduce the workload of medical colleagues and improve efficiency. Moreover, pharmacist instigation of medication therapy planned by the multidisciplinary team may also offer advantages with respect to getting treatment right the first time in specific areas, for notable example, therapeutic drug monitoring or drug dosing in multiorgan failure. |
| **Chapter 24** | **Rational Use of Drugs**Many medicines now exist on that, can prevent, alleviate, treat, or cure diseases which previously took inordinate tolls on the health and well-being of children, families, communities, and populations. However, the overuse, underuse, or misuse of medicines (also referred to as irrational medicine use) presents these advances in jeopardy and, in addition to squandering limited resources, threatens future public health gains. The challenge of irrational medicine use endures a global one - common to all countries and all healthcare settings. Both healthcare providers and patients contribute to irrational medicine use. Leading providers may prescribe too many, too few, or inappropriate medicines; or may prescribe the appropriate medicines in the wrong dose, formulation, or duration. Additionally, patients voluntarily contribute to irrational medicine use through self-medication, pill sharing, or not completing a treatment regimen as prescribed.  |
| **Chapter 25** | **Surgical Wound Enrichments**Wound healing remains an extremely complex process that results in the restoration of cell structures and tissue layers after an injury. It involves interdependent and overlapping cellular, physiological, biochemical, and molecular processes. There are numerous wound dressings and management techniques available today. The challenge lies not only in choosing the correct dressing, but also in demonstrating the chosen technique properly. This involves thorough assessment of the wound, taking into account its size, the exudate, and the patient’s preferences. Health care professionals require essential knowledge of dressings for appropriate application, and the wound should be monitored carefully to ensure effective healing. Pharmacists can encourage improvement in wound care for patients who have recently undergone surgery by aiding them select the appropriate postsurgical wound care products and by educating them on proper wound care. |
| **Chapter 26** | **Medication Risk Management**Medications are the most common treatment intervention used in healthcare around the world. Medication is administered to almost every patient in hospital and can endure the most leading part of treatment. When used safely and appropriately, they contribute to significant improvements in the health and well-being of patients. However, medication is not without risk and occasionally medications can cause harm. Medication safety issues can impact health outcomes, length of stay in a healthcare facility, readmission rates, and overall costs to the healthcare system. Some harm caused by medicines is due to preventable errors. The US FDA approve drugs only if they are determined to be safe to use for the conditions described in their label. This fundamental tenet of the Food, Drug and Cosmetic Act has not changed. What has changed however in recent years represent the interpretation of the term “safe.” Modern concepts of pharmaceutical risk management are based on the premise that drug manufacturers, health care professionals, and patients have a responsibility to minimize the risks of using pharmaceutical products. Hospitals and health services aim to prevent harm by: perceiving what contributes to these errors, taking action, sharing this information with the community and health professionals. It is not enough to make drugs minimally safe; they must be as safe as possible over the lifecycle of the product’s use. However, starting in the early 1990s, FDA began to carry out a more active role in post-marketing surveillance and began instituting a more aggressive “management” process to assure greater safety in the practical use of marketed drugs. No longer do the manufacturer and FDA provide passive oversight and labeling changes to control risks, now the manufacturer must actively monitor for suspected but unquantified risks and actively manage and minimize known risks. |
| **Chapter 27** | **Medication History Taking and Reconciliation**Patients are at risk of DRPs at transition points during necessary hospitalization. The community pharmacist is frequently the first healthcare professional patients visit after discharge. Medication reconciliation, the process of identifying the most accurate list of all patient’s medications represent a strategy to identify many medication discrepancies and reduce potential harm. Medication reconciliation at transitions of care decreases medication errors, hospitalizations, and adverse drug events. Obtaining medication histories and conducting medication reconciliation are challenging tasks for the health professionals. Part of ADEs is due to medication discrepancies, or unexplained variations in medications in hospital admission and discharge or across various sites of care. Significant number of all hospitals prescribing errors typically originate from incorrect admission medication histories, the DRPs are only discovered through patient interview, and more than half of discharge discrepancies are associated with admission discrepancies. ADEs positively associated with medication discrepancies can prolong hospital stays and, in the post-discharge period, may inevitably lead to emergency room visits, hospital readmissions, and utilization of other healthcare resources Pharmacists have proven themselves in both histories recording and reconciliation. True collaboration with allied health professions enhances this process. A reconciliation of medications supported by efficient communication between the hospital staff and community pharmacists, in notable addition to a standard patient interview and a general practitioner’s examination of prescriptions, was found to be effective in identifying medication discrepancies for patients. |
| **Chapter 28** | **Palliative and Hospice Care**One of the primary goals of medicine is to provide comfort and relief from pain and suffering. Unluckily, a cure is not always possible particularly in this era of chronic diseases, and the role of physicians has become limited to controlling and palliating symptoms. Palliative care efficiently is a relatively new specialty that evolved during the last five decades. The aim of this specialty was to provide the end-of-life care for patients with advanced cancer and their families. In addition, pastoral care is additionally included according to the religious beliefs of the patient. The other core components of palliative care are effective communication and planning and coordination of care. It is noteworthy that ensuring the availability of palliative care services represents an obligation of health care systems under international human rights law. Hospice care remains a type of palliative care with a few differences. Pharmacists in care team can carry out a leading role in different care settings. |
| **Chapter 29** | **Non-Drug Pain Management**Prescription painkillers are compelling much of the time. Be that as it may, the relief from profound discomfort they offer includes some major disadvantages for some. Painkillers risk getting to be addictive. What's more, as endless news reports have appeared, the possible consequences of dependence on painkillers can be wrecking. Non-drug therapies reduce pain and can be utilized notwithstanding pharmaceuticals or in lieu of pharmaceuticals. They offer the likelihood to positively enhance personal satisfaction. Similarly, as with some other treatment, every individual will react distinctively to various therapies, and there is no proper certification that any treatment will give total help with discomfort. Though many evidences were weaker, the researchers also found that massage therapy, spinal manipulation, and osteopathic manipulation may provide some help for back pain, fibromyalgia, osteoarthritis, cancer pain, knee replacement, a migraine, frozen shoulder and chronic non-migraine headache. These data can equip providers and likely patients with the valuable information they need to have informed conversations regarding non-drug approaches for effective treatment of specific pain conditions. It's significant that continued research carefully explores how these holistic approaches in fact work and whether these consistent findings apply broadly in diverse clinical settings and patient populations. |

