New Paradigms in Healthcare

In the first two decades of this new millennium, the self-sufficiency of Evidence-Based Medicine (EBM) have begun to be questioned. The narrative version gradually assumed increasing importance as the need emerged to shift to more biologically, psychologically, socially, and existentially focused models. The terrible experience of the COVID pandemic truly revealed that EBM alone, while being a wonderful scientific philosophy and containing the physician's paternalistic approach, has its limitations: it often ignores both the patient's and physician's perspectives as persons, as human beings; it pays relentless attention to biological markers and not to the more personal, psychological, social, and anthropological ones, removing the emotions, thoughts, and desires of life, focusing on just the "measurable quality" of it.

Health Humanities, Medical Humanities and Narrative Medicine are arts intertwined with sciences that allow to broaden the mindset and approach of healthcare professionals. helping them to produce better care and more well-being.

Aim of this series is to collect "person-centered" contributions, as only a multidisciplinary and collaborative team can meet the challenge of combining the multiple aspects of human health, as well as the health of our planet, and of all the creatures that live on it, in a common effort to stop or reverse the enormous damage committed by humans during our anthropocentric era: a new paradigm of healthcare, education and learning to create a sustainable health system.

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The Relationship between Pharmacists and Patients

Care and Complexity

Springer

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Foreword

The realization of this monograph is driven by a deep conviction: The pharmaceutical profession, far from being a static and purely technical practice, is undergoing a profound transformation, positioning itself at the intersection of scientific rigor, technological innovation, and the complexity of care. The creation of this text, in fact, as is evident from its internal structure, is guided by the desire to move beyond the image of the pharmacist as a mere dispenser of medicines, and to rediscover their more complete identity as a caregiver and a relational mediator in support of social cohesion and health equity.

The exploration proposed by the work begins with a historical perspective that serves as an essential return to the origins (Chap. 1). The discussion of the evolution of the pharmacist's role, from the Egyptians and Greeks (Hippocrates) up to Roman influence (Galen) and the Salerno School, does not merely have an academic value, but constitutes the necessary anchor for appreciating the scientific solidity of the discipline. This historical analysis, as the reader will discover, will help them understand and define the boundaries of medical and pharmaceutical science and appreciate how the present is the product of a millennial tradition of research and practice.

Continuing this exploration, the author highlights that the proposed idea of care is fueled and supported by values such as listening, dialogue, and empathy (Chap. 2), which give the professional the ability to intervene in unexpected situations. It is in this dimension, which involves not only the body but also the deep meanings of the illness experience, that I believe the pharmacist finds their deepest *raison d'être*; the reflection on the right to care meets the right to illness and dignity, reminding us that assistance is not only a medical matter but an ethical imperative of respect, listening, and nondiscrimination.

But there is more that can serve the reader of this work, and which emerges clearly as we delve into its pages. The sense of care discussed cannot ignore the systemic realities that shape or limit this concept. Understanding the profound structural inequalities that generate the "poverty of care," often deny equitable access to healthcare and amplify social and economic disparities (Chap. 3),

implicitly strengthens the idea that the pharmacist is a relational mediator whose task is twofold: to combat stereotypes and prejudices and act concretely for the promotion of health equity.

If this is the case, the care of others then appears inseparable from self-care (Chap. 4), and to provide empathetic and sustainable assistance, the pharmacist must, in turn, be a subject who is cared for. Autobiographical writing, psychosocial development, well-being linked to beauty, and, above all, burn-out among healthcare workers have become an opportunity to reaffirm this principle and remind us that *cura sui* (care of self) is an ethical as much as transformative practice.

These considerations find a crucial testing ground in the central part of this work through the exploration of a specific Italian case study (Chap. 5), which allows the reader (especially those at the beginning of their professional career) to connect the text to a formative dimension of "learning by doing." The example of rural pharmacies, essential for territorial cohesion, the impact of educational reforms, and the direct testimonies of psychologists and pharmacists that are reported, as well as the application of the narrative medicine approach to the pharmacist profession, confirm that the transformation is already underway and see this professional as an essential relational mediator.

Following this perspective, the chapter concerning the medical humanities (Chap. 6) is not to be considered an appendix, but represents a strong theoretical framework (which the author of the work decided to reveal, preserving the anticipation, almost at the end of the text) that holds together what the reader has learned and discussed up to that point. The integration of evidence-based medicine with narrative-based approaches allows one to overcome the limits of the biomedical model, placing the patient's lived experience at the center of the therapeutic path. The conviction that narrative can become a tool for healing and identity reconstruction, thus, provides further scope for intervention for the ethics of care that has been discussed and consistently supports the epistemological challenge posed by this approach.

Having reached the end of the text, the reader is implicitly confronted with a question that perhaps they have preserved throughout the reading of the work: What can be the future of this professional today (Chap. 7), who is asked to be the "custodian of care" but also, simultaneously, to rely on digital technologies and AI? The challenge of the future, for which the work intelligently reserves space for analysis, proposes a balanced approach where technology is a *complement* and not a *substitute* for human care. This is why the pharmacist again assumes the figure of a complex professional: One who embraces digital literacy and AI, but does so with an ethical compass firmly oriented toward professional responsibility and patient trust.

Ultimately, this monograph appears to me as an important invitation to view the pharmacist not only as a technician expert in medicines but as a custodian of care in a complex perspective: A figure who combines the scientific competence inherited from a millennial history with the emotional and narrative intelligence required by

our present and future. It is in this dynamic synthesis—between pharmacy as an exact science and pharmacy as a relational art—that the profession can fully fulfill its vital role. A role that is more crucial than ever in a society marked by profound contradictions, ideological polarizations, and a growing tendency toward the trivialization of thought and action.

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