

Teaching Pharmacy Ethics: The Case Study Approach

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The challenge to instructors of pharmacy ethics is this: how can we make the subject meaningful to students who may not share our enthusiasm for it? In this chapter I will present one method teachers of applied ethics have found to be useful. This is the case-study method, and by working through a case drawn from an actual situation faced by pharmacists, I will attempt to show both how one might reason through a case to a moral conclusion, and how instructors might use such an approach in their own courses. I begin by examining some of the goals that one might consider having in an ethics course. Immediately following this examination, I present a case which raises many of the ethical issues faced by pharmacists and apply a method for rationally considering these issues. Successful instruction of this method may help students to achieve the goals of the course and ultimately to prepare them for many of the moral challenges they will face as pharmacists.

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WHAT SHOULD A COURSE IN PHARMACY ETHICS HOPE TO ACCOMPLISH?

The following is a list of what students might be expected to achieve in a pharmacy ethics course:

1. To distinguish ethical from other kinds of issues in pharmacy.
2. To identify the morally relevant features of a case.
3. To identify the options open to a pharmacist faced with a moral problem.
4. To provide a strong moral justification for the best options.
5. To consider counter arguments for one's moral positions and to show why one believes them to be in error.
6. To learn the interactional skills needed to apply ethical knowledge to patient care in a sensitive and humane manner.
7. To develop or increase one's commitment to respecting the rights and promoting the welfare of others.

The literature on the teaching of ethics to students and residents in health-care, in such fields as medicine (1-6), dentistry (7), and pharmacy (8) widely endorses goals 2-5.^a

I take it to be uncontroversial now that at the very least a course in ethical issues in health-care ought to equip students with the analytical abilities to reason through a moral problem, and the reasoning process is reflected in these four objectives.^b Whatever morally relevant differences exist between the practices of medicine and pharmacy, both medical and pharmacy students would do well to develop critical thinking skills, and an ethics course is an obvious forum for this development.

One might argue that students already have the skill stated in objective 1, but this is far from the case. In fact, I find that few people, students or otherwise, are able to explain what makes an issue an ethical one. Part of the problem flows from the lack of agreement about what the necessary features of morality are. Some of the questions that philosophers debate are: Are solutions to moral problems binding on *all* persons everywhere faced with the same problem unless there is a morally relevant difference in the situation? What *is* a morally relevant difference, and what standards should we use to make appropriate distinctions? The answers to these

^aFor a review and critique of medical or bioethics education, see the entire issue of *Academic Medicine* 64 (1989 Dec) and *Journal of Medicine and Philosophy* 16 (1991 Feb).

^bI am using the terms "goal" and "objective" synonymously.

questions are far from clear, so it is not surprising that we have trouble in being clear about the nature of morality.

However, the problem is not that students are divided in their loyalties to various positions about the language and logic of morality, but that they are not used to thinking critically about moral issues at all (and, if one were to be cynical, one might say that thinking critically about *any* issue is hard to discern). A condition for the possibility of intelligent discussion on any subject, particularly one as thorny as ethics, requires at least a brief account of the subject itself, so the first objective is important for a curriculum in pharmacy ethics. In a subsequent section I will explain how I attempt to reach this objective.

Nothing has been said yet about *who* should teach a pharmacy ethics course, or to be more precise, what kind of training confers the ability to help others realize the goals listed so far. Another way of framing the problem is this: What constitutes ethical expertise, and how is it acquired (9)? If such expertise involves at least the cognitive skills circumscribed by objectives 1-5, then the likely candidates to possess them are persons with training in philosophical or theological ethics. However, ethics has both a performative as well as an intellectual component, so the ability to analyze a moral problem is necessary but not sufficient for developing ethical expertise in pharmacy. This is why objective 6 is rightfully included in a course in ethics, and why philosophers or theologians ought not to be the sole instructors of pharmacy ethics courses. By having the course taught by an ethicist and a practicing pharmacist, students are more likely to learn not only how to justify their moral choices but how practitioners embody the virtues of the good pharmacist. Another important reason for including practitioners is that they are more likely to have the clinical expertise needed to address the technical component of moral problems (10).^c

There are practical as well as moral reasons for including objective 7. The moral reason is as follows: If being a professional means being committed primarily to the welfare of others, or at least taking the interests of those served at least as seriously as one's own interests, then an obvious place to help ensure that students adopt this as their mission is in a course designed to address these very issues. The practical reason for including this as an objective is that the college administration, without whose support a course in pharmacy ethics cannot be developed and implemented, will want some evidence that the course is helping to realize the college's

^cFor a related discussion see Graber, 1987 (10).

mission. Achieving the objective in objective 7 will provide such evidence.

