

Integrity and the Role of the Pharmacist

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SUMMARY. Benjamin's definition of integrity as a triadic relation is used as a starting point. That definition is: specific selected values and principles, public claiming of those values and principles as one's own, and behavior consistent with what one has claimed. Five contexts for considering moral integrity are identified: personal, political, occupational-individual, occupational-collective, and biographical. Finally, two substantive values and one principle are suggested as logically necessary for professional integrity in pharmacy: courage, fortitude, and respect for persons. [Article copies available from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]

INTEGRITY AND THE ROLE OF THE PHARMACIST

Integrity is one of those rare moral concepts which serve so important a conceptual function that we sometimes act as if we dare not get too clear on what it means lest we find ourselves committed to duties which are overly burdensome. In this paper I will lay out a very general idea of the concept of integrity and offer some suggestions about how it might usefully be applied to pharmaceutical care.

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I owe as my starting point a rich discussion of integrity by Martin Benjamin (1). I look at how Benjamin's description of integrity as a certain kind of complex relationship might function in five contexts related to one's life roles. This approach provides multiple frames of reference for assessing claims for integrity whenever they are made by an individual, group, or organization. I end with some preliminary remarks about two values and one principle which I believe are logically necessary elements for any claim for integrity.

Components of Integrity

Following Benjamin, integrity is to be understood as a certain kind of relationship among three specific components; one internal and two external. The internal component is the set of "reasonably coherent and relatively stable particular values and principles which one holds especially dear and which serve a central function in shaping one's decisions and defining who one is in a moral sense" (1, p. 51). These personally chosen values and principles are internal because the decision one makes in selecting them is a highly personal and in most contexts a private affair, and the reasons one uses in making those choices other rational persons may or may not find persuasive.

The second component is what might be described as the publicity condition. It is the formal, public declaration which identifies those particular values and principles one has chosen to use in guiding one's behavior and in shaping one's life over time in a moral sense. This component casts integrity as a partially public matter, for if persons' claims for it are to be understandable and verifiable by others, the central values and principles must be coherently professed.

The third component of integrity is the actual behavior in which one engages. If one's behavior clearly embodies the values and principles one has publicly claimed as one's own, then observers may conclude that such a person has a justified claim for integrity as a moral characteristic. If one's behavior is contrary to those public claims, then not only is the claim for integrity not justified, but empirical grounds exist to establish that the claimant is in fact a hypocrite. Not surprisingly, some of the most troublesome issues arise in deciding whether a particular behavior (overt action or

willful restraint from acting) is consistent with the values one has publicly claimed.

The three components or elements of integrity, then, are: identifying values and principles for guiding one's behavior; claiming them as one's own; and behavior that is representative of those values and principles. The role of one's chosen values and principles in the moral life is extremely important for, as Benjamin argues, "taken together [they] constitute the formal structure of one's identity as a person" (1, p. 51).

The Contexts of Integrity

Using this conceptual framework of integrity as a specific kind of complex relationship, I now want to examine how claims for integrity might best be evaluated. Generally speaking, there are five contexts or roles which most people occupy at various points over the course of a life and within which integrity may relevantly be discussed. The five contexts are:

Personal integrity—This context refers to the experience of one's life as a private individual living in a world of personal relationships of one's own family or own choosing.

Political integrity—This is the context of one's life as a member of a particular society in a particular time and with a particular history. "Political" here refers not to any particular ideology but to the original sense of *polis*, or community. Integrity in this sense includes one's life as a participating member of a particular time, culture, and political structure (though one may be standing well outside the most common or popular aspects of that political structure).

Occupational integrity (individual)—In this context integrity is focused on one's life as a working professional including formal training. Here the concern is on the values and principles which practitioners individually choose for guiding their professional study and practice. In the case of pharmacy practice these will include issues ranging from academic and research honesty to providing professional services to those who cannot pay for them.

