Is pharmacy a profession?

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Madam, Most high-street pharmacists provide little real value to society... They may be "highly-trained professionals", but the most common expertise practised is to decipher doctors' hieroglyphics, to read labels and count pills accurately.

Devitt, Frank. 'Contingency Pharmacies'. Irish Times letters page, August 13th 2009

Hence it is made clear that an occupation cannot simply decide to call itself a profession. The key element is that there is a collective responsibility on the profession to meet society's expectations and that individuals cannot claim the status of a professional if there is no profession to which he/she can belong.

Does pharmacy fulfill the social contract?

The current reality for pharmacy includes that, while competency assessment is much talked about, it has yet to become a reality and structured peer review is not the norm for most practitioners. Fitness to Practice legislation is now a reality, but has yet to be employed. While the existence of a code of ethic/contract is expected of a profession, decisions by the members of a profession involve moral choices, the intentions behind which are not always apparent and explanation of such intentions are sometimes required by the regulatory process. Indeed, in their discussions on professional ethics education, Bebeau and Monson remind us that becoming a professional is not only an intellectual process, but also a social and moral process.

Welie's deliberations on the dental profession prompt me to highlight one further analogy: that not every service provided by pharmacists is aimed at relieving serious pain or threat to the patient's health. Just as cosmetic dentistry or surgery is elective, so one can argue that pharmacy is similarly elective.

It seems to me that pharmacy, with the current focus on 'deprofessionalisation', may have skipped the more fundamental reflection on whether we currently are, or are likely to continue to be, a profession. Indeed, there seems to be little societal consensus on what defines a profession/professional, reference commonly being made, for instance, to 'intangible' permissions as those engaged in the sport as a paid occupation, rather than an amateur. It therefore seems to be that the first question should be: ‘What is a profession?’

Thesaurus suggests that a profession is a ‘line of work, vocation, occupation, job, career, work or business’ and that a professional is an ‘expert, specialised, qualified, proficient, skilled, trained, practised, certified, licensed’. The Oxford English dictionary defines a profession as, amongst other things, “a paid occupation, especially one involving training and a formal qualification... a body of people engaged in a profession” while identifying a professional as “a person having impressive competence in a particular activity”. While reference to the word ‘vocation’ may conjure up some glimmer of altruistic tendencies, I can see little in these definitions to preclude, for example, landscape gardeners from being as entitled to refer to themselves as professionals as any healthcare practitioner.

Consideration of pharmacy-specific reflections on the subject led to an article entitled 'The peril of deprofessionalisation', reprinted in 2004 but originally written by hospital pharmacist, David Anderson in 1976. His summation of the key distinguishing attributes of a profession, familiar terminology amongst healthcare practitioners, includes:

1 A systematic body of knowledge or theory
2 Authority recognised by clients
3 Broad community sanction of this authority
4 A regulative code of ethics
5 A professional culture sustained by professional associations.

However, he highlights that, while many believe that pharmacy does possess these characteristics, some social scientists “consider our use of the ‘professional’ designation inaccurate”, reflecting that some of the terms describing pharmacy, as found in Hans Lipsius, “include reference to a “marginal profession” and an “incomplete profession””. His great concern is that “American pharmacy is in great danger of being deprofessionalized, that forces both external and internal, deliberate and unknowing, are intent upon reducing pharmacy to a technical vocation”.

The Social Contract

J.V.M. Welie’s more recent articles on ‘Is dentistry is a profession?’ develops the ethics reflected in David Anderson’s writing and asks whether its members are professionals or simply ‘competent’, reliable and decent? Given the current focus on ‘competencies’ in the larger world of pharmacy, it seems relevant to highlight that, in the interests of retaining public trust in the profession, there is a culture of non-competition. Guardians against conflicts of interests, preventing discrimination against service provision to any sector of society and proactive approaches to ensuring that every relevant need of society are met are further expectations of society as it grants professional status to any group.

Earlier this year I proposed that there would be value in establishing a Pharmacy Law and Ethics Association in Ireland, along the lines, and with the support of the PLEA in the UK. To that end, Jane De Bana MPSI CPh 111 and I travelled to London to attend the PLEA AGM in London. It seems to me that the question “Is pharmacy a profession?” is a good place to start. Pre-reading could include the three articles by Welie, Anderson’s ‘The peril of deprofessionalisation’ and, of course, the many writings of Professor Muriel Bebeau. The Pharmacy Law and Ethics Association was set up in England in 1998 and its objectives include the stimulation of debate on what constitutes ethical and responsible professional practice and why, and to promote understanding, at undergraduate level and beyond, of the ethical basis for professional judgement.

My new year’s resolutions will include arranging a location, a date in March and suitable time. My contact details, should such topic be of interest to you, are email: cicelyroche@eircom.net or telephone: 086 815 8121.