

Communication

A Publication of the Manitoba Society of Pharmacists Inc.

Continuing Education:
Therapeutic Options
Therapeutic Options Focus On Levonorgestrel Emergency Contraception

The Last Word:
What's in the Bottle?
Pharmaceutical Risk May Lie Far in the Future

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Pharmaceutical risk is a vast subject. It ranges from drugs that fail to work as intended to unwanted side effects of drugs to various drugs turning up in lakes and oceans to the chances that investors in drug companies will get more or less than they bargained for.

Cover photo provided by Nardella Photography.

The “Customer of the Year”

So I’m working a busy Sunday night shift (yes, of course I am by myself...), when in walks a younger woman with her infant son. I meet her at the counter, check over all the information; make sure allergies and drug plans are up to date; make sure all the products that I need are in stock; ask about the other antibiotic that her son had just filled recently and whether or not the new prescription was related; get her son’s current weight, and then kindly let her know that I’ll need about 15 minutes to get it all together and that her son’s prescription would be ready at 11:00 pm. Stage one in the books, and I’m feeling pretty good...

I check the dose of the suspension against the patient’s weight...a bit aggressive, but still within range. Then the phone rings (when doesn’t it?). After answering the phone inquiry, it’s back to the Rx. A quick glance over at the little boy shows one happy kid (a silent blessing on a Sunday night...). Grab the labels off the printer and double-check my work. Then it’s off to the isle to answer an OTC question. Back to the dispensary. Mix up the antibiotic, get the ointment (in a tube...blessing number 2...), label it up, sign, staple, in the basket and ready to go. Time = 10:56 PM. 11 minutes. I normally don’t rush, but the kid was cute and it was late. Stage two and it’s a slam-dunk...

I call the patient and her son to the counter to pay before beginning the counselling, and before I can say anything, she says to me: “I have been waiting in the emergency room for 4 hours tonight with my son (here comes the big thank you...I can feel it!), and I have been coming here for years to get prescriptions (of course she hasn’t, but it adds such dramatic effect...), and I cannot believe you made me wait the entire 15 minutes”...huh?

Now here is where you get to play. Which of these empathetic responses do you think I made to my new “customer of the year” (and we are not even at the halfway point yet...):

- a) Actually it’s only been 11 minutes. Please go sit back down for 4 minutes and then feel free to complain.
- b) Can I please get the address of where you work so I can come down there one day and tell you how to do your job?

c) Are you being serious? I have been working on your prescription since the moment you dropped it off. Was I not jumping around fast enough for you back here?



JAY RICH
Communication Chair

d) Miss, this is a pharmacy, not a magic show. I don’t just wave a wand and poof, everything is done.

e) Insert your own bitter witty comment here

Now I know this type of person is not the norm, and sure, she was tired and cranky from the emergency room (wonder what she said to the doctors...probably nothing...you know how busy they are...), but how how are we ever going to change this perception of crank it out fast food pharmacy? Are we forever doomed to a career of misperception? Will we spend the next 100 years as nothing but “lick and stickers”? It sometimes feels like the glaciers are melting faster than our profession progresses in the eyes of the public, but ultimately, it all comes back down to us. Sometimes you just need to rant to remember that. The “customer of the year” may never change, but we can, and many of us are every day. Maybe the day will come where “15 minutes” for a prescription doesn’t seem like such a bother to people. Maybe people will start to realize that it’s not all about how fast we can get it done, but what

we do and what we can offer if given the proper time to do it. No one is going to help us change these expectations. We created them, and now only we can fix them. It won’t happen overnight, but maybe...

...Oh, and by the way, when it doubt, pick c...

Editors Note: As my tenure with MSP has come to an end, I just wanted to take a moment to say Thank You to all of you for the support you have given this column over the past 6 years. My time on MSP has been extremely rewarding, and some of my favourite moments have involved writing for this space. A big thank you to both Jill Ell and Scott Ransome, who put this magazine together for all of us on a bi-monthly basis, and at the same time serve the pharmacists of Manitoba as the leaders of the best advocacy group in the country. It has been my absolute pleasure to have had the opportunity to share my rants, thoughts, and opinions with you 6 times a year, and so once again, I just say thanks. Take care and please remember, it’s our profession, so let your voice be heard...



Congratulations
to MSP Board Member, Michelle Glass and her husband Roni Estein on the birth of their daughter, Miriam. Miriam arrived on Mar. 16th, 2009. Mother and baby are both doing well.

The Sounding Board is here for members to speak up and speak out on issues that are of interest to pharmacy. The Sounding Board is not intended to be an expression of the opinions of the Manitoba Society of Pharmacists, but rather is meant to be a forum for opinions and thoughts. We encourage you, our members, to write in with your opinions on the topical issues of the day.



