

the code of ethics a consultation...

by the Pharmacists' Defence Association.



Consultation

on the Structure of the
Revised Code of Ethics
for Pharmacists and
Pharmacy Technicians

September 2006

www.the-pda.org

A document answering questions
on the revised Code of Ethics by
the PDA.

Question 1

A statement defining the purpose of the code has been developed.

Do you agree with this statement? **Yes**

Question 2.

The structure of the revised code is based on a set of over-arching principles that will inform the conduct, performance and practice of pharmacists and pharmacy technicians. The revised code will detail the actions and behaviours expected of pharmacists and pharmacy technicians when applying the principles in practice, but it will not include detailed technical guidance.

Is this the right approach? **Yes**

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Question 3

The current code of ethics for pharmacy technicians largely mirrors the pharmacists' code. It is proposed that there should be one code of ethics for both pharmacists and pharmacy technicians on the basis that the same ethical principles should apply to the whole of pharmacy, even though how the principles are applied will depend on an individual's role and circumstances.

Is this the right approach? **No.**

Problem

There are some specific problems with the creation of a shared ethical code for technicians and pharmacists. This is due to the fact that pharmacists and technicians possess different duties and roles. Adhering to the same code could lead to conflict, for example, where a technician makes a decision that they feel is in the best interest of the patient, but the pharmacist disagrees. A technician could refuse to work in an environment that the pharmacist feels is perfectly acceptable. Would a technician be able to override a pharmacist's view on the basis of a single code which carries equal weight for both sets of practitioners? The pharmacist, who has the ultimate professional responsibility, may face issue through no fault of their own, due to a technician adhering to their own interpretation of the same ethical code. Hence there is potential for conflict and disruption.

The major argument put forward for a common code is that both pharmacists and technicians work in pharmacy - we believe that this is a flawed approach. Other healthcare professionals do not share the same code. Doctors, nurses, and dietitians for example, all have different codes of ethics, even though they work in the same healthcare environment, it is recognised that they cannot all fall under the same ethical umbrella. The expectation and responsibilities of doctors are higher than a physiotherapist for example, hence a different code exists to reflect this. In the same way a pharmacist, will always be viewed by the public as having the leading role and responsibility in the practice of pharmacy. The pharmacist's knowledge and years of study, give them a far greater responsibility and a much deeper involvement in the clinical care of the patient. As a consequence, pharmacists should be governed by a more demanding code. It is not in the public interest to share the same ethical code with technicians.

Solution

We propose that there are two separate codes. If there must be a shared code then it is clearly specified that the pharmacist will have higher professional responsibility, and will have the authority to make the final judgement above a technician's decision.

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Question 4

The code could be applied to all sectors of pharmacy practice, including situations where a pharmacist or pharmacy technician does not have direct interaction with patients.

Do you agree with this view? **Yes**

Question 5

The seven principles for pharmacists and pharmacy technicians are set out below.

Do you agree with them?

	Yes	No
Make the care of patients your first concern	X	
Exercise your professional judgement in the interests of patients and the public	X	
Demonstrate respect for people	X	
Promote the rights of patients to participate in decisions about their care	X	
Maintain your professional knowledge and competence	X	
Be honest and trustworthy	X	
Take responsibility for your working practices	X	

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Question 6

For each principle, brief statements have been provided to help illustrate the types of requirements that will fall under the principle. The exact wording of these statements has still to be developed. Are the areas that these statements cover reasonable and comprehensive?

a.) Make the care of patients your first concern. **Yes - agree with proposed descriptions**

b.) Exercise your professional judgement in the interests of patients and the public. **No - have concerns over some of the statements.**

Problem statement

One of the statements is "**ensure your professional responsibility is not impaired by personal or professional interests, incentives, targets, or similar measures. Declare any personal or professional interests to those who may be affected**". This does not address the underlying problem, which is the setting of these targets and measures in the first place. Even if a pharmacist does not allow them to compromise their professional responsibility, these targets will still be in existence. It is often difficult to ignore the pressure that a pharmacist is placed under to carry out a certain number of MUR's per month, for example, or the fact, that in some cases, their job may be at risk if they do not meet these standards. It may be time to review the rationale of certain measures/targets/incentives, which can sometimes lead to more harm than good; for example, waiting time targets in hospital outpatient pharmacies can lead to increased pressure on staff, hence increased likelihood of mistakes.

