Health literacy among consumers in community pharmacy: perceptions of pharmacy staff

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Abstract

Background Low health literacy has important consequences for health status, medication adherence and use of health services. There is little insight from the perspective of pharmacy staff into how they identify the information needs of consumers and particularly the signals and risk factors of limited health literacy that they encounter in their day-to-day communication with consumers.

Objective To investigate factors impacting on consumer health literacy, from the perspective of pharmacy staff.

Methods The research comprised semi-structured interviews conducted in a convenience sample of pharmacies in the south-east region of Queensland, Australia. Eleven pharmacists and nine pharmacy assistants agreed to participate. Interviews were audio-recorded and transcribed verbatim. Initial coding of the anonymized transcripts was performed using NVivo®. Codes were analysed into overarching themes and subthemes, which were then re-named and refined through consensus discussion.

Results Three overarching themes were identified from the coding process: complexity of the health system, clarity of information, and dialogue among consumers and health-care professionals. Two of the themes were system related, namely the health system and pharmacy labels; the health literacy issues included lack of clarity, complexity and misunderstanding. The third theme was related to communication.

Conclusions Complexity of the health system, clarity of information and dialogue among consumers and health-care professionals were identified as factors associated with consumers’ health literacy. We call for increased engagement between pharmacy staff and consumers with improved focus on areas of potential confusion, such as medicine labels and navigation of the health system, aiming to minimize negative consequences of limited health literacy and optimize patient health outcomes.
Introduction

Health literacy focuses on literacy within the context of health. It refers to the ability of individuals to obtain, understand and apply health-care information in written, spoken or digital format and subsequently make appropriate health-related decisions. International and Australian research suggests that low health literacy has important consequences for mortality and health status and use of health services. Consumers with limited health literacy are at an increased risk of using inappropriate doses of medicines, consuming medicines at improper times and/or using incorrect routes of administration. Without adequate health literacy, consumers may not understand what a health-care professional has told them about their condition, be able to follow written and verbal instructions, be capable of reading labels on medication packaging or be able to understand and apply health information presented in posters or brochures.

Limited health literacy is surprisingly common among adults in developed countries. A 2006 Australian Bureau of Statistics survey found that almost two-thirds of Australians aged 15–74 years lacked basic health literacy and had insufficient skills to manage their own health or navigate the health-care system. In response to this, the National Health and Hospital Reform Commission of Australia has identified the need to improve health literacy as part of a national health reform. Limited research suggests that many consumers in Australia have difficulty in independently navigating the health system for their own benefit. Layers of complexity in the system pose challenges for enhancing consumer self-reliance and system navigation, making health literacy not only a consumer issue but also a health system performance concern.

Community pharmacists are potentially in a strong position to assist consumers with health literacy challenges and should be seen as additional advocates for increased consumer understanding about medicines. As in most countries, pharmacy services in Australia are highly accessible to the public. Consumers can enter a community pharmacy without an appointment and can expect to receive professional attention almost immediately. On average, Australians visit a community pharmacy 14 times each year; this equates to over 200 million occasions each year, during which, pharmacists may provide professional advice and service. A recent ‘exit survey’ of pharmacy customers reported that more than one-third of visits to a pharmacy were to ask advice about a health issue.

Australia’s National Strategy for Quality Use of Medicine policy aims to optimize the use of medicines to improve health outcomes for all Australians. This strategy places an onus on community pharmacists to improve consumer medication use by maintaining their own knowledge and expertise, recognizing and taking action to correct problems associated with medicines, enhancing understanding of the risks and benefits associated with medication use and assisting consumers’ informed decisions about their treatment options.

However, there is little insight from the perspective of pharmacy staff into how they identify and address the information needs of consumers and particularly the signals and risk factors of limited health literacy that they encounter in their day-to-day communication with consumers. The underpinning research question in this study was how do pharmacy staff perceive the health literacy of consumers? The study is exploratory and descriptive, aiming to identify factors that impact on consumers’ health literacy and therefore affect their quality use of medicines.