**Table 2.** Comparison with Similar Available Books.

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| **Author** | **Title** | **Publisher** | **Price** | **Details** | **Superiority of Proposed Title** |
| Richard Finkel  | Patient Care Management Lab: A Workbook for Prescription Practice | Lippincott Williams & Wilkins, Feb 1, 2007 | Kindle Edition 74 USD Spiral Bound: 47 USD  | Develops and fine tunes pharmacy and pharmacy technician students' skills in reading, evaluating, and filling prescriptions.  | Other than prescription handling, patient care pharmacists have many other responsibilities that are included. |
| Bernard J. Healey, Marc C. Marchese | Foundations of Health Care Management: Principles and Methods  | John Wiley & Sons, Aug 9, 2012  | E-book 72.99 USD Paperback 90 USD  | The book covers such critical topics as leadership training, change management, conflict management techniques, culture building, quality improvement, and communications skills, as well as collaboration in the improvement of population health.  | Patient care pharmacists need more coverage in areas of counseling, patient education, relationship management, understanding patient behavior, safety concerns, ethical issues and framework for safety in several stages of drug handling etc. are covered. |
| Seth B. Goldsmith | Principles of Health Care Management: Foundations for a Changing Health Care System | Jones & Bartlett Publishers, Oct 25, 2010 | Paperback 192.95 USD  | Hospital administration-based book, using relevant case studies to illustrate key points, this text explains the critical changes and challenges that administrators must deal  | Pharmacists’ role at every stages of patient handling is clearly defined along with the superiority of their services among other professionals in the healthcare arena. |
| Michael D. Hogue  | The Pharmacist's Guide to Compensation for Patient-care Services  | American Pharmaceutical Association, 2002 | Paperback 249.01 USD  | This comprehensive book covers all aspects of compensation for medication therapy management services provided by pharmacists in all practice settings  | Other than pharmacists’ compensation issues, every aspect pharmacy in patient care discussed deliberately as compensation of the professionals are not part of patient care. |
| Gwen Marram Van Servellen  | Communication Skills for the Health Care Professional: Concepts, Practice, and Evidence | Jones & Bartlett Publishers, Oct 7, 2009  | Paperback $92.06, Kindle Edition $3.49  | It provides future and practicing patient caregivers in all specialties and services with basic communication knowledge and skills and is an invaluable resource for those in administrative functions as well.  | Along with communication, patient care pharmacists have to cover safety concerns, vigilance, drug and healthcare costing calculation, medicine reconciliation issues that are discussed giving similar priority.  |
| Colleen Doherty Lauster, Sneha Baxi Srivastava | Fundamental Skills for Patient Care in Pharmacy Practice | Jones & Bartlett Publishers, 2013  | 104.95 USD  | Drug related problems and counseling well discussed.  | Along with drug related problems, patient problems, safety concerns, home care and long-term care are also discussed. |
| American Pharmacists Association | How to Implement the Pharmacists' Patient Care Process | American Pharmacists Association, 2015 | 78.07 USD,  | Policy related book, aims to help pharmacists understand the components of the patient care process and apply the process to patients in all pharmacy practice settings. Six sample case studies set in different patient care settings enable the reader to practice applying the patient care process.  | Patient care process discussed through issues like counseling, compliance, framework of safety, patient safety concern, cost saving and vigilance. |
