

Educating Practitioners for Ethical Decision-Making: Current Problems and Future Concerns

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INTRODUCTION

The 1990s promises to be a decade in which ethics and ethical decision-making will become increasingly important to pharmacy and pharmacists. The projected increase in emphasis is being driven by several major forces impacting the profession. First, there is an increased awareness of and interest in ethics throughout our society. One can hardly pick up a newspaper today without seeing one more story concerning ethics. Given an increased interest in ethics by patients, it should not be surprising to see providers of pharmaceutical services pay more attention to this whole area. And, in fact, pharmacists are paying additional attention to ethics. As one example of this trend, the *American Journal of Health-System Pharmacy* now carries a regular feature on ethics.

Second, we now have a health-care system sophisticated enough to be able to prolong life—perhaps beyond any recognized benefit to the individual, to the family, and to society. This ability to save individuals who might remain comatose for years raises many ethical issues for family,

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[Haworth co-indexing entry note]: "Educating Practitioners for Ethical Decision-Making: Current Problems and Future Concerns." Shannon, Michael C. Co-published simultaneously in the *Journal of Pharmacy Teaching* (The Pharmaceutical Products Press, an imprint of The Haworth Press, Inc.) Vol. 6, No. 1/2, 1997, pp. 101-109; and: *Teaching and Learning Strategies in Pharmacy Ethics, Second Edition* (ed: Amy Marie Haddad) The Pharmaceutical Products Press, an imprint of The Haworth Press, Inc., 1997, pp. 101-109. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-342-9678, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: getinfo@haworth.com].

society, and health-care practitioners. It is likely that the number of such questions will increase as our technological sophistication increases. Third, we are in the midst of much activity to restructure the health-care system in the United States. This movement has been based on questions raised about access to health care and about the cost of health care. As we move on to try different approaches to restructuring the system, many ethical questions will be raised relative to access, fairness, justice, and cost. The questions will be of considerable interest to pharmacy as will the answers to these questions.

Finally, pharmacy itself is in the midst of a major philosophical change to pharmaceutical care as the basis for practice (1). The concept of pharmaceutical care implies a covenant between the pharmacist and her or his patients. As more pharmacists focus their practice on providing pharmaceutical care to patients, more pharmacists will find themselves in patient-care situations which require ethical decision-making as part of the resolution of such situations. The increase in ethical decision-making situations will prompt pharmacists to become more interested in ethics and in how to make appropriate ethical decisions.

It is likely that pharmacists will demand additional educational activities which will provide them with the tools to make improved ethical decisions as those decisions relate to practice. Consequently, we might expect an increase in ethics-related continuing education programs for practitioners. Such an increase in ethics education programs will encounter some serious problems both immediately and in the future. The remainder of this chapter identifies the current problems of continuing ethics education, some future concerns, and some solutions which might be worth consideration.

THE CURRENT PROBLEMS

Ethics education of practitioners faces several significant problems which must be addressed if we are to successfully engage pharmacists in dealing with the ethical dimensions of practice. These problems include: 1) internalization/professionalization with older ethical principles; 2) no consensus on new ethical principles for guiding pharmacy practice; and 3) the "adulthood" of pharmacists as learners. Let's consider each of these problems in turn.

Most pharmacists have been professionalized under an ethical code which can only be described as Hippocratic. Such codes rely on the consequentialist principles of "beneficence" and "nonmaleficence" as the basis for making ethical decisions in health-care situations. This clearly is how

the vast majority of pharmacists currently practicing were educated about ethics.

Health-care ethicists, however, have been making a strong case over the past 35 years for the primacy of a different set of ethical principles. As a group, these principles are called "nonconsequentialist" and are listed in Table 1. These new principles allow for patient participation in the ethical decision, honor the patient's right to refuse some treatments, and encourage practitioners to consider the broader interests society might have in the resolution of certain situations.

Pharmacists, by and large, have not been exposed to these nonconsequentialist principles, don't know how to use them in decision-making, and feel constrained to use the Hippocratic principles because they have internalized them as "right" ethical principles. At the very least, these happenstances will generate differences of opinion about ethical principles. It is also true that ethical principles change over time to reflect society's norms. Typically, ethical codes are generated after the majority already practice in the ethical pattern to be spelled out.

A good example of the above is an examination of the American Pharmaceutical Association's (APhA) Codes of Ethics over time (2). Table 2 contains a comparison of selected issues as noted in the various codes adopted by the APhA over the last 138 years. This comparison reveals some interesting shifts over time. Of particular interest is the issue of counseling patients about their prescription and other medications. APhA's Code of Ethics has changed from "no mention" to prohibiting counseling to "no mention" as the reality of practice at different times is recognized

TABLE 1. Non-Consequentialist Ethical Principles.

