



*“But perhaps this is the time . . . to assess our present position and to determine our future direction.”*

=====**CLIFTON J. LATIOLAIS**=====

*(1968)*

*At the time he received this award, Clifton J. Latiolais was the Director of Pharmacy at University Hospitals and an Associate Professor of Pharmacy at the College of Pharmacy, The Ohio State University, Columbus.*

## **As We Move into History**

**“W**e must dream,” said Thomas Jefferson, “of an aristocracy of achievement arising out of a democracy of opportunity.” While Berman, the historian, described the trials and tribulations of hospital pharmacists during the awakening twenties and advancing thirties to gain national recognition in American pharmacy, it was this “democracy of opportunity” that provided the mechanism for the formation of the American Society of Hospital Pharmacists in 1942. Certainly, during its brief quarter century of existence, the ASHP has not attained an “aristocracy of achievement.”

In fact, perhaps hospital pharmacy resides at a lower celestial level than its high priests would care to admit. Yet, it has amassed a wealth of accomplishments in American pharmacy amid a plethora of pharmaceutical organizations in existence at the time of its formation. While many of these organizations have inflicted what I call “organizational malnutrition” upon its members, perhaps the Society has made some of its members so-called “organizational fat cats.” Such achievements have intrigued me to undertake this brief analysis of some underlying forces behind the Society’s

success, its present practices, and its future direction.

History tells us that organizations, societies, and cultures which made tremendous progress were goal oriented. Their peoples were committed, without reservation, to achieve these goals. However, to sustain the acid test of time, a goal-oriented society must be based on altruistic principles which foster the public good. While this must be its prime objective, it can, does, and must also serve individual human goals which society values so highly. If, on the other hand, individual goals are the prime objective and the public good is placed into secondary consideration, then that goal-oriented society shall fail. Two examples might suffice to illustrate the point, namely, the Al Capone organization and Hitler's Third Reich on the one hand and our American democracy on the other.

Capone was one of the underworld's most brilliant organizers. Unquestionably, the Al Capone empire was a well-structured "goal-oriented organization." In fact, he organized it in such a way that even his opposition contributed to his organization. Its members were quite dedicated to their goal, and they achieved it successfully. Fortunately, it failed to survive the test of time because its objective was against the public good. Likewise, Hitler's Third Reich was heavily goal oriented and it achieved its objective temporarily. Because it was not based on altruistic principles which foster the public good, it failed to withstand the test of time.

Our great nation was founded by a relatively small group of people highly motivated towards a common cause. They had a unity of purpose, an agreement of objectives towards the basic principle that "all men are created equal." They formed an altruistic goal-oriented society. The development of America as the greatest nation in the world attests to the power or strength of a goal-oriented society. Yet, amid all its strength, our nation strayed from its altruism by allowing the development of slavery, which was an opposite pursuit from its basic doctrines. Because of this, history shows that we have paid the price, from the Civil War to the Selma March, and we shall continue to pay that price until our people refocus their attention on the original altruistic goals the pilgrims incorporated into our constitution.

Arnold Toynbee has documented the fact that 19 out of 21 civilizations have died from within and not from outside conquest. Something happened to their peoples; they no longer cared. Their demise occurred slowly, quietly, when no one was particularly aware of what was happening. I wonder how many organizations died the same way. I wonder how many pharmaceutical organizations have developed long-range fatal anemia, for a pharmaceutical organization is of no use unless it serves a great cause.

It has been stated that formation of the ASHP was one of the outstanding achievements in the history of American pharmacy. This statement is somewhat misleading for, in itself, formation of the Society was just another accomplishment—another organization. It was the adoption of a philosophy of service by those hospital pharmacists during the twenties and thirties which formed the basis for the development of a goal-oriented society. Their unifying goal was the adoption of the philosophy that the purpose for the existence of pharmacy is to provide pharmaceutical services as an integral part of the total patient care concept in the interest, safety, and welfare

of the public health. This purpose serves a great cause. Their “purpose” was placed above their “interests.” Calvin Coolidge eloquently stated the difference between purpose and interest when he said:

*No enterprise can exist for itself alone. It ministers to some great need, it performs some great service, not for itself but for others; or failing therein, it ceases to be profitable and ceases to exist.*

In reading the early history of the ASHP, one cannot help but feel the verve, the vigor, the dedication, the enthusiasm, the unity of purpose among the membership towards the pursuit of a common goal. This was the force which propelled organized hospital pharmacists to make significant progress. For, as George Santayana so poignantly stated, “What we call the contagious force of an idea is the force of the people who have embraced it.” Such is the characteristic of many newly formed organizations.

The question is, however: Does an organization move into history with this initial drive, motivated dedication, and contagious enthusiasm which are so essential to progress; or might it slowly change in character? As the ASHP develops, it may or it may not maintain this force. It may or it may not lose sight of its original goals. It may or it may not respond to the contemporary social forces in such a way as to continue along its chartered path. It may or it may not develop leadership to chart its course clearly through the troubled times ahead. It may or it may not depend on the few to do the job of many. It may or it may not lose its altruism for personal self-interests. It may or it may not develop an overly paternalistic attitude over its members. It may or it may not make the membership subservient to the organizational structure. It may or it may not develop pecuniary interests which can sidetrack its basic mission.

