**Lecture 1 Assist. Lect. Haider Raheem**

**Introduction to Pharmacy Ethics**

**(Theoretical considerations)**

**Why do we need a focus on pharmacy ethics?**

Most people don’t appear to give a great deal of thought to their own behavior whether concerning domestic affairs or work-related activities unless there are special circumstances. For experienced practitioners, a great deal of their professional lives is devoted to dealing with relatively routine matters. In community or hospital pharmacy these procedures include, for instance an obligation to:

* check that regulatory requirements are met
* that a prescriber’s intentions are unequivocal
* that there are no potential drug-drug interactions or other incompatibilities
* that patients receive clear and unambiguous advice and instructions with their medication.

 All of these considerations can be categorized as being *objective* or factual matters, largely uncolored by feelings or opinions. There is either compliance with an established requirement or there is not. A pharmacist may consider that a particular drug is not classified in the most appropriate schedule or that one therapeutic agent or presentation might be preferred to another. But more often than not, he or she has little or no discretion in these matters and such opinions must defer to statutory requirements or to a prescriber’s choice.

**RPSGB guidance**

All pharmacists in the UK and in many other countries are members of a professional body that publishes and requires members to comply with a code of practice. The publication *Medicines, Ethics & Practice: A Guide for Pharmacists and Pharmacy* *Technicians* (MEP) of the Royal Pharmaceutical Society of Great Britain (RPSGB) includes information on general legal requirements, and codes of ethics for both pharmacists and registered pharmacy technicians. Generally, there is a view that:

• the law informs you about what you *must* do or *must not* do

• ethics helps you to decide what you *ought* to do when the law is silent (Washington School of Pharmacy 2005).

**What is morality and should we use the term moral or ethical?**

The term morality refers to right moral conduct or a moral system, and by ‘moral’, we generally mean those aspects reflecting the rightness or wrongness of an action or relating to the goodness or badness of human character or behavior. The words ‘moral’ and ‘ethical’ are often used as synonyms. ‘Ethics’ comes from the Ancient Greek word *ethikos*, relating to nature or disposition, and ‘moral’ is derived from the Latin *moralis*, meaning custom. In modern usage, ‘moral’ commonly refers to qualities or descriptions such as right or wrong, good or bad, or is concerned with conformance with behavioral standards – in other words, practical application. Generally speaking, ‘ethics’ is used in dealing with moral questions from a theoretical point of view, or put more formally, it is the science of morals in human conduct.

**Moral intuitions**

Although some might argue otherwise, moral considerations are to a significant extent *subjective*, relating to upbringing, cultural background, reflecting personal experiences and feelings or religious teaching and faith. But if so, they are no less important for being even partially subjective. Often, though unable to explain exactly why, we may feel intuitively that something is just plain right or wrong: an action ought to be allowed or conversely should not be undertaken. Sometimes we have the sensation that *conscience* would not allow us to behave in a certain way. We may not have given any special consideration as to why, but we know that there is something seemingly within us that provokes a sensation of unease or indeed more emphatically that something is just plain right or alternatively it is wrong.

 So strong and commonplace are such feelings that it was believed that all human beings had within them an immediate, and intuitive grasp of the fundamental principles of morality (sometimes referred to as *synderesis*), which unlike conscience is both infallible and general.

 In recent times, philosophers who supported the view that moral rules or principles can be discovered by intuition were known as intuitionists. W. D. Ross, a Scots philosopher, was an intuitionist and wrote an influential book *The Right and the Good* that examined the nature and implications of right, good and morally good. There are few, if any, active intuitionists today: ‘No one doing practical ethics thinks, talks, or acts as if she can adequately resolve a practical ethical controversy simply by appealing to her intuitions, about practical ethical issues. If nothing else, she must argue from those intuitions before she can reach conclusions about practical ethical issues’.

**Pharmacy ethics**

Although the term *pharmacy ethics* is often directly linked with *pharmacy law*, it has received relatively little attention in the past as adistinct discipline. And while medical ethics has a long history and isoften the subject of coverage in the news media, and nursing ethics hasbecome increasingly prominent over the last few decades, pharmacyethics does not have a well-established independent basis or a substantialliterature. A reason for this may be thatpharmacists have been far less likely in the past than other healthcareworkers to be directly confronted with situations in which they have tomake a primary decision with a significant ethical component.Nevertheless, all pharmacistsirrespective of the branch of the profession in which they practise willalmost certainly encounter circumstances at some time within theircareers in which an understanding of some of the elements of moralphilosophy and ethics would be advantageous. Community or hospital pharmacists may be uncomfortable with some aspects of reproductive therapy and industrial pharmacists feel concerned at the promotional practices of their company.