Autonomy	Competent patients should be treated as autonomous, decision-making agents with the freedom to choose and to have those choices respected as long as they don't infringe on the freedom of others.
Confidentiality	Health-related information about individuals is kept between the individual and ourselves.
Justice	In the sense of equity or fairness—requires health professionals to consider others (society) as well as individuals in making ethical decisions.
Promise-keeping	Health professionals ought to keep the promises made to patients.
Veracity	Health professionals ought to tell patients the truth.

TABLE 2. Comparison of Selected Issues in APhA Ethical Codes.^a

Issues	Year of Code(s) Effective Date					
	1852	1922	1952	1969	1981	1994
Prohibits Adulteration	Yes	Yes	Yes	Yes	Yes	Yes
Prohibits Kickbacks to Physicians	Yes	Yes	Yes	Yes	Yes	Yes
Prohibits Counter-Prescribing	Yes	Yes	Yes	NM	NM	NM
Prohibits Counseling Patients About Prescriptions	NM	Yes	Yes	NM	NM	NM
Prohibits Advertising Prescription Products	NM	NM	NM	Yes	NM	NM
Use Professional Judgment	NM	NM	NM	Yes	Yes	Yes
Only Hippocratic Principles in Play	Yes	Yes	Yes	Yes	Yes	No

^aNM = No mention.

in the Code. Pharmacists professionalized between 1922 and 1969 have a perception that counseling patients is "not right." Moreover, since this group of practitioners has continued to influence newcomers to practice through preceptorship, ownership, and general influence for at least a generation, we find that many practitioners today believe they should not counsel patients.

Even though pharmacy has completed a revision to its Code of Ethics (adopted October 27, 1994) that incorporates most of the nonconsequentialist principles noted above, it is expected that a diversity of opinion exists in the profession. Obviously, such a diversity will show up in any attempt to educate groups of pharmacists about ethical decision-making. This certainly will make for interesting sessions.

We must also be concerned about how we educate practitioners about ethics. Pharmacists are adults; moreover, they are busy adults. Adults typically are action-oriented and problem-solvers. They don't want to hear a long lecture about ethics. They *do* want to participate in the learning process. So, if you are going to educate practitioners about ethics, you need to give careful consideration as to how you will do this.

The above problems compound the difficulty of teaching ethics to practitioners. But, they do not make it impossible. In fact the author believes it is possible to teach practitioners about ethics and to provide them the tools they will need to make ethical decisions in their practices. Below are several suggestions the reader may find useful in thinking about teaching ethics to pharmacists.

You can get practitioners to attend to ethics education. However, you

probably cannot get them to sit for a 50-minute lecture on autonomy. If you approach practitioners with relevant situations or cases, you can usually engage them in a discussion of the situation(s). Here is where your skills as an educator come into play. You need to use the situations to identify and clarify ethical principles which are useful for guiding decision-making. When you do this, you are setting the stage for sharing the rationale for the emergence of particular ethical principles and for describing how to apply the principles. You can then have the practitioners reaffirm the principles by using additional relevant cases for further discussion.

You also need to keep your message focused, simple, direct, and applicable if you want to maximize your impact among practitioners. Be sure to identify your audience in terms of their practice location. This is critical if you want relevance to work for you. Hospital pharmacists will not find situations from community practice relevant to their problems. Similarly, community practitioners do not want to know about ethical problems which occur in hospitals. One way to deal with a mixed audience is to use cases/situations developed from each practice location which relate to the same ethical principles. Be sure each practitioner-type gets the case which relates to her/his workplace even if you have to divide your audience. An additional advantage accrues when you do this successfully. You will have demonstrated the power and generality of the ethical principle under discussion in a way which makes it quite likely that practitioners will remember it longer or internalize it more readily.

Let me assure the reader that it is possible to teach ethics to practitioners. It will be quite different than most classroom teaching if you want to have maximum impact. Let me also encourage you to make the effort. Better ethical decision-making will be a positive step for the profession and that is an outcome we can all support.

FUTURE CONCERNS

The current problems in educating practitioners for enhanced ethical decision-making have been noted above. Of equal interest, however, are some concerns about ethical decision-making in the years ahead. There are some large issues to be resolved if we are to be successful in creating practitioners who can deal with the ethical issues they will face in practice. These issues include: 1) expanding clinical pharmacist practice; 2) the nature of the 1994 Code of Ethics for Pharmacists; and 3) the duties of professionals as they relate to pharmacists. Let's explore the implications for practice and for ethics education posed by each of these issues.

The first issue concerns the expanding clinical role of pharmacists in our country. The concept of pharmaceutical care can only accelerate this expansion. As pharmacists expand practice into new clinical situations, there will be more instances which require ethical decision-making by those pharmacists. At the same time, more pharmacists will be joining the clinical pharmacy movement. This means more pharmacists engaged in more clinical situations with ethical dimensions. Furthermore, it is unlikely that any of us will be able to predict what those situations will be or what the ethical issues therein will be. These two thoughts strongly suggest a growing need to provide ongoing ethics education to practitioners. They also suggest a need for awareness that new ethical problems will continue to emerge in pharmacy practice which will have to be resolved by the profession. For those who profess to teach ethics, the dynamic noted above needs to always be considered when developing material for ethics education.

