

Commentaries & Editorials

We got your back; Response to the Pharmacist Representation on *The Pitt*

Heather Blue, PharmD¹ ¹ Pharmacy Practice and Pharmaceutical Sciences, University of Minnesota College of Pharmacy

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An editorial related to the representation of an emergency medicine pharmacist on HBO's drama, *The Pitt*.

"We got your back" - words spoken by the newest character of *The Pitt* a critically acclaimed medical drama that follows the Emergency Department (ED) staff at the fictional Pittsburgh Trauma Medical Center. Introduced by Dr. Robinavitch as a clinical pharmacist and dressed in her long white coat, Dr. Megan Nordt, played by Meghana Mudiya, joins the Emergency Department (ED) cast in season 2 episode 8.¹

Unlike the dramatic and lifesaving entrance suggested by the authors of The missing piece in *The Pitt*: A call for emergency medicine pharmacist representation,² this new character, Dr. Nordt simply unlocks the automated dispensing cabinet (ADC) and offers prescription pads so discharge orders can be written during downtime. In a show known for its engrossing characters and their roles in compelling cases, she remains in the background completely tied to medications, the product of her profession, rather than demonstrating any pharmacotherapy knowledge. Unlike most practicing pharmacists in the ED, she remains little more than an extra, easily forgotten among the storylines. While this representation may have been underwhelming to most emergency medicine pharmacists (EMPs), like the rest of this HBO Max drama, the introduction was completely authentic.

From the first hospital pharmacist, an apprentice physician in 1792, to the early 2000's, the focus of most hospital pharmacy practice was the procurement and compounding of medications. While Dr. Robert Elenbaas, the founder and first executive director of the American College of Clinical Pharmacy practiced as an EM pharmacist back in the 1970's, it wasn't until after the Institute of Medicine's ground-breaking publication *To Err is Human* in 1999 the ED received dedicated services. This publication highlighted the ED as an area of heightened risk for medication errors. When junior physicians and nurses were inaccurately collecting patients' medication histories, pharmacists had their backs. Pharmacists entered the ED, not only gathering lists but connecting home medications to visit chief complaints. Acquisto suggests it was the proactive presence of pharmacists in the ED when decisions were being made that allowed them to prevent even more errors.³ Their practice grew from a medication-based service

to the application of their unique clinical pharmacotherapy knowledge in this fast-paced environment.

Once in the ED, emergency medicine pharmacists had the entire ED team's back. They have shortened the time to administration of antibiotics, analgesics, sedation, and even time-critical thrombolytics.⁴ With a pharmacist assisting not only medication procurement but also ensuring appropriate clinical indication and dosing, other team members can stay cognitively within their own scope of practice completing their specific tasks. EMPs have the hospital's back though these efficiencies gained as well as medication errors avoided. Pharmacists' advancements in practice, expansion in training programs, and their support from several physician-based professional organizations, including the largest, American College of Emergency Physicians, was recently documented.⁵

Whether intentional or not, *The Pitt* did accurately portray how emergency medicine pharmacy started—connected to our product. Dr. Elenbaas and all the EMPs who have followed him, including the now nearly one thousand Board Certified Emergency Medicine Pharmacists, have stepped out of the background. We have moved away from the ADC, entered the medical station, and proven our clinical abilities at the bedside. We've transitioned from handing out script pads to developing collaborative practice agreements to writing our own orders for discharge.

The producers of *The Pitt* should be applauded for their inclusion of an emergency medicine pharmacist. This first introduction should be just a launching point for Dr. Megan Nordt's character development. She should move from the product to bedside, a trajectory like EM pharmacy practice itself, in the show's typical captivating way. Her active participation solving a complicated toxicology case or identifying and preventing a significant medication error would not only be accurate to current practice but also allow the audience to better understand the cognitive aspects of the ED medication expert. Additionally, pharmacists entering EM practice may need to start with the product but then be willing to step out of the background and towards the patient, further substantiating this role. The representation of the emergency medicine pharmacist on *The Pitt* is a great opportunity to show the public that the ED team relies on

them for more than just medications. It can highlight how the whole team and its patients benefit from the expert knowledge and clinical skills of a pharmacist. After all, just like Dr. Megan Nordt said, emergency medicine pharmacists do 'got your back'.

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