What rights and obligations to pharmacists have to their patients? Specifically, can pharmacists refuse to fill a prescriptions based on moral or religious grounds? This topic has been hotly debated for years and even more so with the introduction of Plan B. The general argument revolves around pharmacists refusing to dispense oral contraceptives and Plan B and in some cases keeping the prescription or refusing to refer the prescription to another pharmacy. According to the National Association of Chain Drug Stores, Wal-Mart, the third largest pharmacy nationwide, has refused to carry emergency contraception “Since the first dedicated product (Preven) came on the market in 1997.” How does this affect the patient and do these pharmacists have a clear understanding of the scope of these medications.

Since the introduction of oral contraceptives and Plan B, woman all over the globe have developed a new form of confidence, freedom and piece of mind. These medications have provided woman protection against unwanted pregnancies in cases of rape, incest, poor health or financial status. In addition, women are freer to engage in sexual activities with their partners without the constant fear of pregnancy. This provides for a more healthy relationship, improves a couple’s status quo, and provides for healthy planned pregnancies.

Plan B was approved in 2004 as an emergency contraceptive for preventing pregnancy in cases of contraceptive failure, unanticipated sexual activity or assault. Pro-life pharmacists who refuse to dispense Plan B claim they do not want to dispense an abortifacient. So how does Plan B work? According to the FDA, Plan B works like “Other birth control pills to prevent pregnancy. Plan B acts primarily by stopping the release of an egg from the ovary (ovulation). It may prevent the union of sperm and egg (fertilization). If fertilization does occur, Plan B may prevent a fertilized egg from attaching to the womb (implantation).” In addition to that, the American College of Obstetricians and Gynecologist explain that “The primary contraceptive effect of all the non-barrier methods, including emergency use of contraceptive pills, is to prevent ovulation and/or fertilization. Additional contraceptive actions for all of these also may affect the process beyond fertilization but prior to pregnancy.” In other words, emergency contraception works when the woman has last ovulated as opposed to when she had sexual intercourse.

On the other hand, looking at Life & Liberty Ministries and Pharmacists for Life International's FAQ the following is seen

“Q: Is Plan B an abortifacient drug or a contraceptive?”
A: Numerous studies support the notion that the high dose, high powered steroid(s) found in Emergency Abortion drugs like Plan B are abortifacient 75 to 89% of the time. Rarely will a drug like Plan B work to suppress ovulation and truly prevent the meeting of the male and female gametes PRIOR to the moment of conception. This explanation by pro-life sites clearly contradicts the FDA’s ground of approval and mechanism of action for Plan B. In addition, The Pharmacists for Life International state that their mission is to “Make pharmacy once again a life-saving profession” and that they are actively involved in “educating” pharmacists and other health care providers. In other words, when pro-life pharmacists visit such a site to clarify how Plan B works, they will be misinformed instead of truthfully educated, and in turn may either refuse to dispense this medication or misinform patients on Plan B’s method of action.

Looking at oral contraceptives, pro-life pharmacists refuse to dispense them because they believe that these agents prevent pregnancy and the development of life that God intended for. However, pharmacist should realize that this is not the only use for oral contraceptives. Other indications for use include menstrual cramps, irregular or absent menstrual periods, acne, osteoporosis, benign breast and colorectal cancer, polycystic ovarian syndrome and much more. In other words, refusing to dispense oral contraceptives based on moral or religious beliefs could potentially harm many female patients who require them for reasons other than “birth control”.

Moving back to the idea that oral contraceptives are only used for birth control – the CDC conducted abortion surveillance in 2002. According to the CDC’s findings, during 2001 in the United States almost half of all pregnancies were unintended. In addition to that “857,475 legal induced abortions were reported to the CDC.” This number could have been significantly reduced if pharmacists actively engage in patient education or if emergency contraceptives are readily available. For example, for women living in rural areas, Wal-Mart may be their only pharmacy available for miles. However, since Wal-Mart refuses to carry emergency contraceptives, these females may not get them in a timely manner. According to the Alan Guttmacher Institute, “Estimated 51,000 abortions were averted by women’s use of emergency contraceptives in 2000.” In addition, several studies including one conducted by Harper, Cynthia C. et on 2,117 females show that emergency contraceptives did not change their sexual behaviors. Therefore, one can say that oral and emergency contraceptives do not cause abortion and have decreased the amount of unplanned pregnancies.