Scott Ransome,
Executive Director
Manitoba Society of Pharmacists
Suite 202, 90 Garry St.
Winnipeg MB R3C 4H1

Via Email: sransome@mshp.mb.ca

Dear Mr. Ransome,

As you know, the Task Force on a Blueprint for Pharmacy was mandated to draft a common Vision for Pharmacy, and an Implementation Plan of actions and deliverables necessary to achieve that Vision.

The Vision for Pharmacy document was released in June 2008. Less than a year later, this Vision for Pharmacy has received pledges of support from 100% of national and provincial pharmacy organizations, associations, faculties, student societies as well as a majority of leading pharmacy chains/banners. (The Vision document is available at www.pharmacists.ca/blueprint)

We are pleased to provide you and your organization with our next milestone – the Blueprint for **Pharmacy Implementation Plan**. Developed using the knowledge and experience of 5 Working Groups of more than 70 leaders and subject matter experts across the country **this Plan is the set of activities needed to implement change; in other words, to implement the Vision for Pharmacy**. You will note that this plan also includes suggested “leading organizations” for each of the activities and their deliverables. These were determined by the collective expertise of the Task Force and Working Groups as the organization (or organizations) whose stated mandate and interests indicated that group would be a good match for initiating and/or owning the activity and deliverables.

A second document is attached – a **draft Operational Framework**. This Framework groups the actions and deliverables listed in the Implementation Plan into “projects”. The Framework is a **fluid document to provide guidance to those leading or funding the activities**, and will shift to respond to potential funding streams and the partnerships created among pharmacy stakeholders to carry out the activities listed in the Implementation Plan.

Our request...

Your organization has shown its support for the Blueprint for Pharmacy initiative by committing to act on the Vision for Pharmacy. **In recognition of this pledge we are formally asking your organization to consider this Implementation Plan, and the role your organization can play in leading or collaborating with other pharmacy leaders and innovators in executing the activities and achieving the Plan.**

Many of the potential leading organizations have already had discussions with their Boards of Directors and memberships and are already strategizing on the activities they will implement. Others are in the process of considering their role(s).

Our invitation...

We invite you to attend a special pre-conference session at the CPhA Annual National Conference on Saturday May 30, 2009 (1:00-4:00 pm), where pharmacy organizations will showcase the initiatives in which they are leading or partnering, which will help achieve the Vision for Pharmacy. Take this opportunity to engage in interactive dialogue with our panel presenters as they discuss PharmD, pharmacy technician regulation, pharmacist prescribing in primary care, roll-out of drug information systems, drug distribution innovations in hospital pharmacy, and compensation for pharmacy services.

To register for the conference, and this pre-conference session, please visit www.pharmacists.ca/conference

Our next steps...

The Blueprint for Pharmacy initiative will convene a “Leaders and Partners” meeting tentatively scheduled for September 23, 2009 in Montreal. Please watch for the venue to be announced, and mark it in your calendars. All participants are expected to come to this session prepared to share their organization’s intentions and progress in carrying out the activities and achieving the deliverables in the Implementation Plan.

Yours sincerely,

David S. Hill, Ed.D, FCSHP
Chair, Task Force on a Blueprint for Pharmacy

CC: Mel Baxter, President, Manitoba Society of Pharmacists

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The Annual Manitoba Pharmacy Conference was held at the Victoria Inn on April 17th, 18th and 19th. Once again a program evaluation was made available at the registration desk. The Conference Planning Committee finds this information very useful and would like to encourage all conference participants to complete and forward the evaluation form. The evaluation forms received up to the time of printing were collected and the responses have been summarized for your information. The form is available on the conference website at www.mbpharmacyconference.com.

1. What did you like the most about the conference this year?

- Wendy Mesley
- Current information
- Discussion on Pharmacy Blueprint
- Meeting and visiting with peers
- Friday evening Wine & Cheese event – great atmosphere and a good change to visit with people
- Educational
- CEU sessions were good, everything ran on time
- Concurrent CEUs
- Education, friends, food
- Excellent topics for presentations
- 9:30am Sunday start
- Great variety in types of presentations
- Addictions session
- Issues Forum, Session B – Banting & Best to Banting & Better
- Issues Forum – Culture Shift
- Venue was excellent
- Variety of speakers and a non-pharmacy speaker on Friday
- Issues Forum
- The question period after ‘R’ Kids Safe – bought up lots of practice advice
- The later morning start on Sunday
- Socializing
- ‘R’ Kids Safe program
- Format of CE – I like the panel discussions
- 50 year pin presentation
- Issues Forum – excellent selection of speakers
- Average event
- ‘R’ Kids Safe, NIHB was better than expected (would have liked a handout)
- Panel discussions
- Opening remarks – Wendy Mesley
- Not much

2. What did you like the least about the conference this year?

- Continental breakfast
- Disappointed with presentation of NIHB billing requirements – I was hoping for more useful information

