

**Pharmacy Ethics SIG:
Fostering a commitment to uphold
ethical standards: A practical
guide for addressing ethics in
pharmacy school curricula**

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Description

- In this 90-minute **interactive** presentation, an audience response system will be used to encourage participation in answering questions about ethics and the place of ethics in your college or school's program.
- The hope is that you will examine your own ethical thinking as you participate with your colleagues from around the country in this discussion of pharmacy ethics.
- Maybe today's discussion will even inspire you to better address this important subject in your own program!

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Disclosure Statement

"I have no relevant financial relationships or commercial interests to disclose in conjunction with this presentation."

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Outline

- Introduction
- Getting to know you
- Ethics-related ACPE standards
- Ethics: a primer
- Texts, resources, and helpful info
- Integrating ethics into your curriculum

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My background

- Not a classically-trained ethicist
- BA German/philosophy (Utah State, 1998)
- PharmD (Idaho State, 2002)
- Am care residency (Pocatello VA CBOC, 2002-2003)
- Member of clinical faculty (2003-present)
- DUR Program coordinator (2003-2008)
- Dept Chair, PPRA Dept (2008-present)

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My draw to ethics

- In Fall of 2005, I began collaboration with Ralph Baergen, PhD
- Gave a series of CE presentations throughout Idaho in Spring 2006
- In May 2006, a commentary was published in *Obstetrics & Gynecology*
 - Brown LL, Brown D. Refusals by pharmacists to dispense emergency contraception: a critique. *Obstet Gynecol* 2006;107:1148-51.

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Commentary

- Case was presented of an unethical pharmacist who refused to fill an rx for emergency contraception
- Pharmacy was characterized as an "incomplete profession"
- Accusations were leveled against pharmacists:
 - Criticized for not using appropriate medical terminology with patients
 - Lack the "basic prerequisites for making an adequate, acceptable ethical judgment"
 - Refusing to dispense prescribed medications undermines patient care
- Authors' conclusion: Should not be permitted

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Our response

- Dr. Baergen and I formulated a response that was published later that year
 - Baergen R, Owens C. Revisiting pharmacists' refusals to dispense emergency contraception. *Obstet Gynecol* 2006;108:1277-82.
- Addressed issues raised in commentary and formulated a Principle of Conscientious Refusal to Dispense
- Other responses were published in other journals and online from individuals and a joint response from ACCP, APhA, ACCP

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What I learned

- The process showed me the importance of better preparing pharmacists to deal with the ethical dimensions of healthcare
- Revisit the ethics-related education we provide
- Important topic for the profession to think about and discuss regularly

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Getting to know you

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Accreditation Standards

- The Accreditation Council for Pharmacy Education (ACPE) stipulates that ethics should be a part of pharmacy school curricula
 - Most recent revision effective July 2007



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Ethics-related Standards

- Preamble:
 - The standards focus on the development of students' professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of **ethical** behavior.
- Guideline 1.4 (Mission & Values)
 - Mission statement must contain a commitment to "professionalism and **ethical** behavior..."
- Guideline 9.1 (Curriculum)
 - Curriculum must foster "a commitment to uphold **ethical** standards..."
- Guideline 12.1 (Competencies & Outcomes)
 - Professional competencies and outcomes must include demonstrated ability to provide patient care while "taking into account relative **ethical** issues..."

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Ethics-related Standards

- Guideline 17.3 (Admissions)
 - Students admitted should possess “desirable qualities” including “**ethical** behavior”
- Guideline 21.1 (Program Information)
 - Student handbook should contain a statement relating to expectations for **ethical** conduct and professionalism
- Guideline 30.4 (Financial Resources)
 - Extramural financial support should be “free of restrictions that may interfere with sound educational and **ethical** policies...”
- Appendix A: Future Vision of Pharmacy Practice 2015
 - Pharmacists will be able to deal with “legal, **ethical**, social, and cultural” issues in practice.

