

ETHICAL HOT SPOTS



WHAT SHOULD YOU DO?

That was the question *Drug Topics* posed to pharmacists regarding nine ethical dilemmas designed with the help of a professional ethicist—Bruce Weinstein, Ph.D., president, The Ethics Workshop Inc., Ponte Vedra Beach, Fla.

These case studies involve issues that may occur in the pharmacy workplace. Some are more common than others, but they all deal with sensitive, timely issues.

In a four-page questionnaire, R.Ph.s were asked to explain how they would handle each situation based upon their personal beliefs. The survey was mailed late last fall to a total of 1,325 pharmacists on *Drug Topics'* Council of Pharmacists, including 495 hospital R.Ph.s, 452 independents, and 378 chain pharmacy members. The field was closed on Dec. 2, 1996, with 625

returns, a response rate of 47%. Since the council is built on a purely voluntary basis, and there is no attempt made to balance the panel to reflect the pharmacist universe, the sample is not projectable to all R.Ph.s. However, it does provide some valuable insights on how pharmacists are thinking.

Following are the results of the survey. In each case, our expert, Bruce Weinstein, offers an analysis of the ethical questions raised in that situation. Though it is useful to learn how the pharmacy community responded, ethical conclusions cannot be drawn solely from empirical data. Therefore, Weinstein has used ethical rules and principles in justifying his remarks. His role is to illuminate what is going on from an ethical perspective in each case. In the tradition of ethical literature, he has used the terms *moral* and *ethical* synonymously.

Case #1: **Should you help in physician-assisted suicide?**

Imagine that the Supreme Court has found a Constitutional right in physician-assisted suicide. Linda, the director of the hospital pharmacy at the university medical center, is troubled by the ethical implications of making available drugs that will hasten a patient's death, even if it is legal for her to do so (provided that certain conditions are met). When the hospital staff meets to discuss the protocol for physician-assisted suicide, Linda wonders whether she has the right to refuse to participate in this procedure.

Does Linda have the right to refuse to participate?

Yes, she does—76%
No, she doesn't—24%

While most R.Ph.s said they believe that Linda had the right to refuse to participate in physician-assisted suicide, they also felt that she may lose her job as a result. They said the hospital would likely replace her with someone who would abide by the medical center's policies, especially if Linda were the only pharmacist on staff. "If the hospital, via its ethics committee, has determined they will fol-

low this 'Constitutional right,' then they may have the right to ask (or tell) her this is a job expectation," said a single female hospital R.Ph. practicing 11-20 years.

Many R.Ph.s also believed that Linda could refuse to personally participate in this procedure but could not prevent the pharmacy department from filling such Rx's. As director of the pharmacy, she would have to "solicit names of pharmacists on staff not opposed to providing this type of care," said a male hospital pharmacist practicing 21-30 years. They felt the patient's wishes, even if contrary to their own, should be honored if legal. "She can refuse if it violates ethical or religious beliefs. However, there will need to be a mechanism for the patient to get the drug. If she is the only pharmacist, a replacement may be needed. The patient comes first," said a male hospital R.Ph. practicing 11-20 years.

Many respondents thought that it would be in the best interest of the patients, the hospital, and the pharmacy department if Linda would at least participate in the protocol discussion. A

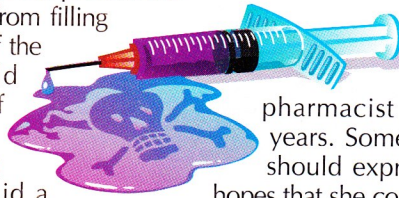
divorced female independent R.Ph. practicing more than 30 years pointed out that the dose might not kill the patient but instead cause permanent physical and mental damage. In such a case, pharmacist liability would need to be addressed. "A more effective strategy would be for Linda to become actively involved in writing protocol so she can

include ethical procedures and safeguards," advised a

married male hospital pharmacist practicing six to 10

years. Some even felt that Linda should express her beliefs in the hopes that she could "convince her hospital colleagues that they do not want to participate either," said a married female chain pharmacist practicing 21-30 years.

Some believe that R.Ph.s are already unwittingly writing such prescriptions. Linda's refusal to participate in physician-assisted suicide would do little to prevent it from happening. "I believe a physician and his/her patient have the right to make this decision without involving the whole medical staff. It has been going on for years, but it was not called 'physician-assisted suicide,'" claimed a married female chain pharmacist practicing 11-20 years.



ETHICIST'S COMMENTARY

Unlike a privilege, which is conferred by someone else's kindness, generosity, or decree, a right is an entitlement. If we have a right to something, then someone else generally has a duty either to provide it to us or to refrain from interfering with our obtaining it. There are both legal and moral rights, and they are not always the same thing. Sometimes we have a moral right to something that is illegal (in the period before abolition, African-Americans had a moral, but not a legal, right to be free), and sometimes we have a legal right to something that is unethical (we have a legal, but not a moral, right to break a promise to a friend).

A pharmacist who says he or she has a moral right to refuse to participate in physician-assisted suicide is maintaining that others have an ethical responsibility to respect those wishes and to find someone else to carry out the patient's wishes. If one respondent is correct in maintaining that an R.Ph. is just "a cog in the wheel," then it is hard to make the case that such a health-care provider has independent rights and responsibilities. In agreeing to work for a health-care institution, the R.Ph. in this model must abide by its policies, even if that requires violating one's personal moral convictions. A pharmacist who objects to participating in a physician-assisted suicide is free to find work elsewhere and

cannot legitimately claim to have a right to employment.

