Influence of Religious or Cultural Beliefs on Healthcare

The obligation of a healthcare professional is to provide healthcare services beyond our own personal beliefs and opinions. However, with the diverse population growing in our society, it is very likely that the majority of health care professionals will encounter a situation involving the differences of opinion between the provider and the patient’s religious or cultural beliefs. These conflicts have been increasing in today’s society as evidenced by several high profile cases reported by the media where pharmacists have refused to dispense certain medications based upon their religious beliefs. The ethical issue of these commonly encountered conflicts is whether or not healthcare providers have the right to express their beliefs or their personal opinions on their patients. There is an ongoing argument on whether one can find an agreement or a balance between an individual’s personal right to object to something that he/she believes is morally wrong and when morals and cultural upbringing have to be put aside for the ultimate goal in providing the best medical care possible for a patient, which is the basis of all medical professions including pharmacy.

The role of today’s pharmacists is to not only to provide pharmaceutical care to a patient by dispensing, filling and counseling on a medication, but to also provide a service to ensure the patient’s right to obtain quality health care. The roles of pharmacists have
expanded to include educating patients about choices regarding medication decisions, developing pharmaceutical plans for disease states and providing access to the medications that the patients need. All these responsibilities of the pharmacist must be performed by utilizing our pharmaceutical knowledge supported by evidence based medicine to provide a clinically unbiased medical decision that is right for patients. The majority of us do not believe that healthcare decisions should be based on personal bias because personal upbringing influenced by religion or culture will then factor into the decision that is made for the patient. If healthcare providers force their own personal morals on the patient, then they are violating the professional duties of a healthcare professional. However, another argument presented by the healthcare professionals is that by suppressing their moral beliefs and their cultural upbringing would be in violation of their individual right to express their own opinions. Both perspectives have strong arguments and it is certain that this is an ongoing battle. The question is how one can find a balance between the two sides so that both can coexist without one violating the rights of each other.

Religion and culture has existed for centuries and are a fundamental makeup of what comprises a human being. Religious and cultural aspects of a person play a role in defining a person’s individuality, thinking, and most importantly his or her behavior. This is why religious and cultural beliefs pervade every part in society and even healthcare. For this reason, many conflicts between healthcare and religious and cultural beliefs have been well
documented through our media and medical journals. “I don’t think it’s fair that I be forced to participate in a chain of events that results in the taking a life”. (1) Many decisions made by an individual are based on what she or he thinks is best for themselves. Thus, religion or cultural beliefs play a major role on what a healthcare professional or a patient would base their decision on. Moreover, religion or cultural beliefs not only affect the decisions we make but also how we choose to behave including the actions we take. For example, if a pharmacist chose not to participate in a decision that his or her patient made because he or she felt the decision was morally wrong. When do the rights of patients, including their personal beliefs, become more important than the pharmacists’ rights and beliefs? The moral dilemma pharmacists have to face is when their responsibilities as pharmacists need to be at the forefront in their behavior over who they are as human beings.

Pharmacy, like every other healthcare profession follows a very specific professional code of conduct. Included in the code of conduct is the statement that “a pharmacist respects the covenantal relationship between the pharmacist and the patient” (4). This may imply that pharmacists should give the patients’ beliefs priority over their own. In order for a relationship to be considered a covenantal relationship, the healthcare professional has moral obligations to provide the best medical care in terms of pharmacotherapy. In order for this code to be fulfilled, pharmacists will have to have this moral obligation supersede their own personal obligations and put the interests of patients ahead of their own opinions. For
this reason, controversies exist between the obligations of pharmacists and their own personal morals and standards. Many have argued that although pharmacists are part of a profession, they are just like normal individuals who are not devoid of ethical morals. "We don't have a profession of robots. We have a profession of humans. We have to acknowledge that individual pharmacists have individual beliefs". (4) If we look at a pharmacist as an individual like everyone else, then we will be able to see that pharmacists also have cultural and religious backgrounds that are as diverse as their own patients. However, the code of ethics for pharmacists demands that these be put aside and only the interests of the patients be considered. This is very hard to do when the healthcare problem of the patient is serious in nature and is in conflict with the moral standards or religious beliefs of the pharmacist. The presence of conflict in healthcare is not a new phenomenon. The need to make difficult choices, with ethical dimensions, regarding patient care has always been an inevitable part of clinical practice. However, the context in which healthcare is administered has changed dramatically over the past decade, driven by many factors, including the introduction of new technologies and the increase of religious and cultural variation in patient populations.

