Decisions, decisions: ethical dilemmas in practice
(or how to pass the ‘Red Face Test’)

In the February issue of *Australian Pharmacist* Sydney community pharmacist Ben Basger explored the question of whether to sell or not to sell products that may have no evidence to support their claims (*Australian Pharmacist* February 2006;25(2):166-72). This month Betty Chaar, a researcher in professional ethics in pharmacy at the University of Sydney, discusses the benefits of using reflective ethical reasoning in pharmacy practice.

A regular client approaches you this morning with a beaming smile … you recognise Liz, distinctly remembering her agonising journey through breast cancer diagnosis and subsequent therapy. You also remember her eye for detail and the well researched questions she always seemed to pose. Liz is, after all, a high school teacher.

Today, Liz has a bundle of papers in hand and requests a particular complementary product. The product has only recently been released on the Australian market and you are unfamiliar with its contents or mechanism of action. You are also wary of complementary preparations for serious conditions, because they are not subject to clinical trials or stringent regulatory conditions of sale. Skimming through the printed articles you find little research based clinical evidence to support the claim that the product helps prevent breast cancer related metastases or recurrence at the primary site.
Liz is convinced this is the treatment she wishes to take from now on … a ‘natural’ product. Liz is now in remission and has decided she need not be on the oestrogen-receptor antagonist any longer. The doctor’s orders were to remain on Tamoxifen for a good while – her case was a particularly aggressive type of breast cancer and all treatment options were utilised last year to establish remission; her doctors told her it was a very fragile situation, but Liz was not prepared to suffer any medication side effects any longer.

Sound familiar?

Most pharmacists have been faced with such requests in practice in one form or another. They stand out in our collective memories not for the way we handled them, but more for the underlying frustration experienced with clients who assert themselves in seemingly an in-depth, yet most likely incomplete, knowledge of a topic.

Patients who choose to treat their own complaints often present the pharmacist with a bewildering array of queries or claims about over-the-counter products such as complementary products or products advertised through the media. In counselling or supplying products to these patients, pharmacists must first elicit the real therapeutic effect of the product to determine what to recommend. In doing so the pharmacist sometimes has to weave through a maze of marketing propaganda or very complex scientific/research-based information, whilst maintaining the confidence of the patient, and providing support for the patient’s often deeply held, possibly erroneous, convictions about the product.

In addition to this, the pharmacist, whether in the community pharmacy or on a ward in the hospital, may often be expected to respond to such scenarios in a split second. And most of us do just that! Sometimes, however, the experienced or instinctive reaction to a perplexing ethical dilemma is not what is required. The pharmacist must take time to think. After all, such clients have taken the time to research alternative treatment options. Some of the more experienced pharmacists would say it is futile to argue or try to dissuade such clients … so, what should we do and why?

Ethical reasoning

Ethical reasoning is a complex learned process that involves sorting through an intricate combination of ethical principles, virtues and values, rules and codes; all within a framework of decision-making that each pharmacist should follow carefully. Resolving ethical dilemmas through reflective analysis is an integral responsibility of the pharmacist. This is mainly due to the nature of the pharmacist-patient relationship, which is usually a patient-initiated and fundamentally trust-based relationship.

The moral dimension of this relationship was once described by Pellegrino as ‘any act which applies knowledge to persons involves values and consequently falls into the moral realm’. Whilst many pharmacists feel uncomfortable with the application of the term ‘moral’ to everyday practice, most would agree they make their professional decisions based on what is ‘good’ for the patient (hence the moral dimension to practically every aspect of pharmacy practice). It is in this context that this scenario is regarded as a moral dilemma involving ethical reasoning.

In each story there are specific details which make that particular scenario unique. This implies that the pharmacist must apply the reasoning process to each case as it arises and, since some solutions are more acceptable than others, must be able to justify choice of action and defend the decision made. For our case example, it is worthwhile then to take the opportunity to look at this situation carefully and identify how to reflectively analyse the situation. Not every pharmacist will reason or behave in the same uniform manner in various situations. There are, however, certain issues that may assist or facilitate ethical reasoning and decision making.