Occupational integrity (collective)—This refers to the context of one's life as a member of one or more occupationally related collectives such as a pharmacy practice, hospital department, or national

association. Some of the values and principles that the collective claims as part of their professional integrity, individual members may personally reject or take moral exception. In such cases, in order for collective integrity to be justified the most basic levels of the conflict must be identified and resolved, an appropriate compromise reached, or an ethical conversion brought about.^a

The final context of integrity is the one most people think of when they use the term and I will call it *biographic integrity*. This is the overarching evaluative judgment of how the other four contexts hang together in a single, integrated life and its actual behaviors over time. In many ways it is the most difficult context in which to establish integrity because it is the most globally comprehensive. Consider someone who both espouses and behaves with absolute honesty in his life as a pharmacist, but who regularly cheats at cards or on his income tax or intentionally walks away from restaurants and gas stations without paying for his goods. Such a person may try to justify a claim for occupational integrity, and if we consider only his behaviors in the role of a pharmacist he may persuade us of his integrity. But if we presume that he also would claim the values of law-abidingness, trustworthiness, and friendship, this pharmacist would lack political integrity in that he willingly commits crimes and would lack personal integrity in that he undermines trust and harms friendships by cheating. As a result, he will be unable to justify claiming biographic integrity for his whole life. The appropriate evaluative focus is on the person who happens to be a pharmacist, not the pharmacist who happens to be a person.

Professional Integrity

Professional integrity is in some ways the easiest context to understand and evaluate because it is role-specific. Though the professional roles in modern pharmacy practice are often quite various, experienced practitioners are able to understand and evaluate the different roles and make judgments about how decisions arising from within them would or would not be reflective of the values and principles claimed by the individual whose integrity is being ex-

a. For a complete discussion of these last two options, see reference (1), especially pp. 5-8.

amined. Professional integrity's most appropriate critic is also its most demanding: the body of its claimants.

The practice of pharmacy is both an individual and a collective enterprise. Because it has both dimensions, the occupational integrity of individual pharmacists at the most basic, role-specific, levels must cohere with the values and principles claimed by the larger pharmacy profession. One of the key questions for professional integrity in pharmaceutical care is whether there exists a core set of values and principles, attitudes, and commitments to which all or most pharmacists will agree as defining of their collective moral enterprise and which serve as the guides for their professional behavior. If there is such a set, we will want to know what those values and principles are, which observable behaviors exemplify them, and which behaviors are incompatible with them.

One approach for identifying a set of particular values and principles for the pharmacy profession is to identify specific behaviors which exemplify morally good professional practice and ask whether the collective membership would accept as a member a pharmacist who knowingly and intentionally behaved in a contrary manner. For example, suppose that respect for persons is claimed as an identity conferring principle of pharmacists, and a student or practitioner is reliably charged with multiple counts of sexual harassment of customers, co-workers and colleagues. If such a pharmacist would not be acceptable, then if one is identified but not expelled, the diminishment of the integrity of the collective is at stake. There would exist a contradiction between particular values collectively claimed and an individual practitioner's behavior. Formal education and professional training practices should provide students multiple opportunities to learn about and to reflect on their profession-defining values, principles, attitudes, and commitments. Faculty must assist students in making a sincere, informed, and reflective decision about their personal willingness to meet the collective integrity expectations of the established members of the profession. If one is to face serious moral conflict about the values and principles embraced by fellow practitioners, it is best to do so while still a student when opportunities for career change can be more easily accommodated. Once in professional practice, there are precious few opportunities for such discussions with one's colleagues.

These collegial expectations, to be reasonable, cannot require a unanimous and homogeneous response in answer to every ethical question in pharmaceutical care, however. Individual pharmacists will make different value selections and others will rank order the same values in various ways. To evaluate pharmacists as *only* pharmacists, divorced from the rest of their lives and from the other roles they occupy is to deny them full membership in the human community. No pharmacist, no matter how dedicated and virtuous, is *only and always* a pharmacist. Each is also part of a family, a neighbor, and a citizen member of the local human community in which he or she has chosen to live and practice. The experiences, concerns, desires, and projects arising from each of these different roles comprise their full character (2). It is in and through their biographic characters that pharmacists *qua* persons develop and manifest individual and collective senses of integrity. As their other life roles begin to shape and influence their professional thinking and decision-making, pharmacy students experience a natural synthesis of moral thinking within and across all their role identities: personal, political, and professional. What emerges in the end, considered as a whole person, is the proper focus of biographical integrity.