To gain additional understanding as to how religion or cultural beliefs impact healthcare decision making, a survey was conducted with 69 healthcare professionals, ages between twenty and thirty. Questions were designed to discover the different views regarding few of the well known controversies in the field of pharmacy including the use of Plan B, the
abortion pill, Gardasil, and physician assisted suicide amongst various religious background.

Of the 69 participants, there were 37 Christians, 23 non-religious, 5 Buddhist, 2 Muslim, 1 Hindu and 1 Chinese Universalist. Of the 37 Christians, 29 Christians agreed with the use of Plan B and 31 would dispense it to the general public and 34 would dispense it to the victim of sexual assault. However, only 19 would dispense Mifepristone (an abortion pill). 35 Christians agreed with the use of Gardasil but only 26 agreed to standardize it to pre-adolescent girls. Only 20 Christians agreed that a person has the right to choose his or her own manner of death, 9 agreed with the legalization of physician assisted suicide and 13 would dispense the lethal dose.

Of the 23 Non-religious participants, 21 agree with the used of Plan B and all 23 would dispense it. 15 would dispense Mifepristone, however, many commented that they would agree to dispense only when there is a legitimate reason such as when the patient has a medical condition in which she is unable to carry on her pregnancy, or when the fetus was found to have a congenital defect. 22 agreed with the use of Gardasil but only 16 agreed with the standardization of it. 19 respondents believed each person has the right to choose his or her own manner of death as well as agreeing that physician assisted suicide should be legal. 10 would dispense the lethal dose.

Although there were only 5 Buddhist participants, the results were very similar. All participants agreed with the use of Plan B and would dispense it. All 5 would also dispense
the abortion pill, Mifepristone. 5 agreed with the use of Gardasil and 4 agreed to standardize it. 4 of the Buddhist participants believe that each individual has the right to choose when to end his or her life; however, only 2 think it should be legal and would dispense the lethal dose.

Many issues have been raised regarding conflicts between pharmacists and patients and whether the basis of those differences is religious or cultural. One of the more recent popular debates in the media is the controversy of the refusal of pharmacists to fill birth control pills or morning after pills to patients because it is against their religious beliefs. These refusals have been occurring in over a dozen states including at major pharmacies such as CVS and Walgreens. In 2002, a pharmacist in Wisconsin, Neil T. Noesen, refused to dispense birth control pills to a young woman and refused to transfer the prescription to another pharmacy because “he did not want to commit a sin”. Consequently, the young woman missed one of her doses because she had to wait until another pharmacist returned to the pharmacy. This situation clearly demonstrates how religious beliefs can seriously affect the outcome of one’s healthcare. When pharmacists decide not to dispense medication based on their religious beliefs, it is clearly in violation of the code of ethics for pharmacists, which states that “a pharmacist must respect the covenantal relationship between the patient and pharmacist and the autonomy and dignity of each patient”. In Noesen’s case, “his own moral code was his only concern”. Of course, the opponents’ primary objection to the
morning after pill involves the abortion issue. Opponents to the morning after pill’s main argument is that despite the term “emergency contraception” use to define the drug, birth control is “tantamount to abortion”, claiming it works to prevent a fertilized egg from implanting in the womb about a week after conception. However, science is still imperfect and the exact mechanism of how the pill exerts its effects is still not known. There is currently no consensus on how the morning after pill works beyond the proven clinical fact that the pill misleads the ovaries into sensing ovulation has already occurred so no eggs are allowed to mature and it also thickens the cervical mucus to prevent the mobilization of sperm’s travel.(1) Despite the many uncertainties surrounding the mechanism of action of the morning after pill to prevent unintended pregnancies, the controversy depends on how an individual defines what abortion is and when conception occurs. There are many different views. For example, in the Roman Catholic Church, the definition of conception is when the sperm meets the egg but in the Jewish religion, they believe that conception occurs when the fertilized ovum becomes a blastocyte. Thus, the catholic religion is against the morning after pill based on the thinking that it prevents conception from taking place, whereas, the Jewish faith does not consider the fertilized egg to be a human until it reaches the blastocyte phase of the fetal development, so the morning after pill is not considered a sin. The fundamental issue behind this conflict is the power of a pharmacist to impact the healthcare outcome of a patient based on the pharmacist’s decision. This conflict manifests its
seriousness through the consequences of what occurs if the morning after pill is not dispensed
in the appropriate time frame. The morning after pill is a medication that has a time
sensitive requirement and thus these agents must be used only within a 72 hour window after
unprotected sexual intercourse has occurred. In 2005, a mother of six attempted to fill a
prescription for Plan B at a pharmacy in Milwaukee. The pharmacist not only refused to
dispense it, but also humiliated the mother in public calling her a “murderer and a baby
killer.” The mother did not get her prescription filled and later had an abortion.(5) If a
pharmacist refuses to fill a prescription, there are alternative solutions such as going to
another pharmacy or having another pharmacist on duty dispense the prescription. Laws
that allow the pharmacist to refuse to dispense oral contraceptives also require the pharmacist
to ensure that patients have access to the medication. This solution can “avoid a conflict
between the pharmacist’s right to step away and the patient’s right to obtain their
medication”.(4) However, some pharmacists who refuse to dispense the medication, also
confiscate the prescription and also refuse to transfer it to another pharmacy. Some
pharmacists do not refer the patient to where they can get the prescription filled, and in cases
of rural areas, it is the only pharmacy in the area and the patient cannot get access to the
medication they need. Furthermore, the morning after pill may be a good option for a
victim of sexual assault or the patient may be taking birth control pills for other medical
reasons such as acne and regulation of menstrual cycle in cases of polycystic ovarian
syndrome. Pharmacists who refuse to fill and transfer the prescription are “not only denying women their basic healthcare rights, but are also disregarding the religious freedom of that woman to make her own decision”. However, this situation can occur in the opposite way where the best course of action for a patient is to have an abortion or take medications that is against their moral beliefs. The pharmacist will then have the task of trying to fulfill their responsibilities to the patient by choosing the most appropriate pharmaceutical therapy for the patient and at the same time to respect their wishes.

