

# Ethical Conflict and Moral Compromise in Pharmacy

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**SUMMARY.** Although ethical reasoning and analysis may occasionally resolve or reduce ethical conflict, it cannot eliminate it. Some degree of rationally irreconcilable conflict among conscientious, reasonable individuals is unavoidable in free democratic societies. Under what circumstances, then, and for what reasons may individuals accept a compromise solution to an ethical conflict without compromising (or betraying) their moral integrity? After examining the concept of compromise, I show how and why compromise in ethics may, in some circumstances, be integrity-preserving. I conclude by indicating three ways in which this notion of integrity-preserving compromise may be applicable to the ethics of pharmaceutical care.

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## INTRODUCTION

Under what circumstances, if any, and for what reasons, if any, may a person accept a compromise position on a matter of ethics without compromising his or her moral integrity? When, in other

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[Haworth co-indexing entry note]: "Ethical Conflict and Moral Compromise in Pharmacy," Benjamin, Martin. Co-published simultaneously in the *Journal of Pharmacy Teaching* (Pharmaceutical Products Press, an imprint of The Haworth Press, Inc.) Vol. 5, No. 1/2, 1996, pp. 137-152; and: *Ethical Dimensions of Pharmaceutical Care* (ed: Amy Marie Haddad and Robert A. Buerki), Pharmaceutical Products Press, an imprint of The Haworth Press, Inc., 1996, pp. 137-152. Single or multiple copies of this article are available 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](mailto:getinfo@haworth.com)].

words, can one compromise without *being* compromised? I will, in what follows, develop an answer to this question. I begin with an examination of the concept of compromise. There are a number of different senses of compromise that must be carefully distinguished. Next, I examine the notion of moral compromise. Some degree of rationally irreconcilable moral disagreement among conscientious reasonable individuals is, I will argue, unavoidable in free democratic societies. Where parties to such disagreements are joined in a continuing cooperative relationship and must collectively undertake or endorse a single course of action there are grounds for seeking compromise. In at least some such circumstances, I will show, compromise can be integrity-preserving. I conclude by suggesting three ways in which the idea of integrity-preserving moral compromise may be applicable to the ethics of pharmaceutical care.

### ***DIMENSIONS OF COMPROMISE***

We may at the outset distinguish three different uses of the term "compromise": compromise as outcome; compromise as process; and compromise as betrayal. In the following passages, the words of American diplomat Edward Stettinius exemplify the first two uses, while those of novelist Ayn Rand exemplify the third:

Compromise, when reached honorably and in a spirit of honesty by all concerned, is the only fair and rational way of reaching a reasonable agreement between two differing points of view. (16, p. 6)

There can be no compromise on basic principles or on fundamental issues. . . . Today . . . when people speak of "compromise" what they mean is not a legitimate mutual concession or a trade, but precisely the betrayal of their principles. (14, p. 69)

According to Stettinius, compromise is both something "reached" and a "way of reaching." As something reached, a compromise is a certain type of *outcome* to a conflict or disagreement; as a way of reaching, it is a *process* for resolving conflict or disagreement.

Consider, first, compromise as outcome. In 1983, President Rea-

gan defended the decision to prohibit news reporters from observing the initial stages of the U.S. invasion of Grenada by claiming that troop security was, in this setting, incompatible with freedom of the press. But as columnist James Reston subsequently pointed out, the President was ignoring "a sensible compromise between security and freedom, used by General Eisenhower during the invasion of Normandy, and by every other President and theater commander since then in the Korean and Vietnam Wars" (*New York Times*, 9 November 1983). Reston was referring to the "pool system," in which a small number of reporters are permitted to observe what is going on and then to "pool" their notes and film with their colleagues. In this context the pool system seems to balance the wish of the military for total security and the desires of the press for complete access. Such an outcome—one that appears to more or less split the difference between opposing positions—is called a compromise.

The process by which such outcomes are usually achieved is also labeled a compromise. As a rule, parties to this process try to see matters from the other's point of view, engage in various forms of give-and-take discussion, and are prepared, at least in principle, to make concessions for the sake of coming to terms. In so doing they acknowledge each other's viewpoints as having some claim to equal respect and consideration. In contrast to certain other forms of bargaining and negotiation, the emphasis is on rational persuasion, mutual trust, and reciprocal concession rather than on force, threat, or intimidation. Thus Stettinius suggests that the process is "fair and rational" only when outcomes are "reached honorably and in a spirit of honesty by all concerned."

