The 1994 Code of Ethics for Pharmacists and Pharmaceutical Care

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SUMMARY. The overwhelming acceptance by APhA membership of the Code of Ethics for Pharmacists presents the opportunity for renewed reflection on the ethic of professional pharmacy practice. For the first time a code of ethics clearly describes the pharmacist-patient relationship and establishes "moral obligations and virtues" as the ethical foundation for pharmacy practice behavior. The preamble and the ensuing eight principles provide aspirational and educational recommendations toward meeting the implicit ethical mandates of the philosophy of pharmaceutical care. *[Article copies available from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]*

Throughout the centuries of development of American medical services, pharmacy–like all professions–has continually struggled to define its relationship with the American society. At the center of this negotiating process has been the fundamental concern for balancing distinct professional autonomy for pharmacists with the public's demand for accountability. Society grants discretionary power and privilege to pharmacists premised on their willingness

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and ability to contribute to social well-being and conduct their affairs in a manner consistent with broader social values. As the American pharmacy profession continues to refine and articulate the practice philosophy of pharmaceutical care, it continues also to emphasize its pursuit toward a wider range of practice activities that carry with them a greater degree of professional autonomy. Pharmacists who respond to this additional level of professional practice and autonomy and embrace the unique *caring* expectations of this new practice mode will be further challenged to demonstrate group and personal behavior that may be far beyond the present expectations of society.

PHARMACY AS A MORAL COMMUNITY

Like other professionals, members of the pharmacy profession are bound together by a common course of training, traditional values, and communal aspirations all of which lead to an agreed upon professional purpose. It is reasonable, even in a pluralistic society such as ours, to view all professions as moral communities whose members "are distinguished as individuals and as a group by widely shared goals, beliefs about the values of these goals . . . about the appropriate means for achieving them, and about the kinds of relations which in general should prevail among themselves, and in many cases between themselves and others" (7). This view of professionals as moral agents was more simply stated by Pellegrino and Thomasma who examined the fundamentals of the professional client relationship and summarized that "any act which applies knowledge to persons involves values and consequently falls into the moral realm" (8). Likewise, pharmacy educators have long envisioned the moral nature of professional pharmacy declaring (in 1927) "the character and the personality of the pharmacy are of primary importance in the proper conduct of his business" and concluding (in 1950) that "the outstanding factor determining the future of the profession of pharmacy is fundamentally moral in nature" (3). Pharmacy educator Donald C. Brodie in his analysis of pharmacy's societal purpose stresses a pattern of professional behavior that demonstrates a "commitment to the common good" (1). More recently, the American Association of

Colleges of Pharmacy's Commission to Implement Change in Pharmaceutical Education embraced pharmaceutical care with its "emotional commitment to the welfare of patients as individuals who require and deserve pharmacists' compassion, concern, and trust" as a new philosophy of pharmacy practice (5).

Professional autonomy, correctly understood, is not a right of the profession but is a socially granted privilege. Its proper use has become a moral duty of the profession. This moral dimension helps to shape the relationship between the profession as a group, its members, and the individuals who receive professional services. Although the ultimate responsibility for action rests with individual practitioners, promoting ethical conduct is not the sole responsibility of the individual since this ignores the importance of social structure in shaping individual consciences and behavior. For professions, the focusing and articulation of appropriate behavioral norms to individual practitioners are the cornerstones of the trust between individual professionals and their clients. Society places its trust not only in individual pharmacists but also in the pharmacy profession relying on the profession to guarantee that its members fulfill their agency obligations (6).

Pharmacy continues to enjoy the high ethical rankings of the American public as evidenced in the recent Gallup polls. Although pharmacy practitioners and educators have reveled in this limelight, few have attempted serious reflection of the stimulating forces behind these rankings. There is no doubt, however, that the American public believes that honesty and trustfulness are appropriate descriptors of American pharmacists and the practice of pharmacy is significantly more than mere mercantile transactions.

