

Recipe for Health

**Navigating the currents
and eddies of the
American healthcare
system while getting the most
for your healthcare dollars**

by Joe Goldstein, R.Ph.

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ISBN: 978-1-62249-431-6

Published by
The Educational Publisher Inc.
Biblio Publishing
BiblioPublishing.com

DEDICATION

This book is dedicated to everyone who has ever been involved in the manufacturing of medicine, prescribing medicine, dispensing medicine, or who has ever taken medicine, as well as to everyone in the healthcare industry. It is especially dedicated to those young, brave, misguided students of the healthcare disciplines, eager to embark on their careers. Good luck.

My special thanks go to Kirk A. Knowlton, who, with the assistance of three fingers of Balvenie, helped me to see the errors of my ways, and encouraged me to spread my wings and reach out.

DISCLAIMER

All mention herein of drug or other treatments or therapies are made for illustrative purposes only, and are not intended as recommendation to treat symptoms, diseases or disorders, real or imagined. Questions about health should be directed to a trained, licensed healthcare professional. You should never take or use any prescription medicine prescribed for someone else. Self-treatment with any over-the-counter

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medications should be limited to three days; if no improvement is seen, consult your licensed healthcare provider. Treating yourself, and especially using any books or internet sites as medical guides, is strongly discouraged. There is no substitute for the judgment of a trained, educated, skilled and experienced licensed practitioner.

All of the anecdotes printed here are true. Some involved me, some involved colleagues. For simplicity, I have made most of them first person. But all did happen. They are interspersed throughout the book, in bold font, following no pattern, and without rhyme or reason. Chuckling is encouraged.

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Recipe for Success is a prescribing guide for physicians and others with prescriptive authority. It helps them to enhance patient care and safety, and improve their efficiency by reducing unnecessary phone calls and interruptions about prescriptions. It is an interesting read for everyone, and available in paperback or for e-readers.

Paperback

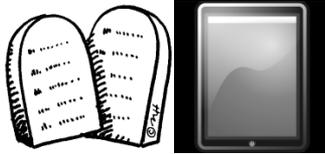
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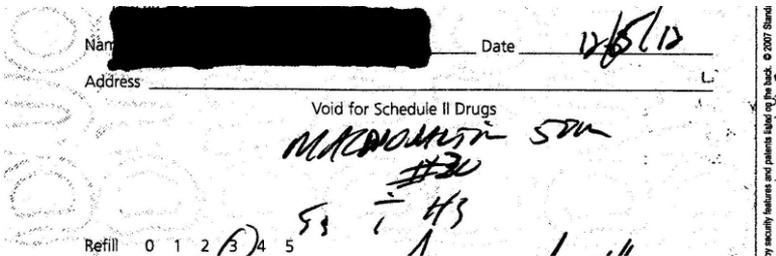
A Pharmacist's Tablets

IN THE BEGINNING...

Archaeologists have often found evidence that mankind has tried, for thousands of years, to alleviate pain and suffering and cure disease by using substances foreign to the human body: rocks and minerals (sulfur, for example); plant matter (tree bark, for one); animal and insect extracts (honey); and even living creatures (maggots for wound care, leeches for their anti-clotting properties). Ancient Egyptians, Greeks and Romans practiced the preparation and application of medicines, usually as a part of the physician's duties. In truth, pharmacy came into being when man first took a part of a plant and pressed it onto a wound. Or, maybe an ancient Peruvian chewed some leaves containing cocaine (Maybe we haven't advanced that much!). Perhaps it wasn't in Europe or Asia. Maybe a tribesman living on an Eastern Caribbean island cut a piece of an aloe plant and rubbed it on a burn. More than twelve hundred years ago the art and science of

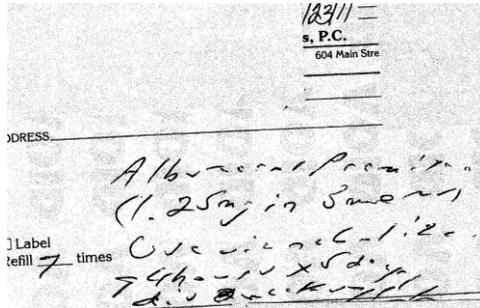
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pharmacy developed into its own being, separating from the practice of medicine. Physicians no longer made their own poultices, mixed their own potions, or crushed and ground their own herbs. That was the role of the apothecary (and the “snake oil” peddlers). The prescriber decided what potion was needed, and wrote instructions to be taken by the patient to the apothecary (or chemist or druggist, if you prefer) with a list of ingredients to be ground, pulverized, mixed, washed, strained, molded, filtered, and packaged. Some physicians, however, could not let go of their ancient roots, and, even today, still write in hieroglyphics. Pharmacists somehow develop remarkable interpretive skills. Ideally they develop the wisdom and judgment to know when to call the prescriber for translation.



