The Report of the Study Commission on Pharmacy was presented in Washington, D.C. on December 5 and was the result of two years of work. The reactions were mixed but many did express disappointment with the report. Part of this disappointment probably stems from the fact that the report did not come forth as a blueprint of how to change pharmacy or that clinical pharmacy was not the answer to pharmacy's problems. Pharmacists for the Future, the title of the report, is a futuristic view of the practice of pharmacy. It offers concepts, findings and recommendations and **should be read by everyone associated with pharmacy.**

While we cannot reproduce the entire report, it is available from the American Association of Colleges of Pharmacy. One of the areas we would like to acquaint you with is the "clinical scientists" for pharmacy and pharmacy education.

The commission states that "pharmacy education is in a most difficult situation. Many roles or tasks have been suggested for pharmacists but they have not been scientifically analyzed as to the competencies involved. **It is difficult, if not impossible, to identify with precision the relevant science basic to a competency which has not been clearly defined and evaluated".**

What is needed, according to the report, **is a clinical scientist - one who is expert at the patient's bedside and equally competent in the laboratory.** This person would be able to discern that portion of his science which is relevant to the care of the patient. He would then be able to assist his colleagues "in making the choice of those parts of his scientific discipline which must be given the highest priority within the curriculum".

Therefore the commission recommended:

1. **"That serious efforts be made by all colleges of pharmacy to provide members of the faculties effective opportunities to practice pharmacy in some role to the end that they may be more conscious of the essential relationship of knowledge and skill and, further, serve as role models for their students.**
2. **That the research efforts of pharmacy faculty members be directed as much as possible to the solution of problems of pharmacy practice.**
3. **That a concerted effort be made to organize and finance a program to appropriately educate and train a small number [c. 100] of 'clinical scientists' for pharmacy and pharmacy education."**

These "clinical scientists" could be of great benefit to pharmacy in helping the other health professions see the benefits of pharmacy. Medicine has its "clinical scientists" but we only have a handful and it could be that our "clinical scientists" might even be called upon to assist in the education and training of the other health professionals.

This is a great opportunity for pharmacy and we would hope that some of you would begin looking into this and seek education so that you could help fulfill this need.

The United States declares bankruptcy! Impossible you say. Whoever heard of such a thing. Well, how about New York City? The "Big Apple" is in serious difficulty and the Federal government had to help out. But who will offer assistance to the Federal government when it faces this problem.

The gentlemen we have placed in Washington have mismanaged the nation's finances to a fare-thee-well. It was **Lyndon Johnson who became the first president to propose a $100 billion budget and now the budget gap is approaching $100 billion.** The gross public debt is $548 billion and seven years ago it was $358 billion. It is easy to see that we have spent almost $200 billion more than we could raise in taxes.

Tax reforms, spending cuts and a balanced budget are needed. It can be anticipated that many political platforms will be built around these themes.

There will be reductions in welfare and social programs and we may see less interest in Congress about National Health Insurance programs. Our experience with **Medicare** has told us that it **will cost over double what was expected** and **NHI could increase the government's consumption of our GNP from 37 percent to about 45.** Medicaid programs in many states are nearing bankruptcy and pharmacy fees for drugs are being cut.

The New York lesson seems fairly clear. You cannot keep spending more than you make.

Drs. Smith and Garner of the University of Mississippi demonstrates that the "savings" from a closed formulary used by Mississippi for two classes of widely used drugs is indeed questionable. **It is probable, according to these researchers, that either the physicians are prescribing another formulary drug of a questionable therapeutic value for a given condition or they are leaving it up to the patient to pay from his pocket for the drug not included in the formulary. But the costs of drug therapy are not lowered.**

Another study published in the December 1975 issue of Pharmacy Times comes to nearly the same conclusions. Here the dispensing patterns for most commonly used drugs were analyzed and several differences were observed under different types of third party programs. There is a marked shift in the dispensing of several important drugs under the formulary system, although the economic impact of this shift has not been studied.

We are of the opinion that the formulary system has more disadvantages than benefits. It interferes with the prescribing freedom of the physician, is inflexible and becomes rapidly outdated. Whether it encourages rational use of drugs is still open to question and from the limited evidence we have, formularies do not result in savings to the third parties. Administratively, these might, in some cases, simplify the reimbursement mechanism but **our emphasis should be on serving the patient's needs first.**

More comprehensive studies are needed in this area before drug formularies become an accepted tool in the hands of the third parties. **It may end up that the only function the formularies serve is to interfere with the practice of medicine without any monetary benefit.**