

# Principle One: Put the Patient First



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# Code of Conduct- Professional Principles, Standards and Ethics for Pharmacists

The PSI's revised **Code of Conduct- Professional Principles, Standards and Ethics for Pharmacists** provides pharmacists with a framework for decision making while using their own professional judgement;

The seven statutory principles contained within the Code reflect the evolution of law and modern societal expectations.

# Focusing on Principle 1...

## Principle 1

### **Put the Patient First**

Always put the patient first and make their health, wellbeing and safety your primary focus. Make sure patients' needs are recognised, assessed and responded to and that their dignity is preserved and their values respected. Decision making must be evidence based. When supplying products or services without a comprehensive evidence base you should be satisfied that the needs of the patient are best met by the approach taken. Apply your knowledge and skills to ensure the patient receives safe and effective care. Recognise that your decisions and behaviour as a pharmacist can influence patient care even if you do not work in direct contact with the patient.

# Focusing on Principle 1...

## In order to satisfy this principle, you:\*

1. Must apply your knowledge, skills and evidence based decision making to ensure the patient receives safe and effective care
2. Must treat all patients as individuals and treat them with respect, dignity, courtesy, integrity and honesty
3. Must recognise and respect patients' values, diversity, beliefs and cultural identity and make sure they are treated fairly
4. Must adhere to the principles of consent, complying with all statutory provisions in this regard
5. Must respect the right of the patient to refuse treatment or services
6. Must not allow your personal views to jeopardise or compromise patient care
7. Must treat persons equally, including those who may be vulnerable or anyone with a physical, intellectual or other disability
8. Must raise concerns with relevant persons or organisations to safeguard the health and wellbeing of patients

# Principle 1: Put the Patient First

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- Seems pretty clear then?
- A truism in healthcare today – isn't this what we all do?
- Who wouldn't do this?
- Nobody would put themselves before a patient...right?
- No room for moral ambiguity here is there?
- Not really much more to say?
- Or is there...??





*Do I always put the patient first?*

*Some patients are easy...but some are not...*



*What gets in the way of me always doing the right thing by every patient?*

*There are all kinds of pressures...time, deadlines, business goals,...*



*I'm only human...I try my best...what do people expect?*



*...still though, could I do better? How do I know I'm doing the right thing?*



*Is there any guidance through this moral maze?*

## Where I come from on these questions...

- Spent the last 20 years around health and social care services
- Worked for almost 10 years in disability services
- Worked with many different healthcare professions
- Have seen fantastic examples of caring by all types of people
- Also seen some professionals demonstrate appalling “non caring” and “uncaring” practice & attitudes
- Spent seven years responsible for social care regulation
- Saw many examples of “good” and “bad” caring, leadership and governance
- Last three years in professional regulation – Pharmacists and Psychologists
- 20 years asking the question - how can we make care reliably “good” for people?





Professionalism  
& Care

Thinking about  
Professionalism  
and Care

Where have I got  
to in my thinking  
over 20 years...

I think all of these questions about “professionalism” are fundamentally about Care & Caring

The big question is – how can we make care reliably “good”?

For me personally, the way into this question involves thinking about:

- Care as a Virtue, and
- The Ethics of Care

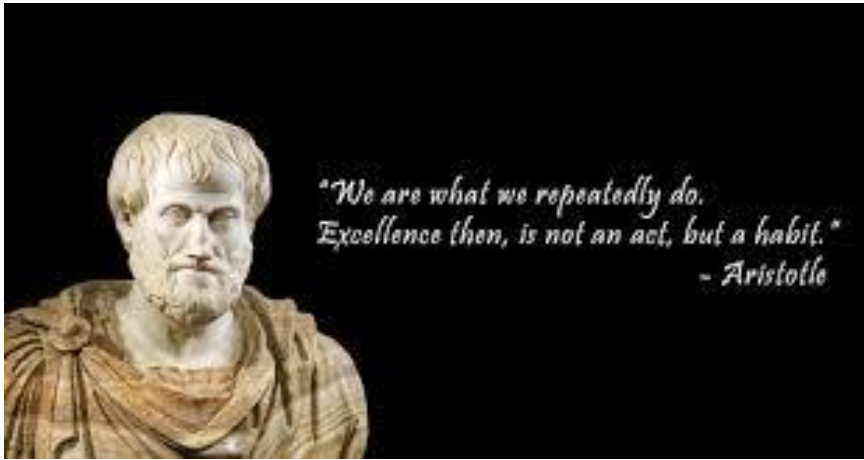
These are very much my personal reflections – not necessarily PSI policy

This territory is complex...





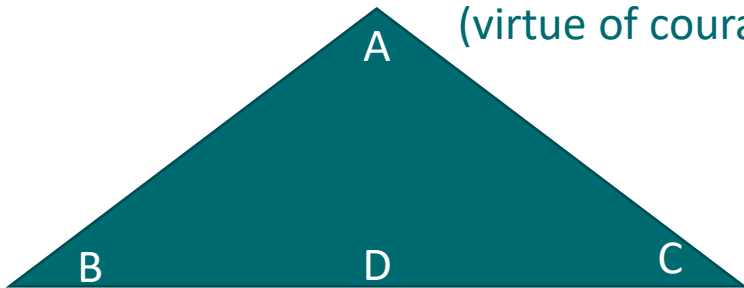
- Four dimensions of medical ethics are well known
- But there are other ethical perspectives that are also relevant when thinking about care & caring...



## Very briefly...Virtue Ethics

- Based on Aristotle
- Virtue is a disposition to act in certain ways and this disposition is acquired and practiced through habit.
- Under VE the “good” person exhibits certain *traits* as well as having requisite *knowledge* and *acting* in certain ways.
- When facing a dilemma, VE asks what would a notional “good” or virtuous person (pharmacist) do in this situation?
- VE emphasises motives and dispositions rather than rules and prescriptions

A = The Golden Mean  
(virtue of courage)



B = excess  
(rashness)

D = happy medium  
(not virtue)

C = deficit  
(cowardice)



# Very briefly...the Ethics of Care

- “Caring about...is morally important because it is instrumental in establishing the conditions under which ‘caring for’ can flourish” (Noddings)
- Caring is a practice that affects both parties involving fundamental “moral virtues and human goods” (Kittay)

## Ethical caring involves:

- *Attentiveness*
- *Responsibility*
- *Competence*
- *Responsiveness*





The public expects of the  
“good”  
pharmacist  
that they will...

Practice to the full extent  
of their competence

Always exercise careful  
and considered  
professional judgement

Accept that accountability  
is part of what it is to be  
“professional”

Not fall into the trap of  
practicing defensively

Be aware that  
professional dilemmas  
are to be expected

Be able to show  
afterwards how they  
reached a decision which  
involved the exercise of  
professional judgement

Recognise that genuine  
“caring” involves entering  
into a relationship

Acknowledge that  
interdependency is a  
characteristic of caring

Never betray the trust  
that the individual places  
in them as a healthcare  
professional

Putting the Patient First

# CODE OF CONDUCT

Professional Principles, Standards  
and Ethics for Pharmacists

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## Thank you