- Session A – Interpreting diagnostics
- Saturday evening dinner was not as good as usual
- Session A – Interpreting diagnostics
- The level of speakers, some speakers spoke as if was the first time they read the topic
- Venue (what about at the Asper Centre next year)
- No handouts given, speakers were rushed
- The sessions were rushed
- Blueprint for Pharmacy sessions, PharmD. – nothing new, committee setups boring. Phones ringing!
- Murder on the Menu, Session A – Interpreting diagnostics
- Venue
- Some events and sessions not being on time and no handouts for some CE sessions
- Session A – Interpreting diagnostic
- Awards luncheon (Sunday) was too long
- People who did not have the courtesy to turn off their cell phone ringers
- Too much discussion regarding future, too many stats in presentations
- Entertainment at awards banquet
- Tim Fleming presentation was not very good. Opportunity to ease pharmacists into tech advancement.
- Temperatures in the room, murder mystery at awards banquet
- Location and no high end CE event/ keynote speaker
- The hotel – would prefer a nicer hotel in a better area (safer feel)
- Session A – was very poor & Session B only slightly better
- Too few CEU’s

3. What was your favourite continuing education session and why?

- Cardiovascular Care, Warfarin Therapy Management
- Cardiovascular Care, High Dose Statins – very practical and pertinent information

- Cardiovascular Care, Warfarin Therapy Management – Lisa Zaretsky
- Preventative Care Through Immunization
- Cardiovascular Care – speakers were excellent and very practice relevant
- Analgesics and children – presented new ideas about an old medication
- Preventative Care Through Immunization – presented information that was new to me (Shingles Vaccine) and it was a good update.
- Preventative Care Through Immunization – all of it was good!
- Preventative Care Through Immunization & Issues Forum
- Cardiovascular Care – most applicable to my practice.
- Preventative Care Through Immunization & High Dose Statins – speakers were well qualified
- High Dose Statins – pertinent & speakers well organized
- Banting & Best and Session E1 – Preventative Care Through Immunization – very high level of professional research
- Preventative Care Through Immunization – has greatest impact on my practice. Blair Seifert and Dr. Aoki were excellent presenters
- Sessions Sunday morning – multiple presentations on same topics and current local programs
- Cardiovascular Care – most relevant
- Cardiovascular Care & Session E1 Preventative Care Through Immunization – relevant to practice, interesting, information supplied
- ‘R’ Kids Safe – good practical information
- Preventative Care Through Immunization
- ‘R’ Kids Safe – Addictions and Inhalants
- Issues Forum, Session B & Insulin talk because of the use of EBM.
- ‘R’ Kids Safe – excellent speakers
- Issues Forum – Culture Shift

- Immunization – I learned the most
- NIHB Audit – how woefully bad they are
- NIHB because I just recently encountered this in my career and it is relevant
- Headline News – actual information I could relate to in my practice
- Cardiovascular Care
- ‘R’ Kids Safe – appreciated & relevant to my practice
- Cardiovascular Care – all presentations were good overview of topics that covered many different scenarios.
- Headline News – can really use in my practice
- Issues Forum – all four speakers
- ‘R’ Kids Safe
- Cardiovascular Care – most relevant to my practice
- ‘R’ Kids Safe was great, NIHB was better than expected – would have liked handouts
- Issues Forum
- ‘R’ Kids Safe – provided useful information and tools

4. A. What topics would you like to see presented next year?

- PTSD
- Session about new regulations and their impact
- Technician liability and accountability
- Stroke and movement disorders
- Treatment of epilepsy
- Lab presentation that actually deals with lab values and interpretations
- Bioidentical hormones
- More practical presentations for everyday retail
- HPA, Disclosure guidelines
- MPhA presentation on practice and ethical issues could be helpful
- New products update
- Venosan compression stockings overview
- Same sort, great job
- Wound Care
- Menopause – anything new? Chronic pain and or acute pain treatment and newer products and value (perhaps for Shawn & Kyle)
- Asthma &/or COPD
- Diabetes care – community resources available and how to access
- Oncology related topics, parenteral nutrition

B. Did you like the format of the sessions?

- Yes – 9
- No – 4

5. Did you like the hotel and session rooms?

- Yes – 31
- No – 4
- Would prefer a more central location
- Friday – rooms too cold
- Session rooms sometimes too large and cold
- Okay but not great
- Temperature in rooms inconsistent – either very cold or okay
- Session rooms good, hotel rooms/hotel in general fair
- Session rooms okay, hotel not very good
- Temperature control, noise levels, uncomfortable chairs
- Food is too much of the same each meal
- Hotel not great, noisy

6. Would you like MORE or LESS social events?

- Same – 22
- More – 4
- Less – 2
- Same is good but can more be scheduled without sacrificing the CE/business component?
- More – an optional event Friday and Saturday nights?
- Would have liked to see more people attend Friday night – the amount seems light
- Need more CEU’s – not concurrent sessions

