Traditionally, a pharmacist has been labeled the “gatekeeper” of medications. A main aspect of the pharmacy profession is to ensure the safety and efficacy of medications and to protect patients from harmful side effects or unnecessary medications that can lead to complications. Therefore, there will be times when a pharmacist must refuse to dispense a prescription or refuse to recommend an OTC product in order to protect a patient from compromising his/her own health. However, where should the line be drawn respecting the right a pharmacist has to refuse to dispense a medication? Should a pharmacist’s personal views on a certain therapy be able to influence his/her decision on whether or not to dispense said medication? How can one distinguish between a justifiable refusal to dispense and one that is unreasonable? There have been many cases where a pharmacist has refused to dispense a prescription because of her own religious/moral beliefs or she was skeptical about the appropriateness of a medication or herbal order. There are documented cases of pharmacists refusing to dispense birth control or emergency contraception in order to not compromise their own moral grounds. Moreover, some pharmacists face the challenge of deciding whether or not to provide information on non-regulated therapies or uses. Some pharmacists even go as far as to refuse to sell herbals within their pharmacies. The question here is do pharmacists have an obligation to provide patients with all possible avenues of healthcare? This paper will discuss cases where refusals to dispense have occurred and it will also explore the pharmacist’s ethical duty as well as legal obligations when it comes to dispensing as well as counseling.

The world has come a long way in regards to the medications and treatments available to patients for a wide array of diseases. We have also come a long way in providing medications that can help one to live a more “desirable” life such as medications used for cosmetic purposes (i.e. hair re-growth, acne medications, etc.) and those used to improve aspects of life that do not necessarily improve health or well being (i.e. sexual dysfunction medication). We, at many times, provide the patient with medication that may not be medically necessary but may be very important to the patient in order to live a fulfilled and desirable existence. Contraceptives can be placed within this category of medications that may not always be medically necessary (although there are circumstances where this is the case) but used in order to simply be able to engage in sexual activity while avoiding pregnancy. This act of knowingly preventing pregnancy is one that is controversial and is not accepted by some religions and by the personal beliefs of various individuals. So if, based on
religious beliefs, a pharmacist deems it inappropriate for herself to take a medication that prevents pregnancy, would it also acceptable for her to refuse to dispense this medication to another human being even if they do not share the same beliefs?

One can view this situation as a proclamation of autonomy: one by the patient who wishes to access a healthcare product or intervention and the other claim made by the pharmacist who wishes to not comprise his/her own moral beliefs by dispensing said medication. Some would agree that a pharmacist needs to place the rights of the patients above all else but then there is the question of whose rights are more important – that of the patient or that of the pharmacist? Is there a difference of importance between rights? This is a hard issue to debate, however the argument exists that a pharmacist should be aware of their duties before going into this field; therefore, it is thought that one should perhaps not think of becoming a pharmacist if their beliefs prevent them from dispensing any kind of legal medication. A separate argument however, can be made that a pharmacist can change their religious or moral beliefs at any time in their career and may not develop such standards until after they have become a pharmacist. Although many would share the ideal that pharmacists should not allow moral or religious beliefs to prevent them from providing health care to a patient, a pharmacist in Calgary, Alberta, Canada by the name of Maria Bizecki reached an agreement with her employer and the Alberta College of Pharmacists that will, “allow her to refrain from providing customers with prescriptions designed to terminate unborn human life.”

The agreement is as follows:

“The agreement recognizes that patients will occasionally request services or products requiring the pharmacist to participate in activity that the pharmacist finds incompatible with his or her moral or religious beliefs. In Bizecki’s case, the Calgary Co-op agreed that when faced with a morally objectionable situation, a pro-life pharmacist would be allowed to step back and allow a colleague to provide the product or service in question.”