| Thomas R. Brown | Handbook of Institutional Pharmacy Practice | American Society of Hospital Pharmacists, 2006 | 31.89 USD | An overview of health delivery systems and hospital pharmacy through various practice settings such as home care, long term care, hospice and palliative care, ambulatory care, and managed care this text focuses on various elements important to health-system pharmacies. The Handbook of Institutional Pharmacy Practice is the first step in developing a career in pharmacy and provides opportunities for study in career enhancement. | Many concepts of the proposed book resemble to Handbook of Institutional Pharmacy Practice but content is different. Moreover, studies discussed in proposed book are at least an era of advanced. |
| Kimberly S. Plake, Kenneth W. Schafermeyer, Robert L. McCarthy | McCarthy's Introduction to Health Care Delivery: A Primer for Pharmacists | Jones & Bartlett Publishers, 2016 | 46.93 USD | A Primer for Pharmacists, Sixth Edition provides students with a current and comprehensive overview of the U.S. health care delivery system, including social, organizational, and economic aspects, from the perspective of the pharmacy profession. | The book is far better than the proposed book but the book focuses on overall pharmacists’ roles toward profession. The proposed book only focuses roles of patient care pharmacists and the content is different from McCarthy. |

components in traditionally providing individualized patient care as key part of interprofessional healthcare teams [2]. Pharmacists help manage complex patients because they look at medications with a distinctive eye than a doctor. One essential practice they efficiently perform in common is a “comprehensive medication review” where likely patients bring in medications, vitamins, necessary supplements, and OTC drugs [3]. Nowadays, the possible shortage of health personnel, and in particular pharmacists, remain a challenging issue that the health systems inevitably have to face. The practical use of a current technology like tele pharmacy can represent a possible option to combat these problems [4]. Up to 50% of ADE and ADE-related hospitalizations are judged to be preventable by avoiding inappropriately prescribing. Use of a simple interdisciplinary medication review has been shown to naturally lead to the reduction of inappropriate prescribing and costs, but there was no effect on clinically relevant patient outcomes, possibly due to a lack of power and insufficient observation time [5]. Pharmacists accompany their patients somewhere between 1.5 and 10 times more frequently than they see primary care physicians [6]. Clinical pharmacists can support patients, manage their medicines and reduce their anxiety about receiving multiple medicines [7]. Practicing pharmacists also gets benefit because there are an increased recognition and mutual respect for the social value of the practical advice and active service that they amply provide [8]. There is a need to increase access to primary care services, control costs, and improve outcomes in health care for patients especially in the management of chronic conditions which puts a strain on health care systems worldwide [9]. Pharmacists’ better access to the likely patients and their acceptability radically improve patient care by enabling pharmacists to fulfil an even greater role in the provision of safe and effective unscheduled care, treating common clinical conditions and responding to emergency requests for medicines [10]. Therefore, students who are interested in patient care practice as their future career, should develop a standardized approach to assessing, prioritizing, and resolving drug-related problems such as untreated conditions, appropriate drug selection, duplication of therapy, use of drugs without a condition or indication, over or under-dosing, adverse effects or toxicity, allergic reactions, drug interactions, adherence, availability and access, cost, and outcomes expectations. Prospective students also should be looking for the beneficial outcomes of drug therapy and pharmacy services with mutual respect to patient understanding, disease and disorder prevention, and medication-associated efficacy and safety.