7. How did you hear about the conference (website, newsletter, etc):

- Communication Journal – 7
- Newsletter – 16
- Website – 13
- Communication Plus – 4

8. Comments

- Remind conference attendees to turn off cell phones or set on vibrate
- Would it be desirable to end the conference Sunday at 3:00pm or event 1:30? Many rural pharmacists would prefer this
- Would you consider having the conference in Brandon?
- Hotel location too far from home,

rather have a more central location, nice to get presenters other than pharmacists (Dr. Aoki), exhibitor venue way too short

- Good Job Marnie! Great having CAPT involved, Sunday afternoon sessions needed better use of microphones
- Chocolate bars in conference bags had almonds – okay for me but not for allergic people, please make sure handouts from PowerPoint’s are readable, encourage all speakers to provide handouts
- MPhA meeting on Friday prevented greater attendance for Friday’s speaker & continuing education sessions – possible for meeting to happen on Thursday instead? Having Wendy Mesley as a drawing card was excellent and she should have gotten as many audience members as possible
- It would be nice to have handouts for all sessions as some of them don’t do that.
- MPhA Luncheon had very plain tables, like eating in a warehouse.
- Sunday was an enjoyable and useful day
- For refreshments – other diet drinks would be good, lunch service was a lot better this year
- Unhealthy food during breaks, where are the veggies and dip?
- More CE events would be nice – more short ‘Headline News’ type programs
- Great conference
- Please more practical CEU’s and less therapy in future presentations
- Prefer a musical group for awards banquet entertainment
- Need more time with the exhibits, Murder Mystery interfered with visiting, although it was well done
- More exhibitor booths geared towards technicians
- CEU sessions must be closely looked at before approved for presentation
- Location was not to standard expected from a professional conference, need new ideas on format, getting stale as same year after year. Issues Forum open discussion has been wasted last couple of years

Larry Leroux Wins Bowl of Hygeia

When it comes to a career in Pharmacy, “You take out what you put in,” says Larry Leroux, this year’s Wyeth Bowl of Hygeia Award winner. Leroux was presented the prestigious award at the Annual Manitoba Pharmacy Conference Award Dinner on April 18th, in recognition of his nearly thirty-year commitment to caring for some of our community’s most vulnerable and at risk members.

Graduating from the Faculty of Pharmacy at the University of Manitoba in 1977, Leroux started his working career at Tambyn Drugs in Polo Park. He credits Tambyn’s District Manager, Gord Cranston, with giving him the confidence and freedom to start his career in the right direction.

In 1980 he purchased Broadway Pharmacy from Sam Diamond, another pharmacist Leroux says had a positive influence on his career. West Broadway, at the time, was home to many people living with addiction to non-potable alcohol products and other intoxicants such as inhalants. Many of Leroux’s patients suffered from these addictions.



TERESA MURRAY

West Broadway, at the time, was home to many people living with addiction to non-potable alcohol products and other intoxicants such as inhalants. Many of Leroux’s patients suffered from these addictions.

“I am very results oriented, there were challenges having a practice in West Broadway and every day brought a different issue, but even the slightest progress or success was very satisfying and rewarding.”

Leroux’s key to success was to always be building relationships with his patients and within the community.



Photo provided by Nardella Photography.

Shawn Yaffe presents Larry Leroux with the Wyeth Consumer Healthcare Bowl of Hygeia.

“I never prejudged anyone that walked into my pharmacy, I assessed their behavior and acted accordingly, but never judged them. My patients were some of the nicest people you’d ever meet, we were good to them and they were good to us.”

In 1990, Leroux initiated the Non-Potable Alcohol and Inhalant Abuse Committee (NPAIAC). He brought together a network of concerned community groups, and supporting organizations to tackle the problem of substance abuse. The Committee was instrumental in fostering the introduction and effective administration of several pieces of legislation addressing substance abuse in our communities.

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Be well-advised.

“West Broadway is a great community, many businesses are owner occupancy and the community has a real interest in working together to further progress and foster development in the area.”

Leroux led the committee in a number of initiatives to build awareness and educate youth, healthcare professionals, community service providers, retailers, the government and the public at large regarding the issues surrounding addiction and substance abuse in the community.

Leroux sold his store on May 20th, 2008 and currently resides in Kenora, Ontario.

After 28 years on Broadway, Leroux is interested in doing something new. He has plans to pursue his Ontario license in July and would like to work part time, but says he isn't committing to anything too ridged.

Larry Leroux devoted his practice and has dedicated much of his personal time to helping those in need. A quick glance at his achievements over the years proves he has gone above and beyond for his community and for his patients. He has built long lasting relationships and made friends throughout his career and through the presentations he makes to elementary school students and fourth year pharmacy students he has come full circle to become a mentor just like those he began his career looking up to.