It is important to dispel several myths that students often have about a course in ethics. Many students will complain that if they are not already good persons as the beneficiaries of their parent's moral instruction, then a course in ethics will not make them so. Similarly, some ethicists have claimed that a course in medical ethics "should not be expected to create sound moral character; rather, it equips young physicians of sound character with the knowledge and skills required to practice good medical care" (11). Certainly, a one-semester course in ethics cannot pretend to make bad persons good. However, a well-taught course *can* help to make good persons better. While the above objectives are not *sufficient*, since one needs to have the requisite technical knowledge, there are good reasons to believe that objectives 1-5 are *necessary*. Students who successfully meet the objectives discussed above are taking important steps to making better choices as professionals and, in so doing, becoming better pharmacists in the moral sense.

Finally, no one taking an ethics course ought to be expected to adopt the moral viewpoints or ideology of the instructor. It is difficult to imagine how anyone would seriously suggest this as an objective for such a course, but many students fear that this is what in fact will be required of them. Some students have even claimed that their grades improved when they adopted the moral viewpoint of the instructor, so we ought to take seriously the danger of imposing our views about moral probity upon those we teach. In explaining what one hopes to accomplish in a pharmacy ethics course, one might also state explicitly that imposing a particular ideology is *not* one of the objectives.

Still, it is incorrect to think that a course in ethics, or any course for that matter, can be taught from a perspective that is not influenced in some way by the instructor's values. All objectives presuppose values, so whatever goal(s) one selects for the course, one at the same time brings a particular moral viewpoint to bear on the methods, language, and content of the instruction (12). Our moral responsibility to students is not to dispense with our values, since this could not be accomplished even if we wanted to do so, but to be aware of the ways in which what is important to us may affect what and how our students learn. Harry Brod even suggests that instructors of critical thinking, which includes teachers of pharmacy ethics, ought to make clear to our students what our positions are (12). It is an open question when such a declaration is appropriate, for we risk unduly influencing the independent thinking of some students if done at the beginning of the course.

USING CASES TO TEACH ETHICS

I turn now to a demonstration of how the case study method may be used to teach pharmacy ethics. After presenting a case involving a pharmacist faced with a moral decision to make, I will ask whether the case raises ethical issues, and if so, what makes those issues ethical ones. I will then introduce a stepwise approach for systemically addressing ethical questions. Throughout the discussion I will consider how instructors might make use of such an approach in their own courses.

Case 2-1. Mary M. is a 76-year-old patient of Dr. David D. and is being treated for hypertension. She has previously been treated with diuretics and beta-blockers separately, but the drugs had been stopped because of side effects (orthostatic hypotension, in the case of the diuretics). Dr. D. decides to try Esimil® (guanethidine) and prescribes 20 mg daily. Ms. M. presents the prescription to her pharmacist, Paula P., but Ms. P. knows that there are potentially severe side effects, especially orthostatic hypotension, with this drug, and that it is no longer commonly used. Ms. P. believes that calcium-channel blockers, a new method of treatment, would be more appropriate. When she calls Dr. D. and suggests this, the physician becomes irate and tells her angrily, "This is not your area of expertise. You don't even know this patient. Leave prescribing drugs to me, and just fill the prescription." Ms. P. hangs up the phone and is troubled by the situation (13).

Case Analysis

There are many different kinds of questions that are suggested by this case. They include, but are not limited to, the following:

1. What is the best drug treatment for Ms. M.'s hypertension?
2. What might happen to Mary M. and to others if she takes the Esimil®?
3. Does Mary M. have a right to know of the disagreement between the pharmacist and the physician?
4. Should the physician consider the pharmacist's suggestion?
5. Does the pharmacist have a right to refuse to fill the prescription for guanethidine?
6. Does the pharmacist have a responsibility to attempt to persuade the physician that guanethidine is potentially harmful to the patient?