Thus with all this said, pharmacists’ obligations are to the patient and to provide them with their desired medications. Yet many pharmacists still refuse to dispense, transfer the prescription, or give the prescription back to the patients on grounds of moral and religious beliefs. The APhA, the Academy of Managed Care Pharmacy, the American College of Clinical Pharmacy and the American Society of Health-System Pharmacists feel that “[p]harmacists, like physicians and nurses, should not be required to engage in an activity to which they object.” However, in a Medscape survey conducted in 2005,
“77% of the healthcare respondents said pharmacists should not refuse to fill prescriptions that conflict with their personal beliefs.”

An online survey was sent out to the pharmacy students of year 2, 3 and the professors on those mailing lists of Wayne State University. The sample consisted of 74% female and 26% male responders. Of those respondents, over 85% of them are currently working in a pharmacy setting and only 10% of those have seen a pharmacist refuse to dispense oral or emergency contraceptives based on religious and/or moral objections. Over 80% of those who took the survey are not aware of Michigan's stance regarding pharmacists’ right to refuse dispensing oral or emergency contraceptives based solely on moral or religious objections. Lastly, only 54% of respondents believe that pharmacists should not have the rights to refuse dispensing medications. This is an extremely important figure as most respondents are pharmacy graduate candidates and will become the future representatives of the pharmacy profession. So, should a pharmacist fill a prescription that contradicts his/her moral or religious beliefs? What options exist when such an occasion arises?

The first option revolves around pharmacists refusing to fill a prescription. These pharmacists may argue that they will refuse to fill a prescription that they are morally or religiously against using the “conscious clause.” According to the National Conference of State Legislature, the “refusal clauses” (also known as "conscience clauses") were first enacted in response to the United States Supreme Court's decision in the Roe v. Wade case, 410 U.S. 113 (1973). This gave health care providers, primarily physicians, the right to refuse to perform or assist in matters that contradicted with their beliefs. The conscience clause has now spread to pharmacists and as of 2007 “[f]our States (Arkansas, Georgia, Mississippi, and South Dakota) have passed laws allowing a pharmacist to refuse to dispense emergency contraception drugs. Illinois passed an emergency rule that requires a pharmacist to dispense FDA approved contraception. Colorado, Florida, Maine and Tennessee have broad refusal clauses that do not specifically mention pharmacists.” There are many states that do not have any laws in place for such situations – Michigan is one of those states.

In addition to the above, another argument pharmacists can use to justify their refusal to dispense revolves around the deontological ethics. Kantian philosophy would look at pharmacist as being autonomous and, dignified individuals. Thus if you are forcing a pharmacist to fill a prescription to which he is morally or religiously oppose to, then you are treating a pharmacist as a means to an end rather than ends to themselves.

The second option a pharmacist can do is dispense the medication even if it contradicts with their beliefs. Pharmaceutical care, the model that pharmacists now follow, revolves around providing optimum drug therapy that will help improve a patient’s quality of life. Therefore since the patients are at the center of this model, a pharmacist’s religious or moral views cannot interfere with the direct benefit of the patients. This is seen in New Jersey where they adopted a new law effective as of November 2007. This prohibits pharmacists from refusing to fill a prescription on the grounds of moral, religious or ethical grounds.
Furthermore, one can use Kantian and Utilitarianism ethics to defend this point of view. According to Kantian ethics, unless individuals are not sound or of legal decision-making age, then every person has individual rights. These stem from moral autonomy which are the actions individuals take that lead them to become “[o]ne's own person, to live one's life according to reasons and motives that are taken as one's own and not the product of manipulative or distorting external forces” – the essence of human dignity. Therefore, it can be argued that every person has their own individual rights and the decisions they make for themselves should be respected. Thus if a pharmacist refused to fill a prescription for the patient, then he/she is denying patients their autonomy and personhood.

Next, one examines a pharmacist’s obligation to fill a prescription using utilitarian ethics. According to this philosophy, the right action is the one that helps achieve “[t]he greatest happiness for the greatest number of people.” In this case, a pharmacist will have to please both the store owners (given he/she is not the store owner) and the patients. Each prescription a pharmacist fills earns the store direct money through the actual prescription and through the patient’s return for a refill. This action can improve profits; hence increasing the happiness of the store owners. In addition to store owners, filling a prescription for a patient, and especially those in dire need of emergency contraception, will produce a happy and satisfied patient. In other words, if a pharmacist refuses to fill a prescription due to moral or religious objections, then that pharmacist is denying the store potential profit and causing unhappy costumers. Thus a utilitarian would argue that a pharmacist should fill such prescriptions as his/her happiness does not outweigh the happiness of the masses.