In what I will call the *standard case*, an outcome characterized as compromise is reached as a result of the contending parties' participating in a procedure, also called compromise. This is the standard case that grounds the central dictionary definition: "a settlement of differences by mutual concessions." Corresponding to the standard case, I will call this use of the term compromise in the *standard sense*.

For Ayn Rand, compromise as outcome and compromise as process are legitimate only when the opposing parties agree on basic principles but disagree over how these principles are to be imple-

mented in particular cases. As an example, she cites a buyer and a seller who agree on the principle of free trade but disagree about the price of a certain product or service. There is nothing wrong in this instance, she argues, if they finally compromise on a price that falls somewhere in between the seller's initial demand and the buyer's initial offer. But, she is quick to add, "there can be no compromise on basic principles or on fundamental issues." To compromise on basic principles, Rand maintains, is to betray them and to betray oneself; it is to compromise one's integrity as a moral person.

One need not subscribe to Ayn Rand's brand of libertarian egoism to understand what she means by "compromise on basic principles." It is this sense of compromise as betrayal that inclines us to regard compromise as morally questionable and to regard as exemplars those who have resisted various pressures or temptations to compromise. Even if we disagree with one or more of a person's basic principles, we often think more of her if she conscientiously tries to act in accord with them than if she is too willing to compromise them. Indeed, if she is always prepared to compromise, we may question whether she has any principles at all. Whatever her present position or principle, she is likely to alter it the moment she encounters significant opposition; the direction as well as the degree of change will vary with the nature and strength of the newly opposing point of view. Such a person, whom we might characterize as a "moral chameleon," is ultimately unreliable and untrustworthy. If we count on her too heavily she is liable to betray us as she betrays herself.

The distinction between compromise in the standard sense (that is, as both process and outcome) and compromise as betrayal suggests a related distinction between two kinds of conflict: conflicts of nonmoral, equally legitimate interests and conflicts of moral values and principles. "A conflict of interests," Theodore Benditt observes, "is often a resource-allocation problem, where resources are understood in a wider sense and include anything that is distributable. Money, tangible goods, power and prerogative are distributable and they are also compromisable" (1, p. 30). If, then, parties to a conflict of interests regard each other as equals and the conflicting interests are both distributable and equally legitimate from a moral point of view, they may have little difficulty in arriving at a mutual-

ly satisfactory compromise. Consider, as an example, parties to a divorce who “divide” the house in which they have joint ownership first by selling it and then by splitting the profit. Although ethical considerations are involved in such compromises—for example as moral equals the parties must not resort to coercion or misrepresentation—the conflict is not, in any interesting sense, an ethical one.

Compromise is more difficult to achieve, however, when the parties to a conflict perceive their respective positions as rooted in fundamental moral values or principles. If one person believes her position is based on an important moral value or principle, it is unlikely, at least initially, that she will grant moral significance (or the same degree of moral significance) to an opposing position based on a different moral value or principle.

Consider, for example, a disagreement between a terminally ill patient and his physician over whether life-prolonging treatment should be ceased and the patient be allowed to die. Suppose the patient defends his position by invoking his right to self-determination and the principle of autonomy. Deciding such matters for himself, he believes, is more important than life itself. His very identity and the integrity of his life as a whole, the patient argues, are at stake. To be kept alive past the point where he would be able to do more than simply lie in a hospital bed, as well as to have to exhaust his financial resources on himself rather than leaving as much as he can to his grandchildren, he maintains, would be inconsistent with long-standing, deeply held values; it would betray in his waning days much of what he has stood for during the preceding decades.

The physician, on the other hand, invokes her commitment to the preservation and prolongation of life. The principle of the sanctity of life rather than the principle of autonomy may be fundamental for her—personally, professionally, or both. She may believe, as I have heard one physician say about the profession, “we cease to be physicians when we stop resisting death.” If so, her identity and integrity are no less at stake than those of the patient. To give in on this matter—to agree to facilitating an earlier rather than a later death—will require the physician to betray her conception of herself and what she stands for.