MACRODANTIN 50mg, #30, 3 refills. SIG (directions):
Take one capsule by mouth at bedtime.

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ALBUTEROL PREMIX (1.25mg in 3ml NS) [normal saline],
7 refills. USE WITH NEBULIZER EVERY 4 HOURS X5
DAYS. DISPENSE 2 WEEK SUPPLY.

In my book Recipe for Success I make the following observation and give advice to physicians and other prescribers:

“Make your prescriptions legible. If I can’t read it, then you will receive a phone call. And I will not risk the health or safety of the patient if you can’t be easily reached. I have also called your covering colleagues, who may or may not feel comfortable trying to read your mind. So please, make sure your notes get into the medical record immediately. Hand-written prescriptions are the minority, but still do come to the pharmacy. Illegible prescriptions are dangerous and time-consuming. They serve no purpose. They are the butt of many jokes. They are a waste of your time, my time, and the patient’s time. They can cause serious harm to patients. Can your receptionist read the prescription? Can the patient? Can your colleagues?”

I continue my rant in that book with an anecdote:

“For several years I managed an ophthalmology practice for a doctor who has since passed away. He

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was a pioneer in many surgical techniques and established a non-profit research organization that sponsored medical symposia at least twice a year. One seminar featured a panel discussion of six renowned eye surgeons from around the world. More than 300 doctors were in attendance. A feature of the panel discussion was to have the attendees write questions on index cards, and the moderator would ask them of the panel. I was sitting at the registration desk when someone rushed out of the meeting hall and said I was needed on stage. I couldn't imagine what was wrong. I was beckoned to the podium where the moderator announced that the handwriting on the index cards was so bad; he had to call in a pharmacist to read them (true story)! By the way, nobody laughed."

It is a credit to the profession of pharmacy that prescriptions get filled correctly (for the most part) when prescriptions such as these are issued. To be honest, I called the doctor's office on the second prescription to verify it, and the office nurse couldn't help me, until I offered to read to her what I thought it said. Thankfully, I was right. And typing prescriptions, or sending them to the pharmacy electronically, are not the answer, as I will later illustrate.

Pharmacists and their staffs who fill prescriptions for patients are under constant scrutiny, regardless of their practice type. [I can't help but think of the dialogue in the film *A Knight's Tale*: "You have been weighed, you have been measured, and you have been found wanting."]. The reality is that the number of prescriptions issued and filled each year continues to rise. In 2016, more than five billion retail prescriptions were filled in the U.S. That included illegal and invalid

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orders. That's a lot of prescriptions to verify, evaluate and correctly fill.

Whether in a hospital, managed care facility, mail-order, or retail (community) pharmacy, the goal is to fill prescriptions safely and accurately. And retail pharmacists work in a fishbowl, with everyone looking at them. And interrupting them. Part of the job is to fill prescriptions. But pharmacists are also expected (by their employers) to answer questions from customers (Where do you keep the motor oil? Are these towels on sale this week?), help maintain the facilities (My daughter just threw up in the toy aisle.), counsel patients in person and on the phone, take phone calls from doctors, inventory narcotics after each use, administer flu shots and other immunizations, troubleshoot the label printer, call doctors, contact insurance companies, place orders with drug suppliers, meet with company leaders, eat lunch (HAHA!), read company-issued e-mails, and file invoices, bills of lading, faxes, use the restroom (another HAHA!), and...oh, yes...fill prescriptions. Accurately. Correctly. And always in the best interests of the patient. In as short a time as you can. All that in addition to participating in volunteer and community service programs sponsored by the company (on your day off!). We often feel caught between a rock and a hard place.