Whether it does these things or not will determine its future survival as an effective organization. Analyze these points to see whether they are, or are not, some vital causes of ineffective, nonproductive organizations similar to some of our pharmaceutical organizations which, at best, are running to catch up to the status quo.

We ought not ask ourselves: “What is the ASHP doing about these essential elements of an effective organization?” Rather, we should ask: “What are we doing about it?” After all, we, the membership, are the ASHP. While authority in the Church stems from God, authority in an organization stems from the membership. The ASHP should not be viewed merely as an organization housed in Washington. The ASHP is really an associative group of professional practitioners who have banded together to assist each other to pursue a common goal in the public interest.

An organization is not an end in itself. Rather, it is an instrument of society and fulfills itself by the contribution it makes to this outside environment. Likewise, the ASHP is an instrument of the membership and fulfills itself by the contribution it makes to society. After all, did we form the ASHP to resist the social changes demanded by our society? To maintain traditional practices which are not in the public interest? To get a few to do the work of many? To use the organizational strength to develop personal self-interests? To develop an organizational structure which makes the membership subservient to it? To elect individuals to represent local or geograph-

ical self-interests? To use organizational strength to promote protective legislation? To develop enough organizational prestige to make us aloof of the other essential segments of the profession? No, our Society was not founded on these principles; it never would have survived if it had been.

Yes, the ASHP has made great progress—its founders left us a rich tradition and everything seems to be going well. But perhaps this is the time, the moment in history, to assess our present position and to determine our future direction. Let us not wait until greater problems develop. I say this because, as I attend meetings and talk with hospital pharmacists around the country, I see some evidence of certain grassroots attitudes, as well as regional and national attitudes, which could be helpful or detrimental to the Society, depending on what we do with them. Some of these attitudes are, perhaps, a reflection of problems which a growing organization must go through. On the other hand, perhaps they are not.

Some have wondered about the trend in which the ASHP is moving. One cannot say categorically that this trend is good or bad. It is not so much the trends per se but subtle changes in the trends which are truly important events. These subtleties are major contributing factors which ultimately determine success or failure of an organization. These subtleties must be perceived; it is difficult to classify or quantify them. It is the responsibility of all of us—and particularly our leaders, our elected officers, and directors—to develop the ability to perceive these subtleties and to refocus the direction of these trends into proper perspective.

Our professional organization must provide a forum whereby all members have an opportunity to participate by contributing their ideas, to develop new concepts, to present their problems and their concerns, to express their views and philosophies about future directions of the profession, to obtain constructive advice and assistance, to develop programs collectively which cannot be accomplished individually, and to be positively responsive to the needs of its members. The organizational structure of a professional society should be fluid enough to flow with the mainstream thought of its members. Its structure should not stymie this mainstream thought. For as Frazier said, “the authority of ideas shall prevail.”

If we were to be forthright, and we are, we would admit that we have lost some of that original verve, vigor, and dedication. Perhaps we have developed an organizational structure which has become less responsive to the needs of the membership. Perhaps we are asking the organization to do too many things for us, for this is the easy way out. Maybe we are using the organization to develop self-interests. Are we jockeying for a more prestigious position among other organizations within the profession? Perhaps we are developing unrealistic, grandiose plans, which might be good but which limit our resources to do the job which needs to be done today. We might be developing an organizational system which stifles initiative.

Self-criticism, even at its best, is most difficult. Yet, hospital pharmacy is on record for admission to self-criticism. The Audit of Pharmaceutical Service in Hospitals was an extensive exercise in self-criticism in order to improve our practices. I strongly recommend a similar audit on our national Society, the ASHP, as well as its affiliated chapters.

This “organizational audit” would involve an in-depth self-appraisal of goals and objectives, practices and services, membership and staff, membership needs and capabilities, affiliated chapter activities and requirements, and overall strengths and weaknesses. It would identify the good, the bad, the excellent; thus, we could eliminate the bad, improve the good, and polish the excellent. Indeed, such an organizational audit could pave the way for unparalleled achievements within the sphere of organized American pharmacy. For it is the opinion of those outside our profession, not our own good opinion of ourselves, that will determine our status.

We must certainly assess our position in relation to the social forces of our times and to the grassroots attitudes of our members. We must continue to demand of our committees, our officers, our board, and our full-time staff the kind of leadership and motivation which will help attain our goals. As we initiate demands individually or collectively, locally or nationally, let us ask ourselves, “Is this an altruistically motivated program for the improvement of pharmaceutical services to the public, or is this a personal or organizational self-interest-motivated program?”

A solid foundation has been laid for the development of an elite corps of career-minded hospital pharmacists. The founders of our Society, Harvey A. K. Whitney and his colleagues, left us a rich, proud tradition, a dedication towards professional ideals, a challenge to the pursuit of excellence, a strong, effective goal-oriented organization with proven success, and a membership with the intestinal fortitude to submit to organizational self-appraisal for the common good.

With such a background, hospital pharmacy is but one step away from greatness—a mere attitude away from the Jeffersonian dream of an aristocracy of achievement. With a properly directed, goal-oriented society, let us take that step, let us mold that attitude to achieve that dream, slowly yet methodically, practically yet idealistically, authoritatively yet softly . . . as we move into history.

*Harvey A. K. Whitney Award Lectures (1950–2005)*

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