

TELE-PHARMACY AND E-PHARMACY EQUIVOCAL IN INDIA? TECHNOLOGICAL AND LEGAL ISSUES OF TELE-PHARMACY IN INDIA

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ABSTRACT:

It was fascinating to communicate that, amid aristocrats, the word Pharmacy was frequently animated up with alternative word Tele-pharmacy. This vagueness drastically imitated an absence of lucidity on e-Pharmacy and Tele-pharmacy. To elucidate the core after these two words we collected viscount studied works on e-Pharmacy and Tele-pharmacy and to outline the technological and legal issues of Tele-Pharmacy in India. A literature review was conducted on basis of BIOMED CENTRAL and COCHRANE @ OVID databases. The keywords "Tele-Pharmacy", "e-Pharmacy" and "India" were used. The topics were chosen to limit the citations with summaries, for the year between 2010 and 2014. In India, a pharmacist should be enumerated with state pharmacy council beforehand and then one can start working and inevitably one befits enumerated with pharmacy council of India when one is enumerated with all state pharmacy council, thus one can practice all over India. To advance the circumstances is that a regulation must be endorsed where succeeding reflections must be retained. There must have been a certificate scheme according to the area of practice.

KEY WORDS: Tele-Pharmacy, e-Pharmacy, India, Technological and legal issues

INTRODUCTION

Industries of all dimensions are expending the internet for e-trade and e-market. Prospective reimbursements resulting from e-market upsurge when industries involve in the development of commercial transformation. Pharmacies are no exclusion to this revolution. Though employed on the scheme for the growth of an online pharmacy, joining an intellectual structure aimed at prescription of medicines for minor diseases, we may arise across a stimulating remark. It was fascinating to communicate that, amid aristocrats, the word Pharmacy was frequently animated up with alternative word Tele-pharmacy [1]. This vagueness drastically imitated an absence of lucidity on e-Pharmacy and Tele-pharmacy. To elucidate the core after these two words we collected viscount studied works on e-Pharmacy and Tele-pharmacy. Our investigation finally allowed us to comprehend e-Pharmacy and Tele-pharmacy, and describe and difference the two words. Important results imitate that Tele-pharmacy is an expertise not basically reliant on the internet but delivers pharmacy amenities to remote societies. Same way e-Pharmacy is a ground-breaking idea related with e-communications, e-Prescription, and it is

recreating pharmacy's commercial model. It has previously showed to be fruitful in western nations. It has likewise remained adequately talented to the field of e-Health.

E-pharmacy is currently extra prominent in advanced nations which have established broad supervisory context and an empowering setting comprising providing essential monetary enticements [2]. The aims of e-pharmacy are to progress patient precaution and care and to reduce ethnic discrepancies. Emerging nations have to exert smoothly on refining convenience of pharmacies for the people. An emphasis on e-pharmacy may deliver the solution if essential earlier situations are fulfilled.

E-pharmacy has allowed source of medications online over formation of e-health archives or e-patient archives in numerical setup that is adaptable to pool through diverse health care sceneries. The statistics is entrenched in system-linked initiative-eclectic evidence schemes. Such archives may embrace a full variety of statistics in complete or swift procedure, comprising patient data, medicinal antiquity, medicine and reactions, and payment evidence. Its tenacity can be tacit as a wide-ranging archives of patients come across that lets the computerization and rationalization of the flow in medical care sceneries and upsurges care over substantial resolution provision [1,2]. There are numerous benefits that e-pharmacy endeavors to bid to its consumers: inexpensive medicines, rapid distribution and decent medicinal care [3]. Western nations have well-considered rules on proving cases of deceit over e-pharmacy. For instance, sale of prescription medicines over e-pharmacy is not allowed deprived of the prescription being directed to the pharmacist [4, 5]. E-pharmacy is usually favored for over-the-counter medicines given that reprieve for minor illnesses in these nations.

