Imagine having a career allowing you to pick and choose the tasks you wish to complete. Depending on the job, uncompleted tasks could be quite detrimental. Most people do not often have the opportunity to refuse to do something in their job description, and not face consequences as a result. Pharmacists, however, have a somewhat unregulated ability to refuse to fill medications, and recent incidences of pharmacist refusal have sparked a flurry of media attention. There has been much debate over the issue of whether a pharmacist can turn someone away from his or her pharmacy services. These arguable issues, along with current incidences and legislation regarding this matter, deserve to be discussed.

It is important to note the current issue of pharmacist refusal to dispense deals with medications that have potentially contentious uses. Depending on the pharmacist, there are quite a few medications that could be considered controversial, and may be refused. Pharmacist rejection, however, does not include the discontinuation of medications because of therapeutic issues. These therapeutic issues include situations such as suggesting the discontinuation of a drug due to a serious interaction or therapeutic duplication. Most of the incidences of pharmacist refusal include oral contraceptives or emergency abortifacients (although there are certainly other potentially debatable pharmacy topics, which will be covered later). For example, Maria Bizecki, a pharmacist in Alberta, Canada, refused to fill a prescription for an oral contraceptive, and was forced to defend her beliefs on the issue of birth control. Local abortion supporters heard about Ms. Bizecki’s refusal, and began a movement to have her called before the Alberta College of Pharmacists. The Alberta College of Pharmacists has the responsibility of managing the complaints resolution process related to their pharmacists. This college is also accountable for developing standards and guidelines for pharmacist practice in Alberta. The abortion supporters succeeded in having Maria Bizecki brought before the board, and she was suspended for over a year (with pay) while the organization evaluated her circumstances. Ms. Bizecki’s ordeal ended when the Alberta College of Pharmacists decided that a pharmacist is allowed to refuse to fill oral contraceptives and abortifacients, and allow a fellow pharmacist to fill the order instead.
This decision by the Alberta College of Pharmacists obviously angered the local abortion supporters. Interestingly enough, Maria Bizecki was not completely satisfied, either. After the decision had been made, she expressed concerns about referral to another pharmacist. Ms. Bizecki felt referral to another pharmacist still violated some pro-life pharmacist’s beliefs. Whether or not a pharmacist is required to refer a prescription is entirely different matter of debate.

One of the most obvious issues in the Alberta case is the idea of a health professional allowing their religious and other personal beliefs to interfere with his or her job. Ms. Bizecki disclosed she was a Christian and a member of Pharmacists for Life International, an exclusively pro-life pharmacy association. She is reportedly opposed to all methods of contraception, as some devout Christians are. However, one must question whether or not it is appropriate to allow someone’s personal beliefs to surface while on the job. A murderer’s defense attorney, for example, is most likely opposed to murder, but must not let his or her feelings get in the way of the responsibility to defend the murderer. If the defense attorney is bothered by the idea of protecting such terrible human beings, however, they have the option to practice law in a different way (such as corporate law or law education). Nonetheless, a majority of careers today do not deal with situations where ethical dilemmas develop regularly. A bank associate, for example, does not have to face any tasks, which may go against his or her ethical beliefs. It is reasonable to assume that the question of whether or not personal beliefs can intervene with the daily tasks of a job has been largely unexplored.

Doctors also have the option of avoiding controversial situations. Physicians who do not approve of abortions (or vasectomies, or sex-change operations) simply do not have to perform them. Those who may not believe in writing prescriptions for oral contraceptives, abortifacients, and other controversial medications can either refer patients somewhere else (such as a state or county health department) or chose a specialty where these drugs are not used as a treatment option (such as geriatrics). Doctors who do not believe in using oral contraceptives may not find it difficult to prescribe them if they are being used for a medical purpose (such as for menstrual cycle regularity or acne). The dispensing pharmacist, however, may not know that the oral contraceptive is being used for this purpose. Some pharmacists may have an easier time dispensing such medications if they knew they were being used for medical reasons. However, some females who use oral contraceptives for these medical reasons may see it as serving a “double purpose” (of additionally preventing pregnancy), and therefore the reason for use may not matter at all to a pharmacist. The pharmacist may assume all oral contraceptives are, at least, being used for the prevention of pregnancy, if nothing else. Some people may choose to start using them for their other benefits as well, but this cannot be assumed.
It may be argued that a pharmacist can chose to practice in an environment where the potential to dispense questionable medications does not exist, such as a nursing home or a hospice location. Unfortunately, there are many more available positions for pharmacists to work at the corner drug store than the local nursing home. Also, depending on where the pharmacist lives, such institutions may not be conveniently located. On average, the corner drug stores often pay pharmacists at a higher rate, and therefore telling a Catholic, for example (or anyone who disagrees with dispensing certain medications), to not take a job at such places is bordering on what some may call a religious discrimination of sorts. However, if a pharmacist is against dispensing certain medications, his or her acceptance of a job at a pharmacy where there is undoubtedly controversial medications (such as birth control pills) is to some extent antagonistic. Some pharmacists have handled this situation by informing their employers of their specific personal viewpoints.

