Should Pharmacists have the Right to Refuse?

Emergency Contraceptives

The recent reclassification of emergency contraceptives (Plan B) from prescription only, to over the counter status, has sparked a firestorm of controversy. Pro Life activists voicing their concerns over potential abortion, Pro Choice activists advocating the right to chose what one does to ones own body, the scientific community trying to differentiate between contraception and abortion. Stuck in the middle of this, are pharmacists who are perplexed with a moral dilemma. On one hand pharmacists have an obligation to the patient to provide the best pharmaceutical care possible, and provide the patient with the desired medication. On the other, they are faced with their beliefs and values, and a potential violation of these beliefs if they dispense the medications. What is a pharmacist to do? Should pharmacists have the right to refuse the medication, or should they be obligated to fill it? To answer this question, one must first define abortion, contraception and conception, secondly describe the mechanism of action of Plan B contraception and how it relates to the above definitions, and finally describe the roll of the pharmacist as well as the moral and ethical obligations they have to their patients as well as themselves.

First of all, many people hold different views on abortion, contraception and which procedures fall into which category. Therefore, it is important to establish definitions in order to rationally discuss and debate each issue. I believe it is important to start with conception, as it is the basis for much of the debate surrounding emergency contraceptives. Conception is defined by Webster's Medical dictionary as "The union of a sperm and an egg to create the first cell of a new organism. The term Conception has also been used to imply implantation of the blastocyst, the formation of a viable zygote, and the onset of pregnancy". It is also defined by Mosby's Medical dictionary as "The beginning of pregnancy, usually taken to be the instant that a spermatozoon enters an ovum and forms a viable zygote". Both sources above, support that conception, or the beginning of human life is initiated when the sperm fertilizes the egg. Secondly, contraception is defined by Wikipedia.org as "Mechanisms which are intended to reduce the likelihood of the fertilization of an ovum by a spermatozoon". This correlates with the above definition of conception, fertilization of the ovum. Moreover, clinical definitions of contraception do include methods that "prevent the implantation of an embryo if fertilization occurs ". However, the basis behind the definition of contraception is stopping conception. This secondary definition of contraception violates the claim because conception as stated above is fertilization of the ovum. Finally, abortion is defined by Wikipedia as “the removal or expulsion of an embryo or fetus from the uterus,
resulting in or caused by its death”. This definition of abortion also contradicts the secondary claim of contraception, which states that contraception is also prevention of implantation of an embryo. This definition simply states that abortion is the expulsion of a viable embryo.

With the above terms defined, it is now important to review the mechanism of action of Plan B emergency contraceptive. Although many studies have been performed on Plan B, the exact mechanism of action is still unclear. The medication works by two different mechanisms and depends on what stage in the menstrual cycle the female is in when taking the drug. First, if Plan B is taken in the early follicular phase, before the leutinizing peak which causes ovulation, then the peak of luetenizing hormone will be blunted and thus prolong the follicular phase and delay ovulation. This mechanism by which the drug works, corresponds to the above definition of contraception, since it is preventing fertilization. It also avoids the definition of abortion, which is removal or expulsion of an embryo. However, if Plan B is taken after luteral peak, and thus ovulation has occurred, then the mechanism of action differs. The uterine lining is altered and thus prevents implantation of a viable embryo. While this process still fits into the definition of contraception, "preventing implantation", it also fits into the definition for abortion, which states that abortion is "the removal or expulsion of an embryo". Here lies the crux of the debate. Is plan b abortion or contraception. However, "because of the difficulty of studying pre-implanted embryos inside the uterus and fallopian tubes, both sides of this debate concede that completely proving or disproving the theory may be impossible." Therefore, it is unknown as to whether fertilization or implantation is prevented and thus which category, abortion or contraception, plan b falls into.