In Bizecki’s case, she is able to refuse to dispense a prescription, however, she must provide an alternative to the patient such as allowing another colleague to dispense the medication or refer the patient to a competitor that can fill the prescription. This story fired up debates amongst many Canadians resulting in an editorial in the CPJ (Canadian Pharmaceutical Journal) where the editor, Polly Thompson, states, “it should be crystal clear that in a patient-professional transaction, the onus is on the health professional to respect the religious beliefs of the patient, not the other way around.” Clearly the editor in this case places the patient’s rights over that of the pharmacist. She is making it clear in this statement that a healthcare provider must respect the moral wishes of a patient (for example, if a patient’s moral beliefs keeps them from receiving a blood transfusion) but it cannot work the other way around (for example, a Jehovah
paramedic cannot refuse to give someone blood if they need so to survive – this is an example Thompson uses). An outrage erupted from this editorial and the response was huge including many pharmacists who wished to comment on many of the things Thompson had said. One pharmacist by the name of Michael Rabik responded by saying this:

“You’ve attempted to equate the dispensing of oral contraceptives with the emergency nature of both an ER visit and a car accident. This is nonsense. I have practiced pharmacy nearly two decades and have yet to witness, either directly or indirectly, a circumstance where an oral contraceptive was required as an emergency measure.”

Of course there is a product now available that is marketed as “emergency contraception” entitled Plan B®, but what the pharmacist here means when he refers to an “emergency measure” is that of a life-threatening emergency – not the “pregnancy emergency” that Plan B® prevents. So this pharmacist brings up the issue that contraception is not medically necessary and is not a medical emergency, therefore, it is okay to refuse to dispense it. This may be a valid point, however, we do run the risk here of riding on a “slippery slope”. What if a pharmacist chooses to believe sex outside of marriage is wrong (a common belief amongst different religions) should he or she have the right to refuse a sexually related medication if the patient is not wearing a wedding ring? Do they have a right to refuse consultation or recommendation of contraceptives to a younger individual who they know are not yet married? What if a pharmacist believes the color red is evil and a symbol of the devil, do they have the right to refuse to dispense red Soflax® capsules? This is an outrageous example, but it begs the question where do we draw the line? The answer is, there is no line that can be clearly drawn as of yet but one may need to be drawn soon due to the vast amount of controversy arising with refusal to dispense contraceptives and especially since the advent of the new HPV vaccine Gardisil®. This vaccine is used to protect young females from the Human Papilloma Virus that is spread through sexual intercourse. Many pharmacists who have strict views upon sex before marriage may have a problem with giving the vaccine to a young girl (with whom the vaccine is intended for); some pharmacists may see the vaccine as a promotion for sexual activity at an early age and this can cause major disputes amongst parents and pharmacists. However, whenever religion is brought into the mix of any issue in the western world, people are careful not to get too involved because it is viewed as an infringement upon one’s freedom of speech rights.