It is difficult to see how such a disagreement can be resolved by compromise. Not only are the opposing values deeply held, but they

seem incommensurable: there appears to be no common scale into which they can be translated, with the difference then (quantitatively) split.

Finally, it is important in this connection to distinguish a strict from a loose sense of "compromise." If, after give-and-take discussion, parties initially holding opposing ethical positions *A* and *B* jointly embrace a third position *S* (a synthesis that combines the strengths of *A* and *B* while avoiding their weaknesses), the outcome is not, strictly speaking, a compromise: Neither party concedes anything—each relinquishes what it now regards as a defective view (*A* or *B*) for a better one (*S*). The outcome may be called a compromise in the loose sense of the term—something intermediate between two poles—but it is more accurately characterized as a synthesis or "middle-of-the road" position.

If, however, the parties remain wedded to their opposing ethical positions but find themselves in circumstances requiring a nondeferrable joint decision, mutually respectful give-and-take discussion may eventually lead to a compromise position *C*, which more or less splits the difference between them. Each party will, in this event, make concessions for the sake of agreement on a single course of action that seems to have some independent validity and to capture as much of one polar position as it does of the other. The matter is not, however, fully settled; there is no closure, no final harmony. Strictly speaking, moral compromise is not resolution. It makes the best of what both parties regard as a bad situation; each may subsequently try to persuade the other of the superiority of its initial position or to see that the same situation does not arise again. It is the discrepancy between the belief in the superiority of *A* or *B* and then acting in accord with *C* that raises philosophical difficulties. If my attachment to either *A* or *B* is a matter of ethical principle or conviction, how can I compromise without compromising my integrity?

### **COMPROMISE IN ETHICS**

A number of conflicts in biomedical ethics are, as I will argue below, rationally unresolvable. Yet given the complexity of modern medicine, effective treatment often requires agreement on a single

course of action among a number of different individuals—health professionals, patients, and patients' families—holding opposing, equally reasonable moral positions on the matter. Under what circumstances, if any, and for what reasons, if any, may such individuals compromise (in the standard sense) their positions on matters of ethical disagreement without, at the same time, compromising (or betraying) their moral integrity? An answer to this question requires an appreciation of what I call the “circumstances of compromise.”

### *The Circumstances of Compromise*

The circumstances of compromise are those conditions that provide both the motivation and the grounds for compromise. They include factual and metaphysical uncertainty, moral complexity, a continuing cooperative relationship, an impending nondeferrable decision, and limited resources.

*Factual and Metaphysical Uncertainty.* Ethical issues in health care are fraught with factual and metaphysical uncertainty. Empirical and scientific evidence, for example, is often limited, conflicting, and complex. This is why we invest so heavily in health-care research and why the practical implications of even the most careful investigations are often ambiguous and challenged by the results of other, equally careful, investigations. Making an accurate prognosis for very low birthweight infants in newborn intensive care units is, for example, fraught with empirical uncertainty (9). Such uncertainty is endemic to the practice of medicine (10, pp. 165-206). In such contexts, the way we assess what evidence we have is to some extent shaped by our total experience: Our whole course of life up to now and the total experiences of parents and various health professionals, such as intensive-care physicians, family physicians, nurses, social workers, and others with respect to continuing treatment for very low birthweight infants always differs (15, pp. 56 f).

Such differences become even more prominent when we turn from factual to metaphysical considerations. Consider, for example, the current controversy over the permissibility of embryo research (*New York Times* 9 September 1994). Is a human embryo a living human being with the same rights as any other human? Is it, at best, only a potential human being, worthy of a measure of respect, but not to the same degree as full or actual human beings? Or is it,

especially in its earlier stages, simply a clump of cells. The answer to this set of questions is not at all clear. Yet this and similar metaphysical questions—with respect to, for example, abortion, anencephaly, persistent vegetative state, severe Alzheimer's disease, and so on—are central to many issues in health-care ethics.

*Moral Complexity.* Actual moral conflicts are often extremely complex and, at least for certain periods of time, rationally irreconcilable. This is due in part to moral pluralism—the fact that reasonable moral disagreement—that is, disagreement among thoughtful, informed, people of good will—cannot always be resolved. Our positions on at least some moral issues are grounded in our comprehensive moral, religious, and philosophical outlooks. There is no single comprehensive outlook that should be embraced by each of us insofar as we are informed and rational. Not only do abstract impersonal principles like the principle of utility (which requires maximizing the net balance of good over bad consequences of our actions) and Kant's categorical imperative (which requires treating persons as ends in themselves, not as mere means) underdetermine moral choice, but, as is well-known to students of biomedical ethics, they often direct us to perform different, indeed conflicting, actions.