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Ethics-related Standards

- Appendix B: Additional Guidance for the Curriculum
 - Ethics-related topics should include:
 - Principles of professional behavior
 - Ethical issues related to development, promotion, sales, prescription, and use of drugs
 - Dealing with ethical dilemmas
 - Conflicts of interest
 - Ethical issues in patient care and clinical research
 - Principles of end-of-life care
 - Ethical issues in teamwork
- Appendix C: Additional Guidance for IPPE/APPEs
 - Preceptors must be role models who “practice ethically and with compassion”

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An Ethics Quiz



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Opting for Objectivism

- The central arguments for relativism have major flaws
 - Disagreement about past, later-proven scientific facts would not be reason enough to justify *scientific relativism*
 - There is an internal conflict in the relativist argument that we should be respectful of other cultures...it implies an objective stance
- The majority of bioethicists assume some form of objectivism is true

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Moral Theories

- When deciding on the “right” thing to do, we may be influenced by one of 3 major theories:
 - *Consequentialism*
 - *Deontology*
 - *Virtue ethics*
- Other theories, too:
 - *Social Contract*
 - *Ethics of Care (Feminist)*
- Elements of different theories will be found in most professions’ codes of ethics



Image available at www.amazon.com

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Consequences

- Consequentialism
 - Most well-known: “Utilitarianism”
 - J. Bentham, J.S. Mill
- Evaluates actions by examining outcomes, alternatives
- Fits well with our tendencies
 - Used in allocating scarce resources (as with social programs, medicine)



Image available at: www.penguins1.com

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Consequentialism

- No action absolutely prohibited
 - “The end justifies the means”
 - “The greatest good for the greatest number”
- Requires detailed, accurate prediction of future and examination of ALL possible consequences; does not examine *history or intent* of action
 - The happiness or good of each person (or animal) counts equally
- Different types:
 - Act-utilitarianism vs. Rule-utilitarianism

Deontology: Moral Duties

- Instead of looking at consequences, some ethicists argue instead for rules or duties
 - *Deon* refers to an obligation
- An action is moral because of the *type* of action it is –regardless of consequences
 - “Let justice be done though the heavens fall.”
- Kant’s Categorical Imperative:
 - “Act only on those maxims which you can at the same time will to be universal law”
 - Good Will ⇒ Duty ⇒ Principle ⇒ Universalizable

Deontology

- Since the emphasis is on “doing your duty” regardless of consequences, it promotes respect for the *individual and individual rights*
 - Associated with fairness
 - Some things just shouldn’t be done, even if a lot of benefit might come of it
- Source of duties:
 - God, Natural Law, Pure Reason
- Example:
 - Telling the truth and keeping promises
 - The convention of promise-making implies that honesty must be a rule of conduct

Aristotelian "Virtue"

- According to Aristotle (384-322 B.C.), virtue (*areté* in Greek) is defined as “excellence of character”
 - Habitually doing the right thing with the right motive
 - Virtuous people experience appropriate feelings (sympathy, regret, compassion)
- Many professional codes of ethics highlight cultivation of “a virtuous character”



Image available at: <http://reich-chemistry.wikispaces.com>

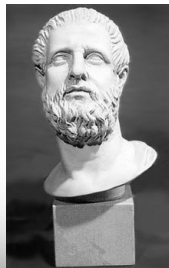
Virtue Ethics

- One of the earliest moral theories
- Cardinal virtues:
 - Courage
 - Temperance
 - Justice
 - Prudence
- Emphasizes ‘traits of character that are manifested by habitual action and are good for a person to have’
 - The right thing to do is “what a virtuous person would do”
 - Goal is to “flourish” as a human being and be “happy”
- Sometimes difficult to apply in practical situations

Principles of Medical Ethics

Medical or Bioethics

- The field of medical ethics developed over the latter half of the 20th Century
- Four major principles:
 1. **Nonmaleficence**
 2. **Beneficence**
 3. **Justice**
 4. **Respect for Autonomy**
- Conflicts between principles are frequently cited as "**ethical dilemmas**" in medicine



Hippocrates (460-377 B.C.)
Image available at: www.sculpturegallery.com

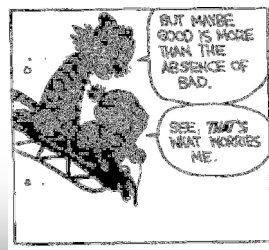
1. Nonmaleficence

- Forms the basis of the Hippocratic Oath
 - **Famous statement: "First, Do No Harm"**
- Healthcare professionals should act (or not act) with the goal of at least not inflicting harm on their patients
- In protecting others from harm, one may be faced with complications:
 - What counts as harm?
 - Are there some risks worth taking?
 - Can lead to undue interference in patients' lives

2. Beneficence

- A moral obligation on the part of healthcare professionals to actively do what will provide benefit to their patients
 - "Higher" form of nonmaleficence
- Like nonmaleficence, it has complications:
 - What counts as a benefit?
 - What if the attempt to confer benefit exposes patient to risk?
 - Which risks are worth taking for which benefits?

