

2010

Ethics in Pharmacy Practice

Sara Hutchins
Pacific University

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Recommended Citation

Hutchins, Sara, "Ethics in Pharmacy Practice" (2010). *Ethics & Policy in Healthcare Program*. Paper 5.
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Ethics in Pharmacy Practice

Description

This presentation and accompanying paper (see below) explore different aspects of professional ethics in pharmacy, specifically in related to physician-assisted suicide.

Disciplines

Bioethics and Medical Ethics | Pharmacy and Pharmaceutical Sciences

Comments

Sara Hutchins was a 2009-2010 Pharmacy Intern in the Ethics & Policy in Healthcare Program.

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Sara Hutchins

May 11, 2010

Institute for Ethics & Social Policy Intern - Pharmacy

Pacific University

Fall 2009-Spring 2010

ETHICS IN PHARMACY PRACTICE

THE PRACTICE OF PHARMACY

- ✘ 2600 B.C., Babylon - Prescriptions and directions for compounding found on clay tablets
- ✘ Pharmacy practiced by medical provider
- ✘ Pharmacy as a business - apothecaries

THE HISTORY OF PHARMACY ETHICS

- ✘ Code of Ethics 1848: respectability and accuracy
- ✘ 1852 : pharmacist's behavior, fair treatment of customers
- ✘ 1922: safety of the patron

THE PHARMACIST'S CHANGING ROLE

- ✘ “Non-counseling” technique through the 1950’s (Buerki and Vottero 104).
- ✘ 1968: Drug effects can be discussed with patient.
- ✘ 1973: Patient Bill of Rights

PHARMACEUTICAL CARE

- ✘ 1994 Code of Ethics: Patient-centered
- ✘ “A pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust” (ASHP Code of Ethics, 1994)
- ✘ Pharmaceutical Care

Case study

A PHARMACIST'S DILEMMA WITH ASSISTED SUICIDE

INTRODUCTION

- ✘ Oregon Death with Dignity Act: Oct 1997
- ✘ Washington Death with Dignity Act: Nov 2008
- ✘ Montana Aid in Dying: Dec 2008
- ✘ Physician Assisted Suicide (PAS)
 - The pharmacist's role

DEPRESSION AND ASSISTED SUICIDE

- ✘ “Legalizing assisted suicide would negate genuine choice” (Golden and Zoanni, 2010)
- ✘ Oregon, 2009 none of the 59 patients referred for formal psychiatric or psychological evaluation. (<http://www.oregon.gov/DHS/ph/pas/>).
- ✘ Ganzini et al., found that 3 out of 18 subjects that used physician assisted suicide in Oregon were depressed (2008).

CASE STUDY

- ✘ Patient – 47 year old woman, Oregon resident
- ✘ Diagnosed with advanced ALS (amyotrophic lateral sclerosis)
- ✘ Request has been made for medication for assisted suicide
- ✘ Doctor knows the patient and approves of the request
- ✘ You are the dispensing pharmacist

QUESTION 1

- ✘ As the pharmacist, you have access to the patient's prescription records, and see a history of manic depression throughout lifetime. You question whether the request for assisted suicide is due to the ALS or the depression. Is depression a good enough reason to approve of dispensing medication for pharmaceutically assisted death?

QUESTION 2

- ✘ You know that a patient is required to undergo psychiatric evaluation if there is a concern that the patient has a disorder including depression that may impair their judgment. You ask the doctor if this patient was referred for psychiatric evaluation. He says no, he does not think the patient requires one. What do you do?

OBLIGATION TO TEAM MEMBERS

“...As active members of an interdisciplinary team caring for patients, pharmacists must be central participants in all decisions relating to medication management of the patient. Pharmacists should respect the opinions and specific areas of expertise of the other members of the health care team.”

<http://www.ashp.org/DocLibrary/BestPractices/EthicsStSuicide.aspx>

QUESTION 3 AND 4

- ✘ The family tells you the last pharmacy they tried to fill the prescription at refused to dispense. Her husband and children are waiting to pick up the medication. They have accepted her choice. Do you fill the prescription?
- ✘ What if there is no other pharmacist licensed to dispense drugs used for assisted suicide within 100 miles?

OBLIGATION TO THE PATIENT.

“...Pharmacists, as part of their professional responsibility, must offer to provide counseling services to the patient and caregivers and be prepared to provide pharmaceutical care to the patient until the end of life.”

<http://www.ashp.org/DocLibrary/BestPractices/EthicsStSuicide.aspx>

PROFESSIONAL OBLIGATIONS.

CONSCIENTIOUS OBJECTION.

“Pharmacists must retain their right to participate or not in morally, religiously, or ethically troubling therapies. Procedures should be in place to ensure that employers are able to provide care to the patient and provide adequate services to the patient and caregiver.”

<http://www.ashp.org/DocLibrary/BestPractices/EthicsStSuicide.aspx>

PHARMACIST EDUCATION

“Pharmacists are often inadequately trained in the care of dying patients. Therefore, pharmacists’ education...should be sensitive to these issues and offer the development of skills and knowledge concerning care of the dying. Pharmacists should make a personal, professional commitment to learn more about end-of-life care.”

<http://www.ashp.org/DocLibrary/BestPractices/EthicsStSuicide.aspx>

CONCLUSIONS

- ✘ Ethical dilemmas in pharmacy
- ✘ Internship experience is valuable
- ✘ Thank you!

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