Christianity is a religion that is continually growing in this world. However, not all Christians possess the same point of view or share the same degree of faith and devotion to the teachings of the Bible. Based on the survey, the majority of Christians believed in the use of Plan B and would also dispense it. This clearly illustrates that some individuals can have personal beliefs separate from the beliefs of his or her religion. Not everyone will have such extreme religious faith. Thus, we need to respect each other’s wishes and find a balance to satisfy both the healthcare professional and the patient.

Besides the birth control pill and the morning after pill instigating controversy, there is also opposition to the dispensing of the abortion pill, Mifepristone. In this situation there is no issue in regards to when the definition of conception takes place because it is used to induce contraction prematurely in women up to seven weeks of pregnancy for the purpose of abortion. Like the morning after pill conflict, many pharmacists turn to their religious
and moral beliefs and do not want to take part in the dispensing of a medication that they believe will end the life of a human being. In a recent CNN poll, a survey was done where the majority of the public believed that they did not feel pharmacists have the right to choose whether or not they can dispense a certain medication based on their beliefs. The patients believe that pharmacists should step out of the way and not interfere with someone else’s decision. In the eyes of the pharmacists who believe that if they dispense these medications, they are in essence ending a life and violating their religious beliefs and thus, they do have the right to choose not to perform such an act. Pharmacists are known as a professional and are accountable to society for their actions; however, they too are human beings who have their own moral standards they follow. “Pharmacists aren’t vending machines”. By taking a further look into situation, the reason behind why a woman is taking a birth control pill or an abortion pill can be explored. There can be a medically valid reason for a woman to decide to end her pregnancy or to prevent pregnancy. The woman could be a cancer patient needing radiation or chemotherapy and needs to end her pregnancy. Another reason could be the woman is on a teratogenic therapy for treatment of a disease and despite the appropriate contraceptive therapy she became pregnant. In the medical world, terminating pregnancy or preventing pregnancy is a necessary medical intervention. The religious or cultural perspective could still not find these reasons as valid in order to end what they believe as a human life.
Both sides of the morning after pill/birth control and the abortion pill issue have strong arguments. In the patients’ point of view, they do not agree that it is ethical for pharmacists to enforce their personal beliefs on a patient because they have no right to interfere with their personal health. However, from a pro-life point of view if pharmacists dispense the morning after pill, birth control pills or the abortion pill for a patient, then they are violating their religious belief and believe they are preventing or killing a human life. A common ground must be found between these two arguments. Despite our personal beliefs and standards, a pharmacist cannot prioritize it above the responsibilities to provide care for the patients because this will be in violation of the pharmacist’s code of ethics. A covenantal relationship is one of the most important factors in providing the optimal patient care. Without a covenantal relationship, patients would not have the explicit trust with a pharmacist. However, one cannot force a pharmacist to do what they believe is morally wrong. Pharmacists are human beings and like all others, have strong convictions and personal standards. If the society does not want pharmacists to impose their beliefs on them by not dispensing medications they feel are preventing a human life, then as a society, we cannot impose opinions of our beliefs on pharmacists to dispense medications that they believe is against their religion. The American Pharmacists Association is well aware of this debate and stand behind their policy on this situation. “Pharmacists can refuse to fill prescriptions as long as they make sure customers can get their medications some other
way."(4) In this resolution, both parties can be satisfied and the medical care of the patient is placed first. However, even with this solution, many pro-life pharmacists still believe that they are violating their beliefs. As professionals we are human beings and this fact is acknowledged whereby we have the right to refuse to dispense prescriptions that one feels is against his or her moral code. However, we are a part of a profession in which we must act within our professional duties. In order to do that, we must take responsibilities to satisfy our patient’s needs and at the same time respect who we are as individuals and what we believe in. Thus, when a pharmacist is pro-life and makes the decision to not dispense the morning after pill or oral contraception, that decision should be respected. Yet, the pharmacist is obligated under the definition of being a healthcare professional to provide an alternative to the patient in obtaining the prescription such as having another pharmacist on duty fill the prescription, or providing a location to where the patient can get her prescription filled. Here, the balance is able to exist between pharmacy and religion but must require compromise and clearly defined aspects of what can and cannot be done.