Method

The research comprised semi-structured interviews and was conducted in a defined geographical location in the south-east region of Queensland. The convenience sample of pharmacies was distributed across nine suburbs and the Central Business District (CBD) of Brisbane and was recruited via telephone contact with the
pharmacy manager. From each pharmacy, at least one pharmacist and at least one pharmacy assistant (employed in a customer service capacity) were invited to participate. In line with qualitative research methods, a sample of approximately 20 participants was intended, with sampling continuing until data saturation was perceived. All participants provided consent for participation in the study. Ethical approval was obtained from the Human Research Ethics Committee of the School of Pharmacy, The University of Queensland (Ref 2009/8).

The semi-structured interview guide (Appendix 1) was developed with reference to the literature and via consensus between members of the research team. One of the researchers (EL) conducted the interviews, which were audio-recorded and transcribed verbatim. Interviews were generally 30 min in duration and conducted in a suitable private area at the workplace, permitting ‘immersion in the setting’ which helped to ground the study in the context of the participants. The instrument included open-ended questions allowing for descriptive responses and was designed for the pharmacy staff member to reflect on his/her experiences in communicating with consumers, including consumers’ understanding of the Australian health system in relation to pharmacy and consumers’ comprehension of labels and of verbal advice. Demographic information about participants (gender, age and years of pharmacy experience) was collected.

The transcribed data from the interviews were anonymized, and the transcripts were verified against the original recordings by the interviewer; this process also facilitated immersion in the data. Inductive analysis of the data was performed to uncover the meaning in the data; the researchers maintained a flexible approach, and data were holistically studied using a humanistic approach where the researchers considered the experiences of the participants rather than their own predispositions. Initial open coding was performed for content analysis; data were then re-read to identify patterns of meaning and issues of potential interest. Secondary coding and verification of proposed themes were performed by another member of the research team (TK). Axial coding was then undertaken with a focus on rearrangements of codes to form the subcategories and categories, which were developed around commonly occurring words or statements. These were then ‘collapsed’ and re-arranged into overarching themes. Data were managed using NVivo® (Version 8; QSR International, Victoria, Australia).

A third researcher (KB) then immersed herself in the data ‘as a whole’ with a focus on reviewing the data holistically which permitted interpretation from a practising pharmacist’s perspective. Identified themes were compared to themes from the original analysis, contributing to the rigour of the methodology. Themes were refined and re-named through consensus discussion.

Results

Eleven pharmacists and nine pharmacy assistants, representing 10 pharmacies in the southeast Queensland region of Australia, agreed to participate. Just over half of the pharmacists (55%) were in the 30–39 year bracket, while the majority of pharmacy assistants were younger (Table 1). All of the pharmacy assistants and most of the pharmacists (73%) were female. The pharmacies were situated in shopping malls or shopping complexes in suburbs and in the CBD, and it is expected that pharmacy staff would have interacted with people from a wide range of ages, ethnicities, cultures and languages.

There were seven categories that emerged through the coding process, which resulted in three themes from the data: complexity of the health system, clarity of information and dialogue among consumers and health-care professionals (Table 2). Two of the themes were system related, namely the health system and pharmacy labels, and the health literacy issues included lack of clarity, complexity and misunderstanding. The third theme was related to communication.

A broad difference in perceptions about consumers’ health literacy needs was identified.
between pharmacists and pharmacy assistants. A greater proportion of assistants felt that encouraging conversation and allowing time for questions was important, while pharmacists stressed the need for explaining the relevant aspects of the health system. Despite this divergence, there were more similarities and agreement between the perspectives of assistants and pharmacists than there were differences.

Complexity of the health system

This study reports that parts of the multifaceted health system in Australia are perceived to challenging for consumers to navigate. For example, pharmacy staff in this study felt that consumers were confused by the prescription which is printed on two separate sheets, either as a computer-generated duplicate or as a carbon copy of a hand-written prescription. The computer-generated numbering system for repeat authorizations, as well as the minimum time period permitted between repeat dispensing of a prescription, was felt to cause confusion. Participants also felt that consumers seemed to be unaware of the expiry of prescriptions, which are valid for a period of 1 year from the date of issue. Another concern was that a scheme that is intended to alleviate financial constraints for consumers who use a high number of prescription medicines (the ‘Safety Net’ scheme), was perceived as being difficult for consumers to understand and navigate.

