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Short communication

The patient-centred approach in pharmaceutical care: principles of medicines optimisation

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Introduction

Patient-centred care is increasingly recognised as a fundamental principle of contemporary healthcare, placing the patient's preferences, needs, and values at the heart of clinical decision-making (Department of Health, 2023). Within pharmacy practice, the role of the pharmacist has expanded to include active clinical engagement, medicines optimisation, and health promotion (Royal Pharmaceutical Society, 2013). The Royal Pharmaceutical Society has embedded patient-centred care as the foundation of its four guiding principles of medicines optimisation, recognising that pharmacy professionals have a responsibility to support patients in promoting and managing their own health. Despite this growing professional consensus, evidence suggests that truly patient-centred consulting practice remains inconsistently applied.

The cultural shift towards patient-centred consultation

The transition from a paternalistic to a partnership model of consultation represents a fundamental cultural shift in pharmacy practice. In the traditional paternalistic model, the pharmacist decides what is "best" for the patient, information is communicated in a one-directional manner, questions are closed, and the patient's beliefs, doubts, fears, and expectations remain unexplored. Offering information prematurely, before the patient's perspective has been explored, risks making the patient feel patronised or misunderstood, and may undermine both the therapeutic relationship and the patient's willingness to engage with treatment.

In a patient-centred consultation, the patient is an active partner in the discussion about their own health, not a passive recipient of clinical decisions. This involves establishing a shared agenda at the outset, inviting the patient to raise their own concerns before information is offered, and ensuring that advice is responsive to the patient's expressed needs rather than predetermined. When patients feel genuinely heard, respected, and valued, barriers such as stigma and shame are dismantled, creating a safe space in which concerns, doubts, and fears can be openly shared. The patient's voice is not merely acknowledged but actively sought, ensuring that treatment decisions are informed, mutually agreed, and grounded in the patient's own values and lived experience. This approach empowers patients to participate meaningfully in decisions about their therapy, transforming the consultation from a one-directional exchange into a genuine therapeutic partnership.

Medicines optimisation: the patient at the centre

The concept of medicines optimisation, as set out by the Royal Pharmaceutical Society (2013), represents the practical expression of the patient-centred approach in pharmaceutical care. Medicines

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optimisation is not simply about the selection of an appropriate medicine; it requires an understanding of the patient's experiences, beliefs, and concerns about their treatment, an adaptation of therapy to fit the patient's lifestyle, and an assurance that the medicine is clinically appropriate, safe, effective, and acceptable to the patient. The four guiding principles of medicines optimisation provide a clear and actionable framework for patient-centred pharmaceutical practice. The first principle to aim to understand the patient's experience requires an ongoing, open dialogue with the patient, recognising that their experience of medicines may change over time even when the medicines themselves do not. The second principle evidence-based choice of medicines ensures that clinical decisions are informed by the best available evidence while remaining responsive to the individual patient's needs and preferences. The third principle ensuring medicines use is as safe as possible underscores that safety is a shared responsibility between professionals, organisations, and patients, requiring effective communication at every stage of the patient journey. The fourth principle making medicines optimisation part of routine practice calls for healthcare professionals to embed adherence support and medicines review into every patient contact, and to measure the impact of medicines optimisation as a standard component of professional practice (Royal Pharmaceutical Society, 2013).

Barriers to patient-centred practice and professional development

Barriers to adopting a patient-centred approach are often attitudinal rather than practical. They include prioritising clinical efficiency over meaningful patient engagement, judging patients' choices or behaviours, and overlooking their emotional state or life circumstances. Practical barriers, such as time pressure, lack of privacy, and the consultation environment, also limit effective communication, particularly in busy community pharmacy settings. Developing patient-centred consulting skills requires an open and self-critical approach to professional practice. Pharmacy professionals are encouraged to examine their own assumptions and communication habits, seek structured feedback on their consulting performance, and engage in sustained professional development. Self-reflection alone is insufficient; it needs to be supported by formal education, skills-based training, and access to validated consultation frameworks that provide a clear and evidence-based reference for good practice. The integration of patient-centred communication skills into pharmacy education and continuing professional development is therefore essential to ensuring that the profession as a whole is equipped to meet the evolving needs and expectations of patients.

Conclusion

Adopting a patient-centred approach in pharmacy practice represents a fundamental professional obligation, increasingly recognised as an essential ethical requirement for the delivery of effective and meaningful pharmaceutical care. When patients feel heard, respected, and genuinely involved in decisions about their medicines, the benefits are measurable: improved medication adherence, reduced medicines wastage, better health outcomes, and a more effective use of healthcare resources. Embracing this shift requires more than clinical knowledge it demands a fundamental change in mindset, communication, and professional culture. Placing the patient at the heart of every consultation represents the foundation of effective medicines optimisation and meaningful pharmaceutical care.

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