



## Editorial

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### Pharmacy's Cassandra Moment

In Greek mythology, Cassandra was blessed with the gift of prophecy but cursed never to be believed. It is an apt metaphor for pharmacy in 2026. For years, pharmacists have warned about the dangers of unchecked antimicrobial resistance, fragile medicine supply chains, underinvestment in training, and the slow erosion of our workforce. We have spoken in meetings, at ward rounds, in boardrooms, on social media, and in the pages of this journal.

In this issue, those warnings take concrete form, the pharmacist internship crisis described by the Pharmaceutical Society of South Africa (PSSA) as a public health concern; the SAAHIP Presidential Report's vision for a "Future Ready" hospital pharmacy; and the President's reflection on innovation from the "tiekie boks" to artificial intelligence. Together, they remind us that pharmacy is not short of insight or evidence. We are short of ears willing and systems able to listen.

Like Cassandra standing on the walls of Troy, many in our profession are left watching predictable problems unfold, preventable stockouts, inappropriate antibiotic use, graduates without posts, and patients who lose trust in a health system that feels indifferent to their suffering. These are not abstract risks. They are now part of daily practice.

### Prophecy one: the cracking internship pipeline

The first prophecy concerns our own people. South Africa continues to operate below international benchmarks for pharmacist to population ratios, and every pharmacist in the system matters. Against this backdrop, the shortage of pharmacist internship posts in 2026 is far more than an administrative inconvenience. As the PSSA argues in this issue, it is a systemic risk to medicine access, pharmaceutical governance, and patient care.

An internship is not an optional enrichment year; it is the legally required bridge between qualification and practice. Without it, a Bachelor of Pharmacy degree remains academic. When internship posts are delayed, reduced, or not advertised, that bridge collapses. In KwaZulu-Natal, an initial decision not to advertise posts was reconsidered after *engagement*, but still left more than a hundred graduates without placement. In other provinces, uncertainty and late decisions have held graduates in limbo, unable to serve patients or proceed to community service.

Cassandra warned that the wooden horse at the gates of Troy was not a gift but a threat. When pharmacists warn that chronic understaffing and interruptions in the internship pipeline will hollow out our profession, we are saying the same today's disrupted internship is tomorrow's workforce gap. The PSSA's new Pharmacy Human Resources for Health (HRH) Project is one response a move from

reactive crisis management to proactive workforce planning that aligns graduate output, funded posts and service needs.

### Prophecy two: AMR, clinical pharmacy and hospital practice

Nowhere is the Cassandra metaphor more apt than in antimicrobial resistance. Pharmacists, together with infectious diseases clinicians and microbiologists, have been warning that our antibiotic use is unsustainable. We have called for robust antimicrobial stewardship (AMS) in every hospital, responsible prescribing in primary care, and consistent patient education in every community pharmacy. We know what is coming if we fail, common infections becoming difficult to treat, routine surgery becoming high risk, and vulnerable patients dying from organisms no longer responsive to available therapy.

The SAAHIP Presidential Report in this issue illustrates both the scale of the challenge and the profession's determination to respond. Under the banner of being "Future Ready 5.0", SAAHIP has aligned its work to four pillars shared vision, collaboration, commitment and innovation and to national projects on HR for health, quality and safety, access to essential medicines, clinical pharmacy and AMS, and the ethical use of digital health and AI. Branches have hosted CPDs, outreach campaigns and projects that speak directly to these themes: vaccination drives, guideline based updates on chronic conditions, AMS focused events, and intern orientation workshops preparing pharmacists for clinical roles.

Yet in many facilities, pharmacists who are willing and able to lead AMS and clinical pharmacy services still find that posts are unfunded, time is squeezed, and their role in multidisciplinary teams is underutilised. Cassandra saw the fall of Troy and was dismissed as hysterical. When pharmacists insist that antibiotics are a shared, finite resource not a commodity to be dispensed on demand we are often treated the same way. The work that SAAHIP reports in this issue shows that we are not resigned to that fate; we are building structures that can turn early warnings into sustained change.

### Prophecy three: innovation and AI tool or trap?

The third prophecy concerns innovation itself. In the President's message in this issue, we are taken on a journey from the "tiekie boks" and handwritten labels, through early dispensing software, to robotic dispensing and Al-enabled systems. Dispensing technology, integrated records and realtime stock systems have already improved safety, efficiency and accountability, particularly during periods of strain such as the COVID-19 pandemic.

Artificial intelligence is the latest chapter in this story. AI tools promise support for medication therapy management, interaction checking, pharmacovigilance, shortage prediction and more personalised care.

Used wisely, they could free pharmacists from repetitive tasks and create more time for direct patient engagement. Used poorly, they could distance us from patients, entrench inequities, or be used to justify further cuts in posts on the basis that “the system” can take over.

Here, too, pharmacists are offering early warnings. We caution that AI is neither a panacea nor a threat in itself; it is a tool that must be shaped by professional judgment, ethics and context. Algorithms trained on incomplete or biased data can amplify harm. Any digital system implemented without meaningful pharmacist involvement risks undermining the very safety it claims to support. SAAHIP’s emphasis on “embracing innovation” within a framework of patient centred care, multidisciplinary collaboration and quality improvement echoes this message: innovation must strengthen, not weaken, the human connection at the heart of pharmacy.

### **From cursed prophet to indispensable partner**

If pharmacy is to escape Cassandra’s fate, two things must change: how we speak and how others respond.

First, we must continue to speak, but in ways that health systems cannot easily ignore. That means translating concerns about internships, AMR and digitalisation into costed, data driven proposals with clear outcomes. The PSSA HRH Project, with its focus on workforce modelling, distribution, specialist roles and integration into multidisciplinary teams, is one example. SAAHIP’s national projects

similarly turn frontline frustrations into organised programmes on quality, access and AMS.

Second, policymakers and health leaders must begin to treat pharmacists not as peripheral technicians but as indispensable partners in designing the future. When workforce plans are drafted, when budgets are allocated, when AMR strategies are revised, when AI tools are procured, pharmacists should be at the table from the start. Our warnings about internship bottlenecks, medicine supply, antibiotic misuse and the risks and opportunities of AI are not professional complaints; they are early warning signals from those closest to the system.

Cassandra’s tragedy is that she was condemned to be right and ignored. Pharmacy does not have to accept the same ending. In every province that protects and expands funded internship and community service posts, in every hospital that supports clinical pharmacy and AMS, in every institution that implements AI with pharmacists leading its design and governance, we begin to rewrite the story.

The contributions in this issue, from the analysis of the internship crisis to the SAAHIP report on a profession striving to be “Future Ready”, to the reflection on innovation show a profession that sees clearly and is acting collectively. The question is whether the broader health system will listen in time.

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