Since it is impossible to determine whether implantation or fertilization is prevented, it is therefore impossible to determine whether Plan B can be categorized as abortion or contraception according to our definitions laid out previously. With all of the conflicting information regarding Plan B, and the possibility that it could have abortive properties, some pharmacist's feel that should not have to dispense this medication. However, should pharmacists have the right to refuse dispensing Plan B medication based on personal, moral or ethical beliefs? Legally, the answer depends on where you practice. Michigan extended the conscience clause to cover pharmacist who do not wish to fill emergency contraceptive medication based on personal beliefs. This law originated from Roe v. Wade and was intended to cover physicians who did not want to perform abortions, but extended to cover pharmacists with the advent of emergency contraceptives. However this is not the case everywhere. In Illinois, pharmacists are required to fill all medications related to birth control and California which only allows refusal if the patient can gain timely access at a different location. To answer this question on an ethical or moral basis, one must first review the duties and responsibilities of a pharmacist. First of all, pharmacy
is a profession. As defined by Fassett and Wicks

Professionals are expected to exercise special skill and care to place the interests of their clients above their own immediate interests. Major professional associations have codes of ethics, and have promoted mandatory state licensure as a requirement for professional practice. Licensing and examining boards in turn often include explicit or implicit moral requirements in regulations.4

Pharmacists clearly fit into the above definition of a professional. Secondly, Pharmacy is a moral profession. The

APhA Code of Ethics is based on moral obligations and virtues. It is expected that pharmacists apply moral and ethical principles conscientiously and consistently in making decisions. Veatch uses this argument in an American Journal of Hospital Pharmacy analysis and commentary. He writes, `Health-care professionals are moral agents with the right and the responsibility to make moral assessments and to be accountable for their actions.'5

Thus, pharmacists are not only responsible for putting the patient’s needs above their own, they are expected to stand on a moral and ethical high ground.