Many people have recommended that pharmacists who are opposed to dispensing particular medications tell their prospective employers of their beliefs upfront, and see if accommodations cannot be made for them. For example, such a pharmacist may be hired to work at a busier store, where there is more than one pharmacist working at one time. In this case, the new pharmacist would not have to deal with any potentially problematic prescriptions. The other pharmacist on duty, for example, would always fill oral contraceptives. Then again, this would require a pharmacist to divulge a potentially deleterious personality trait during a job interview. Some pharmacy chains may not want to knowingly hire someone who could create bad publicity for their company because he or she refused to fill prescriptions based on personal beliefs. Also, other pharmacists who do not have problems filling prescriptions (so long as they are correct in all other aspects) may not like the idea of their company “catering” to new employees who do not like to dispense particular medications. The solution resulting in the least amount of people potentially being affected is for a pharmacist to try to find a practice setting where he or she would not be faced with ethical dilemmas. This may require relocation, but it is what is necessary to prevent anyone from being offended.

Pharmacists are professionals, and the general public usually accepts the advice of professionals favorably. Doctors, dentists, and lawyers provide advice on a regular basis. Pharmacists routinely give suggestions as well. When a pharmacist refuses to fill a prescription, however, and does not offer the patient another place to have the prescription filled, the role of being a professional advisor is somewhat distorted. This was the case in Menomonie, Wisconsin, when Kmart pharmacist Neil Noesen refused to transfer a woman’s oral contraceptive to another pharmacy. He obviously refused to fill the prescription himself. Mr. Noesen reportedly refused to fill the prescription because of religious beliefs. Refusing to fill and refusing to refer are two very different issues. There are many arguments to justify someone choosing to not fill a prescription. On the other hand, refusing to allow someone else to handle the
situation cannot be justified so easily. Mr. Noesen can lecture women every day regarding his beliefs on birth control, but many people believe that the prescription is ultimately the possession of the patient for whom it was prescribed, and the final decision of whether or not to take the medication should be decided by the patient (assuming they are a patient of sound mind). Adopting control of the prescription, and stopping it from being filled anywhere, is quite controversial. On the other hand, simply transferring the prescription to another pharmacy may be “just as bad” to some pharmacists as filling it themselves. Allowing a medication to be dispensed somewhere else may not make a pharmacist feel any better about listening to his or her personal beliefs and refusing to fill.

Mr. Noesen’s decision to not transfer a prescription brings up the issue of patient autonomy. Autonomy is one of the normative principles of ethics. In general, autonomy is the respect of a person’s individuality, or right of self-government. Respecting someone’s autonomy includes permitting a person to make their own decisions, regardless of your own viewpoints. The 1994 American Pharmacists Association Code of Ethics includes the statement, “A pharmacist respects the autonomy and dignity of each patient.” Taken literally, Mr. Noesen violated this code of ethics. An independent administrative law judge determined just that, and limited Mr. Noesen’s pharmacist license for at least two years. Refusing to fill a prescription without giving a patient the option to go somewhere else inarguably impinges on an individual’s autonomy.