CODES OF PROFESSIONAL ETHICS

Society generally expects professions, through its collective members, to generate their own statements of acceptable and unacceptable behavior. This is usually accomplished through the issuance of a code of ethics. Such codes are visible and explicit enunciations of professional norms, embodying the collective conscience of the profession, and serve as testimony to the group's recognition of its moral dimension. Since the middle of the nine-

teenth century, organized professional pharmacy in America has promulgated codes that reflect the collective values and aspirations of practitioners committed to raising the overall standards of pharmacy. More recently, dedicated practitioners acting through the Joint Commission of Pharmacy Practice, expressed their intent to review and restate a Code of Ethics for the profession of pharmacy. The American Pharmaceutical Association (APhA), a member of the Joint Commission, was asked to carry out the intent which produced the current Code of Ethics for Pharmacists (4).

Three types of professional codes may be identified in the literature: aspirational, educational, and regulatory (6). Codes of ethics that are primarily aspirational focus upon practice ideals to which member practitioners should strive, thereby placing a strong emphasis on human achievement and little or no emphasis on the concepts of right and wrong. An educational code will have fuller statements of principles, perhaps with commentary or interpretations which are useful in dealing with problems encountered in professional practice. These codes may also be useful for younger members entering the profession as an introduction to the norms of the profession. A regulatory type of code is framed upon sets of detailed rules intended to govern professional conduct, and serves as a basis for resolving grievances. In reality, any single code of professional ethics may combine all three of these types. Up to the present time, the typical code of ethics developed for American pharmacy has combined a regulatory-educational tone, with only an occasional aspirational expression. The 1994 Code of Ethics for Pharmacists represents a strong shift away from traditional regulatory statements toward statements which are more aspirational and educational. Although codes of ethics may have any number of functions, the primary function of any code would be to promote ethical behavior and to serve as a deterrent to unethical behavior. There is no question that this function is the underlying reason for the propagation of nearly all codes. At times, other functions are necessary for the fullest expression of a profession's ethical responsibilities. For example, it is possible that a code, through its summary statements of principles and direction-setting, may be utilized as an enabling document offering guidance to practitioners. The recently adopted Code of Ethics for Pharmacists, in describing the

patient-pharmacist relationship as a covenant, may prompt pharmacists toward avenues of action that would otherwise be difficult to discern. Pharmacists, for example, may interpret the term "covenant" as being especially rich in religious and moral dimensions, resulting in personal levels of behavior far beyond those prompted by a mere regulatory type code. Codes might be used as a foundation for public evaluation, or even to strengthen or hasten professional socialization. Some codes are designed to enhance a profession's reputation and trust and may preserve or entrench professional biases. Codes might be used to create a support system for the practice of the profession or to serve as the basis for adjudication procedures for resolving difficult cases.

The development of a professional code of ethics provides a unique opportunity for a profession to execute a profession-wide critical self-examination. It can be a valuable–and critical–time to test and evaluate the profession's values, roles, and functions and to determine whether there is agreement with practice reality. The three-year deliberate examination of American pharmacy that produced the Code of Ethics for Pharmacists provided not only association members but all pharmacists the opportunity to consider and reflect upon the practice roles and values of contemporary American pharmacy.

THE DEVELOPING ETHIC OF THE AMERICAN PHARMACY PROFESSION

As America emerged as an increasingly complex society, pharmacy practitioners sought a new professional structure combining the strengths of the English laissez-faire system with the multinational potpourri of the American experience (2). This structure first emerged with the founding of the Philadelphia College of Pharmacy in 1821 in response to perceived threats of pharmacists being labeled as "neglectful or indifferent," eventually leading to its 1848 Code of Ethics, which attempted to advance "professional conduct and probity." The Code of Ethics of the newly formed American Pharmaceutical Association in 1852, modeled after the Philadelphia example, asked those who honored it to "protect themselves and the public from the effect of an undue competition, and the temptation

to gain at the expense of quality," thereby establishing guidelines for professional practice that were clearly beyond the realities of pharmacy practice of that time.

