

COMMON ETHICAL CONSIDERATIONS IN PHARMACEUTICAL CARE PRACTICE



Lecture 3

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Common ethical in pharmaceutical care can be divided into two parts

- ▣ First/ privacy and confidentiality, conflicts of interest , respect for patient autonomy , duty to warn , veracity and fidelity and value conflicts which occur daily during the patient /practitioner interaction.
- ▣ Second/ those which involve the allocation of resources, justice and competency are more episodic and patient- specific.

- There are four commitments relevant in health care
 - **Autonomy**: self governance and respect for persons
 - **Beneficence**: providing good
 - **Non maleficence**: avoiding harm
 - **Justice**: fairness
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Autonomy

- ▣ Refers to the moral right of patient to make their own decisions
- ▣ Autonomy often refers to as first among equals because it contributes to the other three principles.
- ▣ Respect for autonomy is about allowing individuals to have the right to make decisions for themselves.

- ▣ Again, this right is tempered if one person's decision was likely to have harmful effects on others.
- ▣ To make an autonomous choice by a patient enough information should be given to the patient to compare alternative courses and know about risk and benefits.
- ▣ It also depends on the individual's ability to appreciate and understand the issues.

- For e.g it would be considered a break of your patient autonomy to provide a misleading drug information or withhold information in order to convince your patient to use the therapy you recommend .
- In adults with lacked autonomy (unconscious) It is necessary to determine who is authorized to speak for the individual , in case of patients critically ill , it is the practitioner responsibility to make desions for the best interest of patient.

Beneficence

- ▣ Means to do good and avoid harm, and includes obligation to help patients
- ▣ Beneficence is all about doing good, particularly doing what will benefit others, such as the patient and anyone else affected by an ethical decision.

- ▣ This is seen in the first principle of the Code of Ethics, where care of the patient is the first concern, and also in the second, that calls for the pharmacist or technician to act in the interests of the patient.

Case analysis

- ▣ A patient went to pharmacy for retinoic acid , he is about 45 years old & he was concerned about his look, he told the pharmacist that his friend gotten a prescription for retin A and his skin was wonderful, all wrinkles just disappeared. (I was wondering about getting some for my self, what do you think?)

Discussion

- The patient had no acne, he want medicine for cosmetic purpose, he will expose himself to side effects such as dry skin and increased sensitivity to sun.
- So the risk is more than the benefit , removing wrinkles could be considered health benefit only if taken from psychological point of view.
- So the pharmacist task to figure out what could be beneficial overall for the patient. Taking into consideration the pharmacological side effects.

Non maleficence

- ▣ Means to do no harm . Because most medical interventions , including nonprescription and prescription medications, have potential serious harm , the principles of non maleficence typically is interpreted to mean ensuring that potential benefits outweigh the potential risk.
- ▣ This is not the same as taking no action since this in itself could result in harm being caused.

Non maleficence

- ▣ This principle works to moderate that of beneficence since if doing good for one person caused harm to others, overall the action cannot be said to be good.
- ▣ In ethical decision making it is important to establish who may be affected by any decision.
- ▣ In pharmacy a simple example of this principle would be the refusal of a pharmacist to sell a medicine if the pharmacist thought it was being purchased for a wrong reason

justice

- ▣ Referred to as distributive justice , is the principle that people in similar situations should be treated equitably.
- ▣ This is about fairness and providing for the same level of service or care regardless of who the recipient is.
- ▣ It is about not judging the reasons behind a patient's need such as might occur in relation to providing services to drug misusers.

Case analysis

- ▣ Two patients came to pharmacy
- ▣ First patient Mrs. M.J had work related back and wrist injury 2 years ago she always coming to seek medication for pain relief she always spend time in pharmacy asking questions .
- ▣ The pharmacist asked her to come later to take the medicine and to have more time to talk at the end of the day.
- ▣ 2nd patient came in a rush with ill baby and list of medication she don't know how to use , she was in distress.
- ▣ What should the pharmacist do?

discussion

- ▣ Net benefit, dealing with which patient first and in the same time produce no harm to the other patient.
- ▣ Doing more good
- ▣ Other factors which patient came first /served first, she waited longer .
- ▣ His promise can give her priority.

Other principles include

- **Consent**
- Is to express agreement or willingness to a proposition
- This includes the legal and professional duty to obtain consent from patients for any services or treatments you provide for them or to use any information that you obtain from them.
- A competent patient has a right to refuse any services or treatment offered or to refuse permission for you to use information for any other purpose.

- For a pharmacist one of the key issues will be the quantity and quality of any information provided and how this is communicated to the patient.
- Obviously the matter of ability to consent will depend on the patient:
- For a consent to be valid the individual who is consenting must be capable of making decisions, young children and mentally impaired patients may not be able to give consent.
- Patient must be provided with sufficient information and able to weighing information.
- Generally all adults are assumed to have capacity to provide consent, as are children aged over 16.

Confidentiality and privacy issues

- It is a general duty recognized by professional ethical codes .
- Privacy means allowing people to limit access to information about them selves.
- confidentiality is allowing individual to control access to information they have shared .

