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Past residents and colleagues gathered for a memorial service during the 1995 annual meeting of the American Society of Hospital (now Health-System) Pharmacists (ASHP) to honor past president Clifton Joseph Latiolais. A consistent theme ran through the memorials: innovator, leader, visionary, teacher, and preceptor. Especially noted was his philosophy of enthusiasm for excellence, of doing the very best at all times, not just sometimes. A student of Don Francke, Latiolais was clearly his own man with a vision of what pharmacy was about, not just hospital pharmacy but all pharmacy. He engaged a generation of residents and students to develop their own talents to the fullest so that the profession would meet its full potential. A 1979 survey of pharmacy directors of medical school-affiliated hospitals identified Clifton Latiolais as “the pharmacist most responsible for pharmacy be responsible for procuring and dispensing radiopharmaceuticals. For 2 years beginning in 1954, Latiolais served as the chair of the ASHP Committee on Isotopes (1955), which made the initial recommendation that the hospital pharmacy be responsible for procuring and dispensing radiopharmaceuticals. For 2 years beginning in 1954, Latiolais served as the chief pharmacist at the University of Rochester Strong Memorial Hospital in Rochester, NY.

Increased attention was focused on hospital pharmacy in the 1950s, partly as a result of the passage of the 1946 Hill-Burton Act to build and improve hospital facilities. In 1956, the American Pharmaceutical (now Pharmacists) Association (APhA) Division of Hospital Pharmacy and ASHP received a Public Health Service grant for the Audit of Pharmaceutical Service in Hospitals. Don Francke served as director and recruited Latiolais to move to Ann Arbor, MI, to serve as assistant program director from 1956 to 1958. An important conclusion of the audit was that change in the physical practice of pharmacy was insufficient: pharmacists and their perception of practice must also change. A beginning point would be agreement on a long-term vision for hospital pharmacy, a vision that was based on the philosophy of service.

A preliminary report was completed in late 1958, and the preparation of the final report began in 1959. ASHP published and distributed the audit, titled Mirror to Hospital Pharmacy, in 1964. The report noted that at that time, only one-third of U.S. hospitals employed a full-time pharmacist (<5,000 pharmacists). Few hospitals provided residences in 1957, and many services, such as drug information centers, admixture programs, and technician training, were years in the future. Latiolais characterized the report as “an honest attempt to portray hospital pharmacy practice in the U.S. at mid-century—the good, the bad, and the excellent.” He was an early voice advocating to hospital administration that pharmacists needed to be in full control of the acquisition and distribution of medications to minimize errors and improve patient service.

Educator and practice innovator

Latiolais had developed a reputation as a practice innovator and leader known for recognizing potential areas for change and improvement in institutional practice. In 1956, Dean Lloyd Parks of Ohio State University (OSU) College of Pharmacy recommended that OSU Hospitals establish a separate department of pharmacy that would affiliate with the college to provide undergraduate courses and establish a graduate program in hospital pharmacy. Clifton Latiolais was hired in 1958 to become the first director of the new department, and he quickly started to build an innovative service. The initial improvement included pioneering continuous pharmacy services, 24 hours a day, 7 days a week and a formulary system. Twenty years later, this innovation had expanded to less than 10% of short-term hospitals, eliciting an editorial comment: “As long as pharmacy remains a part time function, it will have a credibility problem. If pharmacists believe that their services are necessary for good pa-
tient care, then surely they are necessary at all hours of the day.”

Latiolais’s attitude towards the value of hospital residency training started during his time with Don Francke at Michigan and found strong expression in the Mirror to Hospital Pharmacy: “The development of strong residencies in hospital pharmacy is fundamental to the future of the profession and to the development of strong pharmaceutical services in the nation’s hospitals.” Latiolais was a leader in developing ASHP standards and accreditation of hospital pharmacy residency programs.