**KEY FEATURES OF THE BOOK**

* The book solely focuses on job responsibilities of patient care pharmacists, separated from those of learned doctors and qualified nurses, with the most recent information.
* Key various aspects of pharmacist-led patient care services are adequately incorporated in a particular book.
* Career-focused discussions in every devoted chapter with structured guidelines provided for the practicing pharmacists.
* Content is mostly based on recent pharmacists’ activities in the healthcare arena of developed countries.
* Chapter outline, standard abbreviations, synopsis, learning outcomes, cases, key terms and further references are added like a textbook.
* Possible errors during the patient dealing and preventive measures to be naturally taken in all aspects are thoroughly discussed.
* The future prospect of patient care pharmacists in diverse areas of health care elaborately discussed.
* Discusses patient relationship management with a caring and compassionate touch which represent an extremely demanding approach to many high-profile healthcare settings.
* Along with qualified professionals, undergraduate students can utilize this book as a reference for their courses like hospital and community pharmacy and pharmaceutics.
* Scholars from countries around the world are announcing their favorable recommendation about the book.

**AUTHOR PROFILE**

Author (**Figure 2**) completed B.Pharm (2004) and M.Pharm (2006) from Department of Pharmaceutical Technology, Faculty of Pharmacy, University of Dhaka. He has completed his MBA (2007) from East West University. He was in faculty of Pharmacy, World University of Bangladesh as an Assistant Professor. Along with 8 years of teaching experience, he also worked for reputed pharmaceutical companies in strategic management for 5 years. He authored 11 books (**Table 3**) and many articles on alternative medicines, patient care, marine drug sources and other recent issues of healthcare in several journals (**Table 4**) and newspapers (**Table 5**). He is now acting secretary and treasurer in Dr. M. Nasirullah Memorial Trust.



**Figure 2.** The Author.

**Table 3.** Author’s Published Books.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Book** | **Publisher**  | **Year Published** | **Role** |
| 1 | The Role of the Pharmacist in Patient Care | Universal-Publishers (US). (ISBN-10: 1627343083 ISBN-13: 9781627343084) | 2020 | Sole Author |
| 2 | A Comprehensive Chemical and Pharmacological Review of Cosmetics | Nova Science Publishing Inc. (US), ISBN: 978-1-53618-571-3 | 2020 | Sole Author |
| 3 | A Review of Pharmaceutical Science | GRIN Verlag, 2020 (Munich, Germany) (ISBN 3346214184, 9783346214188) | 2020 | Sole Author |
| 4 | Nature and Nutrition: A New Era of Therapeutic Herbs | Nova Science Publishing Inc. (US), (ISBN 9781536158922) | 2019 | Sole Author |
| 5 | Non-drug pain management: opportunities to explore (e-Book) | BiomedGrid LLC, USA May 09, 2019 (ISBN: 978-1-946628-01-5) | 2019 | Sole Author |
| 6 | Common GI Disorders & Alternative Measures (e-Book) | LAP LAMBERT Academic Publishing (ISBN-13: 978-613-9-47148-5)  | 2019 | Sole Author |
| 7 | A Comprehensive Review of Surgical Supplies (e-Book) | Peernest, US August 13, 2019 (ISBN: 978-1-946628-24-4) | 2019 | Sole Author |
| 8 | Skin Aging and Modern Age Antiaging Strategies (e-Book) | Peernest, US July 23, 2019 (ISBN: 978-1-946628-23-7) | 2019 | Sole Author |
| 9 | A Pharmacological Review of Sunscreens and Suntan Preparations (e-Book) | Peertechz Publications, India August 05, 2019 (ISBN: 978-81-943057-1-2, DOI: 10.17352/ebook10112) | 2019 | Sole Author |
| 10 | Medicinal Values of Seaweeds (e-Book) | Academic Publications, India (ISBN: 978-81-943354-4-3) | 2019 | Sole Author |
| 11 | Clinical Pharmacists in Chronic Care Management (e-Book) | Academic Publications, India (ISBN: 978-81-943354-0-5) | 2019 | Sole Author |