On the other hand, there are other normative principles of ethics that could arguably be exercised when a pharmacist refuses to fill, for example, an emergency abortifacient. There is the principle of nonmaleficence, which means to do no harm onto others. Some people believe using emergency contraceptives is harmful to a potential new life. To these people, they are saving someone, and not actually harming anybody. However, some harm may arguably be done by not filling an emergency contraceptive. A hypothetical situation may help to illustrate this. For example, her neighbor might rape a young girl from a poor family. She receives a prescription for an emergency contraceptive from the local health department. The pharmacist she attempts to get her prescription from refuses to fill the order, and will not let the girl have her prescription back. Most likely, the pharmacist believes if the girl truly is pregnant, she should not terminate her pregnancy regardless of whether or not she keeps the child. There are, unfortunately, other things that may happen to a young girl who is pregnant as a result of rape, besides giving the child away for adoption. Instead, she may try to injure the baby in foul ways before it is born. She may do something unthinkable to the baby right after it is born. The trauma of carrying her vicious neighbor’s baby to term may result in long-term psychological problems for the girl. Living in a poor neighborhood, she may never have access to any type of psychological help. Letting nonmaleficence guide the pharmacist’s decision may have saved the life of the unborn child at that moment, but one can never predict what damage may be done as a result of not letting the girl have
her emergency contraceptive. Of course, the girl could very well have psychological issues as a result of terminating her pregnancy, as well. As was previously mentioned, the principle of autonomy, or patient self-governance, should also be considered to some extent in each of these situations. It is safe to say that certain circumstances require a greater amount of consideration of ethical principles, such as the aforementioned hypothetical situation.

Pharmacists know there are potentially questionable situations in pharmacy practice before they even earn a license. This is one of many arguable points that were brought up when a survey was conducted on www.medscape.com, an online resource for health care providers. The poll specifically asked, “Should pharmacists refuse to fill prescriptions that conflict with their personal beliefs?” The survey participants could identify themselves as being either a doctor, nurse, or belonging to another profession in health care. First of all, in general, seventy-seven percent of the respondents felt pharmacists should not refuse to fill, while twenty-two percent said pharmacists should. When the responses were broken down by profession (doctor or nurse), eighty-five percent of the responding doctors and eighty-seven percent of the responding nurses were against pharmacist refusal. Contributors were allowed to comment, and the website felt it was worthwhile to publish frequently-made remarks. A common remark was the question of why some people choose to pursue a career in pharmacy when they know they may have to decide whether or not to dispense something like oral contraceptives. This is similar to questioning why a pharmacist chooses to practice in a setting where they would be the only registered pharmacists on duty who could dispense any medication. Again, this issue is most easily resolved by attempting to practice in a setting where these medications are not dispensed, if possible. However, oral contraceptives make up only a small amount of a pharmacy’s inventory, and it may not seem practical to rule out pharmacy as a potential career based on a few classes of objectionable medications.

The poll conducted on Medscape’s website brought up other interesting issues. Some people felt the decision, of whether or not a prescription is the correct choice for a patient, is made between the prescribing physician and the patient before a pharmacist ever becomes involved. Therefore, the pharmacist has no reason to discuss not taking a medication with a patient, because the treatment has already been selected by the doctor, and it should not be questioned. This argument does not hold up, however, in the situation of an incorrect dose or improper drug selection in the context of typical (non-controversial) pharmacy practice, for example, when a doctor prescribes an incorrect dose of a blood pressure medication. The doctor’s prescription is not always the final word, for many reasons. Pharmacists can reasonably be allowed to discuss treatment options with a patient. By doing this, the pharmacist may be able to better understand the patient’s situation, and may be more inclined to help him or her out by simply filling the prescription. Or the patient
could realize the pharmacist has issues with filling certain medications, and choose to have their prescription filled at another pharmacy.

Obviously, there is great debate over pharmacists’ ability to refuse to fill a prescription for oral contraceptives or emergency abortifacients. There are other potentially debatable situations that may need to be handled differently. People who have Human Immunodeficiency Virus (HIV) have long been associated with participating in what some people consider to be questionable activities, such as intravenous drug use and homosexual relations. There are people who strongly oppose such activities. What would a homophobic pharmacist do if they were presented with a prescription for a treatment regimen for HIV? Should they be allowed to refuse to fill the prescription, because they believe homosexuality is “wrong?” The only difference between this situation and that of emergency contraception is that there is not the debate over whether or not an unborn child’s life is involved. Conflict between personal beliefs and the responsibility to dispense treatment still remains in this situation. Refusal to fill prescriptions for HIV patients is indirectly judging a person’s lifestyle choices. It is debatable whether the choices a patient has made in his or her life should be able to influence a health professional’s decision to treat. It could be compared to refusing to fill a prescription for a democrat, when the pharmacist is a republican. There are very few, if any, religions that completely oppose a certain political affiliation, but some religions have made their feelings on homosexuality very public.