**Facts and values**

It is worth noting a fundamental difference between facts and values, which to some extent parallels the difference between objective matters and subjective matters. Facts and values are often perceived as being polar opposites. The one indisputable (facts) and the other (values) much more open to question. For instance, facts or objective claims are susceptible to empirical analysis or experimentation. They can be investigated and confirmed. If a factual claim is made that acetylsalicylic acid has a molecular weight of 180.2, then there are established and approved means of verification which most competent scientists would accept.

 By comparison, to claim that it is wrong to lie or steal or to intentionally terminate the life of another human being expresses a subjective value claim. To be clear, what is meant here by ‘subjective’ is that it represents a personal point of view. Whether few or many share that point of view does not influence its subjectivity. Indeed, the claim may not be universally agreed. Even members of the same family can have different views; say on the sanctity of human life, and people across a wide social, cultural or religious spectrum will almost certainly recognize a diversity of values in their daily lives. So for these reasons alone, it is difficult to entirely rebut charges of *relativism* (relative to a particular standpoint) or *pluralism* (the existence of different and possibly incommensurable views) in values.

**Moral relativism**

What is considered to be wrong in the moral sense undoubtedly can and does sometimes change with time, laying all contemporary opinions open to a charge of *moral relativism*. In other words, what we believe to be right or wrong now may be judged differently in the future. Such thoughts of relativism have a long history, and Aristotle (384–322 BC), taught that whereas natural laws are immutable, that is unchangeable, not subject to variation, and have the same validity everywhere (as fire burns both here and in Persia), notions of justice (or men’s ideas of right and wrong) are variable. Aristotle’s example neatly emphasizes the difference between a fact (in this case aspects of combustion) and a value (justice). The ancient Greek historian Herodotus (447–449 BC) highlighted cultural preferences for religious rites and customary observances:

For if one should propose to all men a choice, bidding them to select the best customs that there are, each race of men, after examining them all, would select those of their own people; thus think that their own customs are by far the best’.

In particular, Herodotus noted that it is customary to eat their deceased parents in some cultures and in others to ‘consume with fire’, or as we would now say cremate, but that the reverse would be unthinkable. We may counter the accusation of relativism by arguing that what is understood as moral progress is more a question of moral enlightenment following the perceptive analysis of some of the major European philosophers of the past and present, such as Kant, Rousseau, Hobbes, Locke, Hume and others. In the past, we just got it wrong, but now we know better. Though this does not altogether refute the charge; even in science, the notion of progress is not entirely value free. Fortunately, many of the changes, mostly supported by legislation, seem unequivocally obvious to a modern society. Like hindsight generally, moral hindsight, has the advantage of observing the consequences of change. We have to imagine ourselves in earlier centuries to begin to understand the unthinking toleration of slavery, the subjugation and lack of the franchise of women in a largely paternalistic society, and the appalling treatment of children in factories, as servants and in other harsh or arduous employment.

 However, before we become too self-congratulatory, we must not forget that homosexuality was a criminal offence just a few decades ago in the UK and that racial segregation was exercised and legally enforced in the southern USA and in South Africa. Some recent legislative changes relating to moral principles such as banning the smacking of children (physical assault and infringement of autonomy) and prohibiting smoking in public places (a contentious competing rights/liberties issue) have not been universally welcomed. The law does not always reflect majority public opinion, as evidenced by various surveys carried out since the permanent abolition of the death penalty for murder in the UK in 1969.

 Undoubtedly there are people who are in effect *amoral* or take a markedly atypical view of common morality. The vast majority of people do, however, appear to have an intrinsic *moral portfolio*, which although varying from person to person tends to include some fairly common elements like respect for human life, truth telling, justice and keeping promises. The moral philosopher R. M. Hare (1981) observed that: ‘…human beings…have adopted or inherited…the intuitive level of moral thinking with its prima facie principles, backed up by powerful feelings and attached to rather general characteristics of actions and situations’.

Edward Parrish (1822- 72), author of the 1857 essay "Ethical Analysis," possibly the first serious consideration of American pharmacists' moral responsibilities.




This painting by Robert Thom from the Great Moments in Pharmacy Series depicts the founding of the American Pharmaceutical Association in 1852. The Association established the first national code for pharmacists.