A second model recognizes that although pharmacists play a key role in the health-care team, they may have values that are at odds with those of the patients they serve and the institutions that employ them. Accordingly, the institution is committed to promoting the interests of both patients and providers. Yes, R.Ph.s have a duty to promote the rights and welfare of the public, but they also have duties to themselves and to their religious or spiritual traditions, and those traditions may disapprove of the practice of assisted suicide. In this model, a pharmacist is entitled to disengage from particular actions while remaining an employee in good standing.

If Linda finds herself in an institution that does not take the high moral road, will she have the courage to remain true to her convictions? This question becomes more pointed as Linda considers the price of doing so: if others are dependent on her, and she will not be able to find other employment, she'll have to choose between several competing moral values, including duties to herself, her dependents, patients, and employer. The good society would prevent pharmacists from having to make these choices more often than necessary by promoting the formation of institutional policies that enable hospitals to honor both patients and providers equally.

Case #2: **Should pharmacies sell tobacco?**

Donald Wright has just graduated from pharmacy school at the state university and is excited by the prospect of working full-time in his uncle's pharmacy. He likes the idea of returning to his small community and working at the only place where citizens can get their prescriptions filled, but he's troubled by one thing: His uncle, who is worried about shrinking margins, sells cigarettes and other tobacco products in his store. Though Donald is strongly opposed to selling tobacco in a drugstore, he decides to say nothing and take his first job.

Do you think he was right?

62% agreed with Donald's decision
38% disagreed with Donald's decision

Though many R.Ph.s were opposed to the sale of cigarettes in pharmacies, most felt that Donald should take the job. However, their reasons varied greatly. Many said that Donald would encounter this situation in almost every pharmacy. Moreover, they said he was not at a point in his career when he could be picky, especially when jobs are so difficult to come by. "Donald probably realizes that there's a glut of pharmacists, and his principles won't pay his rent or student loan," said

a male independent R.Ph. who smokes.

Many thought Donald also had a better shot at helping the community by taking the job rather than refusing it. His familial ties to the pharmacy owner might put him in a better position to rid the store, and his hometown, of cigarettes. "There is nothing wrong with taking the job he has always wanted. Now he has the opportunity to change the store's policy with his strong persuasive abilities, and the community will be better off for his taking the job," said a nonsmoking male hospital pharmacist.

Pharmacists said that Donald, in time, might be able to persuade his uncle to discontinue the sale of cigarettes by introducing high profit margin products such as home health-care items and services, nursing home service, durable medical equipment, video rentals, state lottery tickets, and so on.

If his efforts to do so fail, Donald could always use the sale of cigarettes as an opportunity to counsel smokers about their health and ask his uncle to stock more smoking-cessation products or hold anti-smoking clinics. "I practice in a tobacco-selling environment and exercise every chance I get to counsel on the health hazards of smoking and the many aids to

smoking cessation. In this case, Donald could use this opportunity to create a large community of nonsmokers," suggested a former smoker and chain R.Ph.

Many other R.Ph.s simply said that Donald had no right to be critical of his uncle's business practices. "When he signs the checks, he can throw out tobacco," quipped a nonsmoking independent male pharmacist.

Others simply felt that it was unrealistic for Donald to expect pharmacies to stop selling tobacco products, given public demand and financial pressures. Many R.Ph.s even felt that not selling cigarettes in their pharmacies makes little impact on public health because they are readily available in other stores. "I, too, dislike tobacco, but the extraordinary financial pressures put on us and shrinking margins make traffic building essential for survival. The good we do outweighs this tenfold. Also, the availability elsewhere makes the no sale a nonstatement," said a nonsmoking male independent R.Ph.

Others vehemently defended a person's right to buy whatever is legal to sell, placing the responsibility for health in the consumer's own hands. "You are not forcing people to buy the product. It is a legal sale. Where do you draw the line?" asked a nonsmoking independent male pharmacist.

ETHICIST'S COMMENTARY

There are several ethical questions raised in this case. From Donald's perspective, the question is, Should I take a job at a pharmacy that has a business practice that troubles me? From his uncle's perspective, two questions are, Do I have a right to sell tobacco products? and, Is it right for me to sell tobacco products? All of these are ethical questions, because they involve someone's conduct, and they concern the rights and welfare of other people. (Note that this is not the same as saying that they are necessarily ethical dilemmas; some ethical questions do not represent an irreconcilable conflict between two or more moral values.) It is difficult to know whether Donald is doing the right thing without having more information. Is this the only place where he can work as an R.Ph.? Are other people depending on him for their well-being? What would happen if Donald tried to persuade his uncle to reconsider the practice of selling tobacco?

What troubles me most about the case is that Donald decides to say nothing. Few people enjoy conflict, but Donald is missing an opportunity to have an open and honest discussion with his uncle. Even if the older pharmacist has a legal and moral right to sell tobacco, it does not follow that doing so is right. By deciding to avoid the sub-

ject, Donald relinquishes the chance to discuss some issues of fundamental importance in the practice of pharmacy.

Several options are open to Donald. He can say nothing and accept the job; he can try to persuade his uncle to reconsider the practice of selling tobacco and then make the decision to stay or leave; he can refuse the job offer and try to find work elsewhere. The first option may be the easiest one psychologically but is the least satisfying from a moral perspective. It fails to honor Donald's duties to his conscience and the welfare of his patients, even if it maintains (by default) a working, if dishonest, relationship with his uncle.

