



ARTICLES – SUPPORTING UNDERSTANDING AND APPLICATION OF THE CODE

What's Ethics Got To Do With It? Part 1 of 4 (Spring 2015)	2
Revising Our Code of Ethics...Why Now? Part 2 of 4 (Summer 2015)	4
Is It Enough to "Do No Harm"? Part 3 of 4 (Fall 2015)	7
It's Not About You It's About the Patient Part 4 of 4 (Winter 2016)	10

WHAT'S ETHICS GOT TO DO WITH IT?

Part 1 of 4

Think back for a second – can you remember the moment you knew you were meant to be a healthcare professional? Can you recall when or how you knew you wanted to spend your life helping others? Was it a conscious decision or did you just *know* that it was what you were meant to do?

Being a healthcare professional isn't just a job – it's a vocation, a calling. The foundation of that calling is about putting another person's interests ahead of your own. At the most basic level, it's about putting patients first.

In his 2015 Action Plan for Healthcare, Ontario's Minister of Health and Long-Term Care, Dr. Eric Hoskins, communicated this point so effectively. He said, "Caring for people is what motivates everyone in the healthcare sector...The desire to improve people's lives is at the core of why we chose this vocation and it must be at the core of every decision we make..."

There are a unique set of obligations and expectations that come with being a healthcare professional. You must be conscientious and act with integrity at all times. You must do the right thing because it's the right thing to do, act with diligence and fidelity, work honourably, and keep the promises you make.

While this all seems simple, sometimes the simplest things are the hardest to understand and consistently commit to. So how do we make sure that healthcare professionals truly understand their commitment? How do we ensure that they put patients first?

The answer? We have a Code of Ethics.

WHAT IS A CODE OF ETHICS FOR?

A Code of Ethics can take many different forms, but its basic purpose is to outline the ethical principles and standards that healthcare professionals are guided by and held accountable to. It's the document that outlines your professional role and commitment.

The Code of Ethics helps bridge the gap between *what*, *how* and *why* healthcare professionals practice. The *what* and *how* are captured in legislation and Standards of Practice. The *why* — the professional role and commitment — is where the Code of Ethics comes in.

Codes help you to understand what it means to be a healthcare professional, and why you must meet these unique obligations and expectations — first and foremost, to put the best interest of your patients first.

WHAT IS MY PROFESSIONAL ROLE AND COMMITMENT?

As a healthcare professional, you must understand that your vocation is distinguished by a few criteria that are different than other jobs, and even other professions. Being a *healthcare* professional means you are part of a special group of people who are:

1. Experts with complex knowledge and training
2. Granted autonomy to regulate themselves
3. Accountable to society
4. Committed first and foremost to directly benefiting patients

While these first three points apply to many other professionals, the last one is what primarily distinguishes a healthcare professional from others. The patient must be first — this is also the key to the social contract.

WHAT IS THE SOCIAL CONTRACT?

All healthcare professions and professionals have entered into a social contract with society. By virtue of choosing to enter the profession, you agree to serve and protect the well-being and best interests of your patients, first and foremost. In return, society agrees to provide the profession with the autonomy to govern itself and the privileges and status afforded to regulated healthcare professionals.

The key to the social contract is about putting the patient's best interests ahead of all others — including your own, your business, or otherwise.

WHERE DID CODES OF ETHICS COME FROM?

Codes of Ethics have been around for centuries.

In the 5th century BC, the ancient Greek physician Hippocrates — whose oath laid the foundation for Codes of Ethics in healthcare — talked about “prescribing regimens for the good of my patients according to my ability and my judgment, and never do harm to anyone”. This statement is still an integral piece of modern day Codes of Ethics.

In the 12th century, Jewish Philosopher Maimonides developed the concept further, focusing on the idea of serving others as a vocation. In addition to your commitment to do good and not harm others, he believed that being a healthcare professional was part of “who you are” – individuals dedicated to putting their patients interests ahead of their own.

Thomas Percival, an English physician, was the author of the first modern day Code in the late 1700s. The concepts in his Code were derived and tailored from Codes of the past and include many of the basic concepts from Hippocrates and Maimonides. It was Percival’s Code that went on to form the first Code used by the American Medical Association and Canadian Medical Association in the mid 1800s.

Although Codes have continued to evolve since then, they are all founded on the same core ethical principles of healthcare.

WHAT ARE THE ETHICAL PRINCIPLES?

All healthcare professionals are bound by the same set of ethical principles – and they’ve been unchanged for centuries. The principles guide and inform every decision you, as a healthcare professional, make. They inform behaviour and conduct, and serve as a compass for your actions.

It’s crucial to remember that as a healthcare professional, your own personal beliefs or values do not guide your professional decision making. Instead, the established ethical principles of healthcare must be your guide. Abiding by these principles is not optional and is not unique for pharmacists and pharmacy technicians. These principles apply to all healthcare professionals.