So should a pharmacist still be allowed to refuse filling a prescription? Are pharmacists allowed to pass judgment on their patients? Should pharmacists impose their religious or moral beliefs onto others? Better yet – what gives pharmacists the right to even consider the above statements? Pharmacists are there for the sake of the patient, to serve the patient, to provide optimum drug therapy and to maximize their patient’s quality of life. Pharmacists should not judge the character of their patients nor should they impose their beliefs onto patients. Oral and emergency contraceptives are approved by the FDA – in other words, they are legal drugs and should be dispensed to patients who require them. If the patient is sound and has a legal prescription then nothing should stop a pharmacist from filling that prescription unless it harms the direct patient in some way. Pharmacists need to understand that not every patient follows their religion and they should respect a patient’s autonomy and decision making ability.

Adding on to this argument, many pharmacies around the nation sell alcohol and tobacco in their pharmacies – whether this is right or wrong is not the point. How would an individual feel if they wished to purchase some alcohol and a person of Muslim faith refused to sell them that item because of their faith? Or an atheist pharmacist demands a Christmas tree to be taken down since they do not believe in Christmas? The American Pharmacists Association’s code of ethics for pharmacists states that a “[p]harmacist respects the autonomy and dignity of each patient” and “[a] pharmacist respects personal and cultural differences among patients.” In other words, a pharmacist should
understand and respect personal and cultural differences and the patient’s right to make decisions for their own wellbeing and that pharmacists should respect those decisions made by the patient.

Another third alternative is possible. The paper titled “Pharmacist: Friend or Foe” examines this option and suggests that a pharmacist may refuse to fill a prescription; but, they will have to transfer it to another pharmacy that will fill it in a timely manner. Not all states are in favor of this, such as New Jersey; however, a pharmacist should be aware of the consequences if they still wish to actively refuse prescriptions that violate their religious or moral beliefs. This option may only work if the pharmacist is the owner of the store or if the employer consents to this. According to the National Conference of State Legislatures, in California, “Pharmacists have a duty to dispense prescriptions and can only refuse to dispense a prescription, including contraceptives, when their employer approves the refusal and the woman can still access her prescription in a timely manner.” With this alternative, the interests of all parties are met and the pharmacist is not coerced into filling a prescription he/she objects to. In addition, the pharmacist must transfer the prescription in a timely manner to another pharmacy and will not hold on to the prescription.

Moreover, this alternative sits well with utilitarians as they would argue that store owners are free to choose whether they carry oral and emergency contraceptives and if they give their pharmacists the rights to refuse to dispense these drugs. In addition, the pharmacist would be happy not feeling obligated to go against his/her beliefs. Lastly, the patient will get their prescription in a timely manner. This creates the greatest good for the greatest amount of people since ultimately everyone will be satisfied.

In addition to utilitarian ethics, deontology holds that individuals are entitled to moral autonomy and that they have rights that should not be forfeited for the greater good. In this instance, the pharmacist’s and the patient’s conscience are at ease and none of them will have to challenge their autonomy and dignity to get the job done.

To sum it up, there are new debates and points added each year to both sides of the argument. Both views can be backed by an ethical philosophy or religion. Pharmacist may react in different ways and often have more than one choice given where they live. However, the way the pharmacist reacts in such situations will dictate how people view the pharmacy profession. Oral contraceptives are being prescribed more frequently and emergency contraceptives are being more utilized. Pharmacists are the most accessible health care providers and patients often seek their advice before going to their physicians. If pharmacists impose their beliefs onto others or judge the character of their patients, then those patients would be more reluctant to visit a pharmacist and seek help. Pharmacists need to understand that they are there for the sake of the patient and they should never impose their beliefs onto their patients. There are many cultures and religions, and within those, there are many levels of beliefs. Therefore, a pharmacist should understand, respect and be open to the many possibilities out there. For example, not all Christians refuse to use oral contraceptives as a barrier method. Therefore, a
Christian pharmacy should not assume that each Christian patient will not be using oral contraceptives.

Furthermore, with the approval of stem cell research; many more controversial drugs are bound to show up on the market. Many experts argue that stem cell research is the future – how will pharmacist deal in these situations when those drug flood the market and start saving lives? Pharmacists need to step back and evaluate their interests verses the interests of their patients.

Ultimately, the pharmaceutical care model should dominate. Pharmacists need to understand and value the patient’s autonomy and that the patient should be the ultimate figure in deciding what he/she wants. No patient should leave a pharmacy without their prescription or medications. If the pharmacist insists on not dispensing oral and emergency contraceptives then they should either refer these prescriptions to another pharmacy in a timely manner, move to a state that is protected under the conscience clause or practice in a community that shares the same beliefs as the pharmacist in order to harm as little patients as possible. The pharmacy profession needs pharmacists that are understanding and respect the patient’s needs. Pharmacists are there to serve individual patient needs and they should respect the patient’s autonomy and decision making ability.
References


