



THE PHARMACIST AND THE THERAPEUTIC EMERGENCY

Roberto Fantozzi

Department of Anatomy, Pharmacology and Forensic Medicine, University of Turin, Turin, Italy

The pharmacist role has been evolving rapidly toward a more patient-oriented type (“*Pharmaceutical Care*”). Opportunities are increasing for the pharmacist to improve patient outcomes and quality of life through an expanded role as drug provider. As the pharmacist represents the easiest contact for the patient, the chance for him to face health emergencies that require an immediate drug therapy is high, thus creating critical situations that involve ethical, legal and pharmacotherapeutic problems, such as the right choice of the drug, the most appropriate dose and the correct way of administration. Generally, may have the pharmacist a role in emergency and, if yes, what a role? Has the pharmacist the right knowledge to contribute to manage an emergency? While the answers to these questions are on-going, we have to take into account three different examples. The pharmacist can provide directly naloxone, a drug with an high selectivity for its molecular targets and a very low burden of side-effects, but he is not allowed to provide adrenaline without physician prescription, being adrenaline a life-saving drug for patients with anaphylactic reactions but with significant side effects. However, the pharmacological knowledge of the pharmacist on both drugs should be quite similar. The recent FDA approval of Plan B (August 2006), a product for emergency contraception in the form of two levonorgestrel pills, as an over-the-counter medication for women aged 18 and older represents a further element of debate about the role of pharmacist in therapeutic emergency.