The foundation of ethical decision making is based on three fundamental assumptions. The pharmacist must have sound knowledge of 1) the ethical principles and values of the profession, 2) the legal framework within which the profession operates, and 3) the professional code of ethics. Given the pharmacist is aware of these three foundations for ethical decision making, to resolve an ethical dilemma we then recommend adopting a model, based on objectivity and critical thinking, which can be summarised in the following steps:

1. **Identify the problem:** technical facts, risks involved, who is involved?
2. **Moral parameters:** What values are involved? The ‘dilemma’ is usually caused by two or more conflicting ethical principles: what are they?
3. **Legal parameters:** are there any legal constraints to the scenario? Legal guidelines restricting one action option or other must be taken into consideration.
4. **Human values:** these values are often the most important part of the framework for decision making. Our values determine whether or not the scenario is even perceived as an ethical problem in the first instance (e.g. in this case someone might simply supply the product with no further ado). Pharmacists who can identify and understand the scope of human values in a given dilemma are better prepared to make judgments that are defensible.

Consider another case example: An angry father insists on finding out about his daughter’s medications. He may be invading her privacy, but may also be strongly motivated by his loyalty, care and duty to protect his daughter. The pharmacist must recognise these values and give consideration to
them alongside their own professional and personal principles.

5. Develop options for action, i.e. a list of possible solutions. This step is particularly difficult in some cases. It should be possible however to establish a list of alternative actions for each dilemma. This is in the spirit of thoroughness rather than an academic exercise! Informed ethical decision-making promotes informed choices rather than instinctive reasoning based on urgency.

6. Identify relevant ethical principles for each alternative: mutually exclusive alternatives often reveal competing ethical principles associated with each solution. Recognise the ethical assumptions that may be related to each alternative as well. For example, the pharmacist who does not want to lie to the abovementioned angry father may not only be concerned about the personal principle of honesty, but may also be considering the societal assumption that pharmacists are considered honest, reliable professionals (upholding reputation).

7. Determine emerging ethical problems: for each alternative solution expand the field of enquiry to anticipate any emerging issues. For example if the pharmacist provides the angry father with the information will there be a confrontation with the daughter? Is there an ethical duty to inform the daughter what was disclosed?

8. Select one course of action.

9. Justify your choice: sound ethical decisions are grounded in equally sound moral justifications such as principles. Ask yourself: ‘Why did I make this particular decision?’ The answer should not be on a whim. It is imperative that you be able to identify the specific foundation of your decision with values that are relevant and sufficiently convincing in application to the case.

   A good test of your defence is the ‘Red Face Test’ which basically asks you to imagine yourself faced with the popular media at your doorstep the morning after making your decision ... what would you say? Can you justify your decision with confidence?*

10. Anticipate objections: we might expect other pharmacists to challenge our decision with equally valid, carefully reasoned ethical choices of their own, each based on their own value system. There are very few value-free decisions to be made in contemporary pharmacy practice.

   Challenges arising from factual error or faulty reasoning may also occur. Factual error can be corrected. Faulty reasoning can only be avoided by carefully justifying your position with general ethical principles, values or principles in the code of ethics.

   Now to apply this broad outline of the decision making process to the case at hand.

Identifying the problem:

Liz is a well known patient to the pharmacist, has an aggressive type of breast cancer, is stabilised (in ‘fragile’ remission) on Tamoxifen, but suffering side effects, and is of the strong conviction that she needs to swap to a complementary herbal preparation.

   The pharmacist, previously unaware of the side effects Liz is suffering, is requested to supply the product. The product is new to the pharmacist, who is cautious and sceptical of the evidence on hand.

   The implication of supply in this context, without further deliberation, would indicate the pharmacist’s virtual endorsement of the product or therapy chosen by the patient.

   Liz’s physician is, as far as we know, unaware of Liz’s choice and is under the impression that the Tamoxifen treatment is ongoing.

   We do not know of any other parties to this scenario.

Moral parameters:

There are a number of ethical principles involved in this scenario, the first of which is the principle of Non-Maleficence (do no harm). The second is that of Beneficence (to do ‘good’ – what is in the best interest of the patient). The principle of Beneficence is clearly represented in our professional code of ethics (Principle One): ‘the primary concern of the pharmacist must be the health and wellbeing of both clients and the community’.

