

ETHICAL AND LEGAL ISSUES IN HEALTHCARE

Is pharmacy a profession?



Cicely Roche M.Sc, MPSI is a Senior Lecturer (PT) at the school of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin and holds M.Sc.(s) in Healthcare Ethics and Law and in Community Pharmacy

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

Media analysis provides a perspective on what at least some members of the public believe to be reality. Individuals may choose to ignore adverse reflections regarding how they are perceived - such as might be a pharmacist's reaction to the above extract from a letter to the *Irish Times*. However, where the right to call oneself a member of a profession is accepted as being a privilege bestowed by society, then professions, and the individual members thereof, ignore such public sentiment at their peril.

It seems to me that pharmacy, with the current focus on 'reprofessionalisation', 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 'professional' sportspeople 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 summary 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 the literature, include reference to a "marginal profession" and an "incomplete profession". His great concern is that "American pharmacy is in great danger of being deprofessionalised, 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 a profession?' develops the ethos 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 competency alone is not a basis on which to claim entitlement to calling oneself a professional. Welie puts a focus on what he calls a "social contract between the public and a service occupation that professes to give priority to the... needs of the people served... Unlike charity, professional altruism is not an option but an obligation that binds each and every member, individually and collectively". The status of 'profession' must be granted by the public, who will do so only if the service offered by members of the profession is considered to be of vital importance. The public, having been promised altruism, enters into a kind of mutual agreement with the profession, granting it such perks as a monopoly, above average income and social status.

Specific professional duties expected include that those providing the service are competent to do so according to objectively agreed standards, that peer review is both accepted and provided, that internal discipline is structured such that the public can be assured that where unprofessional behaviour is discovered sanctions will follow and that, in the interests of retaining public trust in the profession, there is a culture of non-competition. Guarding 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 is met are further expectations of society as it grants professional status to any group.

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 fulfil 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 ethics/conduct 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.

Inappropriate advertising to the public is difficult to manage, and while I would propose that the profession has, collectively, honoured the requirement to ensure that specialised services are available where and when society needs them, e.g. the Methadone Protocol and expertise in the treatment of HIV/AIDS, it is currently difficult to assess society's perception of the 'conflict of interest' debate in these and other areas of service delivery.

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 too could it be argued that the supply of medicines for the treatment of some skin conditions is for cosmetics reasons. Welie proposes that "doing so does not mean that the (pharmacist) is incompetent, dishonest or otherwise immoral. It simply means that the ethical structure of their practices differs from that of professional (pharmacists)".

It seems that a definition of the pharmacy profession might therefore be the collective of medicines experts who have jointly and publicly committed to altruistically provide their expertise in the service of all patients with important medicines needs and are in turn trusted by the public to do so. From the perspective of pharmacy and pharmacists the expression "you alone can do it but you can't do it alone" comes to mind.

Whether or not pharmacy meets the social contract is unclear. The fact that society must 'bestow' the status of a professional means that, like it or not, it does matter what society thinks/perceives and that, as societal norms and values change, the entitlement to be assigned the status of a profession is fluid, dynamic and therefore open to being both weakened and reinforced. The question "Is pharmacy a profession?" or, in at least one lay-man's language, "Does pharmacy provide real value to society?", merits debate.

cicelyroche@eircom.net

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Invitation to pharmacists in Ireland interested in Ethics

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 Barra MPSI BL 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 perils 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 chair. My contact details, should such topic be of interest to you, are email: cicelyroche@eircom.net or mobile: 086 815 8121.