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# Ethics and Professionalism: Pharmacy Profession

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### ABSTRACT

Pharmacy is regarded as one of the most trusted professions in the world. Doctors are very important part of our society. They diagnose the disease and prescribe the medicines for the treatment of the diseases. Like Doctors, Pharmacist is also very important personality because he formulates the medicines, which are prescribed by doctors. So, we can say that without pharmacist, doctors cannot improve the public health and cannot cure the disease. Pharmacist is the backbone of medical profession. Without his expertise, doctors cannot do anything. They cannot fully cure the ill person. Pharmacist not only formulate the medicine, which are prescribed by physician, he also assesses the suitability of the medication for particular patient considering their medical history as well as the pharmacist tells us about the side effects of drug and interaction with other drugs and give clear understanding of the medication.

Purpose of the study: Discussion and projection about pharmacy profession and its characteristics, professional behavior and ethical aspects. The pharmacists have a vital role to play healthcare associate as well as provider. Findings: Pharmacists are yet to get their status as a healthcare provider. Materials and Methods: Research conducted a comprehensive year-round literature search, which included books, technical newsletters, newspapers, journals, and many other sources. Medicine and technical experts, pharma company executives and representatives were interviewed. Projections were based on all ethical and professional aspects pharmacists need to cover. Research limitations: Pharmacists are not the sole healthcare providers. The article comprises only ethical issues of pharmacists in healthcare profession. Practical Implication: The soul of this article was to detail pharmacy profession and ethics. Along with students, researchers and professionals of different background and disciplines, eg. Pharmacists, marketers, doctors, nurses, hospital authorities, public representatives, policy makers and regulatory authorities have to acquire much from this article. Social Implication: Pharmacists have several scopes to work in healthcare system in a country like Bangladesh as there is a scarcity of resources, fewer access to general people for adequate and better treatment. The article should contribute an integrated discussion about the importance of pharmacy professionals at different levels of healthcare settings.

### Keywords:

ADR; Moral issue vs ethical issue; Code of ethics; Clinical Governance; Consumerism vs Paternalism; Social Sanction

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## Introduction

There is a lack of interaction between pharmacist and patient in our society, which worsens the public health because when pharmacist does not know about the problems of the patient, he will not be able to formulate those medicines, which can cure the patient and which are effective against patient's disease. We need to enhance the interaction between pharmacist and patient. From conversation with a patient, a pharmacist must be able to identify and evaluate important health aspects which may need attention. Government restricts the practice of Pharmacy to those who qualify under regulatory requirements and grant them privileges necessarily denied to others. In return Government expects the Pharmacist to recognize his responsibilities and to fulfill his professional obligations honorably and with due regard for the well-being of society. Standards of professional conduct for pharmacy are necessary in the public interest to ensure an efficient pharmaceutical service. Every pharmacist should not only be willing to play his part in giving such a service but should also avoid any act or omission which would prejudice the giving of the services or impair confidence in any respect for pharmacists as a body. The nature of pharmaceutical practice is such that its demands may be beyond the capacity of the individual to carry out or to carry out as quickly or as efficiently as the needs of the public require. There should, therefore at all times, be a readiness to assist colleagues with informational advice. It is important that pharmacists always uphold their professional integrity and endeavor to provide the best service to their patients. A Pharmacist in one who is well-informed & certified to prepare & dispensing drugs & to afford drug & associated information to the community.

## Oath of a Pharmacist

The revised Oath was adopted by the AACP (American Association of Colleges of Pharmacy) House of Delegates in July 2007 and has been approved by the American Pharmacists

Association (APhA). *"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:*

- *I will consider the welfare of humanity and relief of suffering my primary concerns.*
- *I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.*
- *I will respect and protect all personal and health information entrusted to me.*
- *I will accept the lifelong obligation to improve my professional knowledge and competence.*
- *I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.*
- *I will embrace and advocate changes that improve patient care.*
- *I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.*
- *I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public" [1].*

## Code of Ethics for Pharmacists

### Preamble

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.

- A. A pharmacist respects the covenantal relationship between the patient and pharmacist.** Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help

individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

- B. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.** A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.
- C. A pharmacist respects the autonomy and dignity of each patient.** A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.
- D. A pharmacist acts with honesty and integrity in professional relationships.** A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.
- E. A pharmacist maintains professional competence.** A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.
- F. A pharmacist respects the values and abilities of colleagues and other health professionals.** When appropriate, a pharmacist asks for the consultation of

colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

- G. A pharmacist serves individual, community, and societal needs.** The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.
- H. A pharmacist seeks justice in the distribution of health resources.** When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society [2].