Other, smaller religions have different opinions that could cause problems at the pharmacy counter as well. Even today, there are minor religious divisions in the United States, which believe in white supremacy. Should a white supremacist pharmacist be allowed to refuse to fill BiDil, a combination medicine for self-identified black people with heart failure? There could also be potential issues when a man attempts to fill a prescription for erectile dysfunction. What if the pharmacist knows this person fairly well, enough to know he is not married? If the pharmacist is personally against someone having sexual relations outside of the ties of marriage, he or she may refuse to fill the prescription. In Oregon, physician-assisted suicide is legal. There are many steps that must be taken before a lethal prescription is created, but it is allowed. There is no doubt many pharmacists would refuse to fill the prescription. Other pharmacists may repudiate to fill a prescription for the treatment of Attention Deficit Disorder in children, because they do not believe it is a real disease, but simply an issue of improper parenting. Even more pharmacists may refuse to fill prescriptions for highly regulated pain medications, such as Vicodin, because they believe most people who take these drugs express drug-seeking behavior. Basically, there are quite a few additional situations where a pharmacist’s personal beliefs could interfere with their general responsibility to fill medically suitable prescriptions.

This issue has not gone unnoticed by lawmakers. Many states have passed laws either allowing or prohibiting a pharmacist to refuse to dispense
medication based on their moral beliefs. Even more states have recently introduced legislation regarding these issues. Arkansas, Georgia, Mississippi and South Dakota have all passed laws allowing a pharmacist to refuse to dispense emergency contraception.\(^7\) The Arkansas law allows “certain individuals or entities to refuse to perform abortion services and provide or dispense contraceptives in all or most circumstances.”\(^7\) In Georgia, a pharmacist “shall not be required to fill a prescription for an emergency contraceptive drug” and “such refusal shall not be the basis for any claim for damages.”\(^7\) Mississippi’s law permits “health care providers, including pharmacists or other pharmacy employees, counselors, social workers, health insurers and health care facilities” the right to refuse to provide any medical services, including counseling and referral, on religious or ethical grounds.\(^7\) South Dakota’s law simply consents to pharmacists having “the right to refuse to provide services.”\(^7\)

Those aforementioned states have active laws allowing pharmacist refusal of emergency contraception. Other states, including some of those previously mentioned, have introduced legislation which would, if approved, allow pharmacist refusal to provide services not specific to emergency contraception. Such laws are being considered in Arizona, Arkansas, California, Georgia, Indiana, North Carolina, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia, and Wisconsin.\(^7\) It should be noted that three of these states (Arkansas, Georgia, and South Dakota) already have laws allowing emergency contraceptive refusal. Although these states are all attempting to allow pharmacists to have a right to refuse, the details are different between each state. Arizona law would maintain that a pharmacist is not required to fill emergency or oral contraception “based on moral or religious grounds,” as opposed to refusing to fill for any reason.\(^7\) Indiana’s law would be limited to being able to refuse “artificial birth control.”\(^7\) Rhode Island, South Dakota, and West Virginia law would allow the ability to refuse anything, while Wisconsin’s proposed legislature is limited to exemption from liability and discipline for pharmacists who refuse to fill prescriptions for “abortions, euthanasia, and assisted suicide.”\(^7\)

