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Keith I. Yoshizuka

Touro University California, keith.yoshizuka@tu.edu

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Ethics: A Problem in Pharmacy?

Keith I. Yoshizuka, PharmD, MBA, JD, FCSHP

What's the big deal about ethics in pharmacy? Isn't ethics simply the discipline dealing with what is right and wrong and with moral duty and obligation?¹ The American Pharmacists Association even has its own Code of Ethics.² The evidence suggests that, on occasion, ethics is a problem with pharmacists. The June 2017 edition of the California State Board of Pharmacy Newsletter, *The Script*, lists 27 pharmacists who were subject to disciplinary action by the Board, and **were required to take a course in ethics within 60 calendar days of the hearing as a condition of keeping their license to practice pharmacy.**³ The requirements for such a course are codified in the California Code of Regulations §1773.5.⁴ Isn't ethics simply the discipline dealing with what is right and wrong and with moral duty and obligation?⁵

Contemporary biomedical ethics is largely based upon the model presented by Beauchamp and Childress in 2001 known as the "Georgetown Mantra," which is based on four basic principles⁶:

- Beneficence
- Non-maleficance
- Respect for autonomy
- Justice

Beneficence is the act of doing good, such as an act of kindness or charity. Derived from the root word benefit, it means to bring or create benefit for others. It is altruism in its purest sense. The corollary to bringing or creating benefit is to protect from harm or evil. The ethical pharmacist has a duty to do good for the patient.

Non-maleficance is the act of refraining from doing harm. Non-maleficance is the foundation for the maxim found in the Hippocratic Oath, "first, do no harm," or *primum non nocere*.⁷ The underlying principle is to refrain from causing pain, suffering, or loss of life. The pharmacist has an ethical duty not to leave the patient worse off than before the treatment. This ethical obligation has historically functioned as a barrier to physician-assisted suicide but in furtherance of evolving societal concerns has been subordinated to other ethical considerations for autonomy and justice discussed below (see also, California's End of Life Options Act, Codified under Health and Safety Code §433 et seq.). An example of this might be a terminally ill patient not expected to live beyond one year who will have to endure pain and loss of dignity as he/she loses control of normal bodily functions. Such a person may now choose to end his/her life to avoid the pain and humility until inevitable demise. The patient has a right to choose to end his/her life with the assistance of health professionals who may provide medications to accomplish this. This places the pharmacist and other health care professionals in an ethical dilemma as it creates a conflict between ethical mandates: non-maleficance versus the respect for autonomy.

Keith I. Yoshizuka, PharmD,
MBA, JD, FCSHP
keith.yoshizuka@tu.edu

Respect for autonomy is to honor that the patient has the right to choose for him or herself according to the individual's beliefs and values. This principle not only requires the professional to respect the individual's right to determine their own course of therapy but to do so in an informed fashion. It implies that the patient receives full disclosure of the potential benefits and risks of the therapy. It is the foundation for the concept of informed consent (besides avoidance of the risk of being accused of the tort of battery). The inference is that in providing this disclosure, that the pharmacist will also respect the privacy and maintain the confidentiality of the information on behalf of the patient.

Justice refers to the doctrine of fairness and equitable treatment. It deals with the equitable distribution of social benefits and burdens. Theories of justice in bioethics are divided into the theories of utilitarian, egalitarian, and libertarian.⁸ All of the theories propose a system of just distribution of benefits and burdens equally without bias or preference. The ethical pharmacist is duty bound to allocate the benefits of drug therapy in a just manner based on objective criteria and not influenced by personal preference or bias.

Others have divided the ethical principles according to whom the duty relates to, such as that owed to the consumer, the community, the profession, the business, and the wider healthcare team.⁹ Although there is logic to identifying these duties by stakeholder, the practitioner is left to prioritize these duties on their own to resolve an ethical dilemma.

Other academicians propose a psychological theory of cognitive moral development (CMD), which is based upon an individual's progression through various mental stages of moral development over time.¹⁰ Kohlberg identifies three levels of moral development, with two sub-stages within each level, as:

- 1) pre-conventional morality, where decisions are made based on what is best for them, with stage 1 consisting of punishment avoidance and obedience and stage 2 being exchange of favors;
- 2) conventional morality, where decisions are made to please others, especially authority figures and persons with higher status, with stage 3 seeking positive feedback or compliments, and stage 4 consisting of law and order; and
- 3) post-conventional morality, where decisions are made based upon an abstract principle, with stage 5 reflecting a social contract, and stage 6 being universal ethical principle.¹¹

Again, this theory places moral development into "developmental categories" but does not provide the practitioner with any guidance to resolve an ethical dilemma encountered in daily practice. Ethical cognition can, however, differentiate between a good and a not-so-good pharmacist and can help educators with instilling educational values. This is of value to academicians who are educating pharmacy students before they become practicing clinicians.