### Importance of Code of Ethics

- A. First, a code of ethics makes the decision-making process more efficient, resolve the ever-increasing ethical dilemmas in medicine—including patients, family members, physicians, nurses, hospital administrators, and public policy-makers.
- B. Second, individual professionals occasionally may need guidelines for directing their professional behavior. Each decision made by a professional requires calling upon a store of technological information as well as the individual's own sense of right and wrong.
- C. Finally, professional ethics establish a pattern of behavior that clients come to expect from members of the profession. Once a consistent pattern of behavior is discerned by clients, they expect that behavior to remain constant, and their expectations become part of the relationship they establish with the professional [3].

### The Use of Code of Ethics

- to support individual practitioners in the challenging task of providing good healthcare and fulfilling their professional roles and to provide a framework to guide professional judgement
- to assist National Boards in their role of protecting the public by setting and maintaining standards of good practice – Boards will use this code when evaluating the professional conduct of practitioners.
- as an additional resource for a range of uses that contribute to enhancing the culture of professionalism in the Australian health system: for example, in practitioner education; orientation, induction and supervision of students; and by administrators and policy makers in hospitals, health services and other institutions, and
- as a guide to the public and consumers of health services about what good practice is and the standard of behavior, they should expect from health practitioners [3].

**Pharmacists’ Job Responsibilities**

- Prepares medications by reviewing and interpreting physician orders; detecting therapeutic incompatibilities.
- Dispenses medications by compounding, packaging, and labeling pharmaceuticals.
- Controls medications by monitoring drug therapies; advising interventions.
- Completes pharmacy operational requirements by organizing and directing technicians' work flow; verifying their preparation and labeling of pharmaceuticals;

- verifying order entries, charges, and inspections.
- Provides pharmacological information by answering questions and requests of health care professionals; counseling patients on drug therapies.
- Develops hospital staff's pharmacological knowledge by participating in clinical programs; training pharmacy staff, students, interns, externs, residents, and health care professionals.
- Complies with state and federal drug laws as regulated by the state board of pharmacy, the drug enforcement administration, and the food and drug administration by monitoring nursing unit inspections; maintaining records for controlled substances; removing outdated and damaged drugs from the pharmacy inventory; supervising the work results of support personnel; maintaining current registration; studying existing and new legislation; anticipating legislation; advising management on needed actions.
- Protects patients and technicians by adhering to infection-control protocols.
- Maintains safe and clean working environment by complying with procedures, rules, and regulations.
- Maintains pharmacological knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; participating in professional societies.
- Contributes to team effort by accomplishing related results as needed [4].

**The 16 Key Skills Needed to be a Pharmacist**

- |                          |                           |
|--------------------------|---------------------------|
| 1. Accuracy              | 9. Diplomacy              |
| 2. Integrity             | 10. Ability to Prioritize |
| 3. Science & Math Skills | 11. An Analytical Mind    |
| 4. Interpersonal Skills  | 12. Counseling            |
| 5. Communication Skills  | 13. Computer Literacy     |

- |                         |                           |
|-------------------------|---------------------------|
| 6. Advocacy             | 14. Financial Acumen      |
| 7. Management Skills    | 15. Mentoring             |
| 8. Ability to Multitask | 16. Conscientiousness [5] |

### The Pharmacist's Knowledge Domain

There is a substantial body of literature on the theory of knowledge and it is useful to apply this to the profession of pharmacy. Pharmacists have a unique knowledge base and the following statement provides some insight into the breadth and depth of that knowledge: *Pharmacists through their education and training can consider (and conceptualise) a drug molecule, together with its formulation and delivery as a medicine. They have an in-depth knowledge of pharmacology and therapeutics, physicochemical properties of drugs and excipients, biopharmacy and pharmacokinetics, adverse drug reactions and drug interactions. It is this complex, varied and integrated expert knowledge that qualifies them, and them alone, to make professional judgements relating to medicines* [6]. The basis for the pharmacist's knowledge domain is a unique combination of knowledge about

- The medicine;
- The human body;
- The human behavior.

*The medicine:* The pharmacist has knowledge of the development and production of medicines, physicochemical aspects of medicines and the behavior of medicines in and outside the human body.

*The human body:* The pharmacist has knowledge of the anatomy and physiology of the human body, and in particular the physiology that is influenced by illness and health and how the body interacts with the medicine.

*Human behavior:* The pharmacist has knowledge of human behavior in relation to illness and health and how this can be influenced by human actions as well as by medical and pharmaceutical actions and by the interaction

with the medicine. This knowledge translates into an understanding of the best way to deploy, use or apply medicines.

