

The Clinical Pharmacists Main Focus

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Introduction

We can see that severe and critical patient condition gives frequently high mortality and morbidity rate and so this condition need the best available rational decision making systems involved in therapy. If we have 40% in mortality rate 4 patient/10 can be involved in exits (We can think also to severe infectious disease, some poisoning, major surgery, end stage renal failure, ICU, trauma, burns patients, transplants But many other conditions with high mortality rate).

In this specific kind of patient a multidisciplinary medical team with added the specific pharmaceutical competencies and knowledge can reduce this rate saving more patient versus equips without this expertise [1-4]. Since from the clinical trial in registration of new molecules the pharmaceutical knowledge can be useful instruments to better evaluate (in the medical team) the real efficacy [5,6] and the real opportunity that this can gives in pharmacological treatment especially for severe conditions.

The single Patient life needs the best bio-medical competencies but also the specific pharmaceutical knowledge at the same time to complete the correct decision making systems in clinician's treatment.

Discussion and Conclusion

We have seen in scientific bibliography that severe patient condition (or critical), or some kind of patient like transplanted, severe oncologic patients, serious infectious disease, heart failure, relevant cardiovascular conditions et other can have more clinical results when clinical pharmacist is permanent member of the medical team because the pharmaceutical knowledge is added to the biomedical medical expertise.

We have also see that this professionals can not to be applied to all kind of patients (too low the number of clinical pharmacist applied in hospital versus clinicians) and for this reason they must be applied in the really critical and severe patient to use this resource in best way [7,8].

We think that the main focus of the clinical pharmacist must be applied in priority way to the most critical patients in order to achieve the best results available [9]. In this condition even benefit of 1 life achieved in mortality rate is a real golden endpoint (we can think for example to a paediatric poisoning, or severe infectious disease in pregnancy or the effect of inefficacy immunosuppressive therapy in transplanted et other) [10]. This can be considered in example as a reduction in NNT to improve a therapeutic strategy.

The same preventing of diffusion of MDR antimicrobial resistance monitoring the right molecules used can be an efficacy instrument to

preserve the efficacy of some parenteral antimicrobials in today pattern of resistances [11]. Since ancient time in many prehistoric cultures the use of remedies available was a fundamental fact in order to survive in dangerous situations and only in recent time's pharmacy was divided from medicine (about 1200 d.c FEDERICO II of SVEVIA named STUPOR MUNDI).

Before 1200 dc in fact pharmacist and physicians professions where practice by the same physicians and only to prevent some kind of abuse this two professions and arts was divided: to the pharmacist the role in drugs preparation in magisterial formula and providing this remedies to patient under physicians prescription and to the physicians diagnostic and therapeutic exclusive competence.

But observing the literature cited in this paper we can see that today (as well as in past) the clinical outcomes is better obtained adding the pharmaceutical competencies to the clinicians works and this presence is the medical team is request to improve some clinical outcome [2-4,7,12-14].

The clinical pharmacist and medicinal chemists expertise also can add the right pharmaceutical knowledge to improve pharmacokinetics or dynamics of some molecules if request by clinicians or pharmaceutical industries in order to reduce the failure of a pharmacological strategy (using an example chemistry modify in drugs design, new delivery systems to have a better pattern in ADME or other strategy to improve the global dynamics in research and industries level) [15].

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