

CODE OF ETHICS

Is It Enough to “Do No Harm”?

PART 3 OF 4

The following article is the third in a series about the College’s initiative to revise the profession’s Code of Ethics.

The first article, [What’s Ethics Got to Do With It?](#) (Spring 2015), focused on the role and purpose of a profession’s Code of Ethics, introducing key concepts such as the social contract and the core ethical principles of healthcare. These concepts are essential to understanding a healthcare professional’s commitment and ethical obligation to put the best interest of patients first and foremost. These concepts have been embedded into the revised Code itself, and will become a key focus in education as the new Code is introduced to current and prospective pharmacists and pharmacy technicians.

The second in the series, [Revising our Code of Ethics . . . Why Now?](#) (Summer 2015), provided the context for why it is important to revise the Code of Ethics now, and laid out the collaborative process of how the new Code was developed. The final step in the process involved a 45-day public consultation of the draft document (ending on Nov. 7, 2015) where feedback was received from practitioners, organizations, members of the public and other stakeholders. More information on the feedback received is available on page 25.



The final draft of the revised Code of Ethics — reflective of feedback received during the public consultation process — will be presented to Council for final approval at their December meeting. Once approved, the new Code of Ethics will come into effect and replace the existing Code.

It is important to understand that although the new Code of Ethics is much more comprehensive, the expectations of ethical conduct are unchanged from what is currently outlined in the Code, Professional Responsibility Principles (now embedded into the Code), Standards of Practice and all other relevant legislation, policies and guidelines. Over the next several months, the College will be introducing resources to assist you with understanding and applying the new Code of Ethics in your practice.

With this in mind, the focus of this third article is to provide a closer look at two of the foundational principles of healthcare ethics — beneficence and non-maleficence. It’s essential that practitioners understand these two concepts and apply them to practice, as they are cornerstones of the ethical commitment that all regulated healthcare professionals make.

WHAT DO “BENEFICENCE” AND “NON-MALEFICENCE” MEAN?

Taken directly from the new Code of Ethics document, “beneficence” refers to the healthcare professional’s obligation to actively and positively serve and benefit the patient and society. “Non-maleficence” refers to the healthcare professional’s obligation to protect their patients and society from harm.

These particular ethical principles of healthcare can be traced back to the 5th century BC and the ancient Greek physician Hippocrates, whose famous oath included the statement “prescribing regimens for the good of my patients according to my ability and my judgment, and never do harm to anyone”.

In modern times, the essence of these two principles is perhaps best reflected in the overriding duty for all health professions outlined in the *Regulated Health Professions Act (RHPA)* . . . to “serve” (benefit) and “protect” (do no harm) the public interest.

SEEMS SIMPLE ENOUGH

On the surface, this seems simple enough — you need to help your patients and do your best not to harm them. As you give this further reflection however, it’s worth noting that the concept “to serve” — or in ethical terms “beneficence” — comes before the concept “to protect” — or “non-maleficence”. Is this just semantics, or does it really matter?

In answering this question it might be helpful to think about why patients come to you in the first place? Put yourself in the shoes of a patient for a moment. When you go to see your doctor, dentist, physiotherapist or other healthcare provider, do you go there hoping they won’t hurt you, or do you go there with the expectation that they will help you?

Patients coming to you as a pharmacy professional are no different. Although they certainly do not want you to make them worse or harm them in any way, their primary objective is for you to help them get better. In fact, patients rely on you —just as you

rely on your healthcare providers — to use your knowledge, skills and abilities to make decisions that will help them achieve their desired health outcome.

SHIFTING YOUR FOCUS

So, where do you place your focus? Do you spend as much time and attention on ensuring that the prescribed therapy will, or is in fact, optimizing health outcomes as you do ensuring that you have accurately filled the prescription as written?

Given the history of the profession of pharmacy, and the significance of a pharmacy professional’s role as a dispenser of medication, it’s not surprising to find that a disproportionate amount of focus may be placed on product preparation. Being confident that you have filled the prescription correctly is fundamental to your commitment to “protect” your patients. Pharmacy professionals also take great care when filling a prescription to ensure that — based on an assessment and understanding of the patient’s current condition and medications — patients will not encounter any contraindications, interactions or suffer an allergic reaction. The importance of our due-diligence to these responsibilities can not be understated.