For nearly seven decades this Code of Ethics for American pharmacy remained intact, obscure, and generally ignored by practitioners and educators alike. In 1921, APhA past-President Charles LaWall wrote a new and comprehensive code for the Association that was adopted the following year. This new Code, and its subsequent revisions, continued to reflect societal concerns as organized pharmacy attempted to define an ever-expanding standard of professional practice. New educational requirements for pharmacy students, various drug laws passed on the federal and state level, especially the 1906 Pure Food and Drugs and the 1914 Harrison Narcotic Act, presented serious challenges to practicing pharmacists. Rapidly expanding enrollments in American schools and colleges of pharmacy by students of questionable motivation in the years following the enactment of national prohibition prompted a detailed reference to the "dispensing and sale of narcotic drugs and alcoholic liquors" in the 1922 APhA Code. By the same token, the 1952 revision reflected the emergence of brand-name pharmaceuticals and subsequent state-based antisubstitution legislation as it urged pharmacists to recognize the "significance and legal aspects of brand names and trade-marked products."

By the mid-1960s, it became apparent that a reactive approach to developing an ethical code had resulted in increasingly detailed standards of practice. This fact, coupled with the new five-year degree in pharmacy and a greatly revised consensus on the merits of generic drug products, prompted APhA to convene a conference on ethics to reconsider its Code. The Code that eventually emerged from these discussions was streamlined and focused upon the protection of the public rather than upon proscriptive guidelines for pharmacy practitioners. For example, the new Code placed a positive duty upon the pharmacist to "render to each patient the full measure of his ability," removing the traditional restriction to "not discuss the therapeutic effects or composition of a prescription with a patient." In 1975, the Code was amended to remove any restriction on the advertising of professional services. The offending statement was replaced with a principle stating that communications by

the pharmacist should be truthful, signifying the appearance of the first clearly stated moral principle in an American pharmacy code of ethics. The 1981 version of the APhA Code of Ethics incorporated society's increased sensitivity to cultural attitudes and removed all masculine pronouns.

In some sense, the 1981 APhA Code of Ethics was outdated when it was approved by the Association membership. By this time, the clinical practice of pharmacy had assumed national significance and support for the six-year degree in pharmacy had swept the profession. In addition, major developments in medical ethics during the 1970s and 1980s had developed highly respected centers of research for professional bioethics, all of which moved the practicing pharmacist closer to questions about complex ethical dilemmas such as patient autonomy and self-determination. More recently, the introduction of pharmaceutical care as a standard for professional pharmacy practice provides still another reason to re-examine the moral and ethical implications implicit within American pharmacy. Pharmaceutical care in its fullest sense redefines the pharmacist-patient relationship and expands the boundary of pharmacy practice into levels that clearly involve value-based professional care decisions that are beyond enhanced therapeutic outcomes and the more traditional pharmacy practice values of compassion, faithfulness, and fairness. Indeed, if an ethic of care is implicit in the pharmaceutical care philosophy, then additional virtues such as kindness, sensitivity, attentiveness, tact, patience, reliability, responsiveness, and human relating will need to emerge as foundational values of ethical pharmacy practice (10).

THE REVISION PROCESS FOR THE 1994 CODE OF ETHICS FOR PHARMACISTS

During their August, 1989 meeting, the Joint Commission of Pharmacy Practitioners discussed the need for developing a Code of Ethics for Pharmacy that would better reflect the modern health-care system. The Commission recommended that the American Pharmaceutical Association should provide leadership in the new code development since most professional pharmacy organizations had accepted the APhA Code as their own. An open hearing,

chaired by APhA legal counsel Ms. Patricia Schultheiss, was held at the APhA Annual Meeting in March, 1990; that October, APhA President Philip Gerbino appointed a broadly based committee to begin the task of reviewing the current APhA Code of Ethics.[a] This committee, known as the APhA Code of Ethics Review Committee, gathered information and held meetings over a two-year period including an open hearing on a draft "Code of Ethics for Pharmacists" at the APhA Annual Meeting in Dallas in March, 1993. In September, the Committee at its fourth meeting in Washington, prepared the final draft of the proposed Code and forwarded it to the APhA Board of Trustees for their action. The Board approved the draft Code and submitted it to the House of Delegates at the 1994 APhA Annual meeting in Seattle. The House of Delegates accepted the proposed Code and ultimately submitted the document to the APhA membership for mail vote where it was "overwhelmingly approved."

COMMENTS ON THE 1994 CODE OF ETHICS FOR PHARMACISTS

The 1994 Code of Ethics for Pharmacists adopted by the members of APhA is strikingly different from all previously adopted code statements. Earlier codes were very practice-specific, and often narrowly focused merely on practice events encountered by pharmacists with patients, physicians, other health-care professionals, or fellow pharmacists. Although common to many other professional codes, this approach tends to narrow the scope of ethical concern and generally steers clear of broad, aspirational statements. Moreover, as these codes attempt to specifically guide the actions of members or shed light on complex, ambiguous moral problems they are often seen to be overly paternalistic toward the patients. The 1994 Code of Ethics for Pharmacists, with its preamble and eight principles, avoids this detailed approach and

a. The Committee was composed of eight APhA members: Joseph L. Fink (Chair), Elizabeth K. Keyes (1990-92), Calvin H. Knowlton, Michael L. Manolakis, Beverly Mendoza (1993-93), David G. Miller (1992-93), Phylliss M. Moret (1990-92), Jesse C. Vivian, Louis D. Vottero, and William A. Zellmer.

instead uses general recommendations and general norms as the code framework.

Preamble: Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

The three sentences that comprise this straightforward expression of purpose establish a solid foundation for the ensuing eight statements of ethical principles. The first statement is a simple, clear declaration of the role that pharmacists play in medication use, namely to "assist individuals in making the best use of medications." This obviously refers not just to the patient but *all* individuals who are linked into the medication-use system, including physicians, nurses, administrators, pharmaceutical manufacturers, insurance executives, hospital administrators, government officials, and all others who play a part in formulating drug use policy and procedures. Such a sweeping statement of role responsibility positions pharmacists as critical to all drug therapy situations. The second and third sentences recognize publicly that the Code was prepared by pharmacists and that the Code principles are "based on moral obligations and virtues." This declaration of a moral foundation for a professional code of ethics is unique among American health professions and sets the aspirational tone that is carried forward throughout the Code. The principles of the Code are intended to guide pharmacists in their relationships with all persons concerned.

> *Principle I. A pharmacist* respects the covenantal relationship between the patient and pharmacist.

This bold beginning principle sets the stage for the rest of the Code by defining the relationship that exists between a patient and a pharmacist: no earlier code makes this kind of clear defining statement. By establishing the patient-pharmacist relationship as a "covenant," the Code serves notice that pharmacists respond to this

relationship by observing certain moral obligations; that pharmacy practice is not merely transactional.

The concept of a covenant relies upon giving and receiving the "gift of trust." Throughout the many decades of professional pharmacy practice, pharmacists have been offered the gift of trust by society. In return for this gift, pharmacists promise to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust. Some may question the use of the term "covenant" in defining the pharmacist-patient relationship, suggesting the term is overinflated or is too religious to use in a secular society. A few may prefer to define the relationship more as a "social contract." Others may question the idea of the "gift of trust" believing instead that it is an earned professional practice outcome. Nevertheless, since the nature of the pharmacist-patient relationship forms the bedrock of professional practice, its nature and the resulting moral obligations deserve sincere reflection by every pharmacist.

> *Principle II. A pharmacist* promotes the good of every patient in a caring, compassionate, and confidential manner.

This principle recognizes the well-being of the patient as a primary practice imperative and places this concern at the center of professional pharmacy practice. To carry this out, a pharmacist must consider both needs defined by health science and needs stated by the patient. Furthermore, the principle expects pharmacists to honor the dignity of the patient and accomplish all practice tasks with a caring attitude and a compassionate spirit. This calls for a disciplined and all-encompassing practice spirit. Finally, the Code exhorts pharmacists to focus on serving the patient in a private and confidential manner. Unlike the previous APhA Code of Ethics where patient confidentiality was dependent on serving the patient's "best interest," this principle removes this dependency and makes confidentiality more absolute.

> *Principle III. A pharmacist* respects the autonomy and dignity of each patient.

Respect for patient autonomy, especially the right of self-determination, may very well be the defining moral value for late twen-

tieth-century medical practice. Principle III emphasizes this particular ethical value and pledges that pharmacists will respect patient autonomy and in doing so promote the right of self-determination. Since the passage of the 1990 Omnibus Budget Reconciliation Act, pharmacists and other health-care professionals have been challenged by federal and state law to provide their patients with the kind of information that is needed to make the difficult decisions that affect their health. This principle not only reinforces this attitude but also promotes individual self-worth through encouraging patients to participate in making choices about their health that coincide with their own values or beliefs. Indeed, meaningful communication with patients about their intended therapy is a core component of the pharmaceutical care practice philosophy and shared decision-making stands as one of its important intended goals. In all cases, to be sure, the pharmacist communicates with patients in terms that are understandable and always respects personal and cultural differences that may exist among patients.