In the United States, The American Pharmacists Association, with 50,000 members, has a policy that says “druggists can refuse to fill prescriptions if they object on moral grounds, but they must make arrangements so a patient can still get the pills.” So similarly in the case from Calgary already discussed, pharmacists in the US in many cases are granted the right to refuse a prescription on moral grounds so long as they supply the patient with an
alternative source to receive said medication. However, there have been cases where pharmacists take the issue to a whole new level in which they refuse to even transfer a prescription for birth control or refuse to offer a suggestion as to where the patient can take their prescription. A pharmacist by the name of Neil Noesen in Madison, Wisconsin who refused to fill a prescription for birth control due to his own religious beliefs faced possible disciplinary action by the state pharmacy board for refusing to transfer said prescription for birth control to another pharmacist or to give the prescription back to the patient. This particular situation is now entering a whole new realm of the issue where a pharmacist seems to be forcing his religious beliefs upon a patient by refusing to allow her to fill her prescription at his pharmacy OR elsewhere. Thus, in this case the balance of autonomy weighs more on the pharmacist's side where his rights are protected but the patient's rights are ignored. The balance is offset due to the fact that the pharmacist is content with the fact that his religious beliefs are not compromised but the patient is left without a valid medical intervention for contraception. In the previous case from Calgary the pharmacist agreed to provide the patient with an alternative to fill her prescription; this seems to preserve the balance of rights between the pharmacist and patient. In the Wisconsin case, this can be viewed as discrimination as the pharmacist refuses to allow a prescription to be filled for a patient (even refuses to allow someone else to fill it) and thus discriminating against a population of patients that do not share in his religious/moral beliefs. The patient in this case filed a complaint after the incident occurred in the summer of 2002. Christopher Klein, spokesman for Wisconsin's Department of Regulation and Licensing, said “the issue is that Noesen didn't transfer or return the prescription.” The most severe punishment would be revoking Noesen's pharmacist license, but Klein says that is unlikely. To date, Noesen has been convicted by a jury on charges of obstruction, but acquitted on disorderly conduct charges. These charges stem from further incidences where Noesen insisted on telling customers about his religious objections as a Catholic to the dispensing of birth control prescriptions. When he refused police orders to leave the store, he was removed from the premises in a wheelchair. This is Noesen's fourth conviction on charges relating to his objections to dispensing contraceptive prescriptions and devices. This pharmacist is an extreme case – one who forces his views upon patients and refuses to allow their prescriptions to be filled ANYWHERE. So the ethical issues in this situation is much more obvious than a pharmacist simply refusing to fill a prescription but then supplying the patient with a reasonable alternative such as having a colleague fill the script or transferring it to a competitor nearby.

The situation with refusal to dispense a valid prescription for birth control medication or emergency contraception is such a complicated issue because it involves the refusal of a valid use of a proven and approved medication by the FDA and prescribed by a physician with, at the same time, involving the sensitive issue of religion which many people are afraid to comment on or afraid to create a set of rules on due to the ideal of freedom of speech that Western society deems to be paramount in many situations. Yet, how complicated is the issue
when we subtract religion and what’s left is the refusal to sell a product or refusal to dispense a product simply because the pharmacist does not believe it to be efficacious? Is it the pharmacist’s place to decide that a patient should not take a medication or an herbal because he/she thinks it will not work? Pharmacists are called the “gatekeepers” to medication – so why is it such a controversial issue for a pharmacist to tell a patient that he/she should not take a certain medication because it doesn’t work? The issue really does not lie in the fact that a pharmacist recommends against taking a certain product, the issue arises when a pharmacist refuses to supply a patient with information on said treatment or refuses to supply the treatment whatsoever even if the patient has a different opinion and believes it will work for them. Can a pharmacist even go as far as to not stock herbals, OTCs or prescription medications that they believe do not work but are recommended by other physicians, herbalists or pharmacists? This is the next issue to be discussed in this paper – does the pharmacist have a right to restrict what is sold or counseled on in his/her pharmacy based on personal opinions regarding the product’s efficacy?

Some may call it voodoo, some may call it a farce but no matter what is thought about herbal medications and complimentary and alternative medicines there are many people in North America, including some health professionals, who swear by this therapy and believe it to be quite efficacious. So if many people believe in these products, they should be available to the public without question, however, the problem lies in the lack of data and federal regulation of the wide array of herbal products and supplements that are available. With prescription medications and OTC medications, these products are subject to stringent FDA regulation and thus, a pharmacist can feel comfortable and confident in recommending one of these products for patient use. Pharmacists have access to extensive studies and guidelines for the safe and efficacious use of prescription and non-prescription drugs, so they have no problem in answering any questions the patient may have on said items. However, because dietary supplements and herbals are exempt from FDA regulation, a pharmacist may be less confident in the efficacy of these products and at many times cannot counsel adequately on the product due to lack of studies or data available on exactly how to take the herbal or supplement and its overall safety and efficacy in general. Hence, because the product itself is in question, many pharmacists feel it is not their place to recommend or counsel on herbals or dietary supplements. However, if the pharmacist does not help a patient with herbals there is a very limited amount of health professionals in which patients have access to. The patient also runs the risk of experiencing major drug interactions between their herbals and their prescription medications if the pharmacist fails to intervene. Thus, it seems to be an inherent obligation of a pharmacist to counsel patients on the safe use of such products – yet this is easier said than done.