The only state that currently requires a pharmacist to fill contraception prescriptions is Illinois. Actually, this “law” is an “emergency rule” that requires pharmacists to dispense contraceptives approved by the Food and Drug Administration. If an Illinois pharmacy does not have the drug in the current inventory, the pharmacy has three options, one of which they must follow through on. The pharmacy must order the medication, transfer the prescription to another local pharmacy, or give the prescription back to the patient.\(^7\) The prescription cannot be withheld. Because this is an “emergency rule,” it will only be in effect for one-hundred and fifty days from the day it was passed.\(^7\) After this time, the lawmakers in Illinois will most likely make what was the “emergency rule” an actual law.
A few other states have presented legislation that would not allow a pharmacist the right to refuse to fill. Missouri, New Jersey, and West Virginia are three such states. It should be noted that West Virginia has introduced two pieces of legislation, to either allow or to disallow the refusal of dispensing, depending on which rule is accepted. West Virginia’s potential refusal clause “allows pharmacists right to refuse to provide services,” while the possible requirement to fill would be “prohibiting pharmacists and other persons involved in dispensing medicines from refusing to fill prescriptions.” There is a similar situation in California. One piece of introduced legislation “requires a pharmacist to dispense a prescription except in specified circumstances.” A pharmacist in California would be allowed to “decline on ethical, moral, or religious grounds to dispense a drug pursuant to a lawful request only if he or she satisfies certain conditions.” Basically, to meet the specific conditions, the pharmacists must inform his or her employer of their moral or religious beliefs which could possibly result in them not filling a prescription. This information must be put in writing, and an alternate plan for filling the medication (such as transferring to another pharmacy) must be in place at the pharmacy. Additionally, an employer cannot fire a pharmacist who submits this written notice. However, there is a potentially contradictory addition to this potential California legislation, in which the absolutely refusing pharmacist must “provide appropriate referrals for patients to obtain the necessary prescription drugs and devices despite the health care professional’s objection,” something Ms. Maria Bizecki would not be pleased with.

Three states are also looking at introducing what are known as “conscience clauses.” These clauses would essentially exempt people with conscientious or religious principles from doing anything their beliefs do not allow them to do. People would not be forced to do anything that is in contradiction of their personal beliefs. Maryland, Michigan, and Texas are all seeking to commence such clauses. In Maryland, passage of a conscience clause would result in the establishment of an Emergency Contraception Dispensing Program in the state’s Department of Health and Mental Hygiene. This legislation may also result in certain Maryland pharmacists becoming authorized to distribute emergency contraceptives without a prescription from a physician. Michigan’s law would simply “accommodate” the rights of health care providers who object conscientiously to providing certain services, under certain circumstances. Michigan pharmacists and other health care providers would be required to submit objections in writing. Michigan health care workers would not be allowed to refuse to provide debatable services in an emergency situation, including situations where a patient needed immediate care, or when there is not another health care provider available. The prospective conscience clause in Texas is all-encompassing. It largely allows “providers” to refuse to offer services. Apparently, the word “pharmacist” does not appear in the actual text of the Texas clause, but “dispensing” is incorporated as an activity, which a provider can refuse to perform.
The debate of whether or not a pharmacist has the right to refuse to fill any medication is far from over. There are many arguable points from both sides of this issue. It seems somewhat unreasonable to require someone to do something that is in opposition of his or her personal beliefs. Yet patients with legitimate prescriptions have the right to have their medications provided to them. There are potential “solutions” to this issue, such as referral to another pharmacy. Some people, however, would not be satisfied with this solution, and depending on the patient’s location, this is not always an easy option. A variation on this alternative is to have another pharmacist on site, or perhaps on call, to fill a controversial medication. A pharmacist could also attempt to practice at a location where such issues would not develop, such as in a nursing home. Again, depending on location, this may or may not be a simple solution.

It appears as though other health care professionals do not strongly support pharmacist refusal. These professionals however, have greater options available to them to avoid contentious practice situations, and therefore may not fully understand the potential dilemmas of community pharmacy practice. In fact, anyone, health care provider or not, who does not have an issue with potentially questionable medications will not completely understand the strong personal beliefs of someone who is opposed to certain drugs.

Fortunately or unfortunately, many state governments are taking steps to ensure there are no questions regarding whether or not a pharmacist can say “no.” It will be interesting to see if any of the proposed laws actually take effect in the United States. Also, the extent to which a pharmacist can refuse will need to be determined (for example, whether or not the refusal allowance will only include contraceptives). Until more concrete guidelines are in place, the best resolution to this problem is to avoid it. This can be accomplished in a few different ways, such as by selecting a specific practice setting, or informing pharmacy employers of certain beliefs. Patients could also inquire about a pharmacist’s policies before presenting a prescription. Pharmacists and patients should be tolerant of differing beliefs, and respect individual autonomy, regardless of the situation. Although this issue may never become completely resolved, rules will only become more specific, and acceptance is of greatest importance.
References


