

A Commentary on Diabetic Foot Ulcers

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Commentary

The appropriate use of medicines and promoting health depend on actions in public health, pharmaceutical care, and good management of the medicines supply. In the industrial world, the idea of Pharmaceutical Care Intervention (PCI) was first introduced, and then it spread and was used regularly in hospital and community pharmacies. Western Europe and the United States have utterly failed at pharmaceutical treatment. In poor nations, the introduction of either a PCI variation or clinical pharmacy practise is still in its infancy. The attitude of pharmacists, the absence of advanced practise competencies in pharmacists, a lack of time, and resource and system related limitations are some of the obstacles to the adoption of PCI in developing nations. Additionally, there are educational challenges. There needs to be a renewal and a shift in the traditional culture or mindset of pharmacists. It will take work on the part of the profession to comprehend why pharmacy practise has not advanced in LMICs. International organizations like WHO and the International Pharmaceutical Federation (FIP), who have been working on pertinent models and have created a number of strategies to deal with these barriers and provide services to the appropriate patient populations, may be able to provide the profession with the technical assistance it needs.

Today, PC implementation is essential. Although it has been used and practiced for years in industrialised countries, there are still gaps. Despite the fact that pharmacists' roles in patient-centered care are important and challenging, the findings and discussions discussed above showed that there is still more to be done. Large obstacles confront developing nations. They face numerous obstacles, including difficult to overcome socio behavioral, economic, legislative, and practise barriers. On the other side, pharmacists must put GPPs into practise, which results in patient centered care. Global organisations like WHO and FIP, which have been working on pertinent models and have created numerous solutions to deal with these constraints and deliver services to society, may be contacted for technical support.

Numerous researches show that pharmaceutical care services influence costs, enhance patient quality of life, and save lives of patients. In general, Jordanian doctors concur on the idea of pharmaceutical care services, according to a survey on the expectations of doctors on the expansion of medical care services in Jordan. Instead, they embrace the pharmacist's traditional responsibility of educating the patient about their prescriptions. They have, however, had negative interactions with pharmacists who offer pharmacological care services. They don't believe pharmacists are prepared to offer pharmacological care services. Although there are a number of obstacles to the implementation of pharmaceutical care practises in Jordan, pharmacists generally have extremely positive opinions concerning it. These obstacles include a lack of a private counselling space, communication issues with doctors, a lack of access to patient medical information, and a lack of understanding of pharmaceutical care practise. Implementation hurdles may be overcome by creating master of clinical pharmacy and pharm D programmes, increasing publications on the value of pharmaceutical care services in reducing drug therapy issues, enhancing physician communication, and changing the undergraduate curriculum to place more emphasis on pharmaceutical care and therapeutics.

The Jordanian government is firmly committed to its educational and health initiatives. The expansion of pharmacy schools and the number of pharmacy students in Jordan is proof that pharmacy education and practise are thriving. There were eight pharmacy schools (two public and six private) in existence before to 2009, and all of them used english as their primary medium of instruction. There are now fourteen pharmacy schools.

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