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When Pharmacies Cause Harm

To the Editor:

In a recent commentary published in *CHEST* (April 2013), Guharoy and colleagues¹ provided a detailed analysis of the context in which compounding pharmacies have operated and the regulatory loopholes that permitted unsafe manufacturing practices, leading to grave illnesses and death in many patients. This preventable tragedy prompted remarkable coordinated efforts among the clinicians, patients, and regulatory agencies to address the situation.

The pulmonary and critical care readership of *CHEST* may also be interested to learn that the majority of retail pharmacies throughout the United States contribute to harm by selling tobacco products, chiefly cigarettes. These pharmacies, more numerous and more familiar to the public than compounding pharmacies, continue to brazenly market tobacco products nearly 50 years after the landmark 1964 Surgeon General's report on smoking and health.

Stand-alone pharmacies account for 4.2% of all US cigarette sales, according to 2006 data.^{2,3} Additionally, hundreds of other pharmacies operate in supermarkets where cigarettes are sold.⁴ This situation raises a number of ethical and public health concerns, to put it mildly. Pharmacy tobacco sales make it difficult for pharmacists to credibly counsel smoking cessation because the establishment that they represent sells tobacco products. In addition, these sales implicitly associate tobacco products with good health and contribute to the normalization of tobacco use. The association of tobacco sales with health-care facilities becomes starker and even more troubling when these facilities open primary-care clinics and offer services such as influenza vaccination and BP screening.

Although a number of professional organizations have issued policy statements condemning pharmacy tobacco sales, including the American Pharmacists Association, the issue has not engendered the kind of outrage as have other corporate conflicts of interest. Even the American Heart Association continues to partner with and accept large donations from Walgreen Co, CVS, and Rite Aid Corp, despite their ongoing practice of selling the leading preventable cause of heart disease and stroke in thousands of drugstores nationwide.⁵ In an age of corporations bound to shareholders by fiducial responsibility, corporations practicing unethically will often only yield when enough social pressure is applied. Practicing pulmonologists and intensivists are unusually qualified to help apply this pressure because we daily witness the harms of tobacco.

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Response

To the Editor:

We thank Dr Jha for his feedback on our commentary.¹ Although not directly related to the topic of our article, protecting patients from harm represents a common theme. We agree that tobacco sales in retail pharmacies are contradictory to the pharmacists' role as patient care providers. It is hypocritical for a pharmacy where pharmacists provide counseling for medication adherence, smoking cessation, and vaccinations to also engage in selling tobacco products.