

Ethics and decision-making: 'Tools to Reason with'.



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The practice of pharmacy generally requires pharmacists to deal with people. Dealing with people can be a complex matter. The practice of pharmacy is guided by legislation, the Code of Conduct and various guidelines. However, the reality is that there are times when the existence of these alone is not sufficient to steer a pharmacist through 'dilemma' scenarios as are faced in everyday practice... scenarios where there may be two or more options by which appropriate patient care can be achieved but none of which options seem to the pharmacist to entirely meet the letter of the law or a literal interpretation of the Code of Conduct or guidelines.

An understanding of ethics and ethical frameworks will assist pharmacists with the generation of 'action' options in such cases, increasing the likelihood that the practitioner will choose options considered professional. Reasoning competencies can be developed – as is the case with any competency supportive of professional practice. The development of such reasoning competencies will increase the likelihood that pharmacists will make decisions consistent with the ethical principles in the professional statutory code, and be able to justify those decisions in a manner that behaviour (and the justifications for choosing one option over another) withstands external scrutiny of professional conduct.

Community Pharmacists Required to Participate in Educational Research

My aim is to 'validate' a profession-specific CPD module that aims to develop reasoning competencies in practising pharmacists¹. In order to do that, I need colleagues to volunteer to partake in a module that incorporates review of a series of scenarios designed to reflect ethical concepts encountered by practitioners in contemporary practice². Participants will review a series of scenarios, in a structured/facilitated manner, both individually and then in groups (online). The delivery of the module is designed to suit the working schedules of practitioners. Commitment by participants will involve one day on-site in the School of Pharmacy in TCD³ (April or August 2010), a 16-week online module, no more than a couple of hours contact per month (as most of the 'learning' involves reflection on dilemmas proposed) and then a half day on-site/online to complete the final elements of the programme. Participants will be encouraged, and facilitated, to maintain a journal/diary of the process but this will not be obligatory. Supporting materials, including podcasts, will be available for download.

Lest the notion of the online environment should intimidate any would-be participants, please be assured that the full day's initiation in the school of pharmacy in TCD aims to ensure that everyone involved will be fully comfortable with the process, the technology involved and the theory behind 'reasoning through dilemmas'. In addition, I will be available to participants for the duration of the programme. Participants simply require internet access from their home or place of work.

Please also be assured that all participants will be 'anonymous' for the duration of the programme - an aim achieved by having one of the training managers in TCD assign email addresses that will, in fact, be pseudonyms. The use of pseudonyms will assure that I, or other participants in the module, will not be in a position to link contributions made to individual participants. This is a protection mechanism (should participants be concerned that by openly engaging in discussion surrounding dilemmas, they would expose less developed reasoning competencies) and, by reducing the barriers to active engagement in debate surrounding 'action options' potentially available to resolve a dilemma, it is considered to facilitate acceleration of the development of 'reasoning competencies'.

As this initial delivery of the module 'Ethics and decision-making: Tools to reason with' will be part of the validation process, it is preferred that I concentrate on one practice environment... that of community pharmacy. This does not rule out that pharmacists in other practice environments would not potentially benefit or would not partake in future deliveries. As the preference, for validation purposes, is that a relatively 'homogenous' group be engaged, the ideal would be that supervising pharmacists would apply to take part – as they may be defined as all practising 'whole time' in the community pharmacy environment and with a minimum of three years' post-registration experience. However, if registered pharmacists other than those holding supervising pharmacist positions wish to apply, please feel free to make contact.

Up to 80 pharmacists can be accommodated in the pilot programme – which will engage up to 40 pharmacists from April to August and the other 40 from August to early December 2011, all assigned by random allocation from those who apply to take part. As it is a validated study, each group will act as the 'control group' for the other – thereby allowing for impact of external variables such as significant events in the professional or commercial influences on practice. The measure of the impact of the educational initiative will be the Defining Issues Test (DIT2)⁴, a pen and paper measure of reasoning that involves reasoning through 5 dilemmas of a general (rather than profession-specific) nature, and which generally takes 20 to 30 minutes to complete.

If you would be prepared to be a participant in the programme and/or if you would like further details, please contact me (Cicely Roche, MPSI – contact details below) at your earliest convenience.

It would be appreciated if pharmacists interested in participating would make contact, if possible, by January 31st 2011. Further information is available on request. Cicely Roche MPSI, Senior Lecturer, Practice of Pharmacy, School of Pharmacy, Panoz Building, Trinity College, Dublin 2. Phone: 086 8158121 or email: rocheci@tcd.ie

References:

1 The research to which this pilot is related has been registered for a Ph.D. by Research at the School of Pharmacy and Pharmaceutical Sciences in Trinity College Dublin, under the supervision of Prof. Marek Radomski, Head of the School, and co-supervised by Prof Joy Wingfield (Nottingham) and Prof Steve Thoma (Alabama). The title of the study is the 'Development of Moral Reasoning competencies in Irish Community Pharmacy Practitioners'.

2 The ethical concepts are developed to the formula of intermediate-Concept-Measures (ICMs : Bebeau & Thoma, 2009). The components of an ICM are a short Profession-specific 'dilemma' scenario, and series of action and justification choices. The profession-specific dilemma is prepared to include relevance to ethical concepts identified as relevant to contemporary practice by means of review of relevant literature. The case study, action choices and justification items are presented in sequence and options proposed include those with a focus on self interest, maintaining rules and norms, and societal interests.

3 These full day sessions are scheduled for Trinity College Dublin as computer facilities are available for up to 40 users in the School of Pharmacy. If a group of intending participants wishes to propose an alternate location, with equivalent facilities available to the group, then it could be possible to also make an induction day available in that alternate location.

4 The Defining Issues Test is a pen-and-paper measure of Moral reasoning that has been in use for almost 30 years across a number of professions. The database is held at the Centre for the study of ethical development in Alabama, under the directorship of Prof Steve Thoma who is a supervisor to the PhD being undertaken by Cicely Roche. Further details may be obtained from <http://www.centerforthestudyofethicaldevelopment.net/>