Even respondents who answered Yes had some concerns about Donald's actions. One wrote, "He should let his uncle know how he feels. Possibly, he could come up with a marketing idea to offset the cigarette sales and convince his uncle to discontinue [the practice]." Many others echoed this view; they rightly saw that just because a pharmacist has a right to sell tobacco doesn't make the practice right. Is a pharmacist primarily a businessperson (someone whose first responsibility is to make a profit by responding to what consumers want), or a health-care professional (someone whose mandate is to prevent illness and promote health)?

Case #3: **Would you be obligated to dispense abortion drugs if they were legal?**

It is 1999, and abortifacient drugs are now widely and legally available in the United States. However, Mary Langelan has decided on religious grounds not to stock this medication in her pharmacy. One day a woman presents a valid prescription for the drug. "I'm sorry, but I can't fill this for you. You'll have to go somewhere else," Mary tells her. The woman is in shock. "What do you mean, you won't fill this? You have to! It's your ethical responsibility!"

Is the patient right?

- 18% agreed that it is Mary's ethical responsibility
- 82% disagreed that it is Mary's ethical responsibility

An overwhelming majority of respondents said they believe that Mary had every right to deny the woman the abortifacient drug. They felt that Mary, as an owner of a pharmacy, should ultimately decide which drugs she wants to stock and dispense to patients. These R.Ph.s pointed out that many pharmacists don't distribute birth control pills to women or syringes to drug users for similar ethical reasons.

Pharmacists were also quick to point out that the law does not force physicians to perform abortions. They felt the same logic should apply in their cases. "All medical care practitioners have the right to adhere to their personal philosophy. Refusal of certain services is one of those rights," said a married male pharmacist with children.

While many felt that Mary could uphold her religious ideals by not filling the prescription, they did not believe that she had the right to pass judgment on the woman or preach to her. Many felt that Mary should have dealt with the patient in a much more polite and gentle manner, informing her that she simply did not stock the drug and offering to call another pharmacy for the patient. Some felt that Mary should make her policy public to avoid such uncomfortable situations. Still others who agreed with Mary thought she might want to reconsider her policy if she were the only pharmacy in town.



There were, however, some pharmacists who believed that it was Mary's professional responsibility to fill the Rx. "It is not the pharmacist's job to make moral judgments. The R.Ph.'s job is to assure that prescribed medications are appropriate in terms of dose, indication, precautions, and so on. The R.Ph.'s refusal to honor such Rx's could result in more serious consequences for the patient," said a married female hospital pharmacist with children.

Others said that this drug should be no different from other drugs. "In the course of the day, pharmacists dispense many drugs that can cause harm to patients [side effects, etc.]," said a married male hospital R.Ph. with children.

Some also felt that a pharmacist supplying an abortifacient drug was quite unlike a physician performing a surgical abortion. "She is not doing [an abortion]—she is merely supplying the tools. Do car dealers sell cars? People die in cars," said a married male independent with children.

Slightly higher percentages of hospital pharmacists than retail R.Ph.s (85% versus 79%) felt that the patient is not right.

ETHICIST'S COMMENTARY

Few moral issues are as hotly debated as abortion. Although it is a complex issue, the media often reduce it to a simple conflict between two rights: the right of the mother to choose what is done to her body versus the right of the fetus to life. This case highlights the simplicity of that view. It suggests that as providers of pharmaceutical care, pharmacists, too, may have a role in the abortion debate.

Few hold that Catholic physicians have a moral obligation to perform abortions, and, thus, some argue that pharmacists should be exempt from filling prescriptions for abortifacient drugs. But this begs several questions: How is filling a prescription for such drugs morally similar to performing a surgical abortion? If a woman lives in a small town with only one pharmacy and does not have access to others, will her legal right to obtain an abortion be rendered moot when a pharmacist refuses to fill her prescription? If there are other pharmacists available to take the patient's rights seriously, then it is hard to see why a pharmacist with a conscientious objection to filling an Rx for an abortifacient drug should be forced to violate his or her beliefs. In some circumstances, however, the R.Ph. will have to choose between honoring his or her

duty to the patient and following personal moral convictions.

Most respondents concluded that a pharmacist should not be expected to check his or her moral values at the door of the pharmacy. In strong, passionate comments, they explained how pharmacists, too, have moral rights and responsibilities, and that they are not merely puppets of physicians, patients, and others in the health-care system. It would be useful to know how many of these respondents also supported a pharmacist's right to sell tobacco: Is it inconsistent to hold that pharmacists are first and foremost businesspeople, even if some of their business practices have lethal consequences (selling tobacco), and that pharmacists have a moral right not to play a role in a causal chain that leads to the death of a fetus?

The good society would honor both a pharmacist's right to conscientious objection as well as a woman's right to choose what she wishes to do with her body. When abortifacient drugs become widely available in this country, pharmacists will have to decide how to rise to the challenge of being true to themselves and serving the public that considers pharmacy the most trustworthy of all occupations.

Case #4: **Should you withhold treatment from a patient who cannot pay?**

Bob Bennett is one of Grace Frehley's favorite patients and has been for almost 20 years. Always quick with a joke and a friendly smile, Bob makes regular visits, which are a highlight of Grace's day. One day, he presents her with four prescriptions that will cost over \$200. "Grace, before you fill these, I have to give you some bad news. I lost my job at the plant, and now I can't afford to pay you. You know I am good for it, though. Just keep a record of what I owe you, and I'll get you the money as soon as I can find a job." Grace is saddened to learn of Bob's bad luck, but feels compelled to tell him that it is company policy not to provide uncompensated pharmaceutical care. In fact, just yesterday she turned away a new patient who was uninsured and unable to pay for her Rx's.

