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The collaboration of clinical pharmacists and physicians for medication safety

The Comment[1] (published July 27, 2019) by Maxwell and Webb on prescribing safety assessment rightfully highlights the central role of education and training to improving the safe delivery of medicines.

In 2017, the WHO's Global Patient Safety Challenge identified three key action areas (polypharmacy, high-risk situations, and transitions of care) to reduce severe and avoidable medication-related harm.[2] To successfully achieve this objective, we believe that the combined work of clinical pharmacists and physicians is essential in each of these areas and should occur at every stage of the patient care pathway, including hospitalisation and transitions of care, as they are both high risk periods for medication mistakes.[3] Given the complexity of the prescribing process and considering the frequent workflow interruptions and stress sources for prescribers in daily practice, the implementation of physician learning programmes might be warranted, but not sufficient, to guarantee the safe and effective use of medicines. The combined intervention of clinical pharmacists and physicians within a collaborative medication reconciliation process has a high potential for reducing downstream clinical errors and could be efficient in all WHO action areas described above.[2,3]

Further, even if studies proved medication reconciliation to be efficient to reduce medication errors, its effect on hard patient outcomes, such as adverse drug events and hospital readmissions, are debated and controversial.[3,4] A multicentre,

prospective study (NCT04018781) associated with qualitative research methods that explore the organisational, clinical, and economic effects of medication reconciliation, especially for older patients after hospital discharge, could help to highlight the strength of this collaboration of clinical pharmacists with physicians for prescribing safety.[5]

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1 Maxwell SRJ, Webb DJ. Improving medication safety: focus on prescribers and systems. *Lancet* 2019; **394:** 283–85.

2 WHO. The third WHO global patient safety challenge: medication without harm. 2017. https://www.who.int/patientsafety/medicationsafety/medication-without-harm-brochure/en/ (accessed July 11, 2019).

3 Mekonnen AB, McLachlan AJ, Brien JA. Effectiveness of pharmacist-led medication reconciliation programmes on clinical outcomes at hospital transitions: a systematic review and meta-analysis. *BMJ Open* 2016; **6:** e010003.

4 Christensen M, Lundh A. Medication review in hospitalised patients to reduce morbidity and mortality. *Cochrane Database Syst Rev* 2016; **2:** CD008986.