

## EDITORIAL

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Two articles in this issue examine aspects of the communication between consumers and pharmacists. Pharmacists remain the most important group of healthcare professionals facilitating self-care with pharmaceutical products, and the major elements which comprise the interaction between pharmacists and their customers are similar across the globe. Nevertheless, many uncertainties remain regarding the perceived role of the pharmacist, and how best to gather the information which will provide the foundation for advice.

Bootsman and Taylor comment on the guidelines for pharmacists prescribing for minor ailments under the scheme operating in their province of Canada. In response to the reluctance of local doctors to accept that pharmacists can make a 'diagnosis', this guidance requires them to start with the consulting patient's self-diagnosis when confirming if a product should be supplied. The authors explore the logic and evidence for this approach before concluding, perhaps unsurprisingly, that whatever the starting point, a good pharmacy consultation should contain the same elements, and take nothing for granted.

Kayce Shealy reviews the use of mnemonic tools to prompt information-gathering in pharmacy. A surprising number of these exist and some are in apparently widespread use. Shealy discusses both the potential strengths of, and the practical barriers to, the use of such tools. It may be that we need more convincing evidence before any one instrument can be endorsed over other approaches.

This issue also contains the first of a series of articles which examine the operation of self-care within the broader healthcare system. This 'systems' approach is increasingly advocated as a way to examine how processes interact in healthcare. A deeper understanding of how self-care can be integrated into healthcare systems, and of the behaviours that influence the engagement of individuals with those systems, may inform future expansion of its role.