These concepts seem basic enough for pharmacists to follow, but the problems may arise when there are conflicts between moral duty and obligations. These moral dilemmas arise when two or more conflicting issues arise out of a single situation. An example might be when a woman seeking to purchase emergency contraception approaches a pharmacist who subscribes to strict Catholic beliefs regarding abortion and contraception. The pharmacist is faced with the ethical dilemma of pitting the adherence to his religious beliefs versus his duty to the woman as a patient who is seeking him out as a health professional for treatment. Sometimes these dilemmas involve money. Pharmacists have long been challenged between economic and medical/professional motivations in

their daily practice, because of the role of the pharmacist as healthcare providers and as business managers.¹² One study demonstrated that pharmacists are aware of the ethical issues and possess the practical skills required to resolve the issues,¹³ and another study linked community pharmacists' moral reasoning with clinical performance, showing that pharmacists with a higher capacity for moral reasoning demonstrated a higher level of clinical performance.¹⁴ However, it appears that the longer a pharmacist is employed in a community setting, application of moral reasoning appears to erode.¹⁵ This may be due in part to the "commercialization" of healthcare, and the conflicting obligations of duty to the employer for profitability and managing affordability with beneficence and the other elements of the "Georgetown Mantra."¹²

Pharmacists are faced with ethical challenges daily in their practice.¹⁶ Sometimes the question is not whether or not to dispense but involves managing noncompliant patients.¹⁷ The pharmacist notices that a man is noncompliant with his antihypertensive medications. Upon inquiry, the man admits that he stopped taking the medication because of the erectile dysfunction side effect of the drug. Although the pharmacist is bound by the duty of beneficence, the pharmacist is also bound by the obligation to respect autonomy and self-determination. After a detailed explanation of the consequences, it is ultimately up to the patient to determine whether or not to continue the treatment. Hospital pharmacists are not exempt from these challenges and, in fact, may be subjected to additional challenges, such as being faced with financial constraints or chronic drug shortages.¹⁸ For example, at the time of writing this paper, there is a national shortage of sodium bicarbonate for injection. How is the determination made as to which acidotic patients receive infusions containing bicarbonate? Of course, the

resolution must be determined by an inter-professional group who develop objective guidelines based on clinical criteria, so that the allocation of the scarce resources may be carried out fairly. The issue of ethics in hospital pharmacy practice is not isolated to the United States; in 2014, there was a worldwide pharmacy meeting to discuss the future of hospital pharmacy practices and ethics.¹⁹

Of course, no discussion of ethics could be complete in the 21st century without a discussion of professional ethics as they relate to social media. Individuals will cite their rights of freedom of speech based upon the first amendment of the Constitution; however, the first amendment only prevents the government from infringing speech. Even the government as an employer can place restrictions as a condition of employment.²⁰ In the case of *McAuliffe v. Mayor of New Bedford*, a policeman was terminated from the job for soliciting for political contributions, a violation of police regulations. The policeman initiated a lawsuit to be reinstated because the police regulation was an infringement upon his right to free speech, and political speech is among the category of speech deserving the most protection. The court ruled against the policeman's reinstatement, and in his opinion, Justice Holmes stated, "The petitioner may have a constitutional right to talk politics, but he has no constitutional right to be a policeman."²¹

