The clear articulates the four components of professional decision-making within the context of the operation of a retail pharmacy business. The Sale of Goods and Supply of Services Act (1980) clearly recognises that a customer is entitled to expect that a product or service supplied will be 'fit for purpose'. It specifically reinforces that the supplier must have the necessary skill to render the service and must supply the service with due skill, care, and diligence. The Consumer Protection Act (2007) likewise highlights professional diligence and continues by reinforcing that the seller should not do anything that would be likely to cause appreciative impairment of the average consumer's ability to make an informed choice and influence his/her decision in making a purchase. The consumer must not be misled. In deciding whether a consumer may have been misled, the European Court of Justice interprets the average consumer as reasonably well informed and reasonably observant and circumspect, taking into account social, cultural and linguistic factors, and that if a particular practice is targeted at a certain group (e.g. the elderly), the average member of that group is the benchmark. The fairness of a commercial practice is then assessed against this benchmark. Pharmacy staff may not therefore pressure or mislead, and must take into account the needs and likely level of understanding of a person when recommending that they purchase a particular product or service. Indeed it seems that, provided the pharmacy is operating within the requirements of the Pharmacy Act 2007 (as amended), including observation of the Code of Conduct for Pharmacists and compliance with the requirements in relation to counselling in the supply of non-prescription medicine, and provided the pharmacist has maintained competence to practise, the relevant expectations within consumer protection legislation will be met.

The term ‘link selling’, according to one of the rare definitions offered, is the encouragement of the purchase of a complimentary product that fits the product purchased and the customer needs. It infers that the seller has both an understanding of what the products available can do and an appreciation of the customer’s particular needs. The practice should therefore not be incompatible with pharmacists’ professional obligations to the patient. It acknowledges the role that pharmacists play in counseling, as the practice of pharmacy – that of using one’s expertise to act in the patient’s best interests, can be motivated by factors such as increased temperature or pain. Likewise, in the current climate of developing symptoms, medicines to relieve the symptoms of H1N1 – such as analgesics, sore throat lozenges, decongestants, cough mixtures and tissues. Link selling is therefore inextricably associated with the practice of pharmacy, as practitioners endeavour to meet their responsibilities to counsel patients.

Yet I find that each time the term arises, particularly in the course of the continuing education sessions on ‘Code of Conduct for Pharmacists;’ the room falls quiet. There is an instinctive recognition of the tension generated by the perception of such an inherent commercial/professional conflict and that ‘professional’/‘link selling’ is somehow be above commercial influences. It seems to me that this sensitivity stems from the fact that ‘encouraging’ link selling as a commercial proposition could represent the prioritisation of commercial motivation in advance of the decision-making process that occurs between a practitioner and a patient. This decision-making process, if a pharmacist is to be truly free from influence, is motivated to act purely in the patient’s ‘best interests’, then the financial outcome of the interaction should not be relevant to the practitioner and any recommendation to the patient should not lead to personal gain for the pharmacist. The reality is that, as articulated by Banks McDowell in ‘The Professional Dilemma: Choosing between Service or Success’, virtually no-one works in an environment free from commercial influences – regardless of whether the role is that of proprietor, manager or employee and regardless of the area of practice. While the proprietor may have obligations to staff and creditors, and therefore is under pressure to ensure ‘successful’ financial management of the business in order to meet its liabilities, at least for the proprietor the dilemma is internal and under his/her personal control. For the employee or manager, where ‘it is not uncommon for professional pharmacists to experience conflict between their own ethical beliefs and duties and their obligations to the pharmaceutical organisations for which they work’ (Vitelli), this lack of control can accentuate a dilemma, especially when review and promotional opportunities within the organisation will direct whether the pharmacist is ‘successful’ in his/her professional career. In an organisation, attention to that which is highlighted by the leadership as ‘important’ invariably influences one’s chances of reward.

It seems that the key factor requiring review is that of ‘motivation’. Only the decision-maker can truly explain the motivation to recommend a particular course of action in the context of a given patient interaction. Professor Muriel Bebeau clearly articulates the four components of professional decision-making as incorporating a sensitivity to dilemmas (i.e. that practitioners recognise there is a professional issue to be addressed), judgement skills and the ability to experience conflict between their own ethical beliefs and duties and their obligations to the pharmaceutical organisations for which they work (Vitelli), this lack of control can accentuate a dilemma, especially when review and promotional opportunities within the organisation will direct whether the pharmacist is ‘successful’ in his/her professional career. In an organisation, attention to that which is highlighted by the leadership as ‘important’ invariably influences one’s chances of reward.

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