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Justin Rivais

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Send copy of resume and fax to:

F: 204-783-6414

Pharmacist Awareness Week 2009 Report

CHRISTINE LEONG
(Senior CAPSI Rep)

Pharmacist Awareness Week (PAW) held on March 2-6, 2009 was a success at the University of Manitoba!

Our PAW Organizing Committee consisted of 18 students this year and information booths were held at the two University of Manitoba Campuses: On Monday and Tuesday in Brodie Centre at Bannatyne Campus and Thursday in University Centre at Fort Garry Campus.

Pharmacy students from all years were involved in promoting the profession of pharmacy and providing information on the clinical topics we had chosen. Our information booth included display boards and brochures on: "What is Pharmacy and Admission Requirements", "Cough and Cold and Allergic



Rhinitis", and "Diabetes". A blood pressure clinic was also set up in which third-year students measured the blood pressure of visitors and provided information on hypertension management and prevention. Moreover, we handed out literature on over 20 different health-related topics, including asthma, family planning, and recommended daily vitamin intake for disease prevention and overall health.

CAPSI Symposium 2009 was also held during PAW on Thursday, March 5, 2009. CAPSI invited three speakers to serve as discussion panel speakers on the topic, "The New Regulation of Pharmacy Technicians and the Evolving Role of the Pharmacist". The speakers included, Debra Chartier (CAPT Manitoba President), Ron Guse (MPhA Registrar), and Dr. Colleen Metge (Faculty of Pharmacy Professional Practice Professor). The event was emceed by Omolayo Famuyide (CAPSI Past-President). The evening went very well and students engaged in an interesting Q&A session at the end. The night ended with a semi-formal dinner and the CAPSI senior and junior representatives drew prizes for three NovoPharm padfolios and one APOTEX/CAPSI backpack. The Discussion Panel Speakers were also given iPod shuffles as a token of our appreciation for their presentation.

We had plenty of support from sponsorship, including:

- Adrien Skalicky – Wyeth Consumer Health: Pens, notepads, chapsticks, Advil® Liquid Gels, Centrum® Multivitamins, Literature
- Christine Lee – Safeway: Pamphlets and brochures: Living with Diabetes, Antibiotics, Healthy Heart, Quitting Smoking, Osteoporosis, Headaches, Diabetes, Asthma and Your MDI, Constipation & Hemorrhoids, Stress and Depression, Cold Relief, Chicken Pox, Childs Earache, High Blood Pressure, Head Lice, Sunscreens, Birth Control
- Paul Melnyk – Pharmasave: Donation
- Carey Lai – Shoppers Drug Mart: Donated a Spa Gift Basket which was used for a draw that involved students matching up brand names of analgesics to generic names.

Overall, everyone enjoyed PAW and for the students who did help out, they had a great experience talking with people about pharmacy!

If you have any questions, please feel free to contact Christine Leong (Senior CAPSI Rep, University of Manitoba – christineleong21@gmail.com)



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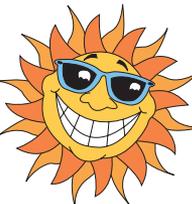
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Practice, Passion, Possibilities

Opening Remarks – Wendy Mesley

Friday, April 17, 2009

The Truth is Out There – You Just Have to Know Where to Look

The 2009 Annual Manitoba Pharmacy Conference opened with Wendy Mesley presenting a dynamic yet light-hearted look into issues that are presented by the media and are relevant to us all. She spoke frankly and openly and her candor and fresh attitude captured the audience's attention.



Wendy showed her generosity and courtesy by graciously answering questions, chatting with several guests and posing for photos after her session.

Her presentation proved interesting, refreshing and informative.....our thanks to Wendy for a truly enjoyable session!

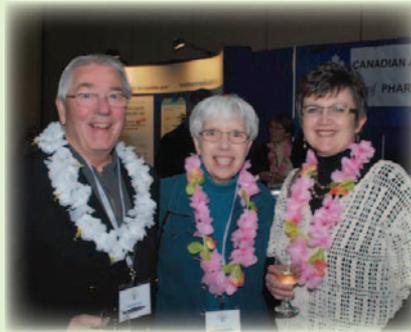


Exhibitor Reception – Polynesian Nights

Friday, April 17, 2009

Friday evening of the 2009 Annual Manitoba Pharmacy Conference began with a spirited reception hosted by the Conference Exhibitors who featured a variety of products and services of interest to pharmacists.

The theme of the evening, "Polynesian Nights" was well received. Entertainment included a dance performance by the Chile Lucha y Canta Easter Island Group and the guests were treated to a variety of delectable appetizers.



This year the Young Leaders Awards, which are sponsored jointly by the Manitoba Pharmaceutical Association and the Manitoba Society of Pharmacists were presented by MSP President, Mel Baxter. We would like to express congratulations to all the Young Leaders!