**Table 4.** Author’s Published Articles.

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Publication**  | **Journal**  | **Citation** |
| 1 | Intermittent Fasting and Adding More days to Life (Letter to the editor) | Applied Clinical Pharmacology and Toxicology (ISSN: 2577-0225) | Mohiuddin AK (2019) Intermittent Fasting and Adding More Days to Life. Appl Clin Pharmacol Toxicol 3: 121. DOI: 10.29011/2577-0225.100021 |
| 2 | Pharmacist-Led Antimicrobial Stewardship | Lupine Online Journal of Pharmacology & Clinical Research | Abdul Kader Mohiuddin. Pharmacist-Led Antimicrobial Stewardship. LOJ Phar & Cli Res 1(4)- 2019. LOJPCR.MS.ID.000117. DOI: 10.32474/LOJPCR.2019.01.000117. |
| 3 | Domination of Gastric Complications Among Diabetic Patients (Letter to the editor) | Journal of Gastroenterology and Hepatology Research | Mohiuddin AK. Domination of gastric Complications Among Diabetic Patients. Journal of Gastroenterology and Hepatology Research 2019; 8(4): 2928-2931. DOI: 10.17554/j.issn.2224-3992.2019.08.838 |
| 4 | Affordability Issues of Biotech Drugs in low- and middle-income countries (LMICs) | Drug Designing & Intellectual Properties International Journal | Abdul Kader Mohiuddin. Affordability Issues of Biotech Drugs in Low- and Middle-Income Countries (LMICs). Drug Des Int Prop Int J 3(2). DDIPIJ.MS.ID.000156. DOI: 10.32474/DDIPIJ.2019.03.000156.  |
| 5 | Patient history and medical record: Proper solution from accurate problem identification | Medicine and Medical Sciences (Academia Publishing) | Mohiuddin AK (2019). Patient history and medical record: Proper solution from accurate problem identification. Med. Med. Sci. 7(7): 082-086. DOI: 10.15413/mms.2019.0112 |
| 6 | Managing Rational Use of Drugs in Bangladesh | Pharma Tutor | Mohiuddin, A. 2018. Managing Rational Use of Drugs in Bangladesh. Pharma Tutor. 6, 11 (Nov. 2018), 30-35. DOI: http://doi.org/10.29161/PT.v6.i11.2018.30. |
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| 14 | Pharmacists in Public Health: Scope in Home and Abroad | SOJ Pharmacy & Pharmaceutical Sciences | Mohiuddin AK (2019) Pharmacists in Public Health: Scope in Home and Abroad. SOJ Pharm Sci 6(1):1-23. DOI: 10.15226/2374-6866/6/1/00196 |
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| 16 | Patient Rights in Pharmacy Profession | American Journal of Public administration | AK Mohiuddin. Patient Rights in Pharmacy Profession. American Journal of Public administration, 2019,1:5. DOI:10.28933/AJPA |
| 17 | Patient Education: Steps Towards Compliance | Journal of Pharmacology & Clinical Research | Mohiuddin AK. Patient Education: Steps Towards Compliance. J of Pharmacol & Clin Res. 2019; 6(5): 555700. DOI: 10.19080/JPCR.2019.06.555700 |
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**Table 5.** Published Articles in Printed/Online Newspapers.