A number of philosophers have recently cast doubt on whether all of the things we rightly value can be readily combined into a single unified framework (5,7,13,15,17). Conflict among certain basic values, they argue, is an unavoidable feature of human life. "Values," Isaiah Berlin has noted, "may easily clash in the breast of a single individual; and it does not follow that if, they do, some must be true and others false" (5, p. 15). Many of us have a commitment to impartial justice that cannot in certain situations be easily reconciled with loyalty and compassion, which we also value. Human life often requires choice among competing and incommensurable goods. We are false to ourselves as well as to the facts when we refuse to acknowledge the complexity of our values.

That a single-minded pursuit of some important values at the expense of others is dehumanizing is one of the themes of Sophocles's great tragic drama, *Antigone*. It is in part the rigid adherence of both Creon and Antigone to a simple unified set of values at the expense of a more comprehensive and complex understanding



of their situation that results in a disastrous end for each. Had they been more responsive to the complexity of their situation, had they acknowledged that each of their positions captured some but not all of what was ultimately important, they may have been able to reach some sort of accommodation while preserving their integrity.

The complexity of our moral values and principles is attributable, in part, to the fact that they are rooted in a variety of world views and ways of life. A *world view* is a complex, often unarticulated (and perhaps not fully articulable) set of deeply held and highly cherished beliefs about the nature and organization of the universe and one's place in it. Normative as well as descriptive—comprised of interlocking general beliefs about knowledge, reality, and value—a world view so pervades and conditions our everyday thinking that it is largely unnoticed (12, p. 158). A *way of life* includes, in Stuart Hampshire's words, "repeated patterns of behavior, . . . admired ideal types of men and women, standards of taste, family relationships, styles of education and upbringing, religious practices and other dominant concerns" (7, p. 5). A person's world view and way of life are dynamically interrelated. A world view helps to structure a way of life; a way of life presupposes and embodies a particular world view. Deep changes in one are likely to occasion corresponding changes in the other.

World views and ways of life come into conflict because they are, for the most part, based on local and particular, rather than more general and universal aspects of human life. Their perspectives are historically conditioned, contingent, and sometimes fiercely personal and parochial. Loyalties to particular institutions, practices, projects, and persons are often regarded as essential to one's way of life; they constitute much of one's identity and set one off from others as a particular person. The Amish present a good example of a distinctive and readily identifiable world view and way of life. Other world views and ways of life, though more variable and in some cases highly personalized, are no less important in constituting a person's moral identity.

To acknowledge the importance of world views and ways of life and the fact that abstract impersonal reason will not always be able to resolve ethical conflicts grounded in them is not, however, to relegate the principle of utility and the Categorical Imperative to the

dustbin of history. On the contrary, these principles will be a part of any reasonable world view and way of life and they will often serve to criticize and to constrain world views and ways of life. The principle of utility and the Categorical Imperative each centers on a morally significant feature of human beings that cuts across social, cultural, national, religious, racial, and sexual differences: sentience (for the principle of utility) and the capacity for rational self-direction (for the Categorical Imperative). But each of these principles underdetermines moral choice—there are, in other words, a large number of decisions that turn on important moral considerations other than maximizing the good or respecting self-determination. We must, therefore, distinguish between the principle of utility and the Categorical Imperative, on the one hand, and utilitarianism and Kantianism, on the other. The principle of utility and some form of the Categorical Imperative are, as indicated above, likely to be *part* of any reasonable moral outlook. But utilitarianism and Kantianism are particular, and not notably plausible, outlooks that attempt to derive or subordinate all other ethical considerations to the principle of utility and the Categorical Imperative, respectively. A world view and way of life systematically contemptuous of these two more or less universal principles would probably have to be rejected as *unreasonably* narrow, prejudiced, or fanatical. It is thus that we may criticize, and if necessary use force to oppose, flagrantly racist, or sexist world views and ways of life.