Young Leaders (Top L-R): Darren Murphy, Tracy Furst, Glen Rawluk, Kristin Bartram, Barret Procyshyn (Bottom L-R): Jenna Toth, Tara Hoop, Courtney Marion, Melanie Green, Amy Marie Grossberndt



Practice, Passion, Possibilities

This year's conference proved to be everything it promised. The subject, "Practice, Passion, Possibilities" was interspersed throughout the conference and the sessions. This was the first year that pharmacy technicians took part in the conference and the addition of the technician sessions received positive feedback. The role of the technician has received considerable attention of late and this provided an opportunity for dialogue and discussion regarding the possibilities for both pharmacists' and technicians' expanded scope of practice.

Kelly Parker was a welcome addition to the Issues Forum and provided his expertise as a moderator and facilitator for Saturday afternoon.

Special thanks go to Barbara Cinnamon, Honorary Conference Chair. Barbara's charm, wit and talents proved to be an excellent complement to the entire event and her contribution is sincerely appreciated.

The Conference Planning committee for 2009 included:

- **Barbara Cinnamon**, Honorary Conference Chair
- **Marnie Hilland**, Director of Conferences and Event Planning, The Manitoba Society of Pharmacists
- **Shawn Bugden**, Councillor, The Manitoba Pharmaceutical Association and PrISM
- **Kyle MacNair**, Canadian Society of Hospital Pharmacists – MB Branch and PrISM

- **Judy Rae**, Executive Assistant, The Manitoba Pharmaceutical Association
- **Cali Orsulak**, Canadian Society of Hospital Pharmacists – MB Branch
- **Jill Ell**, Assistant Executive Director, The Manitoba Society of Pharmacists
- **Susan Lessard-Friesen**, Assistant Registrar, The Manitoba Pharmaceutical Association
- **Scott Ransome**, Executive Director, The Manitoba Society of Pharmacists

Please take a moment to complete the Program Evaluation Form that is available on the conference website at www.mbpharmacyconference.com. The Conference Planning Committee would appreciate your thoughts and comments.



Barbara Cinnamon & Wendy Mesley

Photo provided by Bonita Collison.



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Practice, Passion, Possibilities

Conference Chair Reception and Silent Auction

Saturday, April 18, 2009

The Conference Chair Reception proved to be very well attended this year. The mood for the event was set with live music featuring the Dave Lawton Trio. The stage was set for the evening's entertainment with the cast of "Murder on the Menu" mingling and scouting for unsuspecting participants.

There were many fine items available to bid on in the silent auction thanks to the generous donations from the corporate sponsors. All proceeds from the auction benefit the Pharmacists at Risk Committee. The Conference Planning Committee

would like to thank the corporate sponsors for their continued support of this event as well as everyone who so generously placed bids and went home with prizes. The event raised \$2,408.



MSP Executive Director, Scott Ransome, CPhA President Elect, Dwight Ball, and CPhA Executive Director, Jeff Poston.



MSP President, Mel Baxter presented Shawn Bugden with the MSP Award of Merit.

Annual Awards Banquet

Saturday, April 18, 2009

This year, guests at the banquet were treated to dinner theatre and in some cases they became part of the performance. The cast of "Murder on the Menu" were successful in getting audience participation either voluntarily or unsuspectingly and the

results were entertaining.

Congratulations are extended to all individuals whose achievements were recognized with awards during the evening. All of the award recipients were very deserving and gracious making for a most enjoyable evening.



Shawn Yaffe of Wyeth Consumer Healthcare presented the Bowl the Hygeia to Larry Leroux.



The Bonnie Schultz Memorial Award was presented to Ishwar Master.



Lavern Vercaigne was honored with the Pharmacist of the Year Award.



The Bristol Myers Squibb Past-Presidents Award was presented to MSP Past-President Jay Rich.

Practice, Passion, Possibilities

Manitoba Pharmaceutical Association Awards Luncheon

Sunday, April 19th, 2009

The Manitoba Pharmaceutical Association Awards Luncheon was very well attended. The Awards presented included the Honorary Memberships, the Centennial Award, the 50 Year Gold Pins and the 25 Year Silver Pins. MSP would like to congratulate all the award recipients.



50 Year Gold Pin Recipients – Sam Doherty, Ted Sims, Jack Houston and Wayne Hogaboam.



25 Year Silver Pin Recipients – Kathryn Adriaansen, Michael Vercaigne, Gayle Romanetz, Gwen Wiischnewski, Rhonda Fusee, and Linda Carroll.



Centennial Award Recipients – David Collins, Lyle Silverman, Marian Kremers and MPhA President, Randall Stephanchew.



Honorary Membership Recipients – David Collins, Sheila Holden, and John Rodie.



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MSP Annual Student Night Extravaganza

This year's awesome event was held on February 26, 2009 at Boss-Q's in the Quality Inn on Pembina Hwy in Winnipeg.