7. Ought the pharmacist fill the prescription but counsel the patient about the potentially harmful side effects?
8. What are the pharmacist's duties to the profession and to society?

Not all of the above are bona fide ethical questions. The first question is really one of efficacy, assuming that the physician, pharmacist, and the patient are all looking for the same thing in an antihypertensive medication, namely one which lowers blood pressure without side effects that the patient would wish to avoid. The second question addresses the personal, medical, and social consequences of taking guanethidine. While it is important to know these consequences when answering the relevant ethical questions, as we will see momentarily, question 2 is not itself an ethical question. The remainder *are* genuine ethical inquiries, as certain key terms suggest: "right" (in the sense of entitlement) in 3 and 5, "should" in 4, "responsibility" and "harmful" in 6, "ought" in 7, and "duties" in 8. That is, all of the questions from 3-8, and only those questions, raise concerns about the appropriate *conduct* of someone, and/or have a direct reference to the welfare or rights of others. Whenever a question has such elements, it may be considered an ethical one.^d

In other words, ethics is the systematic study of what is right and good with respect to conduct and character. As a branch of both philosophy and theology, ethics seeks to answer two fundamental questions: *What* should we do and *why* should we do it? As an intellectual discipline, ethics is concerned not only with making appropriate decisions about what we ought to do, but with *justifying* those decisions. Thus, unlike other forums for the discussion of moral issues (e.g., television talk shows, barroom debates), ethics seeks to provide good reasons for our moral choices. In fact, it is the attempt to justify our actions that gives ethics its distinctive character.

Pharmacy ethics is an application of ethical rules and principles to the practice of pharmacy. To ask what a pharmacist should do in a particular case is to ask an ethical question, and to justify our answer we appeal to the same rules and principles that apply to persons in society generally (14). For example, the pharmacist's obligation to protect patient confidentiality is merely an application of the rule that all of us have to carefully guard information that is entrusted to us. However, sometimes health-care

^dSome might take question 1 to be an ethical one because it appears to meet these criteria, but if one reasonably assumes that there is no dispute among the three parties about the goals of therapy, then the question may be translated, "Which drug is most likely to achieve the stated aims of the patient?" Seen this way, question 1 is clearly not an ethical question.

professionals are ethically required to assume risks not shared by laypersons, such as caring for persons with AIDS (15). To be a professional thus involves having certain obligations not shared by nonprofessionals.

Although every encounter between pharmacist and patient raises ethical issues, these issues are not necessarily ethical *problems* or *dilemmas*. A situation in which two or more choices are *morally* justifiable, but only one is capable of being acted upon at a particular time, represents a moral dilemma (16). A pharmacist who has to decide between protecting a patient from harm and filling a prescription, as is the case with Ms. P., is caught in an ethical dilemma, since there are moral reasons for justifying each of two mutually exclusive options. No moral dilemma exists for a pharmacist when a patient provides a legitimate prescription to be filled and is able to pay for the medication, but the situation raises a moral issue, namely whether the pharmacist ought to act in the best interests of the patient and fill the prescription. Moral issues are unavoidable in pharmacy because of the nature of professions in general, and pharmacy in particular.

To ask what one should do as a pharmacist is often to ask a legal question as well, but it is incorrect to *reduce* the question to a matter for the legislature or courts to resolve. Indeed, for any legislative or judicial resolution to a problem concerning appropriate conduct, we may—and indeed should—ask, “Is the law a *good* one?” or “Was the court *right*?” The assumption of this chapter will be that ethics, and not the law, establishes the ultimate standard for evaluating conduct (17). Still, there is a moral obligation to obey the law, and thus ethical analyses need to take into account the relevant statutes and court decisions.^e

For the purpose of introducing the process of ethical decision making, I will focus on the general ethical question, “What should Ms. P. do?” I turn next to a systematic approach to answering such a question.

^eA difficult problem in ethics concerns the *source* of ethical standards. People have appealed to many sources of authority in ethics: religious texts (e.g., the Bible, the Koran), natural law, philosophical argument (reason), intuition, personal experience, governmental decree, and the free negotiations of persons within a community. Traditionally in the health-care professions, it has been the members of the profession who have selected its ethical norms and established codes of ethics. Because laypersons have a significant stake in the way that professions conduct themselves, however, it is appropriate to include them in the selection of these norms noted by Veatch (2). The ethical analyses of cases should be based not only on what the profession of pharmacy has held to be right and good, but more broadly upon what a reasonable person with knowledge of the relevant fact might hold to be appropriate.

