

## PILLS AND PEOPLE: No Script for Dialogue

Barbara R. Krasner, Ph.D

### ***Patients Stand Here***

Our family pharmacy of over twenty years recently closed - to give way to an anticipated Target store. It was bought out by a drug store in a supermarket where protocol, order and efficiency seem to be the reigning criteria. Both of these stores had and have a mission: to fill scripts prescribed by medical and dental professionals to help people alleviate their pain and illnesses, and to improve and recover their health. Underlying this mission are attitudes, tones, and relational skills.

A transition from druggists who know you and your ills, large or small, to a group of pharmacists who are strangers is traumatic in itself. All of them perform functions that impact their customers' well-being in fundamental and intimate ways. Still it is tough to go from a store that is homey and receptive to a place that feels sterile and distant...where a sign at the head of the "pick-up line" reads, "Patients stand here..." *\*I am not a druggist's patient. They are not our doctors' substitute.*

A snapshot of the longterm relationship between us and our pharmacy is revealing: We tried to keep track of what we needed and when we needed it. We were told when an unusual prescription took three days to fill. We renewed prescriptions over the telephone simply by identifying ourselves (we both go by the title "doctor"). We sometimes learned that it was too early to renew, that the prescription had run out and we had to contact our doctor to fax a new one to the drugstore, or that our insurance companies were challenging what we ordered. When a physician changed a generic med into a brand name, one of our pharmacists confirmed its accuracy when David picked it up. In short, we counted on a dialogue between us. There was no question about who the prescribing physician was.

There was a rhythm to our exchanges. We knew what to expect. We were told about any changes. On occasion, when we missed a beat and

## PILLS AND PEOPLE: No Script for Dialogue

ran out of pills, a pharmacist was typically willing to advance two or three of them until we caught up. We knew where we stood. Trust and integrity characterized our essentially commercial relationship.

It is tough to suddenly lose years of longterm understandings between people with whom we have at least a nodding acquaintance or who often know customers, their personal contexts, their medical dilemmas, their insurance companies and their physicians. It is tough to be a stranger in a loud, crowded, bustling, and unfamiliar atmosphere...a context that carries new demands and is a tall order for customers and entrepreneurs alike.

Business practices and customer expectations are in reasonable flux at a time like this. A willingness to imagine and inquire of each other can ease the way for everyone. A tendency to set terms and store policies in stone hinders efficiency and a customers' sense of being heard - whether or not the two parties agree.

Our treatment in the drug store in the supermarket is thin, brisk, and courteous - understandable for people without previous contact. Exceptions are two pharmacists who transferred over from the store that closed. Their style is courteous and efficient too. Their interest and engagement are born of longterm exchange.

By and large, we have been well served in our new pharmacy, but ordinary bumps and differing undiscussed premises seem to be viewed as our ignorance of the law, insurance practices, the governance of physicians, and a transgression of rules...the pharmacy's rules. A collision between their procedures and what we are accustomed to seems to lead to dictates and expectations of customer compliance without challenge.

## PILLS AND PEOPLE: No Script for Dialogue

### ***First There Was Coumadin***

We use a significant amount of medicine and typically, if not always, track what we need. So when we first engaged our new drugstore, a pharmacist issued warfarin, a generic, instead of Coumadin, a blood thinner that David has used since he had an aortic valve replacement over ten years ago. David brought the generic home before we realized a mistake had been made. I called to say we were returning the generic.

“We don’t exchange drugs once they are taken out of the store. The doctor didn’t write for that. We use the generic unless the doctor specifies the brand. He didn’t so we changed it.”

“My husband can’t use it. By whose authority did you exchange it?”

“I’ll transfer you to someone else.”

Two more people conveyed the same message. I didn’t intend to take “no” for an answer. My tone was heated and adamant. I felt unheard and accosted. I’m sure they did too. Eventually I spoke to the managing pharmacist. She agreed to the exchange.

### ***Then There Was Ambien***

David, my husband, does most transactions with our physicians and pharmacists. This day, we discussed whether the Ambien brand might be more effective than the generic. I wanted to try. Still operating in the culture of our former pharmacy, David believed he was requesting a renewal. This was the second time he was in touch with our new pharmacy. Later a pharmacist called me to check on whether or not to fill the prescription. I asked how much it cost. “Two hundred dollars.” “No,” I said. “It’s too high.” She and I agreed to shift to the generic.

## PILLS AND PEOPLE: No Script for Dialogue

I phoned my husband to tell him about the change. He volunteers at Red Cross Blood Drives and wasn't free to talk. He said he'd call back. I tried a second time. No answer. In short, we missed each other. That afternoon David went directly to the pharmacy. A pharmacist handed him the generic pills and David balked...believing that we had made other arrangements. Without any inkling of the earlier change, the pharmacist at hand re-did the prescription. David came home with Ambien and I said, "Oh no." I called to ask for an exchange.

"I can come right over."

"We don't exchange drugs taken out of the store."

"But we haven't even opened the bag."

She suggested I talk to the managing pharmacist who would be in the next day.

### ***Untested Premises***

I took the pills back first thing in the morning, and waited for the managing pharmacist to get off of the phone. I explained our circumstances. I owned our part of the misunderstanding:

"It isn't a misunderstanding," she snapped. It is a mistake."

"We've gone through this before," I said. "When?" she asked. I talked about the Coumadin.

"We gave it to you, didn't we?"

"Yes, but only after we struggled to get it. Our cardiologist was never challenged by our former pharmacy. His staff had no reason to know the rules had changed. He had just learned about our drug store closing the day before we saw him last."