Another ethical dilemma has spurred many debates and controversies in our ethnically diverse society with the new discovery of Human Papillomavirus (HPV) vaccine. The reason being is that the HPV vaccine is intended for pre-adolescent girls before HPV infection is acquired and many of the HPV strains are known to be transmitted through sexual contact with an infected partner. Worldwide, cervical cancer is one of the three leading
cancers in women, with breast and lung cancer being the other two. “Approximately 470,000 cases are diagnosed each year, resulting in approximately 233,000 deaths. Most scientific studies have found that HPV is responsible for more than 99.7% of cervical cancer cases”.(13) The discovery that cervical cancer has a viral etiology is what led to the development of the HPV vaccine.

Gardasil is the first vaccine developed by Merck to fight cervical cancer. It was approved by the Food and Drug Administration (FDA) in June 2005. Another vaccine is on its way known as Cervarix made by the GlaxoSmithKline Company. It filed for FDA approval in April 2007 and will probably be available in the near future. “Gardasil and Cervarix each include antigens against HPV types 16 and 18, which are implicated in approximately 70% of all cervical cancers worldwide”.(14) Gardasil also incorporates HPV types 6 and 11, associated with approximately 90% of genital warts. The vaccines have shown to be 100% efficacious against the pre-cancer development as well as genital warts that are caused by the HPV types contained in the vaccinations. There are a few side effects including the injection site irritation and the protective effects of the vaccine are expected to last a minimum of 4.5 years after the initial vaccination. According to a Merck representative, the company is currently focusing on lobbying around the country and is advertising Gardasil on all major television channels in the United States. The advertisements and commercials on television for Gardasil are increasing the public’s
awareness for preventing the spread of the HPV virus and ultimately preventing cervical cancer.

The ethical issue on this topic is that the conservative religious groups believe that administrating this vaccine would promote sexual promiscuity and risky sexual behaviors. Therefore they are strongly opposed to making the HPV vaccination a mandatory one for pre-adolescent females. These groups are fearsome of the fact that vaccination preventing a sexually transmitted disease sends a message to teens that abstinence is no longer necessary and give a subtle message that promotes promiscuity. Should a pharmacist with conservative and religious background be forced to dispense this vaccination? Currently, there is an on-going battle between the religious groups and the public health groups who want to make Gardasil mandatory for all pre-adolescent girls.

