Summing up this lengthy presentation, the endeavor has been:

First: To point out the four landmarks in the field of hospital administration that establish the importance of a functioning pharmacy committee. These landmarks were established by medical, hospital, and pharmacy groups working toward a common goal of better patient care.

Second: To detail the responsibilities, functions, and duties of the individual members of the pharmacy committee. In doing this attention was focused on:

(a) 4 Responsibilities of the Administrator
(b) 7 Responsibilities of the Chairman
(c) 7 Responsibilities of the Pharmacist Recorder or secretary and,
(d) 12 Responsibilities of the individual Committee Member.

Third: To emphasize a few factors which we feel are leading to an extremely confused and complicated situation today in drug therapy; and to suggest a democratic method in medical self-government by which a physician or dentist on a hospital staff can obtain an exhaustive drug consultation from a competent and active group of clinicians - the hospital's pharmacy committee.

The pharmacy committee technique as a means of providing the best in drug therapy is a sound advance in hospital administration and clinical practice. This fact is attested to by the many clinicians who are being properly served by such committees and who are enthusiastic with the results. Obviously, the success of an individual hospital program must depend upon the perspective, interest, understanding, and industriousness of the clinicians and pharmacist who serve on the committee as voting members as well as the sincerity, interest, and support of the physicians and dentists who have the privilege of using the hospital, and last but not least, the complete support of the hospital administrator.

The foregoing is taken from a paper prepared for the Division of Hospitals in 1953 by co-authors Kenneth R. Nelson, M.D., and Clifton K. Himmelsbach, M.D.