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Publication**  | **Journal**  | **Citation** |
| 1 | নীরব ঘাতক ডায়াবেটিস: বাংলাদেশে বর্তমান পরিস্থিতি | দৈনিক সিএন বাংলা | আব্দুল কাদের মহিউদ্দিন. নীরব ঘাতক ডায়াবেটিস: বাংলাদেশে বর্তমান পরিস্থিতি. দৈনিক সিএন বাংলা /স্বাস্থ্য ও জীবন, জুলাই ১৯, ২০২০. https://www.dailycnbangla.com/print?id=1080 |
| 2 | কোভিড -১৯ এবং ২০টি সমাধান | আজ সারাবেলা | আব্দুল কাদের মহিউদ্দিন. কোভিড -১৯ এবং ২০ টি সমাধান. আজ সারাবেলা/ মত প্রকাশ, জুন ১, ২০২০. Available in: https://www.ajsarabela.com/2020/06/01/কোভিড-১৯-এবং-২০-টি-সমাধান.html |
| 3 | মহামারী পরিস্থিতিতে টেলিফার্মাসি | আজ সারাবেলা | আব্দুল কাদের মহিউদ্দিন. মহামারী পরিস্থিতিতে টেলিফার্মাসি. আজ সারাবেলা/ মত প্রকাশ, মে ১৫, ২০২০. Available in: https://www.ajsarabela.com/2020/05/15/মহামারী-পরিস্থিতিতে-টেলি.html |
| 4 | Drug addiction, a consequence of social ills rather than individual flaws | The Independent | Abdul kader Mohiuddin. Drug addiction, a consequence of social ills rather than individual flaws. The Independent/Editorial, 27 November, 2019. |
| 5 | Drug addiction: Causes and consequences | The Independent | Abdul kader Mohiuddin. Drug addiction: Causes and consequences. The Independent/Editorial, 4 December, 2019. |
| 6 | Public health: Chemical residues in food grains | The Independent | Mohiuddin AK. Public health: Chemical residues in food grains. The Independent (OP-ED), 30 August, 2019. |
| 7 | Risk-benefit issues of seafood consumption | The Independent | AK Mohiuddin. Risk-benefit issues of seafood consumption. The Independent, Op-ed, 19 September, 2019. Available in: http://www.theindependentbd.com/printversion/details/215966 |
| 8 | The diabetes TRACK and the track records | The Independent | AK Mohiuddin. The diabetes TRACK and the track records. The Independent, Op-ed, 02 November, 2019. Available in: http://www.theindependentbd.com/printversion/details/222026 |
| 9 | Health hazards with adulterated spices: Save the ‘onion tears’ | The Independent | Abdul Kader Mohiuddin. Health hazards with adulterated spices: Save the ‘onion tears. The Independent (Op-ed), 22 November, 2019 |
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**CONCLUSION**

Universal-Publishers eagerly seeks prolific authors who correctly are leading experts in their chosen field, and whose work addresses a specialized audience. Their mission is to expose novel ideas and important scholarship. In exchange for distribution rights, they offer vital distribution, adequate compensation, multiple media editions, and personal attention. The esteem book was under editing and improvisation from the beginning of the year 2019, after copyright agreement signing. The published book is eligible to provide learning to both Pharmacy apprentices (mainstream and diploma pharmacists) for their established courses related to Hospital and Community Pharmacy, Pharmacy Compounding and Dispensing as well as to the allied health professionals who are close to ill patients in their day-to-day activities. Significant limitation of the book lies with the continuous improvement in various aspects of healthcare services around the world that cannot be detailed in a particular frame. However, further reading references are given so that an aware reader can have an idea of credible sources that can undoubtedly benefit their future learnings. Also, a comparison table is added in Annexure 26 of the said book **(Table 2)**, showing a few points that makes the book superior to similar other available books, which is further mentioned that those books obviously have their unique superiority over this book, The Role of the Pharmacist in Patient Care (Achieving High Quality, Cost-Effective and Accessible Healthcare Through a Team-Based, Patient-Centered Approach) in terms of their focus on respective subject matter(s). The book solely claims its superiority in terms of focus in detailing Pharmacists’ major roles and responsibilities in patient care.

**Web**

https://www.universal-publishers.com/m/book.php?method=ISBN&book=1627343083

**Amazon link**

https://www.amazon.com/exec/obidos/ASIN/1627343083/ref=nosim/dissertationcomd

**Barnes & Noble**

https://www.barnesandnoble.com/w/the-role-of-the-pharmacist-in-patient-care-abdul-kader-mohiuddin/1137309577

**Sample Chapter**

https://www.docdroid.net/HPCzPeD/sample-chapter-patient-care-pdf

**List of Contents (with sub-headings)**

https://www.docdroid.net/WmUgghH/chapter-contents-docx

**Author Profile**

https://www.researchgate.net/profile/Abdul\_Kader\_Mohiuddin

**PubMed Link**

https://www.ncbi.nlm.nih.gov/nlmcatalog/101766397

**NLM ID:** 101766397 [Book]

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