The U.S. Centers for Disease Control (CDC) states that HPV vaccination, Gardasil, has been tested, is safe and goes a long way toward preventing the “deadly cancer which is estimated to have affected 9,710 women in 2006, killing 3,700”.(15) The CDC has further advised the parents to have their middle-school-aged daughters vaccinated against HPV. The vaccine is also included for the first time in the annual schedule of recommended childhood immunizations for ages 11 to 12 and downward to as young as 9 and up to 26. The HPV vaccine is strongly supported by the public health groups and efforts are being made to help make this vaccine a mandatory requirement for all pre-adolescent girls.
article in CNN Times reported that the legislators in 10 states are seeking to go one step further and require vaccinations against HPV for all girls entering middle school. In February 2007, the state of Texas became the first state to require that all girls entering sixth grade to receive Gardasil. There are currently 10 other states pushing for mandates like the one in Texas. Sarah Wells, the senior public policy director for Women in Government, champions the mandatory vaccination legislation and said, "We know that cervical cancer is 100% preventable, we know what causes it. We also know that by taking this vaccine, young women can prevent two strains of HPV that together cause 70% of all cervical cancer cases. That's why we have made it one of our priorities".(15) In an article from the Washington Post written by Rob Stein, more arguments are being made against the conservative religious groups regarding HPV vaccination mandates for all pre-adolescent girls. “If you really want to have cervical cancer rates fall as much as possible as quickly as possible, then you want as many people to get vaccinated as possible,” said Mark Feinberg, Merck's vice president of medical affairs and policy, “…noting that school mandates have been one of the most effective ways to increase immunization rates…”(16) The public health groups’ enthusiasm is clearly documented in media in making the HPV vaccine a mandatory requirement to help prevent cervical cancer.

The public health groups’ perspective on this topic is supported by the theory of utilitarianism, which states that one’s actions should be directed so that the greatest number
of people will benefit at the end. According to this theory, the right decision is based on evaluating the consequences of all possible alternatives. Feinberg, Merck’s vice president, believes that the greater good would be to attempt to eradicate cervical cancers due to the HPV virus. Therefore, making Gardasil a mandatory vaccine by law would the most efficacious way of eradicate cervical cancer. This idea is also being actively supported by cervical cancer experts and women's health advocates.

On the other hand, not everyone is happy with the efforts being made by state legislators and public health groups to make the HPV vaccine mandatory. The main group opposing to standardizing HPV vaccine is the religious groups that argue that the consequences of this vaccination would increase sexual promiscuity and risky sexual behaviors. However, the media has also provided some evidences that there are other groups of people who oppose to standardizing HPV vaccine for many other reasons. One of the reasons is that Gardasil is a fairly new vaccine and giving a vaccine that is fairly new to a child cause parents to become worrisome. In an article from CNN Times did mention that many parents (regardless of their religious status) just do not trust vaccines especially Gardasil that has only been out on the market for the past two years (15). Although it is FDA approved, it is a fact that new drugs and vaccines lack the long term safety data and no one can really prove the safety ten years from now. Further, this vaccine is developed and made by Merck, the same drug company that made Vioxx, which was withdrawn from the market due to cardiovascular side
effects. Since the Vioxx incident in 2004, the public has become more cautious about trying new drugs and some feel very reluctant to give their child Gardasil, which is made by the same company that made Vioxx.

Furthermore, making the vaccination mandatory is strongly opposed by religious groups of our society. They say that it is the parents who have the right to decide whether or not their children gets vaccinated for something that they would only get infected by sexual contact. They argue that, “if you are good parents and raise your daughter to be chaste and pure until she reaches her marriage bed, she won't need this” (15). Moreover, the vaccination is indicated for adolescent females between the ages of 11 to 12 before they are exposed to the HPV. In order to vaccinate girls around this age against a sexually transmitted disease, the parents have the responsibility to explain to the child for the reason why they are being vaccinated. Many parents may feel that they are not ready to discuss the topic of sex with their children at that age. The argument from this point of perspective is that mandating HPV vaccination is offensive to parents who think that their parenting skills alone can protect their daughters of a disease caused by sexual contact, and that giving a young girl this vaccine should be a decision made by the parents and not by law.