Biographical Integrity

The various roles one occupies in the course of living a life each require their own sense of moral identity. Through different roles sometimes will make conflicting demands, each role is occupied by a single individual who must be able to generate and maintain a coherent and sustained wholeness to his or her moral character over time. This is possible only to the degree that the individual can successfully integrate the commitments to all of the principles and values claimed in all of the various roles and projects the individual pursues. The fact that *personal* value differences exist among pharmacists will be surprising to no one. But the fact that significant *professional* value differences exist may be deeply unsettling to both the professional membership and to the public.

When the contexts of one's personal and professional roles are necessarily interconnected, the potential for moral conflict can be dramatic. A 1994 survey of pharmacists' attitudes toward assisted

suicide involving the use of intentionally lethal prescriptions indicated that professional opinions varied considerably and "seem to be associated with factors such as personal experiences, religious conviction, and age" (3, p. 69). This study is worth noting in that the moral judgments made by the survey respondents most likely were based entirely on personal moral values and principles. The reason is that the professional body of pharmacists has made no public claim for a professional principle or value to guide and shape individual practitioner's suicide assisting behaviors. In November, 1994, Oregon voters approved a ballot measure allowing physicians under certain circumstances to knowingly and intentionally instruct a patient in committing suicide with a prescribed medication.^b The role of the pharmacists in the ethical debate surrounding that issue went virtually unnoticed.

The sense of global integration of values and principles across all of one's roles in life and over time is the focus of one's *biographical integrity* and its importance is illustrated in the example of assisted suicide. Lacking biographical integrity is not merely lacking a desirable trait; such a deficiency risks significant psychological and emotional burdens arising from a kind of moral schizophrenia. By focusing only on one kind of integrity, such as individual professional integrity, or even more narrowly on the patient advocacy aspect of professional integrity, and not considering the further *political* (community-influencing) effects of those actions, a pharmacist's life *viewed as a whole life*, will be defective. As MacIntyre said, "it would not be the kind of life which someone would describe in trying to answer the question 'what is the best kind of life for this man or woman to live?'" (4, p. 201). Nor would it be the kind of life we would want our pharmacists to live, for it would be a life which lacked political, and therefore biographical integrity. Even if our personal pharmacist was a brilliant diagnostician and therapist, if she lacked any sense of the larger impact her personal, political, and professional decisions had on the welfare of the community as a whole, we would think her shallow and unconnected to the larger stage on which our lives are played out. Indeed, we would likely consider her life lacking in the richness of meaning that her

b. Oregon Death With Dignity Act, Ballot Measure 16, November 8, 1994.

patients enjoyed in their lives by integrating the different roles they each play despite their medical ailments. Though she may be wholly dedicated to being the best pharmacist she possibly can, she would not be, in this sense, a full participant in the human community and her life would to that extent lack coherent meaning. There must be, and in pharmacists with biographical integrity there is, a broad-minded and conscientiously applied awareness of the role pharmaceutical care plays in the general health and political stability of a community as a whole.

Sometimes medical problems occur which have their origin in nonmedical (non-biologic) aspects of a patient's life. Such problems may develop from social and political changes which make gaining access to health care very difficult and often delayed, such as patients who cannot read English or who cannot afford medications because they are not covered by their medical insurance policy. Social, cultural, and economic hardships that cause treatment delays can significantly complicate a patient's medical condition and diminish his or her prospects for a successful outcome. Thus, concerns with social issues arise for pharmacists regarding both their professional integrity as patient advocates and their political integrity as members of a society which calls itself just and charitable. The kind of person one is—and hence the presence or absence of one's biographical integrity—will be reflected in and perhaps even constituted by the orderings manifested in these sorts of decisions, decisions which bring together professional (both individual and collective) and political concerns into a dynamic and ongoing engagement of the individual as a participating person in a community.

The four senses of integrity discussed above: personal, political, individual occupational, and collective occupational, flow into and partially shape the others. The long-term effect of this mutual influencing is how one's biographical integrity becomes challenged and reinforced, expanded, and diminished through responding to particular challenges in different roles. To refuse to participate in the social and political events and issues which affect us all, therefore, is to fail to fully engage the world, to hide from one's responsibilities as participating members of the human community, and to live less than a full life. Moreover, to insist that one's professional

obligations trump one's political obligations is to be both excessively narrow in one's perception of how professional integrity operates in a community context and to attempt to divorce oneself from that community in times of moral conflict. It is an attempt to appear to live apart from the community and to accept obligations which non-pharmacist members clearly share.