Would it be right for Grace to deny the drugs to Bob?

Yes, it would be OK—71%
No, it would not be OK—29%

While most pharmacists felt sorry for Bob and wanted to make exceptions for

him, given his friendly demeanor and long-term patronage of the pharmacy, the majority also felt that pharmacies should not be in the business of making loans. "It is not a God-given right to receive free medical care. A grocery store, bank, or mortgage company would not provide 'freebies' and a pharmacy should not either. Any business has a responsibility to act prudently to remain viable," said a married female hospital pharmacist.

Though many felt Grace had the right to deny Bob his drugs, some believed it was her responsibility to help him find a way to pay for them. They suggested that Grace investigate various indigent programs run by charitable organizations, government agencies, and even drug companies. Some respondents also suggested that Grace contact Bob's doctor to change his drug regimen to include cheaper alternatives or to see whether he had any appropriate samples for Bob. If all else failed, they said, Mary could personally loan Bob the money as an act of friendship to her longtime customer.

R.Ph.s who assumed that Mary was employed by a chain store said there was little she could do to help Bob without jeopardizing her own job. "How is she to justify \$200 of medication disappearing," asked a single male chain pharmacist.

Some R.Ph.s were not as charitable as their counterparts. "It's bad enough Medicaid customers can get away without paying repays and then they go up front and buy their cigarettes and beer," said a single male independent.

"Mr. Bennett seems to think that he can keep his possessions and wealth (house, car, etc.) and get free care, too! Obviously his health isn't important enough for himself to save and pay for, so why should it be important to someone else?" asked a married male hospital pharmacist practicing 11-20 years.

On the flip side, some R.Ph.s would not put money above customer loyalty, believing they could risk a few dollars to thank Bob for his patronage and ensure his loyalty once he was back on his feet.

"After 20 years of loyalty, Bob has an absolute right to expect some consideration from this health-care provider. We are not yet vending machines," said a married male hospital pharmacist.

A higher percentage of retail pharmacists (76%) than hospital R.Ph.s (64%) said that they believe that it is right for Grace to deny drugs to Bob.

ETHICIST'S COMMENTARY

As the gap widens between those who are able to pay for their pharmaceutical care and those who cannot, pharmacists will increasingly be asked to provide care to patients who cannot afford it. Do pharmacists have a moral obligation to do so?

If pharmacy is primarily a business, then R.Ph.s who provide uncompensated care do so because they are charitable, not because they have an ethical duty to do so. A businessperson's first and foremost obligation is to make a profit, and any practice that does not serve to promote profits is not ethically required. (Indeed, practices that reduce profits are often considered unethical.) Many of us may want a new BMW convertible, but we can hardly blame the car dealer for not giving us one if we don't have the money to pay for it. If dispensing medication is, from a moral point of view, no different from selling cars, then people like Bob cannot conclude that Grace is being unethical.

There is another way of thinking about the practice of pharmacy. In this view, pharmacy is primarily a profession, even though it has business aspects to it. One of the central differences between a profession and a business is that pro-

fessionals are dedicated to promoting the rights and welfare of others, above all else. This is not to say that a professional must have the selflessness of Mother Teresa, or that businesspeople have a wanton disregard for the community. However, most of us recognize that there is an inherent difference between selling cars and selling medication, and the difference is this: Having good health is an essential component of being human, and owning a car is not. The graduation ceremony at pharmacy school is a public declaration that graduates will use their knowledge and skill for the good of the community. It is the community, after all, that makes it possible for pharmacy students to receive their training. Accordingly, Bob might rightfully claim that he is owed the medication, and Grace has a duty to provide it or at least to make a good faith effort in helping him to receive the care he needs.

Although financial pressures are making health care seem increasingly like a business, many pharmacists are reluctant to recast their occupation this way. One thing is certain: The problem depicted in this case study is going to become more common as the years go on. How will you rise to the challenge?

Case #5: **Should you report a boss suspected of chemical dependency?**

Pharmacist Miwa Suzuki is growing increasingly worried about her boss, Sam Jessup. For the past two weeks, he has been coming to work with red eyes, a disheveled appearance, and a very short temper. When he returns from lunch, Miwa notices the man frequently wiping a runny nose. Two days ago, she tried to mention her concern for his well-being, but he sharply rejected her by saying, "Jenny and I have split up; that's all I'm going to say about that." What especially troubles Miwa is that patients may be given the wrong medication by Sam, with harmful or even fatal consequences. She decides to report her boss to the board of pharmacists.

Is Miwa doing the right thing?

Yes, she should report him—72%

No, she shouldn't report him—28%

Many R.Ph.s thought that Miwa was right to contact the state board to report her suspicions. They felt that the health and well-being of the patients should be

protected at any cost. They also felt that Miwa had to protect herself from accusations that she knew about a dangerous situation and chose to ignore it. "If he hurts or kills someone, and it can be proved that she knew of his drug problem, she can be held liable as well as Sam," said a divorced male independent with more than 30 years of experience.

Many felt Sam should be reported if he was making errors, no matter what the reason or suspicion. "Boss or peer, chemically dependent or otherwise impaired, she is helping neither her boss nor patients if she remains silent," said a married male hospital R.Ph. working 21-30 years.