The results of our survey regarding the HPV vaccination were completely different from our expectations. Despite the documented evidences from numerous articles that discuss major religious groups arguing against making the vaccine mandatory, our survey showed
that the majority participants admitting to a religious status was in agreement of dispensing Gardasil. Of those, 70% of Christian respondents were in favor of standardizing the vaccine for all pre-adolescent girls. This unexpected result led us into further research and found that there is also a conflict that exists within the religious groups. According an article from the New Republic magazine, "... the Christian rights seemed to view the vaccine as a license for promiscuity. However, it turns out that people are responding differently then what is expected by their religious faith" (17). Among the Christian groups, there are two different points of views that were evident through our research and survey. There is one group that believes abstinence is the only right way of preventing cervical cancer and that vaccinating young girls would be against the teachings of the Bible. Within the same religious group, there are some Christians who agree with HPV vaccine for prevention of cervical cancer while supporting the right of individual parents to choose whether to protect their children or not. This group is in favor of the use of Gardasil however strongly against having this vaccine a standardized requirement for all young girls. Our survey was targeted towards health care professionals of the ages between 20 to 30 years. Being a part of a health care profession plays an important factor in the decision to support HPV vaccination because we are educated to think that prevention is the most effective way for curing any disease states, which explains why the Christian, Buddhist, Muslim, Hindu participants of our survey all were in agreement of dispensing Gardasil.
The article in the New Republic Magazine mentions some of the religious groups that responded in favor of the HPV vaccination. The three of the most prominent fundamentalist Christian groups are The Family Research Council, Focus on the Family, and the Christian Medical and Dental Associations. All three Christian groups have announced that they support the widespread distribution and use of vaccines against HPV (17). Meanwhile, the same groups also oppose to the idea of making the vaccine a mandatory requirement for all pre-adolescent girls. The Family Research Council reported that, "because parents have an inherent right to be the primary educator and decision maker regarding their children's health, we would oppose any measures to legally require the vaccination or to coerce parents into authorizing it” (17). The Focus on the Family group oppose to making HPV vaccinations mandatory for entry into public school by stating that, “the decision of whether to vaccinate a minor against this or other sexually transmitted infections should remain with the child's parent or guardian” (17). The third group Christian Medical & Dental Associations also believes the vaccination should "absolutely remain a choice, not a requirement” (17). The feedbacks from the Christian respondents of our survey were more consistent with these groups mentioned in the article from New Republic.

Furthermore, pharmacists are human beings with personal opinions influenced by their own religious and ethical beliefs. It is evident from our survey that even though we are all part of a health care profession, we all have some differences in our own ideas regarding
the standardization of HPV vaccine. Alan Kaye, the chairman of the National Cervical Cancer Coalition is hopeful that the vaccine will be universally used. "I don't think anyone wants to stop a cancer vaccine. But some things are more important than saving lives. To some parents, promoting premarital chastity is one of these. Their reasoning is that if their daughters feel protected from one sexually transmitted disease (STD) out of the dozens of STDs that are in wide circulation, then there might be a slight increase in their level of sexual experimentation" (17). Today, the Michigan pharmacists have the choice to dispense or not to dispense Gardasil just like Plan B and abortive pill based on their personal beliefs. However, with increasing awareness of cervical cancer prevention and the state of Texas as an example, it is promising that in the future HPV vaccine will be a requirement by law.

Physician-assisted suicide is another controversial issue that is inevitable in a health care setting. The definition of physician assisted suicide is an act where the physician with the patient’s consent helps a patient in ending his/her own life. This means that it is ultimately the patient who makes the final decision to administer a lethal dose of a drug to end their life. In physician assisted suicide the patient’s consent is required. The consent can be either done verbally or in writing and it grants the physician the right to aid in ending the patient’s life. A physician can aid by writing the prescription for a lethal dose to contribute to the process of committing suicide.

The practice of pharmacy is currently undergoing many changes by adapting new
roles and responsibilities to provide optimum patient care. Unlike in the past, the pharmacists today are regarded as key members of primary health care teams. In this case, it is ultimately the pharmacists’ decision based on their own personal beliefs and religious background to cooperate in PAS by dispensing the drugs to commit suicide. Yet, the problem lies in the fact that very little attention has been given to the involvement of the pharmacist who dispenses the lethal dose of the prescription drugs. The ethical question is whether or not the pharmacist has the right to refuse to dispense a lethal dose even with the patient’s and the physician’s consent to do so. If PAS was to become legalized in our society, should a pharmacist, who is not devoid of personal conscience, have the right to make a conscientious objection?

There are two notable studies conducted in United States that have explored the pharmacists’ views on PAS. One of the studies was done by Rupp and Isenhower, which included a national survey of 1.050 US pharmacists. In this study, nearly three-quarters of respondents agreed that patients were sometimes justified in wanting to end their own lives and almost half of the respondents approved of physicians’ active participation in the process of committing suicide (19). The second study was done by Vivian et al, which includes a survey conducted amongst the Michigan pharmacists. Vivian found that 70% of respondents favored the legal rights of patients to commit suicide, although only 50% agreed that patients had the “moral or ethical right” to commit suicide (18). Both studies have
found that the age and religious affiliation were influential in the pharmacists’ attitude towards PAS.

