

## CHAPTER 10

### DISCUSSION OF STUDY 2

In this SCM study, there was general low level of history taking for URI patients, especially among the male pharmacists. Advice was also uncommon but antibiotics, which are usually not recommended by the standard guidelines, were very frequently dispensed. Drug charge from female pharmacists was higher than that from the males. Gender and SES of SCs had no influence on dispensing practice among the pharmacists.

History taking is a basic indicator of the quality of pharmacy care. The possibility of other similar diseases, such as allergic rhinitis and more serious complications, such as sinusitis and lower respiratory tract infections could not be ruled out from URI without adequate information obtained by history taking (Jain, et al., 2001). Without sufficient information on concurrent drugs used, the patient may suffer from interaction of these drugs and the newly dispensed one (Buurma, et al., 2006; McEvoy, et al., 2004). Thus, history taking performance among the studied pharmacists reflected poor quality of practice.

In concordance with previous studies in Vietnam and Uganda (Chuc, et al., 2001; Tumwikirize, et al., 2004), antibiotics were commonly dispensed in this study, despite the evidence of their uselessness (Arroll and Kenealy, 2007). Health providers' practice of using antibiotics for URI was explained by faulty beliefs that the drugs could shorten the duration and reduce the complications of common cold (Cho, et al., 2004), perception of patient expectations for antibiotics (Mangione-Smith, et al., 1999) and financial motivation for antibiotic use associated with increase of the providers' income (Carlson and Wertheimer, 1992).

One in eight encounters ended up with corticosteroid dispensing which is harmful. This is also illegal because pharmacists cannot dispense oral corticosteroids without prescription. NSAIDs, were dispensed in 8% of the encounters. It may cause adverse reactions, particularly in gastrointestinal tract and renal function (Laine, 2003; Pospishil and Antonovych, 1998). Their high frequency of unnecessary dispensing may explain the fact that NSAIDs were the most frequently drugs found in Thai household survey (Wongpoowarak, et al., 2004).

Female clients were reported to get poorer quality of health services in outpatients. Women tended to experience a longer health systems delay in tuberculosis diagnosis, relative to men in a Chinese study (Cheng, et al., 2005) and in a Thai study (Rojpibulstit, et al., 2006), although statistical significance was reached only in the former. From a study on sexually transmitted diseases service, physicians were more likely to order a laboratory test and to schedule a follow-up for the female patients but less likely to instruct them to advise their partners on disease and treatment and to counsel use of condoms (St. Lawrence, et al., 2004). Effect of client gender in pharmacy practice has, however, been rarely studied. SCM studies exploring sensitive issues related to sexuality, such as dispensing of contraceptive pills, emergency contraceptive pills (Ratanajamit and Chongsuvivatwong, 2001) and condom promotion (Ramos, et al., 2004) failed to address whether there was any effect of SC's gender. In the current study, although no gender effect was detected, none of pharmacists asked about pregnancy status of the female SCs. As a result, patients who are pregnant may receive a drug for URI that causes teratogenic effects, such as pseudoephedrine (Briggs, et al., 2002). Thus, the quality of care for women was still inadequate.

Female pharmacists in this study were more likely to ask questions. A prior meta-analysis also concluded that female physicians were more likely to have positive talk and positive inter-person relationship with the patients (Roter and Hall, 2004). The phenomenon that female pharmacists charged more should be further explored.

Our clients' apparent SES did not affect any practice of the pharmacists. This conclusion is in contrast with a meta-analysis on physicians' performance (Willems, et al., 2005), where patients from lower social classes received less-positive communication. Clients in the Thai drugstore business are mostly from a lower socio-economic class. They are rather homogenous in SES. As a result, Thai pharmacist interacts with all clients in the same way.

The implications, strengths and limitations of this study, and recommendations for future studies are described in chapter 11 "General discussion and conclusions".