Some pharmacists felt that Miwa should explore other avenues of assistance before resorting to the state board of pharmacy. They suggested that she first express her concern to one of Sam's family members or friends. If employed by a chain, Miwa might be able to get help for Sam through an employee assistance program or by contacting a supervisor. If employed by an independent

store owned by Sam, Miwa might want to talk to a peer pharmacy support group on his behalf.

The pharmacists who disagreed with Miwa's actions cited a lack of evidence as a reason to refrain from reporting her boss to the state board. In addition, they felt it was unfair to report Sam for potential errors, especially if he has not made any so far. They also believed this two-week period was hardly indicative of his overall performance and general well-being. "Unless Miwa has more evidence of clinical dependency than described, or Sam has actually made errors she can blame on his health, she has not tried very hard to help or understand such a short-term problem," said a married male independent practicing 21-30 years.

These respondents also felt that Miwa should be more compassionate, believing that Sam's recent separation from his wife was the real reason for his strange behavior. "Reporting him to the state board may be seen as vindictive, rather than supportive. She should encourage marital or personal counseling as an alternative to potentially ruining someone's career," said a married male R.Ph.

ETHICIST'S COMMENTARY

This case represents one of the most painful kinds of moral problems we can face: What should we do when we observe a colleague engaging in an activity that may harm others as well as himself or herself? Through no fault of our own, we may find ourselves witnesses to conduct that places people at risk of harm, and the act of observing transforms us into participants, since we are in a position to prevent injury.

The moral question in the case turns on the degree to which Miwa can rightfully say that her boss is chemically dependent. What kind of evidence, and how much of it, is required for Miwa to be certain? Is it necessary for a patient actually to have suffered harm as a result of a chemically induced error of judgment? The lack of clear and convincing evidence gave some respondents reason for concluding that Miwa should not report Sam.

However, for the sake of discussion, let us assume that Miwa has conclusive evidence that her boss is chemically dependent. What values play a role in the case? The welfare of patients is at stake here, since an R.Ph. who is chemically dependent may make errors of judgment in dispensing medication. If this were the only value that played a role, Miwa would not be faced with a moral dilemma, since her only obligation would be to protect her patients from harm, and she would simply have to decide the most effective way to do that. Even if this value is paramount, however, there are other values that play a role in the case.

Miwa also has a duty of fidelity to her employer; she has a duty to herself; as a pharmacist, she has a duty to the profession; and, if she has dependents, she has a duty to them as well. If she takes action to protect patients from harm, she may risk damaging her relationship with her boss and could lose her job. What should she do?

Some who commented on this case feel that the best option open to Miwa is to confront Sam and encourage him to seek treatment. The problem with this is that it places an enormous burden on her to monitor her boss and ensure that patients are not going to be at risk of harm. Many state pharmacy associations have peer assistance programs for chemically dependent pharmacists, and these programs are a nonpunitive way of helping members of the profession address their dependency. The American Pharmaceutical Association's Pharmacists' Recovery Network is also a valuable resource. There are, therefore, ways for Miwa to meet her moral obligations without taking the drastic measure of reporting her boss to the state board of pharmacy.

Many of us in Miwa's situation are tempted to say, "Well, I just can't be certain that my boss is chemically dependent, so the best thing is to do nothing." This may be easiest psychologically, but morally it is the least justifiable of our options. Through our inaction, we may allow harm to occur. As one respondent noted, "Too much is at risk to just keep quiet."

Case #6: **Should you talk about your patients in public places?**

There are many things pharmacist Walter O'Neal likes about the hospital cafeteria: It offers the plentiful and inexpensive salad bar, the chance to catch up with his friends from other departments, and a place for a brief respite from his very busy schedule. One thing he doesn't like, however, is talking about patients over lunch. He knows that patients and family members may dine there, too. His friends in pharmacy see it differently. "Don't be such a fuddy-duddy," one of them tells him. "Everyone does it, and it's not as if we're shouting for the world to hear. Loosen up, Walter!" Walter walks away and decides to eat at his desk from now on.

Did Walter overreact?

Yes, he did overreact—14%
No, he didn't overreact—86%

While most pharmacists agreed that the cafeteria was not an appropriate venue for discussion of patients, some thought Walter overreacted, cutting off his nose to spite his face. A divorced male independent pharmacist practicing more than 30 years exclaimed, "Walter, you jerk, why give up the

great cheap salad bar? Just move to another table. Sooner or later, your 'friends' will realize that what they are doing is unprofessional, and one by one, they will join you for lunch ... and have more respect for you in the offing."

But most R.Ph.s were completely on Walter's side. Turning phrases like "discretion is the greater part of valor" and "loose lips sink ships," they stood behind Walter's efforts to protect patient privacy.

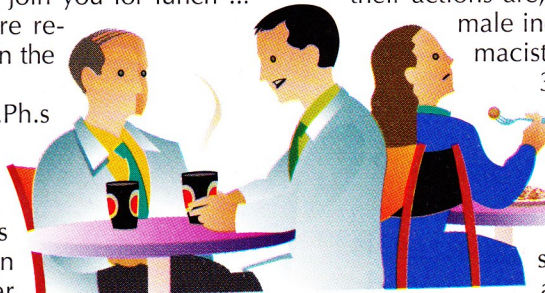
"Patient confidentiality is a very serious trust. We see patients during their most vulnerable situations, when they are sick. It is the duty of all health-care professionals to handle the trust of patient confidentiality very discreetly and discuss patients only with those who need to know and only at times when confidentiality can be assured," cautioned a married male independent pharmacist in practice 21-30 years.