A world view and way of life is reasonable to the extent that it does not flagrantly and systematically conflict with well-grounded, widely shared standards and principles of reason such as the principle of utility and the Categorical Imperative. The problem, however, is that there are a number of reasonable world views and ways of life that occasionally engender differing answers to moral questions, especially questions of biomedical ethics. Moral pluralism, the diversity of *reasonable* world views and ways of life outlooks is, as Rawls points out, “not a mere historical condition that may soon pass away; it is a permanent feature of the public culture of democracy” (15, p. 36). So long as people enjoy a certain amount of liberty of thought and action they will embrace a variety of reasonable world views and ways of life that will occasionally yield conflicting answers to moral questions. Agreement by all on a

single comprehensive moral outlook can be maintained, as Rawls adds, only by "the oppressive use of state power" (15, p. 37).

*Continuing Cooperative Relationships.* The complexity of health care often requires a number of health professionals to work together in pursuing a common end. Their work is very complex and they cannot, as a rule, be fully effective without the others' assistance and cooperation. High technology medicine, like other complex social endeavors, requires the collaborative, closely integrated efforts of a number of different specialists. Neither doctors nor nurses nor pharmacists can be fully successful in practicing their professions by themselves. For each to go his or her separate way would be to court moral and therapeutic failure. Thus a resolution to a moral disagreement that can maximally accommodate differing reasonable moral viewpoints and maintain mutual respect is, from the standpoint of overall team effectiveness, highly desirable.

*Impending Nondeferrable Decisions.* Health professionals, unlike philosophers, do not enjoy the luxury of a full semester's inquiry and discussion in the seminar room to resolve moral differences. Nor can they, given the urgency of medical practice, always suspend decision-making until factual and metaphysical uncertainty and moral complexity have been resolved. In cases of conflict, compromise on a single well-grounded position that seems to give equal respect and concern to all reasonable viewpoints may be morally preferable to settling the matter by rank or by force or by simply leaving it unresolved.

*Limited Resources.* A final circumstance of compromise is scarcity of resources. Even if we are not limited by factual or metaphysical uncertainty and medical complexity, a compromise position may be the best course of action in response to a conflict over distribution of scarce resources. Limited resources, especially in health care, are and will remain a pervasive feature of human life. We often lack the time, money, energy, and other human and natural resources to satisfy everyone's rights or interests, let alone their wants and desires. And when rights or interests conflict because of scarcity, compromise may seem both necessary and appropriate.

Factual and metaphysical uncertainty, moral complexity, the need to maintain a continuing cooperative relationship, the need for a more or less immediate decision, and limited resources constitute

the circumstances of compromise. If, in situations constituted by these circumstances, health-care professionals are unable to agree on the superiority of one moral position to the others, they should consider the possibility of compromise.

### ***Integrity-Preserving Compromise***

Suppose, now, that you are party to a situation in health care requiring agreement on a single course of action by a number of individuals. This can include clinical situations involving two or more of the following: patients, family members, doctors, nurses, pharmacists, respiratory therapists, physical therapists, social workers, or clergy. It can also include members of a hospital or professional ethics committee or an institutional review board for research on human subjects. Suppose, too, that after as much time as the situation will allow the group finds itself divided on a matter of ethics. Further, mutually respectful give-and-take discussion reveals there is something to be said for at least one position other than yours and that your own position is not without some difficulties. Sensing that the circumstances of compromise are satisfied, the group acknowledges the reasonableness of two or more opposing positions and searches for some sort of resolution. After further discussion a compromise position that seems to have some independent validity and to more or less split the difference between opposing positions is proposed. The compromise position, you acknowledge, is probably best that can be devised, but still it deviates from what, *to your mind*, is the most morally justifiable course of action in this situation. Can you agree to this compromise without compromising your integrity? I think you can.

To see how compromise, in this context, can be integrity-preserving, it is important to distinguish what you believe to be morally correct, leaving aside for the moment your involvement with the group and the fact that the circumstances of compromise obtain, from what you judge the group ought to do *all things considered*, when among the things to be considered are: (a) your role in the group; (b) the rationally irreconcilable nature of the conflict; and (c) the circumstances of compromise (11). As a member of the group you must consider the extent to which the issue admits of reasonable differences of opinion, the need for a singular position or

policy on the matter, and the need for practical agreement among the participants. In your capacity as a group member, such considerations reflect values and principles that you must be presumed to endorse and that partially determine who you are and what you stand for. You must, that is, value resolution of the clinical or policy question on terms that pay equal respect to the differing reasonable positions on the matter. Agreeing to the proposed compromise may not, under such circumstances, constitute a threat to your integrity. On the contrary, taking into consideration *all* of your values and principles, the compromise may well be more integrity-preserving than any plausible alternative.