Confidentiality and privacy issues

- ▣ Patient confidentiality and privacy must be maintained at all times. this include all written records and documents in addition to verbal discussion
- ▣ Patient records should not be used for drug promotion .
- ▣ Discussion with patients should be held in private settings

Confidentiality and privacy issues

- Healthcare professionals, including pharmacists, are often trusted by patients to keep confidences and it is this trust that enables patients to share private information to assist in the provision of appropriate care and services.
- The basis of confidentiality is the ethical principle of autonomy, that is, the rights of the individual patient.

■ **Concordance**

- The principles of concordance also involve consideration of the autonomy of the patient as well as that of beneficence.
- Concordance means coming to an agreement, in this case an agreement between the patient and practitioner. If the patient's views are respected the health professional has a duty to ensure that he or she provides the patient with sufficient information to make that agreement.

■ **veracity**

- Is obligation to tell the truth and it is essential component of informed consent and hence respect for autonomy .
- However veracity is not absolute and deceiving could be justified when veracity conflicts with other principles such as non maleficence.
- Example : telling the truth to a patient who may not know that his illness is likely to be fatal is not acceptable because telling truth in such case can lead patient to depression and may try to end his life by his own.

Allocation of resources

- ▣ Decisions about allocation of resources can generate ethical dilemmas, allocation of resources impact many patients.
- ▣ Practitioners can find themselves in an ethical dilemma if a management requires that they provide care for too many patients without adequate resources.
- ▣ Example treating patients with renal failure by either transplantation (very limited) or by continuous dialysis.

Various factors can be used as criteria for distribution of resources

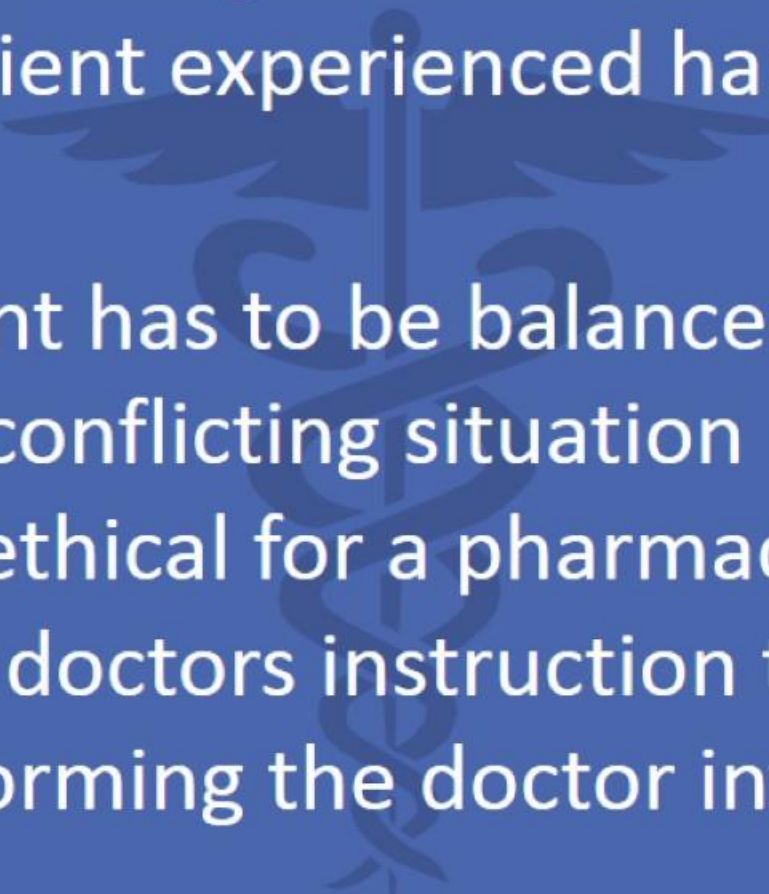
- ▣ 1. according to their need (benefit, urgency, quality of life, duration of benefit)
- ▣ 2. according to their merit, contribution, to the society.
- ▣ 3. an equal share could be considered.

Conflicts in value system

- ▣ It is important to understand that each patient can have different set of values, the professional responsibility is to avoid practice in situations where personal value system will conflicts with practice obligations.in case of conflicts between personal and professional values, so the pharmacist must have a duty of care to the patients .
- ▣ Example practitioner who hold personal beliefs that all forms of contraception are wrong have the obligation to see that patients requiring contraceptives should have access to these products and associated drug information.

Duty to warn

- ▣ Drugs can save lives but also can cause harm , some of the harm can be unpredictable, but many are expected, pharmaceutical care practitioners are the most knowledgeable clinicians in areas such as pharmacology, toxicology , and pharmacotherapies. So practitioners who treat patients with medications have duty to warn

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- ▣ patients of the known risks associated with drug therapies and the obligation to follow – up to determine if patient experienced harmful effect from drug therapy.
 - ▣ Warning a patient has to be balanced with the doctors instruction and conflicting situation need to be avoided , it would be unethical for a pharmacist to directly advice against a doctors instruction to a patient without first informing the doctor involved.