

## Book Review

Ballantyne, P.J. & Ryan, K. (2021) Ed. *Living Pharmaceutical Lives. 1<sup>st</sup> edition. Routledge Studies in the Sociology of Health of Illness.* Routledge. Taylor & Francis Group. ISBN 9780367772482. Priced £36.99.

Living Pharmaceutical Lives is a textbook edited by Peri Ballantyne and Kathy Ryan. The textbook is published by Routledge Studies in the Sociology of Health and Illness and thus is situated in social sciences and healthcare disciplines.

The aim of the book is provoke thinking and stimulate discussions relating to the full impact of pharmaceuticals on our lives and how to optimise use of these. The authors state that this book is of interest to all those studying and researching social pharmacy and the sociology of health and illness, but I would argue that it's reach is much broader than this.

The book consists of 14 chapters focusing on highly relevant areas of pharmacy practice in healthcare. The authors of the chapters are specialists in their field and write with passion and clarity on their subject matter. The chapters refer to both primary and secondary data scrutiny thus demonstrating rigour, provenance and currency in the discussions presented.

There are learning and insights in each chapter presented but for the purpose of this review I'm choosing to home in on aspects that really resonated with me as a typical audience for this book.

The first of which is the recognition of the non-clinical impact of medications on peoples' lives in the form of hope that it offers. Adam Pattison Rathbone in chapter 6 focuses on this aspect in a phenomenological investigation of older people's lived experiences of medication use following a cancer diagnosis. Too often we purely see pharmaceuticals as "quintessentially a commodity targeted for individual consumption, affecting individual health, illness and risk' but we do not look past this to see the extended value for the patient. Medicines save lives. They give patients

therapeutic choice, which allows patients to have control over their healthcare. Medicines can make the difference between patients living their lives to the fullest or not. These pharmaceutical products can present hope where the patient may think that there is none and the healthcare system enables the fulfilment of this hope.

Another point of discussion which was of great interest and novelty in social pharmacy was the focus on the pharmaceutical impact on working lives. Building on the previous discussion of hope, medicines allow workers to remain in employment, able to undertake working roles to support livelihoods, pay bills and contribute to the economy. Employers are also now more cognisant with their corporate responsibilities to support staff who regularly take medication and need time to engage with clinician appointments etc to monitor therapies and conditions. A medical diagnosis which leads to medication for treatment can challenge the viability of continuing in certain jobs and thus can present a dilemma for patients which requires additional support from healthcare professionals and employers.

Naïvely we could assume that patients will be fully acquainted with their medications: what they are prescribed, why so and how best to manage taking their medications. However, medication management is greatly impacted by a complex interplay of social structure, routinisation and quantification as reported in patients lived experiences of managing Type 2 diabetes without medical insurance. Medication adherence is influenced and governed by social fabric and how people live their lives. The success of which allows people to live longer lives independently or with minimal intervention from healthcare providers. The removal of such social structures can leave patients feeling purposeless and demotivated in all aspects of their lives including self-management of their healthcare condition. This is a telling reminder that whilst medications may be an optimal intervention for a healthcare condition, it is only one part of the package of support needed for a patient to benefit from it. This is an integral argument for person-centred care, considering all aspects of treating a patient, including their personal circumstances, lifestyle, support networks etc.

Other chapters present equally thought-provoking discussions on vibrant social pharmacy topics which are incredibly informative, such as medicines use for asthma, pregnancy and urinary tract infections and antivirals in HIV positive men. Discussions are presented on issues related to vaccine hesitancy reminding us of the currency of this textbook given the Covid-19 pandemic and the vital role that pharmaceuticals and healthcare professionals have played in this.

The opioid epidemic is a timely reminder of the pharmaceutical 'scales of justice' balancing act of saving lives but potentially destroying them at the same time. The pharmaceutical sector has a corporate and social responsibility to manage the production, prescribing and circulation of opioids to prevent misuse and addiction and the scales at times tip in the wrong direction. This can be caused by clinician prescribing for long term chronic pain and patient addiction or illicit use facilitated by illegal supply chains. This can be further exacerbated by pharmaceutical marketing/promotion (to healthcare professionals and patients) and the power and wealth of the pharmaceutical industry. The focus here is opioid analgesics, stigma, shame and identity, the discussion delving into how the patient is affected psychologically and socially through opioid use.

The concept of corporate and social responsibility within the pharma industry is threaded throughout this textbook but could be considered in more depth. The pharmaceutical sector has ultimate stewardship for the products that it manufactures, and the repercussions associated with medicines availability and use. With the advancement of social prescribing and healthcare self-management there is greater move to personal control and responsibility which interconnects with this agenda. Cultural competency in the healthcare profession is also another area of useful exploration and inclusion of this topic would be beneficial to this collection.

Chapter 12 presents a statement which begs you to stop and think about the impression and influence medicines have on peoples' lives; "Medicines are things that people living with illness touch, taste, consume, refuse and draw on symbolically as they seek ways to live as people who are 'successfully ill' and thus take care of the self" (Frank, 2013). To have control over your life and fate

is difficult when managing a clinical condition and medicines enable patients to do this. The perceived medicalisation of our lives by the very presence of these products can alter social fabric, create healthcare problems, drive behaviour change and pharmaceutical dependency, introducing additional complexity into our healthcare eco-systems (Williams, Martin and Gabe, 2011).

This textbook concludes by reiterating how medicines are interwoven with our lives, a core part of our social fabric, and how we are indeed Living Pharmaceutical Lives. But their use is not without complications and is very much part of a tangled, personal, social, economic, and political landscape. Understanding the greater (positive and negative) impact of pharmaceuticals on our lives (as a patient and a person) is incumbent on all healthcare professionals and researchers. This is why, this textbook is an excellent educational and discursive resource.

I would advocate that all applied healthcare professionals should have the opportunity to reflect on the impact of a key ingredient of healthcare provision, medicines, on patients' lives, as per the patient experience of it. Therefore, the title, Living Pharmaceutical Lives, was most apt for this textbook. Social science, medical, pharmacy, and allied healthcare students, professionals and researchers will benefit from perusing this text for two reasons: to fully understand the positive and negative impact that pharmaceuticals can have on patients and to acknowledge how society has altered because of this phenomenon and how pharmaceuticals have 'modified the nature and expectations of healthcare'.

Reference:

Frank, A.W. (2013) *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: University of Chicago Press.

Williams, S.J., Martin, P. and Gabe, J. (2011), The pharmaceuticalisation of society? A framework for analysis. *Sociology of Health & Illness*, 33: 710-725. [https://doi.org/10.1111/j.1467-](https://doi.org/10.1111/j.1467-9566.2011.01320.x)

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Dr Liz Breen

Reader in Health Service Operations

School of Pharmacy and Medical Sciences

University of Bradford.