



# Pharmacist reaches out to young hearts and minds

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**hen she was just four years old**, Kathleen Collin might already have known she'd grow up to be a pharmacist. "I was so excited to get to the drugstore - because I'd been promised a popsicle - that I pushed on a 'pull' door and fell right through the screen door," she laughed. "I 'fell' into the role of pharmacy! Mr. Priest picked me up and put bandages on me and Polysporin on my cuts and scrapes, and he gave me a free popsicle!" she said.

Kathleen Collin Pharmacist BC Children's Hospital
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Like many health professionals across BC, Collin has seen an increase in her workload as a cumulative result of increased patient acuity and limited resources. To bridge the gap, she has been more demanding of herself, in effect subsidizing the health care system at her cost.

When she quietly took the microphone at HSA's annual convention in April, she brought all 300 delegates to their feet, some in tears. She described her fears about the possibility of the Children's Hospital outpatient pharmacy being privatized. She described how the pharmacists there sometimes make medicated lollipops if they decide that is best for a young patient.

The outpatient pharmacy also prepares special liquids and even custom-made capsules, all of which are exacting and time-consuming. She also described how parents, many from out of town and frantic with worry, phone her department with for medications that are prepared nowhere else in the province.

"We often prepare medications that are so time-consuming and costly to make that private pharmacies just won't make them."

The pharmacy's patients are children who have been discharged from the hospital who aren't going home on a simple medication, like a commercially manufactured antibiotic liquid.

The outpatient pharmacy prepares a central line kit for children with cancer or cystic fibrosis, for example. A central line is a specialized intravenous access port that's actually embedded into their skin. "They need to be able to take care of those properly at home so they don't get infected or clotted," she said. "Our pharmacy prepares the whole kit with all of the meds and all of the flushes and the sterilizing equipment for these kids to take home, or take when they go on camping trips.

"And cardiology kids: many a time I've worked the evening shift and I've had some panicked mom or dad call me because they can't get a prescription filled - for example, for a beta-blocker or diuretic that we make in a liquid form," she said.

"The parents have been to several pharmacies, to be told 'well, sorry, no, we don't make it, you'll have to go elsewhere.'

"We have kids from all over the province on very strange biochemical disease cocktails that can't be obtained

elsewhere; we have children who are involved in medication studies - and they all come to our outpatient pharmacy. Our outpatient pharmacy ships about 150 prescriptions per month, with the time involved in packaging, and the postage absorbed by the pharmacy. This pharmacy fills a unique niche, and is vital to the health of children in our province."

Each day, Collin sees children of all ages on her general pediatrics and renal unit.

"The little ones can't talk to me. It's kind of like practising veterinary medicine: I'm trying to guess what they're feeling, and guess if I'm managing to communicate with them at all," she said. "There's a lot more work with the parents at that age and, as you can imagine, sometimes the parents are quite frantic or hysterical or terribly upset. And so to make sure they are listening and learning can be a challenge," she said.

"As the kids get older, I much prefer to talk directly to the child, and the parent is along for the ride - and I expect a parent to listen and learn. I love talking with the 10- and 11-year-olds; they've got some personality and they're able to talk and joke with me and play along," she said. "And I especially love the teenagers, because I've learned that they just like to be treated like adults. I just treat them with respect and get a lot further with them that way.

"I love it when a young person comes back to see me in the hospital. They've grown up and they've moved to adult care and they still seek me out and ask me questions. And I know I've made a difference."

In her 20 years at Children's Hospital, Collin has noticed a marked increase in workload and patient acuity. "When I started, it was a simpler place to work. We had sick patients. Now I find that we seem to have really, really sick children - really acutely ill children," she said.

"It seems like there's a real rush to get kids in - get them fixed up - then get them out so that the next really sick child can get that bed. In our pharmacy the pace is intense, and the distribution side is very complex," she said. "We make very complicated products in our sterile manufacturing room, for the neonates who need intravenous nutrition and for children getting chemotherapy. We are also involved in very complicated medication studies," she explained.

"Not only that, but we're also fighting all these new infections all the time. We're starting to see an increase in antibiotic resistant infections, with the children needing obscure medications to fight the infection."

Collin, like many health professionals, is not only a run-of-the-mill perfectionist - she has an inner need to be in razor-sharp top form at all times. "There's always the intensity, the high pressure of our pharmacy department, and I am now becoming more and more nervous that I'm not going to be able to keep up," she said. "Not to mention the constant barrage of new medications to learn about, coupled with the fact that there is usually little or no information about using these medicines in kids."

"And I also find that when I'm on call, I'm more and more nervous and I sleep less well, because our pharmacy is so complex now. I'm terrified that in the middle of the night that if I am called, I won't know the answer," she said. "Or, if I have to come in and make a complicated intravenous drug, that I'm going to be too slow and that I may delay patient care.

"I do find that the pace of my pharmacy practice is just blistering, and I wish that there was the ability, more funding, to hire more staff," she said. "We need more pharmacists on the units; I'd like more pharmacists to help with the shift work, but there's such a shortage of pharmacists, and there's no money for any new programs anymore."

Collin is emphatic with praise when she talks about her colleagues. "Every staff member here goes above and beyond the call of duty and puts in extra time, and they really do give really good care," she said. "But I think it's taking its toll on all of us, because there's just no way to get the work done in the amount of time that we're paid to be here.

"I love working with really well-educated health professionals," she said. "I love having their knowledge as my resource. I love it that I work in a major teaching hospital where we have up-to-date resources, and I love teaching: I love to be able to have an influence on the education of future pharmacists," she said.

"And most of all, what I love is knowing that I do make a difference in the health of the children, and I do my very, very best to make sure that they go home as healthy as they can be." 

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