The main point is that our identity is constituted in part by a complex constellation of occasionally conflicting values and principles. As a member of the group in question, you believe both in the superiority of your own moral position on the matter in dispute *and* in the value of arriving at some sort of agreement that reflects its complexity and pays equal respect to opposing reasonable positions on what seems, at least for now, to be a rationally irreconcilable conflict. In such cases of internal as well as external conflict, preserving integrity requires that we pursue that course of action that seems on balance to follow from the preponderance of our central and most highly cherished and defensible values and principles. In this case I am assuming that your commitment to a singular, mutually respectful, resolution to the disagreement occupies a more central position in the constellation of your values and principles than holding out for your personal moral position at the expense of such a resolution. Endorsing the compromise position under such conditions is not to betray your integrity; it is rather to optimize or preserve it.

Yet there is no closure. Although the practical or policy question may, for the time being, be settled, the moral question remains open and you are free, outside of these pressing circumstances, to continue to seek common ground or make the case for the truth as you see it.

#### ***APPLICATIONS TO PHARMACEUTICAL CARE***

I am not, at this point, entirely clear how the notion of integrity-preserving compromise applies to the ethics of pharmaceutical care.

On this matter I have more to learn from pharmacists than I have to teach. Let me, however, suggest some possibilities: First, insofar as pharmacists participate in various professional, interprofessional, and institutional ethics committees, they will occasionally find themselves party to rationally irreconcilable ethical conflicts in the circumstances of compromise. They cannot, in this capacity, categorically refuse to endorse any but their own moral position for purposes of policy in a pluralistic society. Pharmacists unwilling to consider the possibility of compromise in such contexts should refrain from accepting membership on such committees (3).

Second, a survey of the difficulty and incidence of ethical problems in pharmacy practice as identified in the professional pharmacy literature asked respondents for, among other things, the *most common reasons for compromising ethical values* and the *factors that scare them most about compromising ethical values* (6). In response to the first, 21.9% of the respondents indicated they had compromised their ethical values to carry out a patient/family request or demand; 16.7% to meet a supervisor's or employer's demand; and 15.3% carried out a physician's order or request. It would be interesting to find out the extent to which any of the situations referred to by the respondents involved the circumstances of compromise and consisted of integrity-preserving compromise. If, as I suspect, some of them did, the subject of this paper is as relevant to pharmaceutical care as it is to medicine, nursing, and health policy (2,3,4). In response to the question of what *scared them most about compromising ethical values*, 25.8% of the responding pharmacists said they would be ashamed of themselves and 7.8% that they wouldn't be able to keep their word. This reflects a concern for integrity that may, in some cases, be mitigated by an appreciation of moral pluralism, the circumstances of compromise, and the extent to which compromise can be integrity-preserving.

Third, the growing complexity of pharmaceutical treatment and the corresponding development of a paradigm of pharmaceutical care require closer relationships for pharmacists both with patients and with other health care professionals. "The goal," as Hepler and Strand put it, "is effective cooperation by providers of pharmaceutical care with physicians and nurses as professional equals" (8, p. 13S).

This will require, they add, "mutual cooperation with other professions while maintaining professional autonomy for the pharmacist." Later, in providing a concise definition of pharmaceutical care, Hepler and Strand state that "pharmaceutical care involves the process through which a pharmacist cooperates with a patient and other professionals in designing, implementing, and monitoring a therapeutic plan that will produce a specific therapeutic outcome" (8, p. 15S). I do not know enough about the details of pharmaceutical care to provide a realistic example of how the provision of such care would, in some cases, require a patient, physician, nurse, and pharmacist to arrive at a well-grounded, integrity-preserving compromise on an ethical disagreement about a certain course of pharmaceutical treatment. I am reasonably confident, however, that those more familiar with pharmacy than I am will be able to apply the framework developed in this paper to what are sure to be the complex ethical realities of pharmaceutical care.

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