Another study published in the Journal of Medical ethics in 2000, written by Hanlon, concluded that pharmacists view their professional reasonability in PAS to be more obligatory in having to provide the means for PAS. The survey by Hanlon was targeted to a random sample of 320 registered full time community pharmacists in Britain. The results of this study 70% of the respondents felt that the patient did have the right to choose to end his or her own life. This finding was similar to the American findings mentioned above. Fewer respondents (57%) were in agreement of extending the right to die to the right to be assisted to die by a physician. Further, even fewer respondents (30%) agreed that it was appropriate for prescription medications to be used by a patient to commit suicide as in PAS. The level of agreement with a patient’s right to choose to die decreased with the involvement of other people and the use of prescription medicines in the process, suggesting that respondents were less in favor of a patient’s right to choose to die the more the scenario involved other people. The study concluded that the results show a distinction between patient’s right and a professional responsibility. This may suggest that respondents saw a difference between a patient having a right to a particular health care service and necessitating every health care professional to provide that service (18).

The three surveys unanimously concluded that there was a significant association
between the participants who declared a religious and or ethnic background and a less favorable attitude toward PAS. It is not surprising that a religious status of the respondent should exert an influence as most of the world major religions are opposed to PAS or any type of suicide. Our survey results provided more data on how different religion and ethnic background can influence the health care professionals’ opinions regarding this topic. Our survey results for participants admitting to Christian groups were consistent with our expectations. Only 54% of the Christian participants agreed that the person has the right to choose his or her own manner of death compared to 82% of the non-religious participants. It was expected that less number of Christian participants would be agreeing with the fact that people have rights to choose how they die because it is well known that Christians have a very conservative view towards the topic of suicide. There are many evidences in the Bible that teaches Christians to believe that suicide is morally wrong. It is stated in the Bible that life belongs to God and that it is never in our place to take our own life or someone else's life. “Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own, you were bought at a price. Therefore honor God with your body” (Corinthians 6:19-20).

Furthermore, Buddhism is a religion which defines suicide as a way of seeking to end the state of suffering in life. The teachings of Buddha state that committing suicide will only lead to further suffering afterlife. Consequently, suicide is futile as it only
makes things worse. However, it is interesting to find that the majority of Buddhist participants in our survey have agreed that each individual have the right to choose when to end their lives. This point brings up the suggestion made in the Hanlon study that found the pharmacists view their professional role as more obligatory in having to provide the supply of drugs to be used in PAS (18). Pharmacy profession is supposed to be a patient-oriented practice that provides pharmaceutical services desired by the patients. Also, the code of ethics clearly states that a pharmacist should respect the patient’s autonomy. Although some pharmacists may be a part of a religious group that portray suicide are being morally wrong, they may feel the need to act within the code of ethics and prioritize the professional duty before their own religious beliefs.

The findings by Hanlon suggest that more debates should been encouraged within the profession of pharmacy on the subject of PAS. The surveys mentioned above including our own survey were consistent in showing that the majority was in favor of PAS, however when the question was asked about legalizing it, less respondents were in agreement. The feedbacks from our survey have led us to believe that if a guideline or a practice protocol for PAS was developed, more participants would be in favor dispensing a lethal dose. The dilemma of a pharmacist is whether to fulfill the professional duty of respecting the patient’s decision by contributing to PAS over protecting the religious or personal beliefs towards cooperating in the taking of a human life. In order to resolve this dilemma, the pharmacist
has the right to know what the lethal dose is going to be used for at the presentation of the prescription. The pharmacist, who is not devoid of personal beliefs, then has the right to make a decision whether or not to dispense the lethal dose. If a decision not dispense such prescription is made, the pharmacist has the professional duty to refer the patient much like what should be done in cases of plan B and abortive therapy discussed previously.