The residency program at OSU Hospitals was launched in 1959. Under Latiolais’s leadership with the active engagement of his residents, a long list of practice innovations were tested, improved, and implemented. These involved virtually every pioneer service in hospital practice. Latiolais quickly moved into an area that would provide important professional advances in hospital pharmacy—special compounding services. He argued that the objective of the service was to provide “the most suitable and effective forms of medications necessary to meet specialized needs of the patients [emphasis added].” Service should be the primary hallmark of specialized compounding; economy was secondary. This concept was carried forward when he coauthored Clinical Pharmacy: A Text for Dispensing Pharmacy with Glenn Jenkins and Glen Sperandio. Although the publication was intended to be a continuation of earlier compounding texts, the authors broadened the scope, noting that “the supplying of medication and health services to the patient is a clinical situation ... hence the term ‘clinical pharmacy’ has been selected as the most appropriate designation for the professional applications of the pharmacist in his dealings with the public.”

It was this philosophy of compounding for the individual patient that led to the development of the hallmark admixture program and parenteral nutrition programs in the mid-1960s. Latiolais’s involvement with the preparation of sterile solutions started as early as his time at Strong Memorial Hospital. Sterile product manufacturing in the hospital, usually bulk intravenous and surgical solutions, was largely the domain of the central supply service with minimal involvement of the pharmacy. By the mid-1960s, increased attention was being placed on the addition of small-volume medications to large-volume I.V. fluids; the attendant problems included accurate dosing, stability, mathematics, chemistry, compatibility, and sterility—functions that Latiolais and his residents referred to as pharmaceutical compounding. By early May 1967, pilot admixture programs were under way in OSU Hospitals, and by the following year, a decentralized, hospital-wide program was in place. Many of the products were not available commercially; therefore, Latiolais and his pharmacists and residents partnered with Travenol to develop appropriate processes, procedures, and training programs for pharmacy departments. From 1969 through 1987, Latiolais delivered 275 institutes on various
was realized, expanded parenteral therapy. Within several years, these initiatives led to the pharmacy department’s expanded role in the team concept of total parenteral nutrition and, after success in the outpatient environment, Latiolais as 1972–73 APhA president.

Latiolais was an enthusiastic pioneer; he saw both the need and advantage of using ancillary team members who could free the pharmacists from repetitive, frequently nonprofessional activities and thereby facilitate the increase of direct patient services provided by pharmacy. Based on a 1964 pilot to test the process and gain nursing buy-in, the pharmacy took on the responsibility of unit-dose dispensing and drug administration. His vision was to make pharmacy responsible for the complete medication cycle from the initial order through to the administration and charting of the drug for the patient. This system incorporated a decentralized clinical pharmacist. An important component to the implementation of the vision was to train technicians for administration roles. The pharmacy’s first class to train technicians for this new role was initiated in January 1969. In 1971, he challenged the APhA House of Delegates with the observation that “the time is long past for leaders in pharmacy to continue to argue that only registered pharmacists can operate a typewriter.”

Parks remained a staunch advocate for linking the college and hospital as an opportunity to instill clinical experience orientation. He lauded Latiolais for his ability to “serve as a catalyst to bring together the several groups of people and get them talking and working with one another in the best interests of the student.” Several pharmacy department members became active in teaching both didactic and experiential courses. Latiolais articulated that hospital pharmacy had an important role in the survival of the profession. He noted that the physician’s awareness and dependence on pharmacy would be set by the experience gained during hospital training. If the institutional experience was positive, then the physician would later expect the community pharmacist to provide the same level of professional services.

**Association leader**
Latiolais strongly believed an organization needed to foster the public good, noting that it was “of no use unless it serves a great cause.” He became active in hospital pharmacy association work beginning in 1956. He was elected vice president of ASHP in 1958 and president in 1960. In his president-elect address, he covered a number of topics with general themes of cooperation with other organizations and professions, internship accreditations, and service focus and ethics that would remain a constant motif in all of his professional activities.

Latiolais’s presidential year was an important time: ASHP was reorganized, the American Hospital Formulary Service was consolidated and relocated to Washington, and Joseph Oddis was appointed as full-time executive secretary. The use of formularies came under fire as some state agencies and insurers insisted that their lists of approved medications designed to cut costs or restrict access were equivalent to a hospital formulary. Latiolais, a strong proponent of standardization, argued that these lists were not equivalent to hospital formularies, which, under the controls of the hospital pharmacy and therapeutics committee and the medical staff, “offered the best possible protection against the use of inferior, substandard drugs, inactive or therapeutically unsound preparations.”