A great bunch of students turned out to enjoy an evening of games and munchies.

The evening consisted of MSP staff & students mingling and enjoying the food and fun. With the place to ourselves we spread out and relaxed while attempting to win a few prizes.

A total of seven teams participated in the 5th Annual Boss-Q Challenge. This year's games included pool, darts and shuffleboard.



The first place trophy, with a score of 197, went to team "Dennis is Going Down":
Stephanie Schick,
Jason Tran,
Justin Ling,
Scott Putz.



The second place team, with a score of 190, "Man She's Pretty" (notice the concealed MSP) consisted of:
Chris Rondeau, Russell Mutch,
Alvin Agpalza, Ignacio Ayala.



Third place winners, with a score of 188, "Farmatacular First Years" were: Karen Ens, Jen Lamont, Devarshi Shome, Kyle Skayman.
Missing: Kayleigh Gordon.

Jill Ell, Assistant Executive Director, kept the evening moving along smoothly and Scott Ransome, Executive Director of MSP, updated the students with general news at the end of the evening and presented the winning teams with prizes.



Most honest team, "Six for All" consisted of: Laura Kinsman, Jacinte Bosc, Stacy Galas, Ashley Baert, Nicole Messinbird, Angel Bhathal.

Prizes included gift cards donated by MSP and T-shirts donated by the Quality Inn.



A big and hearty thank you to Laura Kinsman! Laura is MSP's Student Liaison for the year and has been a great help. We've certainly enjoyed her contribution/participation and help throughout the year, including Student Night, Board Meetings, and the Annual Pharmacy Conference.

The staff at the MSP office wish all Manitoba Pharmacy students a fantastic summer and all the best in their future endeavors...whether it be continuing with their studies or starting out in their profession.

To those continuing on in the Pharmacy program, we'll see you (and your pharmacy friends) at next year's student night!

Next year's event promises good food, fun and a new location!!

Stay tuned to the *Communication* magazine for updates regarding next year's event.



Name: Betty Dong

Place/Year of Graduation: University of Manitoba/1990

Years in Practice: 19 years

Currently Working: Boundary Trails Health Centre, Pharmasave in Morden

Accomplishments in pharmacy:

- First pharmacist in Manitoba to achieve the designation of Certified Geriatric Pharmacist.
- Developed a system for pharmacies in Central RHA to track narcotic and controlled drugs that are delivered to a PCH (ensuring delivery of the narcotics and controlled drugs).
- Had an active role in preparing Salem Home and Tabor Home for their biennial Manitoba Health PCH Standards Visits.
- Helped develop a hypoglycemia protocol for Tabor Home.
- IV admixture (chemotherapy & TPN).
- Contact pharmacist for Tabor Home.
- Work in a variety of work settings (hospital and community) in Central RHA (sometimes on very short notice).

Family: Mom, Dad, two sisters and their partners, a beautiful niece who is 27 months old (apparently, I spoil her too much--how can that be?!)

Hobbies: knitting, reading, listening to music, aerobics, running

Community activities: Vice Chairperson of the Morden Area Foundation Board

Favorite thing about Manitoba: Diversity in land and people

Most relaxing vacation choice: Camp Stitches in Colorado (knitting camp--I kid you not!)

Pet peeves: Reality television. I don't watch any of it.

Favorite fictional character and why: Precious Ramotswe from the Number One Ladies Detective Agency series because she makes me laugh.

What could you do without forever: Complaining

What couldn't you do without for even a day: Milk. (my bones need it!)

What you love about pharmacy: Talking to patients



Do you know someone who is making a difference in the pharmacy community?

We would like to highlight them in this article!

Please contact the MSP office at (204) 956-6681 or info@msp.mb.ca.

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What's in the Bottle?

Pharmaceutical Risk May Lie Far in the Future

Pharmaceutical risk is a vast subject. It ranges from drugs that fail to work as intended to unwanted side effects of drugs to various drugs turning up in lakes and oceans to the chances that investors in drug companies will get more or less than they bargained for. Testing protocols work on today's science. Trouble is, in future, science may change the rules.

The drug business, unlike the business of making golf clubs or banking or almost any other trade save for that of allied medical and dental practice has an intimacy with consumers that makes it a field of exceptional risk and uncertainty.

Michael Decter, formerly the Deputy Minister of Health in Ontario and more recently a hedge fund manager in Toronto, calls the pharmaceutical industry “the next tobacco business.” It's a keen observation and a provocative idea. The legacy of drugs and medical devices that do harm, for example, the anti-nausea drug Thalidomide, the synthetically produced antibacterial product Chloramphenicol – a precursor to aplastic anemia in some patients, and the Dalkon shield birth control device, are only the most conspicuous examples of ideas that made it through initial tests only to turn out to have disastrous consequences. Moreover, they are conspicuous because they are single drugs and devices, not bad outcomes of drug combinations.

