Pharmaceutical care, the future of pharmacy

Mil, Jan Willem Foppe van

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EPILOGUE

Dear Reader,

Why is a 43-year-old pharmacist inclined to write a dissertation and to finish before he turns 50? To be honest, I think only a few are eager, some will consider and all the others couldn’t care less. I belonged, and still belong to the last group. For me this dissertation was not a goal in itself. It is a reflection of my interest in my profession and pharmacy practice research.

In 1977 at the time when social pharmacy emerged and community health centres were still new in the Netherlands, I graduated as a pharmacist. Pharmacy was an interesting subject. The view on the role of the patient in healthcare made community pharmacy definitely interesting to me and I started working in the pharmacy of a community health centre in Lewenborg, Groningen. Co-operation with physicians was exciting and the world was pretty OK. Pharmacotherapy and clinical pharmacy became gradually more important to me, also because of the aforementioned co-operation. I changed to another pharmacy in a small village in 1981 and most of my energy went into getting the place running and establishing good contacts with the local GPs.

Because an objective Dutch journal on pharmacotherapy was lacking, and because I am sometimes (too?) adventurous, I started a biweekly independent Dutch drug bulletin called Pharma Selecta in 1982. After about 5 years, the financial situation of the drug bulletin asked for a new initiative. Pharma Selecta started PS on-line, a literature retrieval database for Dutch community pharmacists on pharmacotherapy. Again almost 5 years later, everything being well in place and life becoming regular again, I was asked to complete some work for Prof. Flora Haayer at the University of Groningen on the character of exported drugs to third world countries. This project being terminated after a couple of month, I was looking for some new pharmaceutical excitement when in 1993 Prof. Dick Tromp approached me. He asked if I had ever heard of pharmaceutical care (on which the answer was no) and if I would like to work out a research project in that field (on which I answered yes), the latter being another sample of my too adventurous character. Because it was only when I already had said yes, that Dick told me he expected me to get a PhD degree on the project. This was certainly not my initial objective. But when Dick made the choice clear, no PhD, no research project, I gave in.

And let me now be honest, I am grateful for his offer. Through this project I met with so many new, interesting, caring and very nice people, with so many new and exciting (sorry for the Americanism) ideas, that it was well worth it. And having the steady home-base of a trustful and understanding partner Roelof Bijleveld, dedicated personnel in my pharmacy and inspiring and supportive staff members at the department of Social Pharmacy and Pharmacoepidemiology, I could complete the research and this dissertation.

This piece of research could never have been completed without my strong links with pharmacy practice, the (sometimes also financial) support of many professional organisations in the field of pharmacy and its practice, practical support from the
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The list of people to be thanked further is very, very large and because I can be systematic at times I appended the list at the end of epilogue in alphabetical order. In spite of the size of that list, my gratitude to those whom I mentioned is really heartfelt.

Zuidlaren, December 1999
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