BUT, IS IT ENOUGH . . . TO “DO NO HARM”?

As the medication expert on the patient’s healthcare team, pharmacists need to be just as diligent in assessing the appropriateness of the medication therapy in optimizing health outcomes, as they are in product preparation. The revised Code of Ethics includes specific standards relating to the principle of beneficence — to actively and

positively serve and benefit the patient and society — to assist pharmacy professionals in better understanding this fundamental responsibility. These include:

- o *Members utilize their knowledge, skills and judgment to actively make decisions that provide patient-centred care and optimize health outcomes for patients*
- o *Members apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances*
- o *Members seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient*

The intent of these standards is clear. Pharmacy professionals do have a responsibility to do more than simply ensure they have accurately filled the prescription.

If based on your own assessment of the patient and understanding of their current condition, you believe that there is a more appropriate medication therapy to optimize health outcomes, you need to take action. Having a patient leave your pharmacy with a sub-optimal dose of a medication — one that you know on the one hand will not harm them, but on the other hand is unlikely to provide the benefit required — is an example of not meeting your ethical obligation of beneficence.

Perhaps an easy way of grasping this critical and foundational ethical obligation is to continuously remind yourself of why patients come to you in the first place. Is it with an expectation of not being harmed or is it about a desire to get better? 

What We Heard During Consultation

The College recently asked for feedback regarding a proposed revision to the Code of Ethics. The consultation was open for 45 days and closed on November 7, 2015. We received and considered comments and questions from practitioners, applicants, organizations and members of the general public. Below are some of the common questions that we heard.

1. Is the Code meant to be aspirational or are the principles and standards in the Code expectations for pharmacy professionals?

The principles and standards in the Code of Ethics are not aspirational but rather, similar to Standards of Practice and legislation, they set out the expectations that pharmacy professionals will be held accountable to.

As always the competence of individual practitioners — at entry-to-practice and throughout their careers — is evaluated against the established legislation, Standards of Practice and Code of Ethics relevant to pharmacy practice in Ontario.

2. Is the Code applicable to pharmacy professionals in all practice setting, including those that do not involve direct patient care?

Yes, the Code of Ethics applies to all members of the College, in accordance with their scope of practice, including registered pharmacists, pharmacy students, interns and pharmacy technicians. The Code is also relevant to all those who aspire to be members of the College.

Additionally, the Code is applicable in all pharmacy practice settings, including non-traditional practice settings which may not involve a direct healthcare professional-patient relationship. All members are responsible for applying the Code requirements in the context of their own specific professional working environments.

3. Are pharmacy professionals who refuse a service based on moral or religious reasons required to refer the patient to an alternative provider?

Yes. The College has had a position statement on [Refusal to Fill for Moral or Religious Reasons](#), which outlines this provision since 2001. Practice expectations are unchanged in the proposed Code of Ethics.

**Total of 35
comments received**

The majority of comments received supported the revised Code of Ethics.

- **25 pharmacists**
- **4 pharmacy technicians**
- **2 applicants**
- **2 members of the public**
- **2 organizations**

All [consultation feedback](#) is posted on the [College website](#)

Other pharmacy jurisdictions (both nationally and internationally) and other health professions (e.g. physicians and nurses) also provide a provision whereby individual practitioners can exercise their conscientious objection to refuse a service based on moral or religious grounds, but all require an alternative provider be available to enable the patient to obtain the requested product or service.

4. Does the Code provide direction on how to meet ethical standards?

Although the Code of Ethics does not explicitly direct members on how they are expected to meet each of the ethical standards, it does clearly communicate the ethical principles and standards that guide the practice of pharmacists and pharmacy technicians in fulfilling their mandate to serve and protect the public.

The College will be developing a variety of resources including educational modules to support practitioners in understanding and applying the Code to practice.

It is important to remember that the Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other. It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal. **PC**