Clarity of information

Cautionary advisory labels (CALs), which provide additional written instructions for using medicines safely and storing them correctly, were perceived by pharmacy staff to be difficult for consumers to read or comprehend or were overlooked. In particular, there were four cautionary advisory labels that were perceived as not taken seriously by consumers or were often misinterpreted (Table 3).

Pharmacy assistants in this study felt that pharmacists’ advice and instructions printed on dispensing labels – the individual labels generated by dispensing software and attached to medicine packs – could either be misinterpreted or deliberately ignored by consumers. Medical jargon used by health-care professionals was perceived to cause consumer confusion.

Dialogue among consumers and health-care professionals

Pharmacists and pharmacy assistants felt that effective dialogue, between pharmacists and consumers or patients and between health-care professionals and patients, was important in improving consumer health literacy. Participants stressed the importance of counselling and the provision of additional information on indications and benefits of medications to consumers. Different drug names, such as active ingredients or generic names and brand or trade names, were a significant issue in relation to consumer confusion regarding the medicines they were taking.

Discussion

This study identifies a number of factors impacting on consumer health literacy in the pharmacy setting and affecting quality use of medicines, as well as factors affecting efficient use of services within the Australian health-care system.

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### Table 2: Development of themes derived from raw data, units and categories

<table>
<thead>
<tr>
<th>Examples of coded units from raw data</th>
<th>Subcategories</th>
<th>Categories</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘When [consumers] don’t have repeats, they’ll look at the duplicate thinking that they’ve still got a script (prescription)’ (ID 11)</td>
<td>Confusion relating to the prescription, which is a duplicate (two copies), not a single prescription</td>
<td>Complicated prescription format</td>
<td>Complexity of the health system</td>
</tr>
<tr>
<td>‘I don’t think people always know to look at the date or the expiry date … they don’t always know when their scripts are out of date’ (ID 14)</td>
<td>Confusion regarding expiry of prescriptions</td>
<td></td>
<td></td>
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<tr>
<td>‘[Consumers] are confused about how many repeats are left… I think it’s the way it is worded’ (ID 1)</td>
<td>Misunderstanding of the computer-generated numbers for repeat prescriptions</td>
<td>Complicated repeat prescription system</td>
<td></td>
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<tr>
<td>‘Sometimes [consumers] are not aware of the time period between script repeats… You get the instances that are confusing for them on top of the 21 days (time required between prescriptions); [asthma] puffers you can get earlier’ (ID 7)</td>
<td>Lack of awareness of the minimum permissible time period between repeat dispensing of prescriptions</td>
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<tr>
<td>‘A lot of [consumers] don’t know about it [Australia’s Safety Net system] and some of them could reach [the limit, allowing further subsidy]. We don’t spend the time and explain it all to them’ (ID 15)</td>
<td>Difficulty navigating the Safety Net System</td>
<td>Complicated Safety Net system</td>
<td></td>
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<tr>
<td>‘It depends on the consumers, some understand it well and use it to their advantage really well, and other people really have no idea until you say you have made [the Safety Net limit]’ (ID 6)</td>
<td>Safety Net understanding is consumer or situation specific</td>
<td></td>
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</tr>
<tr>
<td>‘I think a lot of the time, [consumers] just don’t seem to notice the labels being there at all… I always try and verbally point them out’ (ID 8)</td>
<td>Difficulty spotting warning labels on medicines</td>
<td>Lost purpose of warning labels</td>
<td>Clarity of information</td>
</tr>
<tr>
<td>‘It is [the consumers] trying to read the label – they read it and still ask how many times they should take it… they just want verbal communication and confirmation’ (ID 20)</td>
<td>Incomprehensible warning labels on medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘The initial dose was two tablets for the first day, and then every other day, it was one tablet. The customer took every other day as being every second day – there are different interpretations’ (ID 10)</td>
<td>Misinterpretation of dispensing label instructions</td>
<td>Misunderstanding of directions</td>
<td></td>
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</tbody>
</table>