On the other hand is the very important principle of Autonomy, also represented in our code of ethics (Principle Eight) which dictates: ‘a pharmacist must respect the client’s autonomy and dignity and their right to make informed decisions relating to their treatment’. If that decision is to be made it must be within the tenets of ‘informed consent’ also represented in our code: ‘a pharmacist shall assist clients to make informed decisions about their health care activities and treatments by providing information and advice to the best of their ability and according to the client’s stated needs’ (Principle Eight). Autonomy is based on the condition that the patient has the mental capacity and competence, and must not be under duress, to make an informed decision about the treatment offered.

   There is also an obligation, as stated in the code of ethics, to: ‘maintain a contemporary knowledge of pharmacy practice issues and professional knowledge in order to ensure a

* It is recognised that this ‘test’ is not foolproof. There are those who do not respond to societal inquiry with embarrassment.

This article however, is written for pharmacists, who are professionals and on the premise that pharmacists are highly regarded in Australian society for ethical behaviour and honesty.
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high standard of professional competence’ (Principle Four). This issue may be relevant in view of the fact that the pharmacist’s opinion was based on the material produced by the patient, allowing for a margin of probability that the research conducted by the patient might not be sufficient for the needs of the patient.

The dilemma lies in the fact that these ethical principles are opposing each other, pulling in opposite directions, in fact, in a number of ways.

There is not enough information to support the claim that the product will have the beneficial effect the company claims it to have, but there is nothing to say it could cause harm except in an indirect manner by misleading Liz and taking away her opportunity to evidence-supported prophylaxis (see below). Despite the absence of evidence to support clinical benefit, it could, however, be beneficial to the patient to take something she is comfortable with in the belief that the benefit would be lack of side effects and perhaps, with an extension of the imagination, a placebo effect.

There is an indirect and strong risk of maleficence involved here though. The risk is significant; the doctor’s expression ‘fragile remission’ means Liz is on a very fine line between remission and regression into active disease state, metastases and imminent death.

However, Liz is confidently aware of all these issues and appears competent and capable of making her own decision. Liz is under no duress in this situation. She knows of the risk she is taking and bases her decision on much reflection and research. Her quality of life is important to her; possibly more so than elongation of that life with medications at the cost of making her feel ill throughout.

It is often the case that a patient’s lifestyle choices must be respected even though those idiosyncratic choices can compromise what is known as ‘rational medical care’. For example an obese patient who places a higher value on gourmet dining than on a promise of an extended life on a bland diet is to be given the dignity and right to make this choice no matter how irrational this might sound to health care professionals. In Liz’s case the pharmacist, if not in a position to provide further evidence to inform Liz’s decision making, can consider that this is Liz’s informed decision and respect is due.

Quantifying how ‘informed’ an informed decision must be is complex. Generally speaking, in Australian law, the amount of information needed to formulate an informed decision relies on the ‘reasonable-man test’, i.e. what a reasonable person would consider to be reasonable under the circumstances (not the most precise of tests).

The doctor in this case may have a stake in this dilemma. It is assumed that the doctor’s advice is based on evidence-based medicine and research, as well as the patient’s best interests. There is no maleficence in the doctor’s advice, unless the doctor (or the pharmacist) did not sufficiently warn of side effects in the belief that on balance, anything (including side affects of drugs) is better than dying of breast cancer.

Has the patient discussed this choice with her doctor? This brings to mind the concept of concordance, which advocates sharing of the decision making between doctor, pharmacist and patient in order to promote compliance and better health outcomes. The ‘triad of medical care’ has been the basis for the ethical relationship between the three parties for centuries. This concept is represented in the code of ethics in Principle Six: ‘A pharmacist must respect the skills and expertise of other health professionals and work cooperatively with them to optimise the health outcomes of their mutual clients’.

Legal parameters

Legal issues relevant in this scenario arise if an adverse outcome eventuates as a result of negligent practice, lack of adequate counselling or both, causing harm. Laws of negligence/causation of harm are applicable, for example, if Liz dies and the coroner finds inadequate medical or pharmaceutical treatment/counselling had been followed. Although seemingly far fetched in this case, health care professionals have a ‘duty of care’ and must be aware of conditions and consequences of liability.

Human values

We have discussed Liz’s personal values above, but it is also of relevance to add that the pharmacist has personal values at stake in this scenario. The pharmacist is sceptical and wary about the validity of claims relating to the product. There may be a bias in the pharmacist’s approach to the matter.

There may also be genuine care for clientele, loyalty and personal moral values such as honesty, compassion and reliability.