ETHICAL DECISION MAKING IN PATIENT CARE***Process***

1. Gather the medical, social, and all other relevant facts of the case.
2. Identify all relevant values including but not limited to those of the patient, pharmacist, physician, other associated health-care professionals, the health-care institution, and society.
3. Propose possible solutions to resolve the conflict.
4. Choose the better solutions for the particular case, justify them, and be prepared to respond to possible criticisms.

The first step one might take in addressing ethical questions facing pharmacists, or anyone for that matter, is to *gather the relevant facts*. To illustrate this point in class, I present the following scenario to students: Suppose that your best friend calls you one evening and tells you that he or she is faced with a difficult ethical dilemma involving an intimate other. "I don't know if I should leave this relationship or try to work it out," your friend says. "Please give me some advice!" What will your response be—to make a recommendation right away, or to ask for some more information? Most people choose the latter. This is because we recognize that good moral decision making begins with getting the facts straight. What, then, are the relevant facts of the case that would help us decide what Ms. P. ought to do?

The most critical pieces of information we have are that the patient has a history of orthostatic hypotension, that this is one of the side effects of the drug which has been prescribed for her, and that there are other drugs available which do not commonly have this as a side effect. While not necessarily life threatening itself, orthostatic hypotension may place the patient and others at great risk of harm, since the condition may involve losing consciousness, and the patient may be driving a car, descending a staircase, or holding an infant when this occurs. Since we have noted that legal obligations are morally relevant, the pharmacist should also consider what the law requires of him or her. While there is a general legal duty to inform physicians and patients of the potential risks of drug therapy, the specific laws in a case such as this vary from state to state.

To resolve ethical dilemmas, facts are necessary but not sufficient. Addressing moral problems differs from addressing mere technical ones in that the former involves a consideration of values as well as facts (18). In addition to the relevant facts, an appropriate response to the question "What should you do?" requires an account of the values that play a role in the case, and what moral guidelines or rules those values suggest.

Identifying values is the *second step* of ethical analysis. Certainly one important value suggested by the case is the welfare of the patient, which gives rise to the moral rule "protect others from harm." Paula P. has good reason to believe that filling the prescription for guanethidine will result in harm, not only to her patient, who already suffers from one of the known side effects of the prescribed drug, but possibly to others who may come into contact with the patient. Her moral commitment to do no harm justifies the belief she has that it would be wrong to fill the prescription.

If avoiding harm to patients were the only important moral consideration in the case, Ms. P. would not be faced with a dilemma, since it would be clear that she should not fill the prescription. There are other values, however, which play a role here. One of them is the pharmacist-physician relationship. Pharmacists are rightly obligated to promote a good relationship with the physicians with whom they work, and this obligation includes a responsibility to fill the prescriptions the physicians provide. A third value is respect for patient autonomy, or more specifically the patient's right to have information which will enable her to make an informed decision about her health care. This value gives rise to the rule requiring both the physician and pharmacist to provide the patient with the relevant facts about the likely consequences of various drugs, as well as no drug therapy at all. The final value which plays a role in this case is respect for the law, which requires the pharmacist to do what is legally required of him or her. We now have the makings of a genuine ethical dilemma: the pharmacist is bound to avoid harming her patients and others, but she is also committed to promoting a professional relationship with the prescribing physician, as well as to counseling her patient. To which moral rule, and thus to which group of people, does she ultimately owe allegiance?

This brings us to the *third stage* of ethical analysis, *generating options*. In other words, we might ask, "What *could* Ms. P. do?" In class I emphasize that this is the creative step of our process, and not surprisingly, it usually elicits a greater response from students than the previous step (though not quite as great as identifying the relevant facts). Among the options open to Ms. P. are to: a) fill the prescription but counsel the patient about the risks of the medication, b) refuse to fill the prescription and explain to the patient why, and c) attempt to persuade the prescribing physician to change the prescription. There are other possible courses of action, but these are the most obvious ones and correspond most closely to the values presented earlier. Which option is best from a moral point of view, and why?