*Competence and specialization:* Knowledge without the competence to apply and transfer this knowledge is of little value. Because knowledge becomes outdated, a pharmacist has a responsibility to keep up to date with all new developments within his knowledge domain. He himself also plays an innovative role in this process. Within the knowledge domain pharmacists can specialize in positions that place a greater focus on the product, on the patient, or on other elements of the provision of medicines [7].

### Knowledge And Professionalism

Some of the professional traits outlined by Traulsen and Bissell in their review of theories of professions and the pharmacist include:

- Professional authority over the lay person
- Sanction by the community of the power and privilege of professionals
- Confidential nature of the professional-client relationship
- Shared ethical values regulating the profession
- Theoretical knowledge underlying the practice of the professional
- The existence of a professional culture that is passed on to new entrants to the profession [8].

### Pharmacy Knowledge And Skill

Skill can refer to the capacity to accomplish a task, and may be kept analytically separate from the substantive knowledge connected with the task itself. While knowledge and skill are often compartmentalized and seen separately, the term skill cannot be totally separated from

knowledge. Traditionally, pharmacists utilized their scientific knowledge to develop the skills necessary to formulate, compound, and dispense medicines. As this is no longer the role of the pharmacist, the pharmacist arguably has been “deskilled” and does not have specialist skills. However, as is true of some other professions, the skills used are tacit in that they cannot be completely connected to systematic theory or defined by a clear structure or protocol [9], [10].

### Practice-Based Pharmacy Knowledge

Pharmacists who have moved away from the tasks of filling prescriptions by increased use of technicians are more likely to exercise and develop their indeterminate knowledge. For example, when a hospital clinical pharmacist looks at a specific therapeutic problem surrounding the administration of medication to a patient who is unable to swallow, the pharmacist will need to draw on experience and intuition that are beyond the scope of the published knowledge base. Similarly, an industrial pharmacist working in research will draw on indeterminate knowledge in his approach to empirical problems. This suggests that the development of pharmacy as a profession will depend more on the pharmacist “knowing how” as opposed to “knowing what.” Pharmaceutical knowledge is one of the unique key attributes of the pharmacy profession, and without this being more fully utilized, the status of the profession may be called into question [11].

### Improving the Medication Use Process Through Informatics

Pharmacists are directly responsible for the output of the medication use process (i.e., for the medication-related outcomes of their patients). *Rational and effective prescribing:* As per the WHO (1985), the definition of rational use of medicines – “*Patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community*”. Prescribers

(independent and supplementary) are legally and professionally accountable for their decisions. This includes decisions not to prescribe and also ensuring that the prescription is administered as directed. The legal responsibility for prescribing always lies with the individual who signed the prescription [12].

*Prescription review and compounding:* After reading and checking the prescription order, the pharmacist should decide on the exact procedure to be followed in dispensing or compounding the ingredients. *Pharmacy compounding* involves mixing, assembling, packaging, or labeling of a drug or device as a result of a practitioner’s prescription-drug order or initiative based on the prescriber–patient–pharmacist relationship in the course of professional practice. When a prescription requiring compounding is received, the pharmacist should take into consideration the chemical and physical compatibility of the ingredients, the proper order of mixing, the need for special adjuvants or techniques, and the mathematical calculations required.

*Medication review:* It is important that medicines are prescribed appropriately and that patients continue to achieve benefits from their medicines. The aim of all types of medication review is to achieve the following:

- Give patients the chance to raise questions and highlight problems they are having with their medicines.
- Seek to improve or optimize the benefit of treatment for an individual patient.
- Review should be carried out in a systematic way by a competent health care professional.
- Have any proposed changes from the review agreed with the patient.
- Review should be clearly documented in the patient's medical notes.
- Monitor and record the outcome of any change in medication.

*Clinical governance:* It is a process embraced by the NHS to ensure that the quality of health care embedded within organizations is continuously monitored and improved. Clinical

governance is described as having seven pillars~

- Patient, service user, carer and public involvement
- Risk management
- Clinical audit
- Staffing and management
- Education, training and continuing professional development (CPD)
- Research and clinical effectiveness
- Use of information (Clinical governance in drug treatment)

Monitoring Adverse Drug Reactions: The FDA has specific requirements for drug manufacturers of investigational and marketed pharmaceutical products to report adverse drug reactions (ADRs). The FDA provides the MedWatch form for filing a voluntary—or in the case of user facilities, distributors, or manufacturers, a mandatory—report. The form includes space for entering patient information; adverse reaction information, including a description of the reaction experience and relevant laboratory tests or data; suspect drug information, such as the drug name, manufacturer, lot number, daily dose, route of administration, dates of administration and duration of administration; concomitant drugs taken and record of administration; and name and contact information for the person or manufacturer filing the report [13].