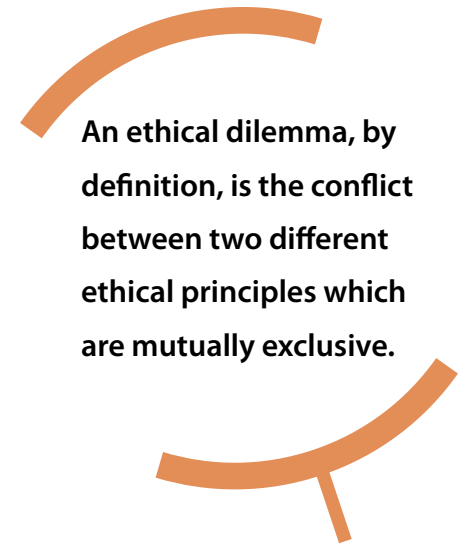
In this age of social media, it is tempting to share frustrations at work with one's friends on social media. In doing this, extreme care must be taken so as not to violate HIPAA. Even if the identity of the patient could not be discerned, the employer would not be pleased upon seeing one of their pharmacists complaining about patients or making fun of customers in a public forum. This reflects poorly on the company, and the employer could very convincingly argue that such actions would dissuade

customers from using not only that pharmacy but the entire pharmacy chain. Some of the postings on social media may run afoul of the ethical principle of non-maleficence by doing harm to either the subject being complained about or ridiculed or injury to the reputation and standing in the community of the employer.

Faced with these ethical dilemmas, pharmacists and students alike often seek one "right" answer. Therein lies a significant challenge; there is no single "right" answer. Between the good and the bad, there lies an infinite number of shades of gray.²²

An ethical dilemma, by definition, is the conflict between two different ethical principles which are mutually exclusive. A decision made by an individual practitioner may vary based upon that individual's personal beliefs, moral conviction, and value systems. To make the issue more complex, the goals and priorities of employers may conflict with the individual practitioner's values. Society provides us with some guidance by way of passing laws and regulations to facilitate in our decision-making when faced with these conflicts.²³ One such example is California Business & Professions Code §733(b)(3), which provides the procedures to be followed if a pharmacist refuses to fill an order or prescription based on ethical, moral, or religious grounds.²⁴ However, laws and regulations will not cover all the ethical dilemmas encountered by the pharmacist in his/her daily practice.

One strategy to develop ethics awareness and skills in practitioners is to provide additional training. The California State Board of Pharmacy adopted a new regulation to require that a portion of the mandatory continuing education hours required for licensure renewal be carved out such that two hours involve a course in ethics and pharmacy law. This is not unusual, as a portion of the



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continuing education hours for attorneys in California has always included mandatory training in ethics, substance abuse, and elimination of bias for licensure renewal. Given the trend in accreditation of schools and colleges for the health professions, it would not be unreasonable to have these programs offered in an inter-professional format.²⁵ Professionals from different disciplines facing the same ethical challenge from different perspectives are reflective of what occurs in real life, so it makes sense that training in ethics should also occur in an inter-professional venue. With additional training, pharmacists should be able to navigate the challenges of ethical dilemmas encountered in practice by being able to identify and categorize the issues that they are facing, and then

arrive at a rational conclusion based upon prioritization of ethical principles.²⁶

In conclusion, it appears that ethics, or the lack or attenuation thereof, is an important issue facing practicing pharmacists today. There are both statutory and regulatory provisions to support the requirement of ongoing education and training in ethics. Evidence of formal disciplinary actions by the California State Board of Pharmacy faced requiring pharmacists to take a formal course in ethics as a condition of retention of licensure is sufficient to demonstrate that pharmacists are deviating from the expectations consistent with ethical behavior. Periodic review of the principles of beneficence, non-maleficence, autonomy, and justice would benefit pharmacists in practice,

as evidence infers that a pharmacist's moral reasoning erodes with time. Additional training in ethics may be beneficial to the practicing pharmacist, particularly since there is evidence to support that pharmacists with a higher capacity for moral reasoning demonstrated a higher level of clinical performance. Faced with professionals committing ethical breaches compromising their license and the dilemmas created by the commercialization of healthcare, the California State Board of Pharmacy is warranted in their requirement that a portion of the 30 hours of continuing education required for continued licensure be grounded in the training of ethics. ○

About the Author

Keith Yoshizuka, PharmD, MBA, JD, FCSHP is the Touro University California College of Pharmacy Assistant Dean for Administration and Chair of Social, Behavioral & Administrative Sciences. Dr. Yoshizuka obtained his PharmD at the University of the Pacific School of Pharmacy, an MBA at CSU-Sacramento, and his law degree at the University of San Francisco. He is an active member of CSHP and is currently serving

on the CSHP Government Affairs Advisory Committee and as president of the Diablo chapter.

Disclosures

The author has declared that he serves as a consultant for the California State Board of Pharmacy and the Drug Enforcement Administration.

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