Drugs taken as remedies for lifestyle choices have their own balance of benefit and potential harm. Consider the formerly widely prescribed diet compound Fen-phen. Widely used in the 1990s, it was a combination of Fenfluramine sold under such brand names as Pondimin and Redux and the drug phentermine, sold as Ionamine. The combo was supposed to block feelings of hunger. It worked well enough to generate sales in the U.S. alone of \$5.6 billion as of 1994. Then researchers at the Mayo Clinic found that the product harmed heart valves and could induce neurotoxicity in the brain. The longer the drugs are taken, the greater the risk. Fen-phen lawsuits have gone into class action history with a US\$3.75 billion award against American Home Products (AHP), which made Pondimin and Redux. AHP, now Wyeth, also wound up with liability for the Dalkon shield through its purchase of the

original maker, A.H. Robins. The Fen-phen fiasco may not be over, for heart valve symptoms may not become apparent for many years.

These delayed damage cases are examples of fat tails, what statisticians call leptokurtosis. Some of the biggest problems, statistically far from the mean, can turn up in the future when product liability insurance policies have expired, original drugs makers may have merged or disappeared in other ways, and investors have long since taken capital, which might be tapped to pay for damages to patients, and moved on to other challenges. Surviving drug makers, perhaps prescribers and dispensers are then left holding the bag for claims that no one ever imagined might arise.

It would be problematic just to estimate what lies under the long tails of these drug case distributions, but the idea of a “tail” fails to express the full extent of uncertainty. Moreover, the pharmaceutical industry is often seen in retrospect to have done insufficient testing of products. As Dr. Joel Lexchin, a physician who teaches Health Policy at York University, notes, drug testing prior to release is seldom adequate.

“If a drug is tested on 5,000 people and just one in 1,800 is sensitive to it, the odds of the problem being found are slight,” Dr. Lexchin explains. “Most drugs are inadequately tested before release, so it is not surprising that there are issues that arise once the compounds are widely used.”

These are empirical issues, but they become public policy issues with each testing scandal. Legislatures and courts are struggling to set standards of responsibility for harm done by drugs. An interesting case in the U.S. focuses on an intravenous product made by Wyeth. The issue, adequacy of warnings on the product label, pits the U.S. federal standard for risk disclosure against a similar but tougher standard in the state of Vermont. Wyeth, maker of Phenergan, sold it for relief of nausea. It was administered by IV push to Vermont musician Diana Levine in 2000 who, as a result, had to have her arm amputated, a procedure that destroyed her occupation as a professional guitarist and pianist.

Ms. Levine argued that the fact that the drug had been in use for fifty years was no bar to her claim that it was known that when Phenergan or other drugs come into

ANDREW ALLENTUCK



contact with arterial blood, it can cause gangrene – which it did. Wyeth said – this is the critical issue in the case – that meeting a federal standard in labeling rendered it innocent in the matter. The eventual outcome held that it is the company, not the agency approving the label that remains liable for damages.

Now let us return to the issue here – the long tails of liability. As David Thompson, a product liability lawyer in North Dakota, notes, “as the knowledge of how medicines work grows, the duty to inform about what they can do also grows. Knowledge implies responsibility. Therefore the duty to warn grows with knowledge.” In fact, the concept of duty to warn is much the same in Canada as it is in the U.S., Thompson adds.

The implication for all drug makers and even for drug dispensers is reflected in insurance industry practice. Today, it is impossible for a drug maker to buy insurance for the life cycle of a drug. Product liability insurance is sold on a claims made basis. The coverage is for a single year regardless of when an alleged injury occurred. This underwriting standard tends to exclude old problems from coverage by new policies and leaves drug makers and dispensers responsible for claims that are not made in a given period. The thrust of this underwriting standard is to say that if a claim is not made in a designated year, the insurer has no

obligation to cover it.

Recently, we have seen a wave of mergers in which drug makers, eager to bolster their pipelines of new drugs, have bought mature, smaller companies. There mergers or purchases shift liability to the larger companies. The stock market, which appraises liability as well as potential profit, has not been won over by the concept of bigger is better. In the end, the combination of the fat tails of liability and limited insurance coverage are adding to the risks that investors take, that patients must bear, and that the entire chain from makers to prescribers to dispensers has to carry.

Could there be another way? Yes, suggests Dr. Lexchin, and that would be by changing the reward mechanism from profits based on volumes of drugs sold to efficacy and, of course, safety in application. The better a drug works and the less harm it does the more that provincial or other health plans would allow the drug companies to charge for it. The effect would be to make drug makers do more research to develop products. With more testing, it can be argued that the things that turn up in long tails would be discovered sooner. Of course, no sampling for potential harm can equal administration of the drug to an entire population of eligible patients, but the goal of early identification of risk remains worth pursuing. After all, why let posterity solve problems that can be identified today?

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