The task of keeping up to date on herbals and dietary supplements is a daunting task, if not impossible. There is an obvious lack of scientific information available as many of these products are not studied in clinical trials.
survey, 800 pharmacists rated their knowledge on a scale of 1 (least knowledgeable) to 5 (extremely knowledgeable) on nutraceuticals, herbals, and homeopathic products. The results of the survey were far from impressive: of the 800 pharmacists surveyed, the result was an average knowledge rating of 2. Consumer Reports also expressed that there is a lack of knowledge amongst pharmacists in regards to herbals and supplements. The magazine published findings from an "undercover investigation" that exhibited the fact that "many pharmacists lack critical knowledge about herbal supplements." The fact that patients are becoming more and more interested in such herbal products is positive in the sense that they are taking a more active role in their own healthcare and thus, these patients are becoming increasingly reliable on the pharmacist's help in choosing these products and guiding their use.

Pharmacists who choose to ignore this growing population of patients interested in such products face a troubling reality because it looks as though these products will not go away any time soon. A survey preformed by Eisenburg et al. showed an increase by 8% of the American population that use alternative therapies between the years of 1990 and 1997 (a rise from 34% to 42%). The results for the use of dietary supplements were even more dramatic during this time period as the use of herbal remedies rose 380%, while that of high-dose vitamins increased by 130%. Thus, it is evident that the demand for herbal and dietary supplements is only increasing especially with the advent of the new technological age where patients have more access to healthcare information than ever before and as a result, have become a more health-savvy population as a whole. These findings make it seem almost unethical to deny patients the right to access this alternative path to health, especially when an herbal health professional such as a naturopathic doctor prescribes it. Instead of pharmacists restricting the sale of these items, pharmacists should attempt to help this growing number of patients use these products safely and efficaciously. However, the choice of whether or not to stock these products is an ethical issue in itself and will be discussed later; so let us assume that now we are speaking of a pharmacy that does indeed stock these products. A pharmacist should be able to help patients with the use of herbals if they sell them within his/her pharmacy. If pharmacists fail to do so, it could be viewed as the ethical dilemma of fidelity, which simply is "we will do what we say we will do" – our white coats implies that as pharmacists, we will help people. Thus, it is our ethical duty as pharmacists not to ignore the use of herbals, but instead to educate ourselves no matter how daunting of a task that is in order to preserve our fidelity and do what we imply by our professional position as a healthcare provider. The other side to this coin is that pharmacists argue that they cannot educate themselves on herbals because the data is lacking. However, there are many untapped resources for healthcare providers to aid them in their quest to become herbal-educated such as the National Institutes of Health Office of Dietary Supplements, National Center for Complementary and Alternative Medicine, American Botanical Council and The Herb Research Foundation, just to name a few. Even if the pharmacist does not wish to recommend an herbal or supplement because he/she is still
uncomfortable with the lack of regulation on such products, they still need to be learned in the subject so that patients can avoid serious health complications; many patients are unaware that herbals and supplements have the potential to interact with their prescription medicines. The act in helping patients with products such as herbals and dietary supplements is not only serving to satisfy the obligation a pharmacist has to a patient but it can also be quite lucrative for the pharmacist himself as the number of patients interested in purchasing these items is ever-increasing. Therefore, a pharmacist gets a return on the monetary investment he/she puts into learning about these alternative therapies and at the same time fulfills his/her ethical duty to help patients.