> *Principle IV. A pharmacist* acts with honesty and integrity in professional relationships.

The virtues of honesty and integrity have long been associated with professional pharmacy practice. Not only does the pharmacist have a duty to tell the truth and to act with conviction of conscience, but must also avoid discriminatory practices and behavior or work conditions that impair professional judgment. Furthermore, actions that compromise dedication to autonomy and self-determination, such as placebo therapy or other forms of "beneficent deception" will test the spirit of the most ethical pharmacist.

> *Principle V. A pharmacist* maintains professional competence.

In the presence of a patient who is in need of pharmaceutical services, a pharmacist makes an implicit public "profession" that he or she has special skills and knowledge that will contribute to the patient's best interest. This declaration of a special competence and its use in the interest of others is the central act of a profession, carrying with it all the obligations that make the declaration authentic (9). Thus, a pharmacist has a duty to possess and maintain

competent knowledge and abilities, especially as new medications, devices, and technologies become available and as health information advances. The Code, in probably its clearest declarative statement, makes the competency of practicing pharmacists non-negotiable.

> *Principle VI. A pharmacist* respects the values and abilities of colleagues and other health professionals.

This principle recognizes the complexities of contemporary medical practice and emphasizes the need for pharmacists to willingly accept the limits of their knowledge and practice competencies. In these cases, pharmacists ask for the consultation of colleagues or other health professionals or refer the patient to the most appropriate service. Furthermore, this principle directs pharmacists to be aware and acknowledge that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient and in doing so observe their moral accountability as individuals.

> *Principle VII. A pharmacist* serves individual, community, and societal needs.

The primary obligation of a pharmacist is to individual patients, however, this does not diminish the need for pharmacists to extend beyond the individual to the community and society. Increasing public concerns for human health and welfare, resource use, technology, justice, and the place of humans in nature are forcing all health professionals to consider these more global issues. Pharmacists will recognize their basic obligation to participate in public policy decisions that affect priorities of health-care reform and contribute to developing a perspective on global health problems.

> *Principle VIII. A pharmacist* seeks justice in the distribution of health resources.

The final principle is a simple statement of the principle of justice or equity within the practice domain of health resources. Any medical code needs an expression of justice or equity, and pharmacy, like

most health professions, has ignored this dimension since previous codes focused nearly exclusively on providing benefits to individuals. Questions now confronting pharmacists make it impossible to escape this issue any longer, especially at the level of policy. Who should decide if everyone has the right to prescriptions under a national drug plan? Do all patients, regardless of financial resources, have the right to all drugs? By including this principle of justice the Code exhorts pharmacists to be fair and equitable when health resources are allocated, balancing the needs of patients and society.

STRENGTHS AND WEAKNESSES OF THE 1994 CODE OF ETHICS FOR PHARMACISTS

The 1994 Code of Ethics for Pharmacists will probably not be recognized as the ideal code of ethics for a medical profession. It does, however, represent a major overhaul of the existing Code and holds the promise of serving as a true model for the entire pharmacy profession. It offers the members of the pharmacy profession an opportunity to examine and reflect upon those practice values that are most truly associated with ethical pharmacy practice. There is no question that the 1994 Code is aspirational, perhaps setting a level of aspirations that will challenge novice and experienced practitioners alike.

The general recommendations of the 1994 Code, rather than specific action-guides, will present difficulties in code enforcement, possibly requiring significant activity toward developing opinions and other interpretive code statements. Some common, troublesome practice situations may be difficult to relate to any of the eight principles, such as conflicts of interests that pharmacists may find themselves faced with, or the reporting of practice violations by pharmacists. Employer-employee conflicts do not fit neatly into any of the eight statements. Pharmacy students may encounter considerable difficulty in accepting concepts such as the gift of trust, service to society, and social justice, although the Code will provide a fertile document for teaching the foundations of ethics.