### **Relationships Within the Profession**

Pharmacists work within the pharmaceutical industry, the pharmaceutical wholesale companies, at clinics and hospitals, at community pharmacies, but for instance also within policy-making organizations, healthcare insurance companies, research laboratories, for the government, or in academic and post-academic education and research. Pharmacists' expertise is also applied in functions within other disciplines, such as veterinary medicine and the food industry. In spite of the different settings, pharmacists have a common practice, supported by the academic education and a common goal: promoting the wellbeing of the

patient. Also, when pharmacists are not in daily contact with each other, the profession guarantees an environment in which pharmacists can easily approach one another as professional pharmacists. The society and the profession both have an interest in this 'common practice'. A pharmacist cannot perform properly without the work of other pharmacists. This is evident in processes such data transfer, off-label use of medicines, and especially recalls. The quality of the products and services provided by pharmacists can only be brought about and guaranteed by the existence of a shared knowledgebase and a professional basis for a large mutual trust between pharmacists.

Delegation, referral and handover: *Delegation* involves one practitioner asking another person or member of staff to provide care on behalf of the delegating practitioner while that practitioner retains overall responsibility for the care of the patient or client. *Referral* involves one practitioner sending a patient or client to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient or client, usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice. *Handover* is the process of transferring all responsibility to another practitioner. Good practice involves:

- A) Taking reasonable steps to ensure that any person to whom a practitioner delegates, refers or hands over has the qualifications and/or experience and/ or knowledge and/or skills to provide the care required
- B) Understanding that, although a delegating practitioner will not be accountable for the decisions and actions of those to whom they delegate, the delegating practitioner remains responsible for the overall management of the patient or client and for the decision to delegate, and
- C) Always communicating sufficient information about the patient or client and the treatment

needed to enable the continuing care of the patient or client [14].

### Professional Characteristics of Pharmacists

The first characteristic of a professional is possession of a *specialized body of knowledge*; using this body of knowledge enables the practitioner to perform a highly useful social function. The exercise of proper judgment is a key element in this first professional characteristic. The second characteristic of a professional is *a set of specific attitudes that influence professional behavior*. Professionals are concerned with matters that are vital to the health or well-being of their clients. The practitioner employs highly specialized technical knowledge, which the patient or client does not possess. Both the client's lack of knowledge and the vital nature of professional services provide the professional with an opportunity to exploit the client. *Social sanction*, the third characteristic of a professional, is a resultant effect of the two characteristics. One measure of social sanction is the granting of exclusive rights of practice through the licensing power of the state. The extent of the public's trust is a measure of the degree of social sanction, and this is evident in society's permitting the exercise of sovereign power over professional matters. *Licensing not only attempts to protect the public from incompetent practitioners, but also frequently creates a relationship of trust between society and the professionals, because within the sphere of professional activities, the professional exercises an authoritative power over patients* [3],[11], [15].

### A. Macro Ethical Issues Vs Micro Ethical Situations

Ethical situations in pharmacy can be divided into two broad categories: macro and micro. *Macro ethical issues* are issues that are not specific to a given pharmacist, but rather are those that must be addressed by all pharmacists and by society in general. These include abortion, assisted suicide, genetic engineering, rationing of and access to health care, organ transplantation, and *in vitro* fertilization. *Micro*

*situations* are those issues that may confront individual pharmacists in the course of their daily practice. They include the use of placebos, patient confidentiality (e.g., revealing information about a patient's medications to members of the family), and informed consent (e.g., what and how much information about a medication should be disclosed to a patient). Sometimes, *macro* issues are manifested in *micro* situations [3], [16].

### B. Competence, Trustworthiness, and Caring

Any examination of pharmacy ethics must begin with a discussion of the basic moral responsibilities that all health care practitioners have toward their patients. The characteristics that a pharmacist should possess:

1. *Pharmacists must be competent.* They must possess a knowledge base that at least minimally allows them to carry out their functions as reliable therapeutic experts.
2. *Pharmacists must be trustworthy.* Patients must know that they can seek the confidential advice and assistance of their pharmacist and that their wishes will be carried out.
3. *Pharmacists must care for and about their patients.* Busy practitioners who fail to spend adequate time interacting with their patients do little to alter this perception. Conversely, pharmacists who do spend time with their patients and attempt to understand their concerns are much more likely to be viewed as caring. The pharmacist's core values are:
  - a) *Commitment to the patient's well-being:* Every pharmacist is directly or also indirectly involved in the patient's well-being: as a direct care provider, as a compounder or developer of medicines or within the educational sector or regulations.
  - b) *Pharmaceutical expertise:* Like any other professional, the pharmacist also has specific expertise and competences that he can use to provide the best possible service to society. The expertise is related

to the pharmacist's specific knowledge domain. It systematically and frequently maintained.

