

Pharmacist Critique Woefully Outdated and Uninformed

The May 2006 commentary “Refusals by Pharmacists to Dispense Emergency Contraception: A Critique” was striking in its intentional blurring of pharmacist refusals with unethical obstruction of patient access to medications, its ignorance of contemporary pharmacy practice, and its lack of citation to the positions of health care professional organizations. It is unfortunate that *Obstetrics and Gynecology* chose to publish this flawed commentary when it is unlikely that a clinical review relying on a 1968 publication would be considered ‘current.’

An Incomplete Analysis

Equating Apples with Oranges

The commentary’s opening paragraph describes an egregious situation where a pharmacist abused his or her position and berated an individual patient. The profession agrees with the authors that such behavior is disruptive to effective health care and should not be permitted. Actively obstructing patient access to medications or using the pharmacy counter as a pulpit to espouse personal beliefs is not tolerated, and is subject to disciplinary action by state licensing boards. In these isolated incidents, pharmacists have been—and should continue to be—disciplined for their behavior.¹ But supporting pharmacists’ ability to opt out of activity they find personally objectionable is not equivalent to supporting obstruction or lecturing. Failure to distinguish between these options introduces unacceptable bias into the analysis; bias that is likely not present when the authors consider whether or not physicians should be compelled to issue every prescription or perform every clinically indicated procedure regardless of personal belief.

The commentary further misses the mark when asserting that allowing pharmacists to opt out of dispensing certain medications based on personal objections somehow involves allowing pharmacists to discriminate against patients based on race, gender, sexual orientation, religious convictions, private behavior, or political affiliation. Pharmacist refusals are based not on an evaluation of the patient, but on a disagreement with the intended use of the medication, such as to terminate life under state-mandated executions or physician-assisted suicide under legal structures such as Oregon’s. Pharmacists have a responsibility to determine the intended use of the medication based on complete evidence and scientific understanding. But such evidence and understanding are not always universally agreed upon, and thus the debate of contraception versus abortifacients remains. Supporting pharmacists’ ability to opt out of activity they find personally objectionable does not open the door to wanton discrimination.

Contemporary Pharmacy Practice

The commentary’s discussion of contemporary pharmacy practice ignores the evolution of the practice to today’s requirement that pharmacists fulfill a duty to their patients when providing prescription medications and medication therapy management services.² Pharmacists take comprehensive medication histories, including the patient’s drug allergy and medication experience, often perform limited physical assessments to assist in medication monitoring, and evaluate the results of laboratory testing in helping patients and their physicians develop and

¹ Forster S., Pharmacist Rebuked. *Milwaukee Journal Sentinel*. April 14, 2005.

² *Happel v. Wal-Mart Stores, Inc.* 199 Ill.2d 179, 766 N.E.2d 1118, 262 Ill.Dec. 815, Prod.Liab.Rep. (CCH) P 16,281 (Ill. Mar 21, 2002) (NO. 90482)

implement a medication action plan.³ In more than 40 states, pharmacists and physicians collaborate to adjust and, in some cases, initiate, medication therapy. In nine states, pharmacists are explicitly authorized to both prescribe and dispense emergency contraception in collaboration with a physician.⁴ As acknowledged in the commentary, physicians expect pharmacists to intervene when prescriptions contain obvious dosing errors or pose a risk of interacting with other drugs. One way to describe the pharmacist's role, even in the limited terms described in the commentary, is to refuse to dispense medications that could cause harm. Pharmacists work with patients every day, helping them understand medication. A system that requires pharmacists to check their personal beliefs at the door compromises their ability to work with patients to make the best use of prescription and over-the-counter medications.

Professional Deliberation

By dismissing, or perhaps failing to consider, well-reasoned—and successfully implemented—policy that accommodates both patient access to medications and the pharmacist's ability to step away from an activity to which they object, the commentary seeks to transform pharmacists from thinking health care professionals into robots or automatons forbidden from having personal beliefs and from exercising their considerable professional judgment gained during years of education and practice.

In 1998, the American Pharmacists Association (APhA) and the American Society of Health-System Pharmacists (ASHP) – the nation's two largest professional organizations of pharmacists – each adopted professional policies that acknowledge the rights of both pharmacists and patients. The American College of Clinical Pharmacy approved a similar policy in 2005. The Academy of Managed Care Pharmacists supports this position as well. These policies support the ability of the pharmacist to opt-out of dispensing those prescriptions where the pharmacist has an objection to the intended use of the medication while concurrently supporting the establishment of systems to assure patient access to legally prescribed, clinically safe therapy. In short, our organizations support the pharmacist 'stepping away' from participating in that activity, but oppose the pharmacist 'stepping in the way' of the patient accessing that therapy.

Real world experience documents the success of this approach. Pharmacists, like physicians and nurses, should not be required to engage in activity to which they object.⁵ But supporting a pharmacist's ability to step away from objectionable situations does **not** require a confrontation with the patient. We encourage pharmacists to contemplate their positions when choosing their practice setting and focus. Pharmacists should consider the scope of their objection and comfort level in assuring patient access **before** the patient walks in the door or is admitted as a hospital patient. When addressed proactively, the patient is served and the pharmacist steps away, with no intersection or conflict between the two. Referring patients to another pharmacy is only one way to ensure access. Other successful approaches include appropriate staffing within a pharmacy, proactively directing patients to designated practices, and working with physicians and other prescribers to establish alternative dispensing methods. Even the American Medical Association's policy supports the concept that pharmacists may opt out of personally objectionable practices.⁶

³ The Lewin Group, Medication Therapy Management Services: A Critical Review. *JAPhA* 2005, vol. 45, no. 5, pp. 580–587.

⁴ Alaska, California, Maine, Massachusetts, New Hampshire, New Mexico, Vermont, Washington. www.go2ec.org/StateProfiles.htm.

⁵ Manasse, H., Conscientious Objection and the Pharmacist. *Science*, June 10, 2005, vol. 308, pp. 1558-1559.

⁶ American Medical Association. D-120.975 Preserving Patients' Ability to Have Legally Valid Prescriptions Filled. http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&p_p=T&s_t=&st_p=&nth=1&prev_pol=policyfiles/DIR/D-120.975.HTM&nxt_pol=policyfiles/DIR/D-120.977.HTM& (accessed May 22, 2006).

A Better Solution

Serving our patients and helping them make the best use of their medication is pharmacists' priority, which is why our organizations support the two-part policy stressing the need to assure patient access to legally prescribed, clinically appropriate therapy in a timely manner when a pharmacist steps away from working with a prescription based on personal beliefs.

Our organizations **oppose** pharmacists using their position to berate, belittle, or lecture their patients. Our organizations **oppose** pharmacists obstructing patient access to therapy. We also oppose laws, regulations, and commentaries that compel pharmacists to dispense every legally valid, clinically safe prescription regardless of personal beliefs. Rather than designating professionals to be robots or automatons who subscribe to one set of beliefs, a different approach is available. And it works. It takes more time, and proactive implementation, but many of the best solutions do.

Sincerely,

Judith A. Cahill
Executive Director
Academy of Managed Care Pharmacy

Michael S. Maddux, PharmD, FCCP
Executive Director
American College of Clinical Pharmacy

John A. Gans, PharmD
Executive Vice President and CEO
American Pharmacists Association

Henri R. Manasse, Jr., ScD, PhD
Executive Vice President and CEO
American Society of Health-System Pharmacists

Editors Note:

Please contact Gail Street, APhA Public Relations Director, at 202-429-7558 for additional information.