Latiolais served a number of roles in APhA, including second vice president, speaker of the house, and president (1972–73). APhA appointed Latiolais as its representative to the American Council on Pharmaceutical Education (now Accreditation Council for Pharmacy Education) for the 1969–78 term. Concerned about the fragmented status and interorganization differences of pharmacy organizations, he noted that “rhetoric and emotion are rampant, while deeds and action are scarce.” He called on all pharmacists to work toward professional unification as a way to safeguard pharmacy in spite of the failure of the March APhA-ASHP-National Association of Retail Druggists (now National Community Pharmacists Association).
tion) unity conference. A year later, he noted that some considered him “one of the most controversial APhA presidents in recent years” because of his positions on unification, maintaining professional competence, and continuing education.30 His challenge, however, echoed his philosophy of public service when he noted the need for reducing drug interactions, providing professional services, and documenting them so that “in the future the value of our professional services will be measured in terms of the knowledge we use in protecting the lives of patients and helping to keep them out of hospitals.”30

Latiolais was outspoken about the need for pharmacists to be a part of the health care team and oriented to public service. He was concerned with complacency of pharmacists who assumed that their education entitled them to be considered health care providers in spite of their behavior. He pointed out that although more people went into pharmacy, although more people went into pharmacy, that did not mean that the pharmacist was more accessible to the public. Pharmacists needed to improve the quality and scope of pharmaceutical services or third parties and “the public will continue only to purchase drug products instead of demanding comprehensive pharmaceutical services.”31

Latiolais was very active in state associations during his career. He was a founder and officer of the Central Ohio Society of Hospital Pharmacists in 1959.32 He was an officer of the Ohio State Pharmaceutical Association and the Ohio Society of Hospital Pharmacists. He served as the 1965–66 president of the latter. After he retired from OSU in 1983, Latiolais joined Baxter Healthcare Corporation, which was forming a mail service operation for its employees. Latiolais became involved with the National Association of Mail Service Pharmacies, which changed its name to the American Managed Care Pharmacy Association (AMCPA) in 1989. Latiolais served as president in 1989–90 and again in 1992–93 (D. Konnor, personal communication, June 2010).

Recognition
Latiolais’s leadership and efforts on behalf of pharmacy were widely recognized within the profession. In 1968, he received hospital pharmacy’s highest honor, the Whitney Lecture Award. He was also recognized by ASHP with its Research Award (1968) and the Award for Achievement in Professional Practice (1971). The Ohio Society of Hospital Pharmacists bestowed the Walter M. Frazier Award in 1981 for sustained exemplary health-system and community service. In 1973, the Philadelphia College of Pharmacy and Science awarded him an honorary Doctor of Science. AMCPA established the Clifton J. Latiolais Honor Medal in 1994. However, the award that undoubtedly was most special was the creation of the Clifton J. Latiolais Award in 1985. Presented initially to Latiolais, the honor is given annually to national leaders who completed their MS/residency at OSU. In acceptance remarks, he emphasized the need for service, personal commitment, and enthusiasm for excellence as the driving forces for professional talent and leadership.33 In 1996, the OSU College of Pharmacy launched the Latiolais Leadership Program in honor of the former educator. The mission of the program was to “develop leadership and management skills and to conduct and promote research related to the medication use process across the continuum of care to achieve optimal health outcomes.” Program goals embodied the “enthusiasm for excellence” long championed by Latiolais.

Legacy
A recurrent theme in Latiolais’s life was pharmacy’s obligation to the public and patients. He warned against organizational smugness and self-interest and the loss of purpose.28 A fan of Coach Vince Lombardi’s philosophy that “winning is not a sometime thing; it is an all time thing,” Latiolais’s enthusiasm for life and pharmacy was contagious.1 He shared his philosophy with students that “you speak up for what you believe is right whether it is popular or not.”28 He expected and demanded attention to detail and accuracy and ingrained this expectation into a generation of residents.24 When Latiolais retired from OSU, he had trained 129 residents, many of whom became recognized national leaders in their own right. Perhaps more than anything else, this group of residents defines the true legacy of the man as a “trend-setting health professional whose teachings are respected and utilized on an international level.”35 An obituary, noting his involvement and leadership, offered the observation that “within the profession of pharmacy, Latiolais’s contributions have few equals.”36

References