To answer this question, we take the fourth and final step of ethical

analysis, *choosing an option and justifying it*. If it were the case that Ms. P. had to choose between competing loyalties, it would be difficult to hold that her final decision must be to respect the wishes of the physician. After all, its primary commitment to the welfare and rights of patients distinguishes pharmacy as a moral practice. Still, it might not be necessary for Ms. P. to choose between these apparently conflicting responsibilities. She might call Dr. D. back and provide the justification for her belief that calcium-channel blockers offer fewer risks to the patient than does guanethidine. Sometimes ethical conflicts can be handled adequately by exercising personal skills rather than by having to make tough choices, and this may be one of those cases. Only if such an attempt is unsuccessful will Ms. P. have to decide whether loyalty to Dr. D. requires placing her patient and others at risk.

COMMENTARY

Pharmacy students, like students in other areas of health care, are trained to be problem solvers, so an exercise geared to finding an answer to a quandary, like the one above, comes easily to them. However, it is important to emphasize that ethics involves determining not only *what* should be done, but *why* it should be done, and thus the protocol is just as concerned with giving reasons for one's moral position as it is in merely taking a position. It is the attempt to *justify* one's moral convictions that gives ethics its distinctive quality as an intellectual discipline, yet students tend to fall silent when asked to give reasons for their beliefs about why, for example, Ms. P. is morally obligated to attempt to persuade the physician to reconsider writing a prescription for a different antihypertensive medication. It is important not to let the case study approach to teaching pharmacy ethics lapse into mere problem solving, as if moral dilemmas could be approached in the same way as determining the right dosage of a drug.

It is not even enough, however, for students to pick an option and justify it. To be a truly critical thinker, one must be prepared to respond to possible criticisms of one's choice and/or the justification one gives. For example, two students might agree that Ms. P. ought to attempt to persuade the physician to change the prescription, but one might hold a moral justification, while the other a self-interested one (e.g., the fear of legal liability). Instructors can seize this opportunity for a lively exchange by asking the students to respond directly to one another. There is no more immediate way for students to be exposed to the range of arguments on an issue than to learn from one another, and a skillful instructor here can help

promote sensitivity and respect for different points of view. This approach can also help to democratize the process of ethical decision making in class.

While some writers order the steps differently, most protocols of ethical decision making include roughly the same elements as the one presented here (19). I prefer to begin with fact finding, because 1) pharmacy students have been trained to see problems in terms of their factual component, and 2) failure to identify the relevant facts may lead to an inappropriate evaluation about what ought to be done. Also, while the protocol distinguishes facts from values, it may be the case that such a distinction is an artificial one, since it has been suggested that there are no value-free facts (20). This objection would be important if one were working with a group of persons who had a lot of experience in ethical or philosophical analysis, but this is not generally the case with pharmacy students. Besides, there is a difference in kind, and not degree, between the sorts of concerns addressed in the first and second steps. Thus, our inability to identify value-free facts should not prevent us from attempting to select what is important clinically (in the technical sense) as well as morally (in the evaluative sense).

CONCLUSION

The protocol introduced in this article suggests that some approaches to ethical problems in the clinical setting are more ethically defensible than others, and that through ethical analysis one is able to distinguish better from worse approaches. It is sometimes the case that any option one picks will have unfortunate consequences (for example, the physician may become irate if the pharmacist refuses to fill the prescription), but this is not the same as saying that there are no answers to ethical problems. Indeed, the circumstances pharmacists find themselves in often require *some* kind of decision or action, and thus in many instances it is impossible to avoid making moral choices.

The case-study method of teaching pharmacy ethics offers the possibility of engaging students in ethical reflection in a stimulating and clinically relevant way. Frequent large or small group discussions of cases in the manner illustrated here may enable students to recognize and articulate ethical questions, to identify the evaluative as well as the technical component of these questions, to consider the range of options open to them, and to justify their choices. Developing these skills, as well as the commitment to applying them in the clinical setting, may help students both to improve the quality of care that they provide to patients, and to respect their pa-

tients rights. Students who learn how to analyze cases according to the method presented in this chapter, then, will have taken significant steps toward achieving the goals of the ethics course and, in so doing, may be better prepared to serve the public.

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