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The pharmacists and pharmacy assistants reflected on issues relating to consumers’ misinterpretation of instructions, advice and warnings relating to their medicines; some of these would become apparent during the receipt of prescriptions for dispensing, some during the provision of information about medicines and some in managing the consequences of consumers’ limited health literacy. As such, it is evident that community pharmacies (at least in Australia) are suitably placed to engage with the public about their medicines and health care and to facilitate individuals’ understanding of the complexity of the health-care system. It is expected of pharmacists in Australia that they will work with consumers to provide tailored verbal and written information to ensure the consumer has sufficient knowledge and understanding of their medicines to facilitate safe and effective use.22

Research has shown that addressing health literacy is primarily the responsibility of those working within health systems, as they determine the parameters of the health interaction, including the physical setting, communication style and content of information provided.¹ Health-care professionals, including pharmacy staff, need to ensure that an effective dialogue exists between themselves and consumers, facilitating exchange of valuable information. To improve consumer comprehension of information given, commonsense approaches can be utilized by pharmacy staff, including the use of plain language free of medical jargon, sitting face-to-face with the consumer, repeating directions and recommendations and simply confirming whether he/she has understood the treatment plan, purpose of any medications and the dosing of those drugs.¹

### Table 2. Continued

<table>
<thead>
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<th>Categories</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Three times per day’ dosing was interpreted by consumers as ‘Breakfast, lunch, and dinner’ (ID 4), ‘Generally, morning, afternoon and night’ (ID 17) or ‘three at the same time per day’ (ID 5)</td>
<td>Misinterpretation of dosing instructions</td>
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<tr>
<td>‘People can interpret things wrongly… they don’t think along medical lines’ (ID)</td>
<td>Medical jargon causing confusion</td>
<td></td>
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<tr>
<td>‘I think it is just making sure that if a customer is unsure of something that you spend time going through it with them’ (ID 9)</td>
<td>Spending time counseling</td>
<td>Identifying consumer’ needs and effective counselling</td>
<td>Dialogue among consumers and health care professionals</td>
</tr>
<tr>
<td>‘Some of them want to know what a medicine is for and how it is actually going to help them’ (ID 18)</td>
<td>Explaining uses and benefits of medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘If [the medicine] gets swapped to a generic, [consumers] are extra confused … they get quite confused with all the different names of the tablets they are taking’ (ID 7)</td>
<td>Confusion regarding different drug names (active ingredients, brand names and generics) written on prescriptions</td>
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<td></td>
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<tr>
<td>‘Sometimes the doctors don’t actually say what they are giving [consumer], they just hand them a piece of paper’ (ID 20)</td>
<td>Insufficient explanation by doctor</td>
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Schillinger et al.,23 demonstrates the importance of assessing patient comprehension. If pharmacists and pharmacy staff were able to detect cues about a person’s limited health literacy, they could adapt their communication style and advice appropriately. Evaluation of patient health literacy by pharmacy staff with appropriate training and adequate personal health literacy and suitable communication skills may lead to effective pharmacy–consumer communication and ultimately improved health outcomes. There are reports on the positive effects of effective physician–patient communication2,23 and health professionals including pharmacists24; however, our study indicates that pharmacy assistants may also play a positive role in health literacy of communities. Additional training for pharmacy assistants that is tailored to a geographical area, a specific pharmacy or to the needs of a community may enhance their positive contribution to health literacy.