PROFESSIONAL SELF-REGULATION WITHIN THE PHARMACY PROFESSION

Self-regulation and self-discipline is the foundation upon which the credibility of any profession rests; most assuredly, it is the keystone for a professional code of ethics. From its initial efforts to organize as a profession in the early nineteenth century to the present time, American pharmacy has struggled with the challenge of fulfilling the mandates of professional self-regulation. Each profession is faced with the difficult task of developing an approach to self-regulation that makes sense to its members and at the same time honors the members assumed individual and collective moral responsibilities. Solving this difficult challenge often requires a balance between matters of enlightened self-interest and advancing the interest of the public. In any case, the professional association should use the greatest of care in promising code enforcement; they should not promise more than they can realistically deliver.

Professional pharmacy associations need to engage in careful, firm code enforcement because that is the right thing to do. It is necessary for associations to develop a process that will promulgate their ethical rules in an unbiased and public fashion. Breaches in ethics involving members and nonmembers alike must be decided carefully and the results communicated in accordance with preestablished rules, and only to parties whose need to know advances protection of the public. Furthermore, associations should not seek to organize compliance with their ethical principles by using the marketplace. APhA's ill-fated campaign to persuade magazines not to advertise mail-order pharmacies, or trade groups not to use them, and government officials to prohibit them, was found to be an activity that established association liability.

Presently, the American Pharmaceutical Association Bylaws authorize the appointment of a five-member Judicial Board that has the responsibility of disciplining members and rendering advisory opinions relating to the interpretation of the Association's Code of Ethics. Board members must be selected from those who have not been subject to disciplinary proceedings and who are not officers or members of the Board of Trustees. A member may be reprimanded, suspended, or expelled from Association membership for unprofes-

sional conduct, defined as a violation of the Code of Ethics, or a violation of a law, rule, or regulation within the Judicial Board's jurisdiction. The first advisory opinion of the Judicial Board was made in January, 1969, and considered whether certain advertising practices were ethical under the then-current Code of Ethics. The Board ultimately advised that certain methods of solicitation of professional practice considered in this question were unethical. Statements such as, "Have our pharmacy price and fill your next prescription" and "If we aren't filling your prescription, you're paying too much" were singled out for rebuke.

Eventually, the Board received so few complaints or requests for advisory opinions that it ceased to be a functional part of the Association, although it still remains an option. Why the Judicial Board lapsed into disuse remains not as much a mystery as a record to be examined and explained. The APhA Code of Ethics Review Committee anticipates the Association will move to reconstitute the Board and use the existing framework for member regulation and discipline. Additionally, as other professional pharmacy associations on the national and state level consider adopting the Code of Ethics for Pharmacists as their code, some representative body may be established that will broaden the application and significance of ethics case decisions and advisory opinions.

It will be important for the members of the American Pharmaceutical Association to develop ways of keeping the Code visible and relevant in the eyes of pharmacy practitioners. As events occur that require interpretation of code statements, these interpretations must be widely disseminated to both the members of the profession and the public alike. Furthermore, spokespersons for the profession will need to acknowledge the possibility of professional error and adopt procedures that assure members and the public alike that complaints will be thoroughly and fairly investigated.

Professional associations must also be alert and ready to defend those practitioners whose discharge of duties puts them at unreasonable or unfair risk as they fulfill the mandates of the Code. For example, those pharmacists who claim the privilege of the pro-life philosophy should be able to practice pharmaceutical care with no fear of reprisal from employers or colleagues. The most effective avenue in this regard may be for organized pharmacy to develop

new approaches that are better able to contribute to a more ethically hospitable work environment. Finally, in order implement and promote any ethical code it will be necessary for professional associations to include and encourage greater lay participation in its code promulgation and enforcement procedures.

CONCLUSION

The 1994 Code of Ethics for Pharmacists stands apart from all other health professions codes. Its appeal to moral obligations and virtues as the foundation for guiding the professional actions of pharmacists is not only unique, but may serve as a model for further code development in the health professions. Furthermore, the 1994 Code of Ethics for Pharmacists can serve as a critical reference document for novice and experienced pharmacists alike as they face choices and responsibilities in the process of making value-laden, ethical decision.

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