Another issue that arises with the sale of herbal and dietary supplements is the liability a pharmacist has in regards to a patient experiencing an adverse event from these products. This coincides with the lack of knowledge pharmacists have on these products and this lack drives the fear that a recommendation or counseling on a product a pharmacist knows little about can get them into some sort of legal trouble. The first step to solving this dilemma, as discussed earlier, is to get educated on the subject. The second step is offered by Linda Chavis of the American Pharmaceutical Association:

“Pharmacists are advised to contact their state boards of pharmacy and ask whether the board has issued (or plans to issue) any guidance on dietary supplements. It is also advisable to find out whether the state's pharmacy practice act contains any provisions that may pertain to counseling or consulting on the use of dietary supplements. Pharmacists who plan to specialize in this area should check with their malpractice insurance carriers to ensure that these activities are within the scope of their liability insurance policies.”

This is a reasonable way for pharmacists to eradicate any legal fears they have concerning the sale of herbal and dietary supplements and thus, allows them to fulfill their duty as a professional in the healthcare field. The bottom line is if you are going to stock herbals and supplements within your pharmacy your white coat implies that you will aid patients in the use of said products. Therefore, a pharmacist may not be obligated to recommend something he/she does not believe to be efficacious, but at the very least he/she should be able to guide the patient in the safe use of the product if it sold in the pharmacy and the patient will be purchasing it regardless of anyone’s opinion of efficacy. However, many pharmacists choose to avoid this hassle altogether by not stocking these herbals and supplements whatsoever. In the same way, pharmacists with moral dilemmas may choose not to stock Plan B® in the dispensary. For that reason, there seems to be another ethical dilemma arising besides refusal to counsel or dispense – this is the refusal to stock a prescription medication or herbals and supplements whatsoever in the pharmacy.
A pharmacy is indeed a place to receive healthcare. There is a licensed healthcare professional within a pharmacy and patients receive healthcare from these professionals. Yet, pharmacy is a two sided coin. The other side of the coin involves business – when it comes down to it, a pharmacy is a business and the owner has the apparent ability to run the business however he/she chooses. Therefore, in addition to not wanting to counsel on certain herbals, supplements or even prescription medications, some pharmacists decide not to stock such items in their pharmacies whatsoever. These pharmacists believe it is their right as a business owner to sell and distribute products of their choosing. In any other business this seems to be the case – a boutique owner can sell whatever fashion line he/she chooses and if the customer cannot find what they are looking for, they can shop elsewhere. Yet, can one equate a pharmacy with a boutique or any other business for that matter? Any service that involves the health and well-being of patients is always more than just a business. Therefore, ethics comes into play when a pharmacist refuses to stock certain items in his/her pharmacy simply because he/she does not want to for their own personal reasons.

In the case of herbals and supplements, these products are not FDA regulated and therefore, it is not a requirement for licensure that a pharmacist be learned in this area of healthcare. Thus, many pharmacists find it in their best interests to simply not sell these products at all in their pharmacy. However, this could be a violation of beneficence and fidelity as the pharmacist fails to do what his implied promise is as a health professional as well as fails to do good for the patient seeking help with their herbal or supplemental regimens. So ethically speaking, a pharmacist should in fact not run from the issue of herbals and supplements especially since these products have the potential to interact with a patient’s prescription medication. Nonetheless, these products do not undergo any stringent regulations and they are not typically prescribed by physicians so if a pharmacist decides not to stock these items in his pharmacy, there seems to be no major ethical dilemma. The ethical dilemma arises when a pharmacist refuses to help a patient with their questions and concerns about these products because failing to do so can lead to harm to the patient (for example, a patient taking a prescription drug such as warfarin as well as a garlic supplement can have a serious bleeding complication if the pharmacist does not intervene and explain the risks). Thus, it seems to be a pharmacist’s prerogative to stock items that aren’t federally regulated, but what if a pharmacist chooses to omit a prescription drug from their inventory? There is much more of a public uproar when this occurs because patients feel it is their right to have access to medications that the government approves of and that their physician prescribes for them.