The pharmacist could also value the patient-pharmacist relationship in the context of business related considerations such as the profit margin of the product versus dispensing fees associated with Tamoxifen; or the prospect of losing the client dissatisfied with the service provided. It is after all the viability of the business that allows the pharmacist to practice. Whether we like to admit it or not, it is of importance to practitioners. Notwithstanding core concepts of health care which constitute the ‘raison d’etre’ of pharmacy, the business of pharmacy is heavily reliant on concepts of finance, accounting, marketing, industrial relations and law, amongst a myriad of other factors. These also contribute to moral concerns, as business is about supplying the needs of human society (goods) in the best possible manner (means) and therefore about human values.
Options, rationale and possible emerging ethical problems

A number of solutions can be elicited based on all of the above:

• The pharmacist may choose to refuse supply on the moral ground that, with lack of evidence to prove otherwise, this new product could cause harm by not providing adequate prophylaxis for the patient’s needs. **Defence**: the principle of Non-Maleficence overrides most other principles in health care. **Emerging problem**: The patient in this case might walk out the door, go to another pharmacy and request the product with no further ado.

• The pharmacist could supply the product after adequate warning and counselling and after ensuring the full competent informed consent of the patient. In this situation some pharmacists contemplate confirmation with a written document signed by the patient. This is not common practice however, and can be challenged in court. **Defence**: the principle of respect for Autonomy – acknowledging the right of the competent patient to make their own informed decisions; **Business concerns**.

**Emerging problems**: if Liz dies prematurely there is a possibility an enquiry/court case may emerge and, depending on details of allegations, the pharmacist may have to defend his/her action. The signed document does not necessarily provide complete legal protection. Also, providing an unpaid for service can still create liability for a professional who ‘gives advice to another person who reasonably relies on that advice’ in the Australian laws of negligence.

• The pharmacist could offer, or ask the patient, to consult the doctor involved in Liz’s care. This option would allow the doctor to be informed of the decision Liz is making and provide a medical opinion, which then either alleviates the pharmacist’s concerns regarding the product or assists the pharmacist in persuading Liz against the swap. The doctor could prescribe another medication altogether if possible, to alleviate the side effects of the Tamoxifen. The patient then decides whether to continue to swap or not in light of further warning by the doctor or a trial of a new prescribed medication.

**Defence**: the professional and ethical value of Concordance. Autonomy is respected in that all parties, including the patient, reach an informed decision. Beneficence is ensured by offering the best option to the patient thereby addressing the best interests of the patient. Non-Maleficence is adopted in that no harm is done particularly if the patient changes her mind. **Business concerns** are addressed when the patient is satisfied that everything is being done to achieve her best interests.

**Emerging problems**: The patient, who may be of such strong conviction as to not change her mind, could then decide to leave the ‘triad’ to pursue her own will: it would then be her confirmed choice, witnessed and documented by both pharmacist and doctor.

Which one of these options would pass the ‘red face test’?

Will every pharmacist agree on one decision in this scenario? Perhaps not, but a decision can now be justified and fortified with sound ethical reasoning.

If the reader thinks there is no time for such reasoning process to take place in the busy environment of the retail pharmacy, this may well be the case. However, there is always a place for reflective practice in any profession; analysing and ensuring the solution chosen is grounded in contemporary ethical principles of practice. Pharmacists should be able to reach decisions such as these efficiently with practice. Adopting reflective ethical reasoning can only lead to the most worthy form of professional satisfaction within the practice of pharmacy.

Note from the Author: the consequences of decisions

The above scenario was based on a true story. ‘Liz’ continued to refuse medication for her condition and subsequently deteriorated rapidly to a point of no return. She refused surgery, treatment and in the final stages, refused adamantly any pain killers. As the weeks dragged on and her pain, almost unbearable already, worsened, her family/friends could only look on in anguish. Her doctor wisely left one dose of 60mg morphine in a container beside her bed in case she changed her mind. Liz did not change her mind ... until the very last hours, after countless nights in the relentless grip of tortuous pain. She finally succumbed and took the dose of morphine, then quietly passed away. No one will ever fathom why she made those choices along the way, why she chose to endure so much pain. The obligation for all involved was to respect those choices against all logic, belief or reason. **Such decisions will always be difficult for us all to make, not only as professionals, but as human beings.**

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References

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