Another one of the major conflicts that exists between pharmacy and religion is the differences in the approach to treatment of a disease state. For example, Christian scientists are a group of people that believe in prayer as the only way to heal someone when they are sick. They do not believe in any form of medical intervention whether it is in the form of physicians or pharmacists. These groups of individuals do not take any over the counter agents and when someone in that particular faith becomes ill then their only course of action they believe in is prayer. Buddhists believe an individual can be healed by combining their mind, music, yoga, and meditations together. Buddhist also believes in herbals and acupuncture as their main tools to treat any disease state. Many of the Asian cultures, Middle Eastern, Latin American and African cultures also believe in alternative medicines such as herbals that have been practiced and passed down from thousand of years till present day. Many of these herbals drugs that the patients are taking are potential causes of drug interactions if these patients are concurrently taking western medications for their pharmaceutical therapy. Moreover, many patients of these cultures would prefer to take their
herbal medication over the medications that their physicians have prescribed for them because they believe that their own herbal medication are better, they won’t give them side effects as the western ones will or they are simply more trusting of medications that have been used for centuries in their homeland. In these cases, pharmacists will be placed in a tough situation because not many pharmacists will understand why the patients would make these kinds of decision based on their extensive western medical knowledge. Most pharmacists would try to discourage their patients the use of it and advice them to discontinue the herbal medications that they are taking and start taking the western medications that the patient’s physician has prescribed. However, the problem in this conflict is not whether the pharmacist is more knowledgeable than the patient but whether or not the patient has the right to make their own decision regarding the path and the treatment they want to take for their therapy against a disease state. Autonomy plays a role in this situation because the respect for the patient and his or her wishes need to be considered. As pharmacists, we understand and have extensive knowledge about evidence based medicine. However, this does not allow us the right to force our patients to choose a therapeutic plan in which they are not comfortable with. However, since the responsibilities of a pharmacist include educating our patients, we do have the right of giving the patient different options in which they can make their decisions. Pharmacists can provide the patients education about each of their choices of therapy allowing the patient to make the best educated decision for them.
Understanding the cultural background and tolerance will aid in determining which course of action is the best in resolving a conflict that deals with cultural differences that is in opposition to what a pharmacist proposes. As a health care professional the probability of encountering a patient that is from a vastly different cultural background is very high. Cultural aspects can intercede in many facets of health care that a professional may not be aware of. Only through education and the willingness to be open-minded do we have the opportunity to work with the patient so that a mutually satisfying solution can occur. A patient may not be willing to listen or learn about a different point of view but we have to try. However, this does not mean imposing our points of view on them. Once the facts and the situation are clearly defined on both sides, a solution can be found that will not be in opposition to a patient’s cultural background as well as work in the scope of a safe and effective pharmacotherapeutic plan for patients.

When we are faced with a situation with religious or cultural dilemmas in pharmacy setting, both the pharmacist and the patient must be taken into consideration. Pharmacist must be aware and willing to resolve and find a resolution that prioritizes their responsibilities and their duties to provide care to the patient while allowing no harm to the patient in his or her decision making. Differences and arguments between science and the abstract will always continue to exist. However, the best approach for the pharmacist will be to find the equilibrium between the two opposing sides and work in the middle to
accomplish a pharmacist’s ultimate goal of providing care to a patient.

Survey initiated:

1. You are:  a. pharmacist/health care professional _______ b. patient _______

2. What religious group do you belong to?
   a. Christian
   b. Muslim
   c. Hindu
   d. Buddhist
   e. Chinese Universalist
   f. Other ______________
   g. Non-Religious

Section 1

1. Do you **agree** or **disagree** with the use of Plan B (morning after pill)?
   If disagree, why? ________________________________

2. If you are a pharmacist, would you dispense it? **Yes** or **No**
   If not, would you transfer it to another pharmacy? **Yes** or **No**

3. Do you agree that Plan B induces abortion? **Yes** or **No**

4. Would you dispense Plan B to a victim of sexual assault? **Yes** or **No**

5. Would you stock and dispense Mifepristone (an abortion pill that can medically terminate pregnancy up to 7 weeks from conception)? **Yes** or **No**

Section 2

1. Do you **agree** or **disagree** with the use of Gardasil (HPV vaccine that protects women from acquiring cervical cancer)?
2. Do you agree or disagree with standardization of administration of Gardasil to ALL pre-adolescent girls?

Section 3

1. Do you think that a person has the right to choose his or her own manner of death? Yes or No

   If no, why? __________________________________________

2. Would you ever knowingly dispense a drug for physician assisted suicide (PAS) Yes or No

3. Do you think PAS should be legal? Yes or No

4. If PAS was legal and the appropriate guidelines were issued for pharmacist, would you be willing to dispense the lethal drugs? Yes or No
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