Findings from this research indicate that cautionary advisory labels (CALS), either as an ‘ancillary label’ or as ‘additional instructions’, are either misinterpreted, not being noticed and/or read, not taken seriously or were deliberately ignored by consumers; Berkman et al.2 conducted a systematic review, and similar findings were reported in two studies. Although CALs may be used to promote quality use of medicines, it is important that they are not used as a substitute for adequate medication counselling. A recent study exploring health literacy competencies among 647 consumers in the same sample of pharmacies as this study found that comprehension of medicine and warning labels challenged some consumers.25 Approved CALs in Australia are regularly reviewed and updated, with design and specifications of the labels (suitable colours, contrast, type sizes and spacing) based on advice and information from Vision Australia.26 Although CALs have been developed to meet the needs of consumers, this study demonstrates a need for further research into consumers’ understanding of warning labels, as well as their beneficial or hindering effect on consumer health literacy, and pharmacy staff should discuss these labels with consumers and use them to reinforce essential information.

Limited health literacy significantly impairs one’s ability to read and demonstrate an understanding of printed instructions, and as labels are often the only written source of dosage instruction received by consumers, their design and content is extremely important.27 A recent review of published literature on prescription labels and consumer comprehension supported the use of larger fonts, lists, headers

| Table 3 Perceptions about cautionary advisory labels (CALS) |
|---------------------------------|---------------------------------|
| CAL | Description of label | Perceptions about the label |
| Label 1 | This medicine may cause drowsiness and may increase the effects of alcohol. If affected do not drive a motor vehicle or operate machinery | If [consumers] say they have to drive every day and they don’t have any alternative, [they] often say that they don’t think they are affected (ID 4) |
| Label 2 | DO NOT TAKE ALCOHOL while being treated with this medicine | [The] Alcohol [label] is my favourite - I suspect that sometimes people don’t take it seriously - for antihistamines, antibiotics and drugs [like] metronidazole (ID 3) |
| Label 8 | Avoid excessive skin exposure to sunlight and sunlamps while being treated with this medicine | People come back in when they are really burnt – they just have not read [the warning] or remembered to put on sunscreen (ID 20) |
| Label 9 | DO NOT STOP TAKING THIS MEDICINE ABRUPTLY unless otherwise advised by your doctor | The most common one [consumers] ignore is to not stop taking the medicine. [This commonly happens with] blood pressure medication (ID 1) |
and white space. The author advocated the use of simple, precise language, devoid of formal medical jargon such as ‘antibiotic’ or ambiguous terms such as ‘twice daily’.28 Wolf et al.27 suggested the use of figures, rather than the text equivalent, to promote ease of reading. Pharmacy staff in this study felt that consumers frequently misinterpret information on dispensing labels, especially with regard to dosing intervals. Label Information and instructions are generated by dispensing software, and each system produces a label that differs with respect to format, adding to the challenges of comprehending the information; there were more than 15 software dispensing packages in use in Australia at the time of this study. To improve consumer comprehension of dispensing labels, it is suggested that standardized labels be developed, which meet evidence-based health literacy needs of consumers.

Different drug and trade names were perceived to be a significant issue for consumers, contributing to confusion about the medicines. In countries where consumers are faced with a choice of different brands of the same active ingredient, consumer confusion about medicine names and the risk of double-dosing with medicines that contain the same active ingredient is a real concern.29 A recent review of medicine packaging by the Therapeutic Goods Administration of Australia showed that clear labelling of the active ingredients can aid consumer safety by assisting the public to identify brands with the same active ingredient, the differences between medicines and the amount of active ingredient and avoid accidental overdose.30 Despite clear labelling of medicines, pharmacy staff still have a responsibility to counsel consumers about the medicine, the benefits of knowing the active ingredient of each medicine and discuss possible differences in appearance between packaging and generic tablets.