Proposed solution

Introduce a balancing provision that would prevent employers from setting inappropriate incentives or targets etc. which could impact upon patient safety.

Problem statement

"Ensure that, if you have a conscientious objection to particular services, that this is clearly known by your patients and employer, and have in place the means to make a referral to another relevant professional within an appropriate timeframe". It may be counter-productive to fully inform the patient of the reason for the pharmacist's objection. It may cause offence and may also provide a platform to 'preach', which may not be welcomed by the public. Hence, whilst it is acceptable to inform an employer of any conscientious objections to a service, it is probably not in anyone's interest to inform the patient of the details of the objection.

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Proposed solution

Remove the need to compulsorily inform the patient of the nature of the objection. A pharmacist should simply be required to organise alternative arrangements.

c) Demonstrate respect for people. **Yes - but see following point:**

Problem

We deal with many cases where fellow pharmacists display a lack of respect for each other and this should be addressed under this principle. Principle 7 states **“treat colleagues with respect and work effectively with others in ways that serve the best interest of the public”**. This sentence may be better placed under the **‘demonstrate respect for people’** principle, possibly with the insertion of **“treat colleagues and fellow pharmacists with respect”**.

Solution

We suggest that demonstration of respect for fellow pharmacists be emphasised here under this principle.

d.) Promote the rights of patients to participate in decisions about their care.

Yes - agree.

e.) Maintain your professional knowledge and competence. **Yes - agree.**

f.) Be honest and trustworthy. **Yes - but we suggest an amendment:**

We suggest that the statement **“take appropriate action if something goes wrong or if concerns about systems, resources, or the conduct, competence or health of others are reported to you”** should be placed under principle 7 **“take responsibility for your working practices”**.

g) Take responsibility for your working practices. **Yes - agree (subject to proposal under point f)**

Question 7

The principles are presented in a particular order. Do you agree with the order?

We feel that the principles should have equal emphasis. We agree that a numerical or alphabetical classification is needed to separate the principles, but it must be made clear that there is no order of priority.

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Question 8

The current codes of ethics make reference to standards of personal and professional conduct. It is proposed that the revised code should also refer to pharmacists' and pharmacy technicians' personal conduct. This is in recognition that a health professional's actions in their private lives can in some instances compromise patient safety or undermine public confidence in the pharmacy profession.

Do you agree with this view? **Not sure.**

Problem

Attitudes to personal conduct vary between persons. What one person finds acceptable behaviour may be completely repulsive and punishable to another. A good analogy is the concept of adultery. While this is almost universally not a condonable offence, in some cultures it would be punishable by death, whilst in others it can be overlooked as a minor offence. Who, if anybody, can fairly judge how offensive a breach of personal conduct is, or indeed, what defines a breach of personal conduct in the first place?

There is also potential for abuse of this proposition. Malicious people could try and 'report' pharmacists for minor breaches in conduct, in an attempt to cause trouble, examples of such behaviour in pharmacy already exist. For example, such a complaint may arise over nothing more than a contractual argument between an employer and an employee. Even a contractual argument with a builder, which leads to non-payment, could lead to a report of a breach of personal conduct by the builder. A vengeful ex-partner could report aspects of the pharmacist's personal life to create problems. The proposal could lead to the pharmacist being unnecessarily exposed to professional investigation.

It is recognised that some breaches of personal conduct are unacceptable and could compromise patient confidence in the profession e.g., a drug abusing pharmacist or one involved in paedophilia. Hence personal conduct must be monitored. However there must be a safeguard in place to filter out lower level, vexatious complaints. If this filtering system is not in place, the investigation committee could find itself dealing with trivial issues that waste time and cause unnecessary worry to the pharmacist.

Solution

Ensure that an appropriate filter exists to ensure that only relevant issues could fall under the scope of this clause.

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Further Comments

Please let us have any other comments on the draft structure of the code of ethics or the review process

We would like to express our disappointment that membership of the PDA was not invited onto the review panel. As a defence association with almost 12,000 members and having handled thousands of incidents directly relevant to these issues, we feel that our contribution would have been valuable in helping deliver a realistic and effective code of ethics.

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About the Pharmacists' Defence Association (PDA)

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, to defend their reputation. PDA currently has more than 11,000 members.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist
- Seek to influence proactively the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to improve further the membership benefits to individual pharmacists

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