A literature review was conducted on basis of BIOMED CENTRAL and COCHRANE @ OVID databases. The keywords "Tele-Pharmacy", "e-Pharmacy" and "India" were used. The topics were chosen to limit the citations with summaries, for the year between 2010 and 2014, in English. Almost twenty articles were used in this study. The word "Tele-Medicine" was also added to figure articles relating Tele-Pharmacy. Now, just ten articles not including "Tele-Pharmacy" were found, which showed the lack of articles on the boundary Tele-Pharmacy and E-Pharmacy.

TECHNOLOGY ISSUES

Tele-pharmacy has been definite as the usage of e-information and message skills to afford and sustenance medical care when remoteness splits the accomplices. Expertise included in Tele-pharmacy is videoconferencing, phones, mainframes and the Internet. Tele-pharmacy has the similar rudimentary definition but mentions to medical care facility. Though the Tele-pharmacy advertise is anticipated to produce significantly, dearth of compensation and great expenses are ongoing hindrances. Pharmacy is using video-conferencing for teaching, working out, and administration tenacities [6]. The telephone has transformed from a dialing device to a software contact instrument. Therapeutic devices are being involved to phone lines to deliver distant observing and treatment, and call centers are giving medicine counseling, former approval, replenish approval, and formulary acquiescence observing. Though the Internet has rapidly developed a stellar recitalist, consumption by medical care delays behindhand other productions. The Internet-fueled authorization of customers and their potentials for hurry, admission, and suitability are making more unmet outlooks of the outdated medical care system. Pharmacy has both structural and discrete expert Web sites, but it is online pharmacies that are enticing most courtesy. Possible welfares of Tele-pharmacy include better-quality admission to care, better efficacy in analysis and action, higher output, and marketplace for the coming era. Tele-pharmacy will levy the financial, governing, lawful, moral, and scientific care knowledge of the whole medical care system.

Studies of the efficiency, price, and social insinuations of Tele-pharmacy are wanted, beside practice replicas and values, training packages, and clarifications to supervisory, certifying, and lawful queries. Safeguarding compensation for reasoning facilities remains a delinquent for Tele-pharmacy. Tele-pharmacy presents deep chances and trials to pharmacy and other medical care professions [7].

Tele-pharmacy would recover the excellence of medicinal services given in bucolic and inaccessible zones, through permitting pharmacists to obligate actual communication with bestowing physicians, indigenous medical personnel and patients through a video-conference. Profitable (equivalent) videophones to link pharmacists to bestowing physicians, patients in drugstores (persons by no druggist) and indigenous medical personnel can be used. Though, numerous glitches can happen the video-conference is actually may be used as an orthodox phone because an internet connection may not be documented at the period of a conference. It may occur due to internet network issues in the bucolic zones [8].

REGULATORY ISSUES

In India, a pharmacist should be enumerated with state pharmacy council beforehand and then one can start working and inevitably one befits enumerated with pharmacy council of India when one is enumerated with all state pharmacy council, thus one can practice all over India. However, if one has to work outdoor of India with Tele-pharmacy certificate of that nation where patient is situated may be needed. Meanwhile the similar act controls pharmacists all over India; issues of certificate crossways states may not ascend similar to the condition in the western nations. There is no current Indian rule on the subjects elevated in the run-through of Tele-pharmacy in India. Though the Act of Information Technology, delivers for values in kin to technology of information overall, the alike may not narrate the delivery of medical care facilities by expending information technology [9].

Consequently, a query rises who must give certificate. Must the aforementioned be a Pharmacy Council of India, Pharmacy Council of State, Indian technical council of, representatives from technical council of India or World Health Organisation? [10].

Least practical values must be followed by every individuals working in Tele-pharmacy, moreover exclusively below the management of a physician certified to run-through Tele-pharmacy. Must old-style certificate be believed adequate or must around be supplementary educational supplies to run-through Tele-pharmacy? To run-through Tele-pharmacy around must be selected eminence regulator apparatuses authorizing a least possible range of proficiency must be supervised preceding an ongoing source.

DISCUSSION

To advance the circumstances is that a regulation must be endorsed where succeeding reflections must be retained. There must have been a certificate scheme according to the area of practice. Persons who want to work inside a state, the state council must provide the certificate; persons who want to within the country Pharmacy council of India must provide the certificate and those who want to work internationally an international council should give the certificate.