The second issue concerns the new Code of Ethics for Pharmacists adopted by the profession. We should say "Hats off to APhA!" The new Code explicitly defines the special relationship between patient and pharmacist. It states pharmacist actions in clear, unambiguous, and understandable terms. The rights of patients and society are clearly recognized as are nonconsequentialist ethical principles.

The code consists of eight "duties" for pharmacists, namely:

- A pharmacist respects the covenantal relationship between the patient and the pharmacist.
- A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
- A pharmacist respects the autonomy and dignity of each patient.
- A pharmacist acts with honesty and integrity in professional relationships.
- A pharmacist maintains professional competence.
- A pharmacist respects the values and abilities of colleagues and other health professionals.
- A pharmacist serves individual, community, and societal needs.
- A pharmacist seeks justice in the distribution of health resources.

From an educational perspective, the new Code provides a referent for use in developing educational programs for pharmacists. The difficulty that will be faced by ethics educators is to realize that most pharmacists were professionalized at a time when consequentialist principles were the only basis for ethical decision-making. This fact will require that educators plan carefully to create program activities that help pharmacists learn

about nonconsequentialist principles and change their ethics paradigm. Appropriately structured educational experiences will go far to speed internalization of the new Code and its focus on nonconsequentialist ethical principles.

The third issue concerns the duties of professionals and some questions being raised by medical ethicists and ethical behavior. Of interest here are duties toward patients, toward society, and toward colleagues. Duties toward patients are listed in Table 3. Looking at these duties, one could ask the following kinds of questions:

- How real is patient autonomy?
- Can we let patients be completely responsible for themselves and remain an ethical practitioner?
- Does confidentiality cover only medical problems or does it cover anything learned about an individual patient?
- Is placebo therapy ever ethical?
- Can avoiding one harm increase the likelihood another harm will occur? If so, what does one choose to do?

It is likely that consequentialist ethical principles will not be particularly helpful in resolving these questions. Yet, questions such as these will face pharmacists in the coming years.

Duties toward society are listed in Table 4. When we consider duties toward society, one could ask questions such as those noted below.

- Should patients with communicable disease be reported to appropriate authorities to protect the public?
- If justice requires the same treatment of all members of the community who are alike in relevant respects, how do we define "community?"
- Is public health more important than individual health?

TABLE 3. Duties Toward Patients.

<ul style="list-style-type: none"> • Autonomy • Confidentiality • Honesty • Veracity • Avoiding Harm

TABLE 4. Duties Toward Society.

• Confidentiality
• Justice
• Public Health

The basic issue here is pursuit of the public health versus pursuit of individual health. These goals may not always be compatible and may force health care professionals to choose. On what bases will one choose?

Duties toward colleagues are listed in Table 5. Questions about these duties also pose interesting dilemmas.

- What is "fair" competition?
- How far should cooperation go?
- To whom should one report malfeasance?
- Should we monitor colleagues?

The profession will need to dialogue long and deeply about these questions if a reasonable response is to be found and passed along to succeeding generations of pharmacists.

Finally, we come to some issues which will require much debate in order to reach consensus on how such problems should be handled. Such issues include:

- Is health-care rationing ethical?
- Who should select the recipients of scarce health-care resources?
- Would it be ethical to develop "eroticeuticals" to heighten pleasure?
- When patient data is computerized on plastic cards, who should have access to that data?
- Now that drug dispensing can be done by machines, can we continue to consider dispensing a professional responsibility?

Obviously, one could ask many more questions of a similar nature. What is key is that we start discussing possible answers now because someday situations of which these questions are a part will be faced by pharmacists. For some of these questions/situations, someday is now.

SUMMARY

In conclusion, we can see that ethics is a dynamic field which is constantly changing to reflect the reality faced by professionals. Although

TABLE 5. Duties Toward Colleagues.

<ul style="list-style-type: none">• Territorial Rights• Cooperation• Fair Competition• Reporting Malfeasance• Monitoring Colleagues• Preventing Unauthorized Practice
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we do not know all the questions, we do know that ethics is teachable. We know that the sole dependency on consequentialist ethical principles no longer suffices in the medical field. Pharmacy will face a growing number of practice situations which will require ethical decision making. The profession has adopted a new Code of Ethics embracing nonconsequentialist principles which will provide a new found flexibility in responding to those situations. As long as ethics evolve, pharmacy educators will have exciting challenges to meet as they help the profession grow.

REFERENCES

1. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm.* 1990; 47: 533-43.
2. Buerki RA, ed. *The challenge of ethics in pharmacy practice.* Madison: American Institute of the History of Pharmacy; 1985.