As discussed earlier, there are many pharmacists who have a problem dispensing birth control and these pharmacists especially have a problem with emergency contraception or Plan B® because the mechanism of action is closer to abortion than that of contraceptives. Pharmacists that have this moral
dilemma handle the situation differently. Some pharmacists will step aside and have a colleague fill the prescription, some will refuse to have it filled in the pharmacy but offer an alternative to the patient and some even go as far as to take the prescription from the patient and not return it as seen in the Noesen case. Yet, a pharmacy owner has a more drastic alternative and that is to not stock the medication in their pharmacy whatsoever. A pharmacist from Washington by the name of Kevin Stormans did just that when he decided to not stock Plan B® in his chain of pharmacies. Pro-choice activists retaliated with a boycott of the chain “Thriftway”, but Storman remained firm, "Obviously it's not something we would like to have happen. But it's not going to change our position...They certainly may have an effect on our business. If that happens, that's OK. People can make their choice. We've made our choice." This may not seem any different from a pharmacist who chooses not to sell herbals but in reality the two situations are very different. In the case of herbals, the pharmacist is making the decision based on the fact that they are not regulated, not approved by the FDA for any medical use and not regularly prescribed by a physician. However, refusal to stock emergency contraception or any other type of birth control for that matter is a decision based on moral beliefs. Then again, hospitals can choose to omit items from their formularies without being questioned but their reasoning is usually due to cost and guidelines released for certain disease states. So if one can restrict prescription drugs available in one's inventory based on cost, why is it unacceptable for one to do so based on one's morals? The answer to this is probably because not every human being shares the same moral beliefs and thus, the pharmacist becomes more of a preacher of religion or beliefs instead of a professional providing healthcare. This is why the United States government is said to have a separation between church and state – there is no common church for the entire human race and thus, important rules and regulations cannot be based on religious beliefs. Yet, even though this is a logical way of thought, we now know that many pharmacists are allowed to refuse to dispense prescriptions based on their morals. The question is, is there a difference between a pharmacist not stocking a medication and not dispensing it? If it is allowable by some pharmacies to refuse to dispense a prescription why can't it be allowable for the owner to refuse to stock the item in question? The reason it is more controversial is that it is highly unlikely that you will come across a pharmacy where all of the pharmacists on staff will refuse to fill a birth control prescription, thus, removing it from stock decreases the patient's access to the medication and if other pharmacies follow suit it will become harder for a patient to get the treatment prescribed by their physician. If the profession of pharmacy does not provide the service of dispensing a medication there are few alternatives the patient can turn to. Yet, there is no clear cut answer to this problem because no federal legislation has been made on the subject as of yet and until then, it is only a subject up for debate.

It is hard to reach a conclusion on whether or not a pharmacist has the right to refuse to dispense a prescription or stock a prescription based on their own moral beliefs. Legislation in this area is clearly needed even though it will
bring about a battle of autonomy – pharmacist vs. patient. Until some sort of legislation is in place, the best answer to this dilemma is to ensure there is no obstruction in a patient’s right to receive a lawful prescription medication (for example, provide an alternate source for the prescription to be filled) while at the same time preserving the autonomy of the pharmacist by allowing him to act based on his morals. One also must keep in mind that a pharmacist entering this profession is expected to follow a pharmacy code of ethics that is shared amongst all in his practice – so if we ask this of him as a professional it is hard to ask of him at the same time to disregard his own personal code of ethics whether it be his religion or his spiritual beliefs. A pharmacist cannot throw out her own persona and become a robot to the profession. At the same time, a patient cannot be denied the right to access any kind of legal healthcare. Therefore, until there is a clear law that explains what must be done in this matter, we as pharmacists have to ensure that a balance of autonomy is kept between pharmacists and patients; this can be done by coming to a compromise that ensures both the rights of the patient and that of the pharmacist are not violated.

Endnotes:

2 ibid.
6 Ibid.
7 Ibid.