Pharmacist is responsible for the any legal action for defining expert carelessness. Patients must anticipate a better action from the pharmacists. To minimize the probabilities of patients prosecuting the pharmacists, pharmacists must be well-mannered, have a decent interaction and relationship among the patients and must apply acceptable period to all patients. Pharmacists must abundantly enlighten to patient regarding the ailment, action needed and the effects of drugs, possible dangers and welfares and substitute actions and also must provide the patient adequate period to pick.

Certainly not assure a consequence, as patient may get unsatisfied does not work. Anywhere consensus is necessary, it must be engaged and if possible engrave knowledgeable agreement and it must be all-inclusive agreement. Appropriate archives of the action must be sustained. Insurance corporations may have to adapt the strategies to conceal charges of Tele-pharmacy information. Pharmacists allocating Tele-pharmacy should possess operational acquaintance of computers to defense confidentiality of patients. It must be essential that pharmacists must have appeared sequence of Tele-pharmacy. Any short progressions of Tele-pharmacy must be happening to express pharmacists regarding accountability and it must be in program of undergraduate sequences.

CONCLUSIONS

Tele-pharmacy provides various roles for the pharmacist. It may be listed as dispensing, administrative and clinical pharmacists. Overall, the pharmacists should have knowledge and skills about community and hospital pharmacy set up. The pharmacist should also have excellent communication skills, information technology and telecommunication experiences. As a dispensing pharmacist filling of prescription and counseling the patients will be done on video conference technique. As a clinical pharmacist, since the practice will be in remote area, the pharmacist can work along with physicians. Patient safety improves services backstop physicians in rural hospitals when their pharmacists are not on their premises. By using telecommunication and information technology to widen the coverage of pharmacy services to underserved areas, tele-pharmacy manages to bridge the gaps in the pharmaceutical care to rural communities.

REFERENCES

1. Sanjay P. Sood, Nupur Prakash, Rajeev K. Agrawal, Ansar Al-Ansar Bin Foolchand⁴ Telepharmacy and ePharmacy: Siamese or discrete? 2008 9(5): 485-494.
2. Keeys C, Kalejaiye B, Skinner M, Eimen M, Neuffer J, Sidbury G, et al., Pharmacist-managed inpatient discharge medication reconciliation: A combined onsite and telepharmacy model. *Am J Health Syst Pharm.* 2014 15;71(24):2159-2166.
3. Patterson BJ, Kaboli PJ, Tubbs T, Alexander B, Lund BC. Rural access to clinical pharmacy services. *J Am Pharm Assoc* 2014;54(5):518-25.
4. Ho I, Nielsen L, Jacobsgaard H, Salmasi H, Pottegård A. Chat-based telepharmacy in Denmark: design and early results. *Int J Pharm Pract.* 2014 Mar 17.
5. Wilson, Andrew L, Pharmacy and the Pharmaceutical Industry: Healing the Rift – A Hospital Pharmacy Perspective, *Journal of Pharmaceutical Marketing & Management*, 2007;18(2):55-61.
6. Farrell, Carlyle; Fearon, Gervan, Prescription Drug Exports to the USA: An Analysis of the Online Communication Strategies of Canadian E-Pharmacies, *Journal of Medical Marketing* 2005;5(4):331-341.
7. Sankaranarayanan J1, Murante LJ, Moffett LM. A retrospective evaluation of remote pharmacist interventions in a telepharmacy service model using a conceptual framework. *Telemed J E Health.* 2014;20(10):893-901.
8. DM Angaran, Telemedicine and telepharmacy: current status and future implications *American Journal of Health-System Pharmacy* 1999;56(14):1405-1426.

9. Lisa Nissen, Susan Tett, Can telepharmacy provide pharmacy services in the bush? *J Telemed Telecare*, 2003;9(2):39-41.
10. Gorea R. K, Legal aspects of telemedicine: Telemedical jurisprudence. *Journal of Punjab Academy of Forensic Medicine & Toxicology* 2005, Volume: 5: 3-5.