No one can live outside his or her community. Indeed, it is from our social experiences that we develop, embrace, and eventually define ourselves in terms of certain values and principles. Just as no pharmacists can practice pharmacy in isolation—doctors and patients, after all, are required—so, too, no professional values or obligations—and, hence, no conception of professional integrity—can arise in a political vacuum.

Pharmacy's professional values should concern not just how pharmacists relate to their customers, but every aspect of their professional life: work with other care providers, office staff, support and custodial staff, billing charges, collection procedures, continuing education, and charity care.

Once pharmacists, both individually and collectively, are agreed on those values and principles to guide and shape their professional behaviors they can begin to make public the fact of that agreement and to proclaim what pharmacists stand for in a moral sense. Without that public claim, pharmacists' intentions toward integrity have no external context for the public to use in judging validity. Integrity is not a purely personal matter; it always involves the public world. That is why there is a publicity condition that must be met for anyone's claims for integrity to be both sensible to others, and capable of being judged valid or invalid by them.

Moral Integrity

I will now briefly outline the two values and one principle which I believe are logically required to be part of *any* claim to integrity in *any* context. This conclusion arises from reflecting on the logical requirements for universal consistency in one's actions. Given the conception of integrity discussed above, are there any values or principles whose absence would be self-defeating to one who desired to make a justified claim of integrity? Two such values and

one principle suggest themselves. The first value is perhaps best described as an aspiration to the virtue of courage.

A behaviorally observable measure of integrity is *courage*: one's willingness to engage the world as required by one's values, especially under circumstances in which one's values are unpopular or otherwise personally costly. For example, imagine that truth-telling was one of the values that pharmacists collectively claimed to be partially definitive of their professional role. Imagine further that pharmacists judge truth-telling to be so central to their profession as to be required for every pharmacist of integrity. Under rare circumstances, truth-telling could result in the loss of a customer, a participating physician, or even the esteem of particular fellow pharmacists. For pharmacists to remain faithful to their professional values requires telling the truth, and that will require courage, sometimes great courage. Moreover, courage will be required in virtually any professional role capacity regardless of what one's other values and principles might be, for courage will be required to be faithful to those values. Therefore, aspiring to courage will be a logically necessary value for all claimants of integrity.

The second value is *fortitude* and it arises in a way similar to that of aspiring to courage. At various times health-care professionals will be in positions to avoid conflicts centered on their profession's core values or principles. Though aspiring to courageous behavior may enable one to hold the moral high ground initially, fortitude will be required to withstand sustained and intensified challenges to one's values from the disaffected parties. If one's integrity requires a "relatively stable set of values and principles" (1), then courage and fortitude both will be necessary for maintaining that stability. Indeed, a familiar illustration of one's professional integrity conflicting with one's political integrity is the case of the journalist who courageously submits to incarceration to avoid having to reveal a confidential source. The journalist's political or social integrity is maintained by agreeing to succumb to the resulting political sanctions (prison) and her professional integrity is maintained by remaining faithful to her professionally professed value of confidentiality in the face of significant challenge.

At least one principle also is required for any claim of integrity, and that principle is *respect for other persons*. An individual who

lacks this principle regularly, wantonly and without regard for the consequences to others, acts completely out of self-interest. Since integrity can be justifiably claimed only if it is recognized through the evaluative judgments of others, it requires a minimal social context in which to function. Other persons comprise that social context, and to fail to have a sincere respect for them by being completely self-interested and self-absorbed is to fail to honor one's social context and life as an important moral value itself. Any person who participates in but refuses to respect and honor the nature of his or her social community cannot have a justified claim to moral integrity regardless of what his other values and principles may happen to be.

CONCLUSION

Integrity has been defined as a triadic relation of particular values and principles, publicly claimed, and represented in one's behavior (action and restraint). The different personal, professional, and social roles one occupies each require a set of values and principles for guiding and shaping one's life. How well the entire set of values and principles hang together in a coherent, consistent, and comprehensive whole is the sense of integrity most people refer to in common use and what I have termed biographical integrity. Professional integrity is defined through a process of individual and collective reflection, discussion, and agreement about values and principles. Pharmacy students and practitioners need adequate opportunities to debate their profession defining values and principles, to create forums for public claims identifying their consensus, and to examine and develop new values and principles that may be required by the evolving ethical mores in pharmaceutical care.

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