- c) Social responsibility: This core value emphasizes that the pharmacist's actions are efficient and transparent not only for the individual patient but also for society, and that the pharmacist feels a sense of responsibility for the social consequences of his actions.
- d) Reliability and care: Medicines in general are powerful substances. They can be highly effective, but at the same time unsafe. The quality assurance of the pharmacist's actions must therefore be beyond doubt. The pharmacist is aware of the consequences of carelessness during both the development and use of medicines as well as with respect to the confidentiality of all he learns in his professional practice.
- e) Professional autonomy: The autonomy of the pharmacist stands in an independent relationship with that of other care providers, healthcare insurers and the patient's right of self-determination. The pharmacist is responsible for his decisions and adheres to the frameworks established by society. He ensures the pharmaceutical judgment whilst maintaining a balance between commitment to the patient and the socially responsible course of action [3], [7].

### C. Health Professional–Patient Relationship: Consumerism Vs Paternalism

It was not long ago that when a patient was instructed by their physician or pharmacist to take a medication, they did so without question. Medical paternalism—the belief that the health care professional knew best—was accepted as standard practice by most health care professionals and their patients.

Relationship with the patient: Pharmacists are primarily visible in the healthcare chain. Pharmacists are employed throughout the

pharmaceutical chain, from design and production to the dispensing of a medicine and counselling. Regardless of where each pharmacist works, however, his professional actions take place in a context in which:

- the patient is at the center of the practice;
- a confidential relationship between pharmacist and patient is essential;
- decisions are taken bearing in mind the patient's expectations and experiences;
- success is determined by the outcome achieved for the patient;
- the patient's needs determine the place of practice
- each patient receives access to the medicine in the same way and to the same extent;
- patient care is supported by the product, the documentation and the administration (Charter Professionalism of the pharmacists).

Partnership: A good partnership between a practitioner and the person they are caring for requires high standards of personal conduct. This involves:

- A) being courteous, respectful, compassionate and honest
- B) treating each patient or client as an individual
- C) protecting the privacy and right to confidentiality of patients or clients, unless release of information is required by law or by public interest considerations
- D) encouraging and supporting patients or clients and, when relevant, their carer/s or family in caring for themselves and managing their health
- E) encouraging and supporting patients or clients to be well-informed about their health and assisting patients or clients to make informed decisions about their healthcare activities and treatments by providing information and advice to the best of a practitioner's ability and according to the stated needs of patients or clients

F) respecting the right of the patient or client to choose whether or not they participate in any Treatment or accept advice, and

G) recognizing that there is a power imbalance in the practitioner–patient/client relationship and not exploiting patients or clients physically, emotionally, sexually or financially (Code of conduct for registered health practitioners) [3], [17], [18].

#### **D. Moral Rights Vs Legal Rights to Health Care**

*Legal rights* are either guaranteed fundamentally in the US Constitution (e.g., the rights of free speech and assembly) or are provided by laws and regulations promulgated at the federal, state, or local level. We sometimes confuse what are really legal rights with our moral obligations. *Moral rights* are quite different from legal rights. Granted, these rights may be reinforced by laws, but their basis lies not in law but in ethical principles. Such rights might include the right to live without fear of harm and the right to food and adequate shelter. More recently, Americans have grappled with the question of health care as a moral right [3], [19], [20].

#### **E. Patient's Rights**

Patients generally choose their own physician, pharmacy, and hospital. Patients are allowed to choose from multiple options of treatment when they exist. Patients must give their approval, through the process of informed consent, prior to the initiation of care. All of the preceding presupposes that treatment is available and that the patient has the economic wherewithal to pay for that treatment. For patients who are uninsured or lack the ability to pay, the right to choose the nature of their health care is meaningless. Patients also have a right to treatment that is both safe and effective within given parameters [19], [21].

#### **Ethical Principles and Moral Rules**

The code of conduct to guide decision making for pharmacist and maintain ethical integrity varies according to the country and professional body that creates the guidelines. However, the

ethical principles are similar and can be separated into five main categories: the responsibility for the consumer, the community, the profession, the business and the wider healthcare team.

*The ethical responsibilities of a pharmacist that relate to the consumer include:*

- To recognize the consumer's health and wellbeing as their first priority, and utilize knowledge and provide compassionate care in an appropriate and professional manner.
- To respect the consumer's autonomy and rights and assist them in making informed decisions about their health. This should include respecting the dignity, privacy, confidentiality, individuality and choice of the consumer.