Non-maleficence vs. Beneficence



Bill Watterson. Calvin and Hobbes: Attack of the DMK Snow Goons, 1992

3. Justice

- A term often described with words or phrases like fairness, entitlement, appropriate, or what is "owed" or "due"
- Different types:
 - **Procedural (avoiding favoritism)**
 - **Distributive (appropriate share of goods)**
 - **Compensatory (injured receiving compensation)**
 - **Retributive (punishment)**
- As it pertains to healthcare, justice usually means allocation of goods and services to patients in a fair and equitable manner

4. Respect for Autonomy

- We have an obligation to respect the decisions and actions of autonomous agents
 - To be autonomous:
 - Must have goals, values, preferences, "life projects"
 - Possess the capacity to reflect upon alternatives and recognize consequences
 - Must have adequate information about a situation and be able to reason about it

Autonomy in Medicine

- Allowing patients the right to make decisions with respect to their own bodies and health
 - Including what treatment (if any) is to be undertaken
 - Based on advice from healthcare professionals, referred to as “informed consent”

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Other Ethical Terms

- Many other terms are important to understand when discussing principles of medical ethics
- Three of these are:
 - **Paternalism**
 - **Veracity**
 - **Confidentiality**

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Paternalism

- Overriding the wishes of a patient “for his own good”
- Respecting autonomy may conflict with beneficence & nonmaleficence
 - Tempting to protect people from consequences of “bad” choices
 - Must be cautious



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Veracity

- Best described simply as telling the truth
 - Straightforward in theory, sometimes difficult in practice
- Ex: disclosure of the risks and benefits of a particular drug therapy during a counseling session
 - Can you give a patient “too much information”?



“You can’t handle the truth!”
Col. Nathan F. Jessop
“A Few Good Men” (1992)

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Confidentiality

- Included in the Hippocratic Oath:
 - “What I may see or hear in the course of the treatment or even outside of treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about.”
- Today, probably one of the more “high-profile” ethical principles due to its formalization (and legalization) as HIPAA

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Codes of Ethics

- A code of ethics is a group of statements that seek to define and delineate the moral dimensions of an organization, group, or profession
- Important features to recognize:
 - Unilateral
 - Variability in providing instructions and describing duties and obligations
 - Often ambiguous

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Areas Addressed

- Preamble often discusses the purpose of the profession or group
- In the pharmacists' code:
 - Guidance is provided relating to three main groups with whom pharmacists deal:
 - The public
 - Other healthcare professions
 - The profession of pharmacy itself

APhA Current Code of Ethics for Pharmacists

Issued in 1994

Current code (1994)

- The current code was outlined by APhA in 1994 and has been endorsed by other national pharmacy organizations
- Was intended to be broad in scope and is comprised of eight principles
- While the earlier codes often provided specific guidance, the current code focuses on bioethical concepts
 - Also emphasizes *Pharmaceutical Care* which was introduced approximately five years prior to this code's approval

"Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society."

Eight Major Sections

1. Respect the covenantal relationship between patient and pharmacist
2. Promote the good of every patient in a caring, compassionate, and confidential manner
3. Respect the autonomy and dignity of each patient
4. Act with honesty and integrity in professional relationships
5. Maintain professional competence
6. Respect the values and abilities of colleagues and other health professionals
7. Serve individual, community, and societal needs
8. Seek justice in the distribution of health resources

A Decision-Making Process

For Ethical Questions...

"Deciding on the right thing to do in a situation is a bit like deciding on the right thing to wear to a party. It is easy to decide on what is wrong to wear to a party, such as deep-sea diving equipment or a pair of large pillows, but deciding what is right is much trickier. The truth is that you can never really be sure if you have decided on the right thing until the party is over, and by then it is too late to go back and change your mind, which is why the world is filled with people doing terrible things and wearing ugly clothing."

-Lemony Snicket

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Benefit of a Process

- Many will say that they "go with their gut" when faced with an ethical dilemma
 - *Caution: personal moral values must be tempered with clear ethical reasoning*
 - *Conduct should be guided by reason and consideration must be given to the interests of all affected individuals*
- There is process of ethical reasoning that may be followed and applied to different situations
 - By following a principled process, you will be more sure of yourself and the decisions you make & be better able to defend those decisions if called upon to do so

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Four-Step Process

- Problem Identification (ethical attention)
 - Technical facts & legal considerations
 - Personal and other parties' moral preferences
- Develop alternative courses of action (ethical reasoning)
- Select a course of action, but consider objections (ethical intention)
- Implement what has been decided (ethical action)

From: Rest J. *Moral development: advances in research and theory*.
New York: Praeger Publishers, 1986

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Eight-Step Process

1. What is the ethical question?
2. What is your "gut reaction"?
3. Do you have all of the relevant facts?
4. Who all is involved...do their values differ?
5. What could you do? Consider all options
6. What should you do? Why?
7. Consider alternatives. Are you sure?
8. Could this dilemma have been prevented? How?