"No, everybody knew about it. We merged six weeks ago. Your cardiologist knew about it."

"But the staff responsible for forwarding prescriptions may not have known."

## PILLS AND PEOPLE: No Script for Dialogue

“In any case our former pharmacists called the doctor when there was uncertainty over meds.” “We do not know your rules.”

“Our rules are that nothing can be returned once they leave the store. “ We are not your old pharmacy. You have to give us room to be ourselves.”

“That works two ways. Your customers deserve time and room to bridge the cultural and literal gaps.”

“Is there a way that you signal a change in a script that has been made over the phone? Do you let other pharmacists know about it?

“Do you want us to be responsible for that too?”

“Is your husband a dentist?

“He is a retired dentist.”

“Dentists don’t prescribe.”

“Yes, they do. But David hasn’t prescribed for four years. He gave up his license to prescribe when he retired from practice.”

“Yes, he prescribes. He prescribed yesterday.”

“No, he thought he was renewing a standing script written by our family doctor Did you ask him for his state license number?”

“No, but when he called yesterday he called himself Dr. Krasner.”

“Yes, that is his name.”

““We checked our computer. His license number was on it.”

“That number has been in the computer since he started his practice 54 years ago. Entries in the computer are more than 20 years old.

“They precede that pharmacy’s last owner. We did business with the original owner of the pharmacy as well.”

(She turned toward another pharmacist). “If someone phones and calls himself ‘doctor,’ wouldn’t you think he was prescribing?”

“Of course,” complied her subordinate.”

“When my husband called yesterday he thought he was renewing a prescription.” “

“No, he wasn’t. There was no renewal. He was prescribing. I’m going to let your physician know.”

## PILLS AND PEOPLE: No Script for Dialogue

The lord of the pills had spoken. I refused to give her the power to say “no.” So I took the pills off the counter and wordlessly walked away. I came home and tucked the unopened package in our hall closet. There it will stay until until I am fairly considered. I may never sleep again.

I actually took her point. I can imagine her upset or even chaos with a fresh horde of people flowing in; and a stranger introducing himself as “doctor” and asking for meds: Was it deception, confusion or his facing a new context just like the pharmacist? What was the basis for a dialogue if “wisdom” rested on only one side?

The managing pharmacist equated her customer’s title with his license. She assigned ill intent before hand, and asked no questions. She saw her computer’s message as inviolable...and who can challenge “The Computer?” It is a font of useful information and guidance. It is also a source of stale, static and incorrectly placed human information. On the other hand, the managing pharmacist seemed unable to imagine my point. She did not, could not or would not differentiate between David’s intentions and her conclusions.

### **“He Did Prescribe”**

“He did prescribe” struck me like a hammer’s blow. The next day we were at Wegman’s in Malvern. We stopped at their pharmacy and engaged their managing pharmacist. I told her our story in the most equitable way I could manage. She said that, of course, they too were governed by state and federal laws. And depending on the circumstances, they do give special consideration to people. She went on: “What you describe is not likely to happen here.”

“Before we fill a prescription, we check online to verify the current, valid status of the prescribing doctor’s license. We know immediately. We are

## PILLS AND PEOPLE: No Script for Dialogue

not likely to hire someone who addresses a person as you were addressed. Finally, when new customers sign in, we interview and counsel them. We describe our drug programs. We tell how we work. We inventory their prescriptions, and they leave fully aware of what to expect. She handed us clarifying literature that included some special of their special services. We shook hands, and left feeling addressed.

Two weeks later we changed pharmacies, this time by intention. Our experience was not yet at an end. The saga continued as well as the allegations. A Wegman druggist was informed that David prescribed for himself. (I had already told them of the charge). They described nothing of their own collusion and false premises, I'm sure. Then one of our new druggists called our endocrinologist's office to ask for renewal of a script. The clerk would not speak to her: "This patient had not been seen by the doctor for over a year," she was told. The pharmacist called to let us know and asked us to call them. "That's impossible," I blurted out. We were there in early July, and the doctor ordered a procedure for David that he has since received.

I called the endocrinologist's office. The person I spoke to knew nothing about the situation but offered to inquire. After a lengthy hold, a young woman came on: "I made a mistake. I misread the date as July 2010 instead of July 2011." Nervous laugh. "I knew it would come back at me." I wondered whether she thought to call the pharmacist or us when she discovered her mistake.

I trust that experiences of this kind are exceptions rather than the rule. But having to prod health care agents has left me wary and weary. I would have liked an advocate to act on my behalf. I would have liked to be addressed as a human being, as a literate person. These situations left me longing for a dialogic script.

## PILLS AND PEOPLE: No Script for Dialogue

August 6, 2011

### ***Postscript***

At 2 o'clock today I forwarded these comments to the supermarket manager. At 5 o'clock today the supermarket district manager called. She hoped she wasn't intruding at dinner time. She regretted the conflict in the pharmacy. She knew there were alternatives to the ways we had been treated. She rued the absence of civility and a human element in the encounter. She grasped the complexity of the circumstances, and our acknowledgement of the pharmacy's dilemma as well as our own.

In reconciling tones, she restated the caution required in dispensing drugs. She learned we were long time customers at the market and hoped we would continue there. She offered us options and implemented them within the hour. She and the store manager alike offered us heartfelt consideration. We kept the medicine. They returned our money. And more. They helped write an unanticipated script for dialogue.

Barbara R Krasner  
August 6, 2011

## PILLS AND PEOPLE: No Script for Dialogue

## PILLS AND PEOPLE: No Script for Dialogue

## PILLS AND PEOPLE: No Script for Dialogue