*The ethical responsibilities of a pharmacist that relate to the community include:*

- To maintain the reputation and trust that the public has placed on the profession and refrain from abusing this trust and respect.
- To acknowledge their place in the wider community, including their professional role and responsibilities to control and supply pharmaceutical goods for optimal health outcomes.

*The ethical responsibilities of a pharmacist that relate to the profession include:*

- To commit to the development and enhancement of the profession by becoming involved in activities such as training staff, teaching, being a preceptor or mentor for students, interns or colleagues, participating in initiatives to develop the profession and demonstrate positive leadership.
- To keep UpToDate with knowledge of pharmacy practice with lifelong learning and self-development to maintain professional competence and personal health to continue practicing.
- To practice only when their professional independence, judgment and integrity

remains upheld, and manage situations with a conflict of interest appropriately.

*The ethical responsibilities of a pharmacist that relate to business practices include:* To conduct the business practices of pharmacy in an ethical and professional manner with the consumer's best interest in mind and due respect to colleagues and the reputation of the profession.

*The ethical responsibilities of a pharmacist that relate to other health professionals include:* To work in cooperation and collaboration with other healthcare professionals to achieve the optimal health outcomes for consumers [22], [23].

Ethical principles and moral rules provide guidance for practitioners about what the commitments of patient care entail:

**A. Autonomy**

The principle of autonomy states that an individual's liberty of choice, action, and thought is not to be interfered with. In health care, we think of autonomy as the right of individuals to make decisions about what will happen to their bodies, what choices will be made among competing options, and what they choose to take, or not take, into their bodies. We also allude to questions of autonomy when we refer to choose among health care providers, and the choice of refusing medical treatment.

**B. Informed Consent**

The principle of autonomy is a vital component of informed consent. The rule of informed consent directs that patients must be fully informed about the benefits and risks of their participation in a clinical trial, taking a medication, or electing to have surgery, and this disclosure must be followed by their autonomous consent.

Consent is Invalid When It Is Given Under Pressure or Coercion. Therefore, it is important that consent is obtained for each act and not assumed because this is a routine assessment or procedure and therefore can be carried out automatically. It is essential the patient understands their diagnosis, the benefit and rationale of the proposed treatment and the likelihood of its success together with the associated risks and consequences, for example side effects. Therefore, a prescriber needs to discuss these aspects with the patient. In addition, potential alternative treatments should also be discussed to allow the patient to make a comparison with the proposed plan. The prognosis if no treatment is prescribed should also be discussed. Such a wide-ranging discussion may require more than one appointment and reinforces the necessity for an ongoing patient–professional relationship focused on the needs of the patient.

**Exhibit 1. Advice on patient consent**

- Take care when obtaining consent.
- Give the patient understandable information about all significant possible adverse outcomes.
- Ensure the patient has the opportunity to ask questions/ consider his/her options.
- Document the advice/warnings provided in the patient's notes.
- Invite the patient to sign to say that he/she understands, and accepts the risks explained.
- Record in the patient's notes if they decline to undergo a treatment/procedure.

*It Is Important To Communicate The Risks And Benefits of Treatment in Relation to Medicines.*

This is because many medicines are used long term to treat or prevent chronic diseases, but we

know they are often not taken as intended. Sometimes these medicines do not appear to have any appreciable beneficial effect on patients' symptoms, for example medicines to treat hypertension. Most patients want to be involved in decisions about their treatment, and would like to be able to understand the risks of side effects versus the likely benefits of treatment, before they commit to the inconvenience of taking regular medication. An informed patient is more likely to be concordant with treatment, reducing waste of health care resources including professional time and the waste of medicines which are dispensed but not taken. *Communicating Risk Is Not Simple*. Many different dimensions and inherent uncertainties need to be considered, and patients' assessment of risk is primarily determined by emotions, beliefs and values, not facts. This is important, because patients and health care professionals may ascribe different values to the same level of risk. Health care professionals need to be able to discuss risks and benefits with patients in a context that would enable the patient to have the best chance of understanding those risks. It is also prudent to inform the patient that virtually all treatments are associated with some harm and that there is almost always a trade-off between benefit and harm. How health care professionals present risk and benefit can affect the patient's perception of risk [3], [12], [24].

### C. Confidentiality

Medical confidentiality need not be requested explicitly by patients; all medical information, by nature, is generally considered to be confidential, unless the patient grants approval for its release. Confidentiality and privacy have received a great deal of attention recently with the passage and implementation of the *Health Insurance Portability and Accountability (HIPAA) Act*. Good practice involves:

- a) Treating information about patients or clients as confidential and applying appropriate security to electronic and hard copy information

- b) Seeking consent from patients or clients before disclosing information, where practicable
- c) Being aware of the requirements of the privacy and/or health records legislation that operates in relevant states and territories and applying these requirements to information held in all formats, including electronic information
- d) Sharing information appropriately about patients or clients for their healthcare while remaining consistent with privacy legislation and professional guidelines about confidentiality
- e) Where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information
- f) Providing appropriate surroundings to enable private and confidential consultations and discussions to take place
- g) Ensuring that all staff are aware of the need to respect the confidentiality and privacy of patients or clients and refrain from discussing patients or clients in a non-professional context
- h) Complying with relevant legislation, policies and procedures relating to consent
- i) Using consent processes, including formal documentation if required, for the release and exchange of health and medical information, and
- j) Ensuring that use of social media and e-health is consistent with the practitioner's ethical and legal obligations to protect privacy [25].

### D. Beneficence/Nonmaleficence

Beneficence and nonmaleficence are ethical principles that are, in a sense, complimentary to one another. *Beneficence* indicates that you act in a manner to do good. Nonmaleficence refers to taking due care or avoiding harm. The four principles of Beauchamp and Childress -

autonomy, non-maleficence, beneficence and justice - have been extremely influential in the field of medical ethics, and are fundamental for understanding the current approach to ethical assessment in health care. The word *nonmaleficence* is sometimes used more broadly to include the prevention of harm and the removal of harmful conditions. However, because prevention and removal require positive acts to assist others, we include them under beneficence along with the provision of benefit. Nonmaleficence is restricted to the no infliction of harm [26].

### **E. Fidelity**

Fidelity requires that pharmacists act in such a way as to demonstrate loyalty to their patients. A type of bond or promise is established between the practitioner and the patient. This professional relationship places on the pharmacist the burden of acting in the best interest of the patient. Pharmacists have an obligation of fidelity to all their patients, regardless of the length of the professional relationship. In community pharmacy, for example, practitioners have the same obligation to show fidelity to an occasional patient as they have for a regular customer [27].

### **F. Veracity**

Veracity is the ethical principle that instructs pharmacists to be honest in their dealings with patients. There may be times when the violation of veracity may be ethically justifiable (as with the use of placebos), but the violation of this principle for non-patient-centered reasons would appear to be unethical. In a professional relationship based upon professional fidelity, patients have a right to expect that their pharmacist will be forthright in dealings with them.

### **G. Distributive Justice**

Distributive justice refers to the equal distribution of the benefits and burdens of society among all members of this society. We often think of distributive justice in terms of our health care delivery system. Even though justice instructs

that pharmacists demonstrate an equivalent amount of care, pharmacists do not always provide care with equal fervor to all patients. Sadly, issues such as the patient's socioeconomic status often impact the level and intensity of care provided by health care professionals. Medicaid patients are sometimes provided a much lower quality of care than a patient who is a cash-paying customer or who has a full-coverage drug benefits plan. All too often, the care provided by a health care professional is viewed in terms of the personal reward for the professional, such as the level of reimbursement the care is likely to reap. Justice demands that the focus be on patients and their medical needs, not on the financial impact on the health care professional [28-30].

### **Law and Ethics**

Conflicts can and will emerge with changes in the laws relating to the practice of pharmacy, in the evolution of new problems and developments in both the profession and the population it serves, and in the roles and functions of drug use in our society. The conflict often might be between a certain law or regulation and an ethical principle held by the profession. Many pharmacists have faced dispensing decisions in which the act of providing the drug would be in the best interests of the patient, but it also would violate a specific law or regulation related to the practice of pharmacy, or it would be contrary to his or her own beliefs and ethical stances. These conflicts occur fairly routinely in pharmacy. For example, what should a pharmacist do when a patient's prescription for heart medicine has been depleted, no refills remain, and the prescriber is unavailable? Clearly, most pharmacists would do the ethical thing and provide such patients with a few doses to hold them over until a new prescription can be obtained, even though this course of action is illegal. To follow the example a bit farther, what if the medication is a controlled substance used for pain control in a terminally ill patient? The potential for legal action from drug enforcement authorities might make a

pharmacist reluctant to dispense extra doses, even though the patient might be in just as much need [23], [31], [32].

### Assisted Suicide

Although medical euthanasia (mercy killing) has long been an ethical issue, it has only been in recent years that the question of assisted suicide has been examined. The activities of assisted suicide advocate Dr Jack Kevorkian spurred a great deal of public and professional discussion of this issue. Several states have considered the legality of assisted suicide; some have rejected it, while others have accepted it within strict guidelines. The US Supreme Court decided that there is no constitutionally guaranteed right to assisted suicide. This decision has not ended the legal debate, but rather has shifted it to the states, who must decide the legality of assisted suicide on their own. The suffering of dying patients may be great and is caused by somatic symptoms, such as pain and nausea; psychological conditions, such as depression and anxiety; interpersonal suffering due to dependency or unresolved conflict; or existential suffering based in hopelessness, indignity, or the belief that one's life has ended in a biographical sense but has not yet ended biologically. For some patients, a sense of control over the manner and timing of death brings comfort. Just as medicine cannot eliminate death, medicine cannot relieve all human suffering. Both proponents and opponents of physician-assisted suicide wish to alleviate suffering of dying patients, and physicians have an ethical duty to provide competent palliative and hospice care. From an ethical perspective, the key issue remains whether assisted suicide violates the Hippocratic responsibilities of health care practitioners to do no harm. Those who advocate its availability to patients suggest that allowing a patient to continue to experience unrelenting pain is doing harm. They suggest that patients have the right to make an autonomous decision to end their life; their opponents worry that legal assisted suicide would be abused [33-36].

### Human Drug Experimentation

Several ethical codes deal with research on human subjects, including the testing of drugs. Two important ethical aspects of human drug experimentation are the role of the institutional review board (IRB) and the use of placebos. The IRB is the body responsible for overseeing all clinical research conducted within a given institution. Traditionally, most clinical drug research was conducted in hospital settings; however, with the shift in the locus of health care delivery from the inpatient to the ambulatory setting, IRBs are now found in managed-care organizations and other ambulatory facilities. The IRB has two primary responsibilities. The first is to *ensure the integrity and scientific rigor of the proposed research study*. The risk versus benefit ratio for the study's participants is evaluated. Should the risks outweigh the benefits, the IRB would likely reject the research. The board acts as somewhat of a subject advocate, making sure that the rights and welfare of the patient-subject are protected. The IRB's second major responsibility is to *evaluate and approve informed consent forms used in conjunction with the research*. Such forms should be drafted consistent with the elements of informed consent discussed previously. IRBs vary in their size and representation. Their membership may include physicians, nurses, other allied health professionals (including pharmacists), institutional administrators, attorneys, clergy, medical ethicists, and community members. Placebos have generally had two roles in medicine:

- (1) in clinical drug research, as part of the research methodology; and
- (2) as a means for providing a therapeutic response in selected patient situations. The use of placebos has long been an integral component of clinical drug research. Whether the drug being tested is a new drug compound or an existing drug under study for a new indication, placebos have served as a point of comparison for determining therapeutic efficacy. Although the use of placebos in some instances

has been shown to provide therapeutic usefulness (e.g., pain control), placebos, by definition, are agents devoid of pharmacologic activity [37-40].

***The Ethical Landscape:*** Ethical issues in human research generally arise in relation to population groups that are vulnerable to abuse. For example, much of the ethically dubious research conducted in poor countries would not occur were the level of medical care not so limited. The NIH experiments on short children were motivated to counter a fundamentally social problem, the stigma of short stature, with a profitable pharmacologic solution. As we address the ethical issues of human experimentation, we often find ourselves traversing complex ethical terrain. Vigilance is most essential when vulnerable populations are involved [41].

### **Drug Formularies**

Drug formularies are a list of drugs that are approved for use either within an institution or for reimbursement by a third-party payer. Their purpose is to eliminate therapeutic duplication and provide patients with the best drug at the lowest cost. In the early days of formularies, they were used by hospitals to control drug inventories and provide prescribers with a list of drugs of choice for various conditions. However, the absence of a drug from the formulary was not usually a great barrier to a prescriber obtaining it for the patient. A special request could be made by the prescriber to a member of the pharmacy and therapeutics committee of the hospital, and usually the drug would be obtained [42-44].

### **Conclusion**

The development of pharmaceutical Industry since World War II led to the discovery and use of new and effective drug substance. It also changed the role of the pharmacist. The scope for extemporaneous compounding of medicines was much diminished and with it the need for the manipulative skills that were previously applied by the pharmacist to the preparation of bougies, cachets, pills and plasters. The pharmacist

continuous, however to fulfill the prescriber's intervention by providing advice and information by formulating scoring and providing correct dosage forms and by assuring the efficacy and quality of the dispensed or supplied medicinal products. Like many other health professions, pharmacy is changing and adapting to the latest methods for health care. The professional ethics are need to be strictly implemented for a better healthcare future.

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### **Compliance with The Ethical Issues**

#### **•Ethics approval and consent to participate**

Animal and Human experiment: N/A

Human Data Submission Approval: N/A

#### **•Consent for publication**

Consent to publish Individual Person's data: N/A

#### **•Availability of data and materials**

Data sharing: Please contact author for data requests

#### **•Competing interests**

The author declares that he has no competing interests

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