From: Hansen, L. *Exploring different approaches for teaching ethics*
APhA Self-Care Institute, 2007

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The Four Topics

- Medical Indications
 - Consider general aspects of nonmaleficence and beneficence
- Patient Preferences
 - Consider factors relating to respect for autonomy
- Quality of Life
 - Consider differences in interpretation for aspects of nonmaleficence and beneficence
- Contextual Features
 - Explore principles of justice, fairness, and legality

From: Jonsen AR, et al. *Clinical ethics: a practical approach to clinical medicine*, 7th ed. 2010

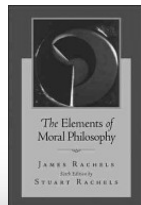
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Textbooks, resources, and other helpful information

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Where to begin...

- As non-ethicists, a knowledge of the "basics" is helpful
- Start with a short text that can help you better understand moral theories & their implications
- Short, to-the-point overview of "ethical landscape"
 - Complete with cases to illustrate different concepts



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Other background reading

- *Principles of Biomedical Ethics*, 6th ed. Tom L. Beauchamp, James F. Childress. Oxford University Press, 2009.
- *The Basics of Bioethics*, 2nd ed. Robert M. Veatch. Prentice Hall, 2003.
- *A Short History of Medical Ethics*. Albert R. Jonsen. Oxford University Press, 2000.
- *The Birth of Bioethics*. Albert R. Jonsen. Oxford University Press, 1998.

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Clinical Ethics Texts

- Several texts provide an overview of the decision-making process and highlight ethical dilemmas with cases from medicine and pharmacy
 - Jonsen AR, Siegler M, and Winslade WJ. *Clinical Ethics*. 7th ed. New York, NY: McGraw-Hill; 2010 (paperback, 227 pages)
 - Ahronheim JC, Moreno JD, and Zuckerman C. *Ethics in Clinical Practice*. 2nd ed. Sudbury, MA: Jones and Bartlett Publishers; 2005. (paperback, 508 pages)

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Pharmacy-specific texts

- Several books highlight cases that directly relate to pharmacy practice:
 - Veatch RM, Haddad A. *Case Studies in Pharmacy Ethics*. 2nd ed. New York, NY: Oxford University Press; 2008. (paperback, 311 pages)
 - Gettman DA, Arneson D. *Pharmacoethics: a problem-based approach*. Boca Raton, FL: CRC Press; 2003. (paperback, 452 pages)
 - Buerki R, Vottero LD. *Ethical Responsibility in Pharmacy Practice*. 2nd ed. Madison, WI: American Institute of the History of Pharmacy; 2002. (paperback, 272 pages)
 - Haddad A. *Teaching and Learning Strategies in Pharmacy Ethics*, 2nd ed. Pharmaceutical Products Press, 1997. (hardback, 159 pages)

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Integrating ethics into the pharmacy curriculum

Bringing it all together

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Integrating ethics into your curriculum

- Select an "ethicist" from your faculty
 - You may have to invent one (maybe you!)
 - Look up a friendly, neighborhood ethicist at your university –he or she would probably be delighted to work with you
- Determine if your curriculum allows for a stand-alone course or if time can be taken from an existing one (or ones...)
- Make sure that ethical topics are discussed in different formats (lecture, small groups, cases)

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Integrating ethics into your curriculum

- Determine areas of the pre-clinical and clinical curriculum to address ethics-related topics
- Examples:
 - Pharmacy practice
 - Being a professional
 - Conscientious objection
 - Just distribution of healthcare resources
 - Drug discovery
 - Human subjects
 - Reproductive science
 - Contraception (including emergency)
 - When does life begin?
 - Death and dying
 - Assisted suicide

Ethical discussions

- Providing an atmosphere for students to comfortably discuss differences of opinion is critical
- Anonymity with audience response system can be a good place to start
- Small group discussions (<10) with unbiased facilitators are often better than larger group discussions
- Encourage students to write out their reasoning and take “both sides” of dilemmas

Assessing Ethical Behavior: The Final Frontier

- As important as it is to provide education in ethical behavior, it is equally necessary to know when the objective has been achieved
- How do you know when you've produced “ethical practitioners”?
- Grading scale, assessment instruments
 - Important topic for a future discussion...

Thank You!