When pharmacists are presented with a prescription for Plan B emergency contraceptive, these principles can conflict with one another and put the pharmacist in a moral and ethical dilemma. When presented with an ethical dilemma, it is important to review the five normative principles when making a decision, and assess which principles are most applicable to the case. The three normative principles that apply to refusal to dispense medication, based on moral grounds, are nonmaleficence (do no harm), beneficence (to do good) and autonomy (freedom from external authority). First of all, the principle of nonmaleficence must be addressed. Does Plan B cause harm? The answer to this question depends on whether you believe implantation or fertilization is prevented. However, since it is unclear which occurs, I believe that one should err on the side of caution. So when answering the question of does this medication cause harm, I believe the answer should be yes. Plan B may cause harm to a developing embryo and therefore, to dispense Plan B, with a valid prescription or not, violates the principle of nonmaleficence. Secondly one must address the principle of Beneficence. This closely relates to the principle above, although this principle requires a more active role while nonmaleficence is more passive. Therefore, to follow the principle of Beneficence, with respect to the practice of pharmacy, one must actively prevent harm to the patient. Because of the conflicting nature of the studies performed on Plan B, one must decide whether they believe Plan B medication causes harm. Once again, I believe that it is important as a health care provider, to err on the side of safety. If the pharmacist refused to fill Plan B medication, and by doing so prevented a
fertilized egg from being aborted, they fulfilled the principle of beneficence by actively preventing harm to a helpless embryo. Thirdly, one must address the principle of autonomy, or respect for the individual. If a pharmacist decides that filling medication is against their personal beliefs, and refuses to fill a valid prescription, then they are not respecting the patient’s right of choice. They assume the paternalistic role of "knowing what is best" for the patient. It is not the pharmacist’s role to decide what a patient is, or is not allowed to do. The pharmacist’s role is to present the patient with all the information in order to allow them to make an informed decision. A pharmacist doesn’t have to agree with the patient’s choice, but the patient should be allowed to make a choice in the matter, and by refusing to dispense, a patient’s choice is taken away. As you can see, there is often a conflict between principles when dealing with a moral conflict. Thus, it is important to decide which principle, or principles, apply best. These principles should be weighted the most when determining your moral stance. If you believe that the primary role of a pharmacist is to place the patient’s needs above your own, then you might believe that it is the pharmacist’s role to fill the Plan B medication. However, by putting the needs of the patient first, you are neglecting the need of the developing embryo. This developing embryo, without medical intervention, would one day develop into a human being. By dispensing the medication the pharmacist is putting the needs of the patient, above the needs of a soon to be person. A pharmacist has no right to place one persons needs above another’s. This also related to autonomy. If you believe that autonomy is the principle which applies most in this case, by filling the Plan B medication, the pharmacist is respecting the autonomy of the patient. However, is the pharmacist respecting the autonomy of the embryo? As defined above, an embryo is the first step of human life. All human life should be treated equally, and by dispensing the medication the pharmacist is not respecting the autonomy of the embryo. Well, one might argue that the embryo has no autonomy because it can't think or feel or decide for itself. But is not the case with infants as well. Infants cannot express their thoughts and feeling. Do we ever neglect the autonomy of infants in such matter of life and death? No, we would protect the infant from harm regardless of whether it can express its feelings or thoughts. We should also do so for an embryo. It is the pharmacist’s role to protect human life, especially for those who cannot fight for themselves. Moreover, if you believe beneficence is the major principle that applies, then the answer is obvious. To actively protect human life, or actively prevent situations where human life could potentially be harmed is the duty of the pharmacist. By refusing to dispense Plan B medication, the pharmacist is actively preventing the harming of human life. The principle of nonmaleficence closely relates to this one. If you believe that nonmaleficence is the most important or relevant principle, then dispensing Plan B directly violates this principle. The medication that the pharmacist dispensed caused direct harm to human life, the destruction of an embryo. Therefore, I believe that regardless of which principle that you find to be most relevant to this issue, and although it might seem that some support dispensing Plan B medication to the patient, this is simply not the case. When examined more closely, such as in the case of autonomy, it becomes clear that
the claim does not hold true. While dispensing the medication might uphold the principle for one person, it defiantly violates it for another. This argument, however, could also be made for beneficence. By dispensing the medication, the pharmacist is doing good for the patient. However, is doing good for a patient worth a person's life? The answer is clearly NO!

Now that I have explained my views on the topic of emergency contraceptives, I will present some alternative views presented by pharmacist and explain why I agree or disagree with these statements. The first quote states:

As a practicing pharmacist and as a Christian, I am professionally mortified, outraged, and ashamed that others have seen fit to deprive women of their reproductive freedom in the name of their faith. This flies in the face of our professional obligation to provide safe, excellent, conscientious care. Further, it is a horrific distortion and a bastardization of Christianity, which teaches tolerance, acceptance, and love, and is based on the concept of free will. God allows each of us to make choices, up to and including tremendously critical choices that impact eternity. Are we as humans more knowing than God, more powerful than God? How can it be appropriate for us to deny others their choices while believing in a Creator who does not deny us ours?  

This person is arguing about freedom of choice, yet clearly denies that the pharmacist should be allowed to choose whether or whether or not he or she feels it is morally or ethically incorrect to fill emergency contraceptives. Shouldn't the pharmacist not be given a choice when dispensing medications that can cause harm to human life? Also, in a statement issued by the Vatican, "from the ethical standpoint the same absolute unlawfulness of abortifacient procedures also applies to distributing, prescribing and taking the morning-after pill. All who, whether sharing the intention or not, directly co-operate with this procedure are also morally responsible for it." Thus, any pharmacist who dispenses emergency contraceptives, in the eyes of the Catholic Church, is just as responsible for causing the loss of life as the person taking the medication. Is it fair, or even reasonable to place a pharmacist in that kind of position? I think not. Secondly, another argument presented states:

Oral contraceptives have been around since the year I was born (1957). Anyone who began pharmacy school after 1960 or so should be aware of these drugs' availability, mechanism of action, and intended use. If dispensing contraceptives is such an anathema to "Christian" pharmacists, why did they even stay in pharmacy school? Why not switch majors? The "morning-after pill" and other medical means for terminating early pregnancies were available when I went to pharmacy school; they just weren't FDA-approved. I
can't count the number of times a physician has ordered a "short course" of high-dose oral medroxyprogesterone, intended to bring on "withdrawal bleeding" when the drug was discontinued. Anyone with a license to practice pharmacy should know that "bringing on withdrawal bleeding" is code for starting a period that would terminate any (very early) pregnancy by "jump starting" a late menstrual period. It may not have been foolproof or approved by the FDA, but it certainly was done. Why can't pharmacists who object to oral contraceptives and post-coital contraception find a sector of the profession where this won't be an issue?  

Once again I find this argument erroneous. Should a doctor not practice medicine if he does not want to perform abortions, or assist in euthanasia? Should a lawyer not practice law because sometimes his clients might be guilty? That part of the argument is just plain silly. Moreover the second statement made says to find a job in an area of pharmacy where this problem does not present itself. Why should it be necessary for a person who practices pharmacy to be treated differently because they do no wish to violate their moral stand on an issue. Also, the patient has the option to going to a different pharmacy that will fill the prescription. Another argument states:

Pharmacists have a duty to their patients to fill all medically appropriate prescriptions without interjecting personal moral or ethical considerations. Patients and prescribers have already weighed the pros and cons of any given therapy, and the pharmacist should dispense what is prescribed, as long as it is safe.  

The doctor and patient weighing the pros and cons have nothing to do with the pharmacist. The doctor is not dispensing the medication, the pharmacist is. The doctor and patient have not considered the pharmacist's view. Once again, the pharmacist has a right to interject using moral and ethical consideration. If the pharmacist is catholic, the church considers dispensing emergency contraceptives as morally guilty as taking them. One's occupation should not force a person to violate their religion or beliefs. Another quote supporting the right to refuse states:

Why do people have a problem with this? Except in sparsely populated areas where there is no alternative choice of pharmacy and no Internet access, prescriptions can be filled without much problem. As far as the "morning after" pill is concerned, why should it be a pharmacist's problem that someone has not taken responsibility for his or her actions? A bumper sticker that is a favorite of mine reads: "Your failure to plan ahead should not be deemed an emergency on my part."  

I agree with this statement. Why should the pharmacist have to compromise his beliefs and violate his moral values for another's lack of responsibility or planning? If they prepared properly, and had taken responsibility, these
situations might not have presented themselves. The problem with this statement is that sometimes the circumstances are beyond the patient’s control. Rape is a perfect example. No amount of planning or preparation could have prevented rape, and the patient is not at fault. However, there are other pharmacies, or pharmacist that can fill the prescription for the patient. The final argument that a pharmacist presents is as follows:

Pharmacists: Do you ever fill scripts for pain medication even though you question the MD’s wisdom in prescribing? Have you ever filled a prescription for an antibiotic that you felt was like "using a cannon" when only a slingshot was needed, because you knew the MD would not change it if asked? Have you ever filled an Rx for a medication that you thought was ineffective for the situation? Why is this different from those situations?

We are acting as agents of the MD. We do our best to consult with the MD and to advocate for the patient, but in the end, the decision is between the patient and the physician. If the patient wants to assume the risk and consequences, then the pharmacist should dispense the medication.6

Just because some pharmacist blindly follow the doctors orders, and dispense everything that the doctor prescribes, does not mean that every pharmacist should. It is the duty of the pharmacist to catch prescribing errors. If the pharmacist feels uncomfortable dispensing a prescribed medication, they should not fill it, whether it be emergency contraceptive, or an antibiotic that should not be used.

In conclusion, it is evident that by following the rules for moral and ethical problem solving that dispensing Plan B medication one would come to the conclusion that dispensing this medication is ethically and morally wrong.
References:


