The Right to Refuse: A Pharmacist’s Right or Abandonment?
By
Katri A. Abraham

What rights do pharmacists have? In particular, do pharmacists have the right to refuse to dispense medications on the grounds of religious and moral objections? If pharmacists do refuse to fill certain medications, are they abandoning the patient? These are burning questions in the field of pharmacy. In the recent years an important debate has surfaced regarding pharmacists refusing to dispense medications because they are religiously opposed to these drugs. The medications that are largely involved with a pharmacist’s right to refuse are contraceptives—emergency and oral. Some people may not know, but there is an ongoing war in the world of pharmacy between pharmacists and patients involving emergency and oral contraceptives. The subject of emergency contraception is a hot topic and a very touchy one at that. There are a number of Pro-Life pharmacists who are against the emergency contraceptive medications and sometimes even oral contraceptives. These pharmacists believe it goes against their religious and moral beliefs to fill and dispense these medications. Some of these pharmacists will not transfer the prescription for the contraceptive to another location and sometimes will even go as far as to hold the prescription and not return it to the patient to have it filled somewhere else. On the other hand, there are Pro-Choice pharmacists who will readily fill and dispense these medications with no hesitation. These pharmacists believe it is their responsibility to take care of the patient’s needs first and foremost and not pass judgment regarding personal beliefs. If a patient has made a decision about their health with their physician, a pharmacist should not interject on the grounds of religious or moral differences. In the case of pharmacists not referring patients to other pharmacies or returning prescriptions to patients, they are abandoning them. This is not
right. People go into the profession of pharmacy to help people, not to abandon them. This is a very controversial topic as one can see. The Pro-Life and Pro-Choice sides have battled the issue of abortion and still are fighting that topic. These two sides have now moved into the area of emergency and oral contraceptives. The conflict between these two sides has been gaining more and more attention in the public eye as more pharmacists are refusing to fell medications.

These drugs have brought some sort of peace of mind to women who have been victims of rape, incest, or contraceptive failure. In the United States in 2001, nearly half of all pregnancies were unintended. Half of all of these unintended pregnancies ended in abortions. A total of 857,475 legal induced abortions were reported to CDC for the year 2000. The highest number of abortions occurred in white, unmarried women under the age of 25. Today there are still a large number of women receiving abortions. Statistics show that in the United States, unintended pregnancies disproportionately affect low-income and minority women, who face the greatest barriers to care. See figure below.

![Graph showing unintended pregnancies by income and race/ethnic group](image)

Unintended Pregnancies in 2001 According to Women's Income and Race or Ethnic Group. Data are from the Guttmacher Institute.
Among women living below the poverty line, the rate of unintended pregnancies increased by 25 percent from 1994 to 2001. Those are staggering statistics. As one can see, there is a need for emergency contraceptives. The creation of the emergency contraceptive drug has provided another option for women should they run into a difficult situation and may be faced with the possibility of an unintended pregnancy. There is a perception by some that the women who may use these drugs are “promiscuous” and this medication allows them to keep up with that lifestyle and not suffer the consequence of getting pregnant. This may be true for a small minority of women, but there is another population of women in which these medications have brought peace of mind. The women who have been victims of rape, incest, or a woman who had chosen a method of contraception that failed are legitimate candidates for these medications. This is the population of women that could really benefit from these drugs. Also the women living at or below the poverty line and don’t have the means to provide for a child at the moment can also benefit from emergency contraceptives. They have been an answer for some women in difficult situations.

Pharmacists are thought of as the “gatekeepers” of prescription medications. Pharmacists hold the power of dispensing most of our nation’s medications. Some pharmacists have abused this power and used it to decide whether people should obtain certain medications based on the pharmacist’s personal beliefs even if the patient has a valid prescription. This issue couldn’t be any truer than in the arena of emergency contraceptive medications and oral contraceptives. According to the website for Plan B, the well-known emergency contraceptive, the definition of an emergency contraceptive is,

“Emergency contraception, or emergency birth control, is used to prevent a
woman from getting pregnant after she has had unprotected sex. Unprotected sex can mean that no method of birth control was used, that a method of birth control was used but did not work—like a condom breaking—or that a woman was forced to have sex when she did not want to. In these situations, emergency contraception offers women an effective second chance at preventing an unplanned pregnancy”.

As previously stated, about 54 percent of unintended pregnancies result in abortions each year. This number could be reduced if more information regarding emergency contraceptives was known and made available to women. Instead of a women having an unintended pregnancy, and possibly raising a child in a poverty stricken environment for the child’s life, an emergency contraceptive could eliminate that risk and save the woman and child a potential life of financial and emotional burdens.

As much as these medications may provide a safe haven for some women, there are others out there who believe these drugs are morally wrong and should not ever be used, in particular pharmacists. Pharmacists are the majority of people who have the capability to dispense and sell these drugs. There is a whole camp of pharmacists who are morally against these medications. These pharmacists believe that by dispensing these medications, they are stopping the progression of human life. There have been a number of instances where patients have been refused the medication from pharmacists. In 2002 in Wisconsin, a Kmart pharmacist, Neil T. Noesen, refused to refill a prescription for an oral contraceptive for a young college student. He also refused to transfer the prescription to another pharmacy where she could have it filled. This is just one of many incidents where patients have been abandoned at the pharmacy and left empty-handed because a pharmacist refused to fill her prescription for an oral or emergency contraceptive.
Many of the pharmacists that refuse to fill the emergency contraceptive prescriptions consider Plan B, the “morning after pill”, an abortifacient. What is an abortifacient? Before the paper can continue, we must define what an abortifacient is. As silly as it may seem to have to “define” a word, definitions of some of these terms is a reason that there is so much confusion and disagreement on this issue. There is not a commonly accepted definition on both sides of the issue of what an emergency contraceptive is and what an abortifacient is. The different sides have different meanings for these terms. First of all, according to the American College of Obstetrics and Gynecology (ACOG) an abortifacient is a drug that acts after human life has begun to cause an abortion. This is an important definition because some Pro-Life pharmacists consider emergency contraceptives abortifacients, which they clearly are not. Many of the pharmacists that refuse to dispense or sell Plan B think that Plan B is capable of causing an abortion. An Illinois pharmacist, Peggy Pace, insisted that Plan B “has the effect of ending the life of an embryo”. The organization, Pharmacists for Life International also believes that emergency contraceptives will cause an abortion. Pharmacists for Life International states on their website that they are 100% Pro-Life and their mission is “to make pharmacy once again a life-saving profession”. Under the Frequently Asked Questions section on the website for Pharmacists for Life International, there is a question asking whether Plan B is an emergency contraceptive or an abortifacient. The question and answer reads as follows,

“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”.

The organization clearly has a misunderstanding of what Plan B is and how it works. Plan B, a form of emergency contraception, can prevent a pregnancy after contraceptive failure, unprotected sex, or sexual assault. As stated on their website, Plan B works by preventing ovulation, preventing fertilization by altering tubal transport of sperm and/or egg, and altering the endometrium, which may inhibit implantation. It is clear to see that Plan B is NOT an abortifacient. It has no effect on a developing fetus. Plan B has dual labeling as a prescription only product and an over-the-counter (OTC) product. It is available OTC for patients age 18 or older with a valid form of identification. In order to be most effective, Plan B should be taken within 72 hours of unprotected intercourse or contraceptive failure. This means that women have a critical time period in which they should obtain and take this drug. If a pharmacist refuses to fill a prescription for Plan B, it can put a serious time crunch on receiving the medication and may put the woman at risk for becoming pregnant. The same goes for oral contraceptives. If a pharmacist refuses to fill an oral contraceptive and as a result a woman misses her dose of her medication, this could put the women at risk of becoming pregnant as well. There is an important difference between Plan B and an abortifacient such as Mifeprex (mifepristone). These drugs are sometimes mistakenly thought of as similar drugs. In regards to emergency contraceptives, “These methods do not interrupt an intrauterine pregnancy after implantation and thus do not cause an abortion according to any common definition”. The organization, Pharmacists for Life International, states on their website that Plan B is an “Emergency Abortion Pill”. The FDA classifies morning-after pills such as Plan B as contraceptives that prevent pregnancy, the same as birth-control pills. They are not “abortifacients” that end pregnancy, although some
pharmacists have used that term in describing emergency contraceptives in the morning-after
debate. Abortifacients are never dispensed by pharmacists; they’re given only under the
supervision of a clinic or physician. The FDA classifies emergency contraception as working by
delaying or inhibiting ovulation, preventing fertilization, or altering the lining of the uterus so
that implantation doesn’t occur\(^6\). Another concept that Pro-Life and Pro-Choice pharmacists
disagree on is when life begins. When does it begin? The Pro-Life side argues that life begins at
the moment of conception, when the egg is fertilized. The Pro-Choice sides argues that life
doesn’t being until implantation. Therefore, the morning after pills according to the Pro-Life side
is abortifacient. The Pro-Choice side would disagree, saying that they prevent implantation-
which is when life begins. This only makes the debate more unclear.

As with any ethical issue, there are always at least two sides to a story. For some
pharmacists, filling and dispensing emergency contraceptives is against their religious and moral
beliefs. They feel that they should not have to do this if they have moral objections to it. These
pharmacists believe they have the right to refuse these drugs. The pharmacists that fall into this
category believe that they should be covered under a “conscience clause”. A conscience clause
would give pharmacists the right to refuse to perform certain services based on a violation of
personal beliefs or values\(^2\). There is much debate in possible legislation for a conscience clause
for pharmacists. The pharmacists so far who have refused to dispense emergency contraceptives
and oral contraceptives say they are protected under a conscience clause just like physicians
would be if they refused to perform certain procedures for example. This would allow
pharmacists to refuse to fill prescriptions for patients if it violates their personal beliefs. As of
2006, there are nine states that have conscience clauses. These states include Maine, Florida,
Georgia, Tennessee, Mississippi, Arkansas, Illinois, South Dakota, and Colorado\(^3\). There are
several other states that have legislation in the works for a conscience clause but it has not passed yet. Michigan is one of those states. The American Pharmacists Association (APhA) feels that pharmacists have the right to refuse to fill a prescription if it goes against their beliefs but the pharmacists should refer the patient to another pharmacy where they can get their prescription filled. They cannot just abandon the patient. The president of the organization Pharmacists for Life International, Karen L. Brauer, defends the right for pharmacists to refuse to fill prescriptions and refuse to refer customers to another pharmacy and transfer their prescriptions. She stated, “That’s like saying, ‘I don’t kill people myself but let me tell you about the guy down the street who does.’ What’s that saying? ‘I will not off your husband, but I know a buddy who will?’ It’s the same thing”\textsuperscript{12}.

The other side of the argument says that pharmacists should fill a prescription even if they have moral objections to it. Who are pharmacists to pass moral judgment on people just because patients have made particular decisions regarding their healthcare? Are pharmacists allowed to decide who should get certain types medications and who shouldn’t? There are some states in which legislation has been passed that would require pharmacists to fill prescriptions even if they objected to the medication. In the state of Washington, a tentative ‘Must-Fill’ policy was adopted on August 31, 2006. This stated that pharmacists must fill prescriptions for emergency contraceptives. In 2007, a federal judge suspended Washington state’s ‘Must-Fill’ requirement. U.S. District Judge Ronald Leighton said pharmacists can refuse to sell the morning-after pill if they refer the customer to another nearby source\textsuperscript{13}. Many pharmacists feel that their primary responsibility is to the care of the patient. If this is what a patient wishes to do, then a pharmacist should not tell the patient otherwise.
One of the most notable battlegrounds for the issue of emergency contraceptives was in the state of Illinois. In April of 2005, the Governor of Illinois, Rod Blagojevich, issued an emergency amendment to the Pharmacy Practice Act requiring all Division I pharmacies to dispense a contraceptive or suitable alternative upon receipt of a valid, lawful prescription. Governor Rod Blagojevich stated that pharmacists and pharmacies were not covered under the Health Care Right of Conscience Act which would allow a healthcare provider, such as a physician, to refuse certain types of treatment. Governor Blagojevich stated, “You don’t have a right to pick and choose who you’re going to provide prescriptions for and which medication you’re going to fill; if you’re in the business, you’ve made that choice”6. The Governor said that there should be no hassles or delays in providing patients with these types of medications8.

In November of 2005, four Walgreens pharmacists in Illinois were placed on unpaid leave for refusing to fill Plan B prescriptions in violation of the new rule. The pharmacists who refused to dispense the emergency contraceptive medications said their grounds for refusing medication were an extension of a provider’s right of refusal to treatment. This has been an ongoing battle in Illinois. Just this past August, a U.S. District Judge, Jeanne Scott, ruled that Illinois Governor Rod Blagojevich’s executive order in April 2005 requiring pharmacies “without delay” to provide Plan B and other abortifacient “emergency contraceptives” mandated store owners to provide it, but did not mean that pharmacists themselves had to violate their conscience and religious beliefs by dispensing it10. The judge also stated that anyone who refuses to dispense a medication because of his or her conscience is protected under the Right of Conscience Act. As one can see, this is an ongoing battle and each side has gains and loses. One day the courts may rule in favor of one side, then a year to two later, they may rule against them. This just goes to show how controversial and important this issue really is and how often it keeps coming up in
the public spotlight. More battles on the issue of a pharmacist’s right to refuse will occur; it is just a matter of time.

Another example, as previously stated, involved a pharmacist in the state of Wisconsin. Neil T. Noesen was a Kmart pharmacist who refused to refill a prescription for an oral contraceptive for a young woman. He also refused to refer the patient to another pharmacy and would not transfer the prescription to a pharmacy that would fill it. Noesen said that he asked the young woman if she was using the oral contraceptive for contraception. She stated she was and at that point he refused to fill the prescription. NARAL, the nation’s leading advocate for privacy and a woman’s right to choose, stated that Noesen violated the code of ethics and put the safety of patients ahead of the principles of providers. Many Pro-Choice advocates take the side that a pharmacist’s main duty is to the patient and providing care to them. They feel that pharmacists shouldn’t be able to intervene and put their morals in between a doctor and his or her patient. They feel that pharmacists should fill prescriptions no matter what. “Nationwide polls consistently show that a wide majority of Americans believe that pharmacists ought to fill prescriptions for the morning-after pill even if they are morally opposed to it.” Many people feel that the responsibility of a pharmacist is to the patient and not to decide whether or not they should receive a certain type of medication.

Above all, doctors, nurses, and pharmacists should respect a patient’s autonomy. A patient is an individual just like a doctor, nurse, and pharmacist. How would a religious Pro-Life pharmacist feel if he or she was in a bookstore and wanted to buy a bible but the clerk wouldn’t sell it to them because they are an atheist and don’t believe in God? This may be an extreme example, but it runs along the same lines as the emergency contraceptive debate. Just because a person or particular group of people don’t believe in something doesn’t mean that they should
have the power to control who is receiving a certain product. In a way, it is almost as if the pharmacist is trying to influence the patient and tell her what is right and wrong. Who are they to decide that? Just because pharmacists are the “gatekeepers” of medications doesn’t mean they also get to decide who receives what medications. One of the codes that The American Pharmacists Association Code of Ethics for Pharmacists states is, “A pharmacist respects the autonomy and dignity of each patient.” This means that pharmacists will respect the decisions a patient has made regarding his or her health care. The Code of Ethics clearly states that, “a pharmacist respects personal and cultural differences among patients.” This means that any pharmacist who refuses to fill a prescription for a patient for an emergency contraceptive is violating this code. The pharmacists are not respecting the decisions a patient and her doctor have made about her health. They are indirectly imposing their beliefs on the patient by refusing to dispense or sell the medication to the patient. By not selling the medication, the pharmacist is saying, ‘I will not dispense this drug because what you are doing is wrong and morally inappropriate.’ Once again, who are the pharmacists to determine what is morally appropriate? People all have their own, different views on many issues. Just because a person doesn’t feel the exact same as another, doesn’t mean they can refuse to do their job. Any pharmacist will tell you that he or she went into the profession of pharmacy to help people. That is a top priority for pharmacists. By refusing treatment to some patients, they are not helping, and in turn are violating the Code of Ethics that they vowed to follow.

No right or wrong answer to this dilemma has been determined, but there are areas that need improvement, such as the way pharmacists handle the situation if they choose to refuse to fill a prescription. Pharmacists have constantly been ranked as one of the most trusted professions in the nation. Many people come to their pharmacists first with their health problems
before anyone else, even their doctors. They feel they can trust pharmacists and depend on their advice to help them. With more pharmacists refusing to fill prescriptions and in some cases not provide the patient with another alternative, pharmacists are losing their stand as one of the most trusted professions. In turn, patients are going to be more reluctant to ask advice or even approach a pharmacist. Pharmacists are seen as allies to patients in many ways. Some people have strong bonds with their pharmacists and view them as partners in their healthcare. The more pharmacists refuse to fill prescriptions for patients, the more enemies pharmacists are potentially making. The patients who have had an experience with a pharmacist refusing to fill and dispense a medication may feel as if the pharmacist abandoned them. When these patients needed a pharmacist the most to help them out in a difficult situation, the pharmacist deserted them. These particular events are hurting the image of pharmacy.

Another question that begs debate is where do we draw the line? What medications can a pharmacist refuse and cannot refuse? It may start with emergency contraceptives and oral contraceptives, but where does it end? For example, many religious people believe that intercourse should only be for procreation. Therefore, if an elderly man comes into the pharmacy and has a prescription for Viagra, can the pharmacist refuse to fill it? Should the pharmacist ask the man if he is married and if he is having intercourse for the sole purpose of procreation? If the courts decide in some areas that pharmacists are allowed to refuse to dispense emergency contraceptive medications, there is no telling where the line will be drawn. This could potentially have a snowball effect and create a laundry list of drugs that pharmacists object to fill due to their moral objections. There has to be some sort of consensus on what pharmacists can and cannot do.
I feel there is a legitimate need for emergency contraceptives and oral contraceptives. I think these medications have helped many women deal with the possibility of an unintended pregnancy. There is a place in medicine for these drugs and if used correctly they can be very helpful. I strongly believe that a pharmacist’s responsibility is to the patient and he or she should respect the patient’s decisions. A patient’s autonomy is an important thing in the aspect of healthcare. People do not want to feel like they are a subject or something impersonal. They want to feel that the healthcare professionals that are taking care of them see them as individuals and respect their healthcare decisions. A patient may feel that they lose a bit of their autonomy when a pharmacist is making judgments regarding their health decisions. If a pharmacist wishes to have their religious rights respected then they should do the same for patients as well. If a patient isn’t as religious as some pharmacists or if he or she doesn’t believe in God, then a pharmacist should respect that. I feel very strongly that a pharmacist should fill a prescription no matter what. Even if a pharmacist has a moral objection to it, he or she should fill it. A top priority of pharmacists is to help people and help decide what the best medication therapy is for a patient. Pharmacists are very important in helping to decide medication therapy for patients. They make many interventions with doctors and other members of the healthcare team. But in this particular arena, pharmacists should not be making interventions based on their religious beliefs. We all do things at our job we don’t particularly care for, but we still do them because it is our job. Religion is a personal preference and should be a private matter. I don’t feel pharmacists should be allowed to bring their personal preferences, such as religion, into the workplace and make decisions based on it.

I feel that if pharmacists have such a strong objection to filling emergency contraceptives and oral contraceptives, then he or she should probably not be working in a community setting.
where this issue will come up often. A possible solution that has been offered was to have another pharmacist who will fill the prescription on duty. The reality is that most pharmacists are on duty alone. Yes they have help such as technicians and interns, but most of the time there is only one pharmacist on duty. What is going to happen if that one pharmacist morally objects to filling certain medications and no other pharmacist is around to fill the prescription? Of course the pharmacist can refer the patient to another pharmacy, but that can be a hassle and in turn make the patient feel like the pharmacist is making him or her run-around. I feel that if a pharmacist refuses to fill a prescription for a patient, it is abandonment. Even if the pharmacist offers to refer the patient to another pharmacy, the patient will still feel some sort of neglect. It is hard for a pharmacist to convey a caring relationship towards the patient when they tell the patient, ‘Well I won’t fill this but I’ll try and send you to someone who will.’ If a pharmacist truly objects to filling these medications and does not want to work in a hospital setting, then something must be done. There has to be a better solution to the problem. I am not quite sure what that solution is yet, but I know there has to be one. One idea could be to have a list of pharmacies that will not fill contraceptives. This way a patient can know right off the bat when leaving the doctor’s office where to go and where not to go. I feel pharmacists should have rights and but also I feel women should have the right to contraception without being turned away and sent on a hunt to where she can find it. No patient should ever be abandoned in a pharmacy.

In conclusion, it is very clear to see that this issue is an important one. Both sides of this debate have worked feverishly to try to have their side be the ‘right’ one. The Pro-Life pharmacists believe that they should not have to fill prescriptions for emergency contraceptives because it would go against their religious and moral beliefs. The Pro-Choice side argues that patients have a right to make decisions about their own health care and shouldn’t have a
pharmacist making judgment calls on whether the decision they have made is morally acceptable to that particular pharmacist. There have been a number of cases in which pharmacists have refused to dispense emergency contraceptives. There have also been a number of different rulings in the courts. Some decisions have turned out in favor of pharmacists who want the right to refuse, while other times the decisions have turned out in favor of pharmacists who believe they must fill prescriptions regardless of the pharmacist’s religious preference.

This will always be an issue in the domain of pharmacy as long as there are emergency contraceptives and oral contraceptives on the market. These types of medications may only be the beginning of a war of the right to refuse. As more and more drugs are discovered and come to market, there will be future battles that have not been encountered yet by pharmacists and patients. There are so many advances in medicine that there are bound to be encounters regarding treatments. The argument of Pro-Life and Pro-Choice regarding abortion has been around for many years. The argument about abortion has close ties with the argument of emergency contraceptives. The argument of emergency contraceptives is now starting to gain momentum and become a main disagreement in the health care realm, especially with the recent approval of Plan B being able to be purchased over-the-counter. The pharmacists who refuse these prescriptions should look at the statistics of unwanted pregnancies in the United States. These numbers could potentially be reduced if the knowledge and availability of emergency contraceptives was increased.

No patient should ever leave a pharmacy without a medication they have a prescription for because of a pharmacist’s moral objections. A good trait of a pharmacist is compassion. If a pharmacist can show compassion to a patient even if he or she may not agree, that is a great pharmacist. It really shows the pharmacist’s ability to conduct themselves in a mature and
professional manner. Pharmacists should serve an individual’s needs and respect their autonomy above anything else.

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References