Not only did they feel he should

remove himself from such conversations to protect patients, but also to protect his own career. "He may have preserved his job and integrity, not to mention saving himself from court action. I would remind others how expensive and embarrassing their actions are," said a married male independent pharmacist in practice 21-30 years.

Some felt that such conversations could even cause some confusion among patients and family members, "In such a case, private and personal patient information could be overheard and cause stress, embarrassment and could possibly be misconstrued. (You could be talking of Patient A, but Patient B's family may overhear and think it's about Patient B!)," noted a single female independent pharmacist who has been in practice for six to 10 years.

No significant differences were found when the data were analyzed by type of practice, years in practice, gender, smoker/nonsmoker, parent/non-parent and marital status.



ETHICIST'S COMMENTARY

Judging by the way many health-care providers behave, one would think that talking about patients in public places is not a serious moral issue. One hears detailed, personal information being freely discussed on elevators, in hospital cafeterias, and even in restaurants in the community. Is Walter overreacting by expressing his discomfort with the practice?

Only 14% of those surveyed thought so. "As long as no names are mentioned, shop talk should be OK," wrote one pharmacist. Why? Particularly in small towns, it is not necessary to identify a patient by name for the person's identity to be revealed. Simply describing a patient's medical condition is often sufficient for others to know who is being discussed.

Still, if the practice of talking about patients publicly is so widespread, what is the problem with it? The answer is this: Most patients want to keep information about their medical problems confidential. The rule of confidentiality is derived from the principle of respect for persons: We should do unto others as they wish to have done unto them. As one respondent noted, "Pharmacists are the most

trusted professionals and should not violate that trust." Most patients would be aghast to learn that they were being discussed in places where others without a need to know could hear this information. If the information is critical to the care of the patient, it should be shared only when others will not have access to it.

Can we honestly say that our conversations about patients are always geared toward promoting the patient's best interests? Too often, I've found, these discussions occur because a case is "interesting" or "unusual," not because the information exchanged could help the patient. We sometimes forget that at the heart of every case is a person and not merely a collection of fascinating data.

This is not to say that Walter is justified in simply avoiding eating in the cafeteria. One pharmacist wrote, "I would stay as part of the 'team' but not participate in the risky conversation. I then think that I would present an in-service on patient confidentiality, complete with handouts and case reports." This case reminds us once again of what our parents told us long ago: Just because everyone does something doesn't make it right!

Case #7: **Should a pharmacist be a role model?**

Sarah Cunningham loves her job as the owner of her town's only pharmacy. She works many long hours each week, which she doesn't mind, but the demands of her job make it difficult for her to exercise regularly and eat a balanced diet. On her coffee breaks, she likes to relax with a cigarette. One day, a patient jokes with her about her lifestyle. "You know you're a health professional, it seems odd that you smoke, eat junk food, and could stand to lose a few pounds. Aren't you supposed to be a role model for the rest of us?" Sarah does not see any moral obligation on her part to be a role model and maintain a healthy lifestyle.

Is she correct in her judgment?

- Yes, she is correct that she isn't a role model—45%
- No, she isn't correct about her role—55%

It was a fairly close call, but the majority of pharmacists felt that Sarah was mistaken in her opinion that she was not a role model for healthy living. Many R.Ph.s believed her words will go unheeded unless she sets a better example for her patients. They said that she should "practice what she preaches" and needs to "put her money where her mouth is." Some respondents were

harsher than others in their criticism of Sarah.

"Every adult, especially health-care professionals, must be a role model. How did this person get through pharmacy school with an 'I don't give a damn' attitude? Our Rx-school dean took Rhett Butler-types to task, and you had to show a professional demeanor or find another profession. Role model, YES. Slob, NO," said a nonsmoking, married male independent pharmacist in practice more than 30 years.

Though most R.Ph.s felt Sarah had failed as a role model, some felt that she could use her imperfections to help patients with their struggles for better health. "Do as I say, not as I do" compromises a pharmacist's credibility and sends a mixed message. She can acknowledge her difficulty and use that as a way to empathize with patients," said a former smoker and divorced female independent pharmacist in practice more than 30 years.

Some pharmacists thought that Sarah, at the very least, should try to be discreet about her smoking if she could not give it up completely.

The 45% of pharmacists who agreed

with Sarah just felt that distinctions should be made between one's professional and personal lives. "I believe a professional's image does not have to carry over to his or her personal life 100%. You won't find me raking leaves wearing a shirt and tie or lab coat," said a nonsmoking, married male chain pharmacist practicing 21-30 years. Another nonsmoker and married male independent practicing 11-20 years agreed, saying, "Don't you think cops speed when off duty?"

They also felt that smoking and obesity did not qualify as moral issues. They felt that she could be a role model in different ways, such as being an active and supportive member of her community.

One pharmacist made another interesting point about the R.Ph.'s image: "I'm not saying that a lifestyle change wouldn't hurt, but, taking it further, what image do we make by being forced to work an 80-hour week and [take] no meal break?" said a married male independent practicing 11-20 years.

A higher percentage of female pharmacists believed that Sarah is wrong in her judgment than did male pharmacists (64% versus 52%, respectively)

Higher percentages of smokers and ex-smokers agreed with Sarah than did nonsmokers (59% versus 43%).



ETHICIST'S COMMENTARY

Of all the results from the survey, this one surprised me the most. The following comments came from those who believe that a pharmacist should not be considered a role model:

- Role model talk is very overrated.
- She has a right to personal freedom. Her obligation is to promote good health to her patients, not herself.
- No one is perfect.

I'd like to address each of these points in turn. When we reflect on how we became who we are, we often find that our "life lessons" came not from books but from people we admired: our parents, our best friend, a favorite teacher from grade school, a kind aunt or uncle. It's not so much what the other person said that made a difference. It was what they did that impressed us, and their care for us made us want to emulate them. I find it perplexing to think that one could overestimate the importance of role models.

Second, freedom is but one of many values that plays a role in pharmaceutical care. Yes, Sarah is entitled to per-

sonal liberty, but if this value comes into conflict with the value of promoting the health of others, should it take precedence? How effective is Sarah likely to be in encouraging others to maintain a healthy lifestyle if she herself chooses not to do so?

Finally, no one should expect us to be perfect, but asking pharmacists to serve as role models on health matters is not asking for perfection. As I understand the patient's concern, he or she is recognizing that, rightly or wrongly, a health-care provider's personal choices on matters of health have an impact on the choices that his patients make. As one pharmacist wrote, "It may not be fair, but we do act as role models. I, personally, will not see a fat doctor or a doctor who smokes or doesn't look in good condition. I feel if he can't take care of himself, then he can't take care of me very well either." (See also Bruce D. Weinstein and Alvin H. Moss, "Role Models," *Journal of the American Medical Association*, 1995;273:1076.)

Case #8: **How far should you go to protect professional standards?**

Phil Johnson's employer has begun television advertising of the patient counseling services in his pharmacy. However, the store manager insists that filling prescriptions is the basis of pharmacy, and Phil's bonus depends on the number of prescriptions he fills. The patient counseling activity consists entirely of clerks asking uninvitingly, "Do you have any questions?" Most patients say No.

Should Phil go against the store manager and spend more time counseling?

Yes, he should
counsel more—87%

No, he should fill
more prescriptions—13%

An overwhelming majority of pharmacists believed Phil should defy his manager and serve the customer. Many felt that not only was Phil's professional reputation on the line but also his license. In their opinion, failure to counsel was a clear violation of state laws and OBRA '90.

Others believed that Phil should speak to the owner about the conflicting messages the pharmacy was sending patients. They felt a patient might have, at the very least, a case

for false advertising if Phil did not follow through on the promise of counseling. "By advertising the counseling service, Phil's employer puts Phil in the position that he must counsel. A lawsuit could result if harm should come to one of Phil's patients, either directly or indirectly, because of Phil's failure to counsel," said a married male independent practicing 21-30 years.

Many pharmacists also felt that the manager should be made aware of the financial benefits of counseling. These pharmacists felt that proper counseling would drive Rx volume as word of a caring attitude spread throughout the community. "The happier customers are to realize someone cares, the more they will spread the word about service at the pharmacy, which will translate into higher prescription volume," offered a single female independent who has been practicing for one to five years.

If the manager remained unconvinced of the value of counseling, many pharmacists suggested Phil seek employment at another pharmacy or try to work out a bonus plan that was not based upon prescription volume.

Many pharmacists pointed out that Phil's dilemma had implica-

tions greater than his own career. These R.Ph.s felt the future of the profession was really at stake here. "If we don't provide cognitive services, and in a more visible way than we have been doing, we will find demand for our services declining. Machines count and pour," said a married female hospital pharmacist practicing more than 30 years.

Several pharmacists expressed anger toward the manager, who, they believed, was probably not a pharmacist himself. They said they have encountered such managerial types and do not appreciate them meddling in the pharmacy. "Personally, I'm sick of transplanted stock boys telling me what to do," said a married male independent practicing 21-30 years.

The few pharmacists who disagreed with Phil cited his obligation to his manager and his dependence upon his salary. They felt it was Phil's employer who was being hypocritical, not Phil.

Chain pharmacists were much more likely to feel that Phil should go against the manager and spend more time counseling than were independent pharmacists (92% versus 86%, respectively).

Respondents with more years of experience were less inclined to feel that Phil should go against the manager.

ETHICIST'S COMMENTARY

This is another case that highlights the economic constraints under which pharmacists increasingly find themselves. From a business perspective, one is sympathetic to the store manager, since it is becoming harder and harder to remain financially solvent, and, thus, one appreciates the need to be productive every day. Again, if dispensing medication were no different ethically from selling shoes or soap, it would be difficult to support Phil's position. How many of us feel rightfully perturbed when a clerk at the supermarket engages in endless conversation with a customer while we anxiously wait to pay for our goods?

The analogy with a supermarket does a grave disservice to the profession of pharmacy, however. We can do without frozen pizza and a six-pack of soft drinks, but if we suffer from hypertension, then we

need both the correct medication and the information necessary for taking it appropriately. Many patients do not wish to spend much time receiving counseling, but those who do are entitled to receive it. The principle of respect for persons that gives rise to the rule of confidentiality also gives rise to the rule of providing appropriate counseling.

Counseling is not just a legal requirement; it is a moral one, too. As one respondent wrote, "Phil has a professional obligation to counsel, regardless of what the store manager wants." Another said, "If a customer gets out of the pharmacy without knowing what his or her medication is and what to expect from it, we have not done our job." Finally, one respondent concluded that counseling "will be the only thing left to save the pharmacy profession."

Case #9: **Should you sell condoms to minors?**

Zachary Taylor has been both pharmacist and family friend to the Miller family for many years. It seems like only yesterday that Billy's parents were buying gauze and bandages for the time the boy fell off his bicycle. It comes as a surprise, therefore, when a pubescent Bill Miller saunters into the pharmacy and presents a package of condoms along with a few candy bars and breath mints. The boy can't be more than 12 years old, and the pharmacist wonders whether he should sell him the prophylactics. "Please don't say anything to my parents," pleads Bill. "They'd kill me if they found out. I'm trusting you to keep this between us." Zachary decides to tell Billy's parents.

Is Zachary doing the right thing?

Yes, he should tell Bill's parents—42%
No, he should keep Bill's secret—58%

The majority of those polled believed that Zachary was wrong to tell Bill's parents about his purchase. They felt this was a violation of patient confidentiality, no matter what the patient's age. Many said they would instead encourage Bill to speak to his parents or a clergyman or counselor. Many also believed Zachary should use this opportunity to counsel the boy about sexually transmitted diseases and pregnancy. Perhaps this was his way of seeking information from a trusted family friend and health-care professional, especially since he obviously fears discussing the matter with his parents.

"Billy could have gone to another pharmacy, where he is unknown, but he had enough confidence in Zachary," said a married male chain pharmacist in practice more than 30 years. A single childless male hospital R.Ph. practicing 21-30 years agreed, "If Zachary is as concerned as he would have us believe, he would talk with Billy himself.... This was the perfect time to give Billy a gift of real concern, that being a little education on safe sex, thereby reinforcing the notion of pharmacists as those to trust and as good sources of information."

Some R.Ph.s also felt that "snitching" on Bill would just send him the wrong message and potentially put him at risk for bigger problems down the road, such as AIDS and teenage fatherhood. "What kind of message is he sending this kid? 'Don't buy condoms; you'll get into trouble?'" said a married female pharmacist with children who has been practicing six to 10 years.

Though most of the pharmacists believed that Bill should not be sexually active at his very young age, they thought it was better to provide him the condoms to prevent disease and pregnancy. "We all see 13- or 14-year-old pregnant patients. Many even see AIDS patients of the same age. Assuming Bill had a willing partner,

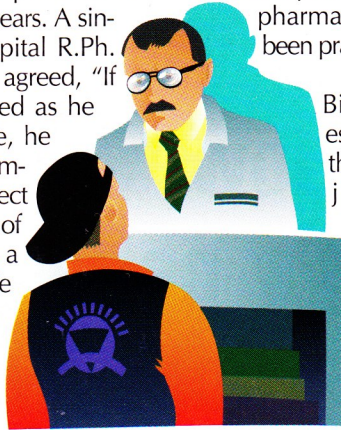
there is little chance of diverting the inevitable. Adverse outcomes may be avoided with proper protection. More important, when did patient confidentiality acquire age parameter or 'good friend' exemptions?" said a married male chain pharmacist with children who has been practicing more than 30 years.

Some also pointed out that Bill's purchase does not necessarily indicate intent to use them. They felt that he might just be buying them as a "status symbol" to put in his wallet or to use as balloons in a practical joke.

The R.Ph.s who believed Zachary was right said that Bill's age precluded him from the rights of patient confidentiality. Some felt

that if he were 15 or 16, they might respect his privacy, but not at the age of 12. These R.Ph.s also felt Zachary's personal and professional relationship with Bill's parents obligated him to inform them of their son's premature sexual activity. They likened this to other reckless behavior they would report to his parents, such as drinking or stealing. "I would also expect Zachary to tell Billy's parents if Billy was buying 'insulin' syringes and was not a diabetic," said a married male chain R.Ph. with children who has been practicing 21-30 years.

Pharmacists in practice 10 years or less were more likely to disagree with Zachary than were pharmacists in practice more than 10 years.



ETHICIST'S COMMENTARY

There are at least two ethical questions raised by the case: one is articulated by the heading, Should you sell condoms to minors? Another is the question that ends the case: Is the pharmacist doing the right thing by telling Bill's parents? Although many who feel that it is wrong to sell condoms to Bill would also take it upon themselves to notify the boy's parents, not all would. One could consistently believe that one shouldn't sell Bill the prophylactics and at the same time respect the boy's right to confidentiality. Let us consider each question separately.

According to a Lewis Harris poll, 57% of 17-year-olds have had sex at least once, and 40% of 18-year-olds from conservative Christian families have had sex at least once. In their annual report, the Centers for Disease Control & Prevention noted that teens make up about one-quarter of the 12 million sexually transmitted disease cases reported

annually; one in four sexually active teens contract an STD. AIDS is the sixth-leading cause of death among young men and women. It is not an exaggeration to say that by choosing to be sexually active, Bill is walking into a potentially life-threatening situation.

Zachary is rightly concerned about Bill's welfare, but it is not clear how that welfare may most effectively be promoted. Condoms have a contraceptive failure rate of 21%, which is better than the 85% rate of no contraceptive use but much higher than the rate associated with abstinence (0%). Many respondents were concerned with the emotional consequences of a 12-year-old having sex, and some alluded to spiritual issues as well. Since the boy has also requested that the R.Ph. keep the transaction private, the boy's right to confidentiality is a second value that plays a role in the case.

If Zachary can reasonably conclude that the boy is going