The counselling role of pharmacists and pharmacy assistants becomes more challenging when staff are faced with explaining complex and rapidly changing government regulations around the supply of medicines, as well as providing information about government services; in the Australian context, this would be Medicare.31 Findings from this study show that the current health system is possibly too complex for consumers to comprehend and navigate. The health system aims to provide all residents with access to prescription medicine in a way that is affordable, reliable and timely32; however, if the system is poorly navigated and understood, services will be underutilized and their purpose unmet. Financial assistance for patients includes increased subsidy for those who require expensive medicines or who use a large number of medicines and for those with low income these are the ‘Safety Net’ and ‘concession’ schemes, respectively. Interestingly, this study highlights that pharmacy staff feel that patients have a lack of understanding of, and are confused by, the systems that were designed to assist them. These challenges will be further complicated by the Personally Controlled Electronic Health Record (PCEHR) system34 currently being implemented in Australia, adding another layer of complexity to consumer self-management. This study demonstrates that further research is warranted into consumers’ utilization and comprehension of the health-care system, more broadly than medicines use.

A prescription can either be ‘new,’ which could mean it is for acute treatment or the first of a series for chronic treatment; or the prescription could be a ‘repeat’, which allows additional dispensing for long-term treatment. Our findings indicate that pharmacy staff perceive that consumers are confused by the duplicate Australian prescriptions. They feel that consumers are perplexed by the computer-generated numbering system for repeat prescriptions, expiry (prescriptions are valid for up to 12 months) and the minimum time permitted between repeat dispensings of a prescription. Some consumers visit pharmacies with a large number of prescriptions, which may include new, expired and/or current prescriptions or repeats; the same or similar medicines may appear on more than one prescription and in one or more forms, strengths or quantities.35 To avoid consumer confusion, Frank35 suggested the provision of a consolidated list at
each dispensing, including all of the medicines a consumer is taking. This suggestion may be challenging within the constraints of health systems; in Australia, this would also require integration with the proposed PCEHR. However, our findings indicate that changes to the health-care system are required, and together with effective counselling, could reduce consumer medication errors and empower consumers to self-manage their medication and health conditions.

The major limitation of this research is the absence of an indicative measure of the health literacy of the consumers about whom the pharmacists and pharmacy assistants were reflecting. This is an inherent limitation of this type of study because of the current lack of suitable (non-clinical) instruments and the challenges involving assessment of consumer health literacy. Participants reflected in general terms from their experience in community pharmacy, which may have been accumulated from different work settings rather than their current place of employment. The pharmacies included in this study were from a range of suburbs of varying socio-demographic characteristics, in an attempt to draw on the experiences of pharmacy staff in communicating with people of different educational attainment; however, the pharmacies were limited to metropolitan and surrounding areas, and the authors cannot confirm that the data represent a cross-section of pharmacies in Australia. For example, identified differences in health literacy between urban and rural areas may affect perceptions and understandings of health literacy among community pharmacists in those areas.

**Conclusion**

This study has identified three broad categories of issues surrounding consumers’ health literacy, as perceived by community pharmacy staff in their daily practice: complexity of the health system, clarity of information and dialogue among consumers and health-care professionals. We call for more engagement between pharmacy staff and consumers to focus on areas of potential confusion, such as medicine labels and navigation of the health system, aiming to optimize health outcomes and minimize negative consequences of limited health literacy.

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**Conflict of interest**

There is no known conflict of interest.

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**References**


Schillinger D, Piette J, Grumbach K et al. Closing the loop – Physician communication with diabetic patients who have low health literacy. *Archives of Internal Medicine*, 2003; 163: 83–90.


**Appendix: 1 Interview Guide**

Demographic information: Role, length of time in position, years of experience, gender/age.

What situations have you come across where people haven’t been aware of what medicine is written on a prescription?

What situations have you come across where people didn’t seem to know, or abide by, a warning about a medicine?

Are there other issues you have come across regarding misunderstanding or miscomprehension by a patient or customer?

What do you find commonly causes confusion about prescription repeats?

How do you think the Safety Net System is understood by consumers?

What do you think customers would really like to ask pharmacy staff if they were given the opportunity and the appropriate circumstances?

Do you think there are any issues related to patient age and understanding about medicines?

From your experience in pharmacy can you give some examples of labelled instructions that patients/customers have misunderstood or who have taken medicines or used things incorrectly?

Is there anything else you can add from your experience in community pharmacy?