While there are more than just the following ethical principles, these four summarize your commitment to the social contract – ensuring that patients’ interests are put first. It is essential for you to understand and embody these principles:

1. **Beneficence** – you use your knowledge, skills and abilities to actively ‘benefit’ the health and well-being of patients
2. **Non-maleficence** – you do your best to ‘do no harm’ and actively prevent harm from occurring, whenever possible
3. **Respect for persons** (autonomy) – you recognize and honour the inherent worth and dignity of all human beings, and respect patients’ vulnerability and autonomy as self-governing decision-makers in their own healthcare
4. **Accountability** (fidelity) – you understand your responsibility as the custodian of public trust and always act in the best interest of your patients and society, not your own

WHY IS A CODE OF ETHICS IMPORTANT?

All healthcare professionals need to realize why a Code of Ethics is important. As a foundational document, a Code helps you understand the *why* of your practice. Codes explain the significance of the professional role and commitment that you made when you signed up to become a healthcare professional.

WHAT ELSE DOES A CODE DO?

Besides setting out the ethical principles and standards for healthcare professionals, a Code also:

- Serves as a resource for education, self-evaluation and peer review
- Provides a benchmark for monitoring and addressing the conduct of healthcare professionals
- Helps educate the public about the ethical obligations of the profession

WHY SHOULD I CARE ABOUT THIS NOW?

In September 2014, College Council established a task force to review and update the [College’s Code of Ethics](#). Council engaged the expertise of an ethicist and, after engaging with several stakeholder groups, the task force is currently working on drafting a new Code and supplementary documents for the profession.

It is anticipated that early this fall, the College will host a public consultation on our website that will provide an opportunity for all members, other stakeholders, and the public to provide comments on a draft version of the new Code.

More information will be available in coming issues of *Pharmacy Connection* and all members will eventually be required to participate in some learning and ethics education.

Stay tuned for more updates about the Code of Ethics project. 

REVISING OUR CODE OF ETHICS . . . WHY NOW?

Part 2 of 4

In the last issue of *Pharmacy Connection* (Spring 2015) we published the first in a series of four articles about the initiative to revise our Code of Ethics.

[Part One – What’s Ethics Got to Do With It?](#) – provided an introduction and overview on the role and purpose of a Code of Ethics. The article was a reminder that the objective of a profession’s Code of Ethics is to outline the unique obligations and behavioural and conduct expectations that come with being a health-care professional.

At the core of this obligation is the commitment to put the best interests of your patient first and foremost. The established ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity) were defined and reinforced as *the* principles – not your own – that must guide and inform every decision you make as a healthcare professional.

The Code of Ethics – along with Standards of Practice, relevant legislation, policies and guidelines – are the foundational documents of all healthcare professions and collectively express the what, how and why of practice. Additionally, the requirements outlined in this profession’s Standards of Practice and Code of Ethics communicate the *minimum* expectations of practice (diagram 1) that must be consistently met in order to deliver safe, effective and ethical care.

Ensuring that you clearly understand and are effectively practising to these expectations is a fundamental responsibility and strategic priority for the College.

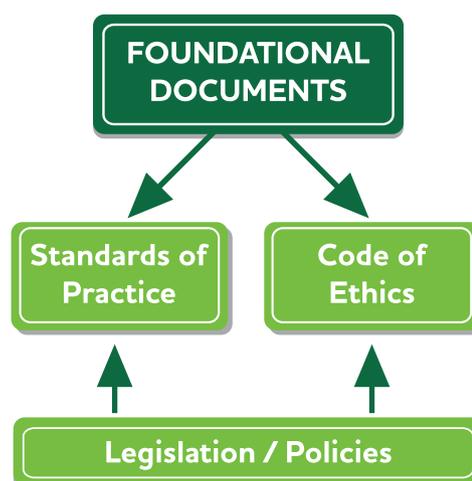
EVOLVING EXPECTATIONS

The last substantial update to the College’s Code of Ethics happened 20 years ago – a lot has changed since then!

The growing pressures of an overstretched health-care system, combined with an aging population have

DIAGRAM 1

Standards of Practice and Code of Ethics communicate the minimum expectations of practice for all pharmacists and pharmacy technicians, regardless of practice setting.



resulted in evolving expectations from government and the public, for all healthcare professionals. With an objective of *Putting Patients First* – in part through providing better access to the *right* care, by the *right* person at the *right* time – government has supported a number of enhancements to the scopes of practice of many professions – including pharmacy.

Expanded authority in the areas of prescribing, renewing and adapting prescriptions, and administering a drug by injection or inhalation – with more on the horizon – have enhanced a pharmacist’s role and responsibility as a decision-maker. This has shifted the focus from the more technical aspects of dispensing medications to the delivery of clinical services.

As the pharmacist’s role as a clinician increases, so too does their responsibility to ensure decisions are guided

by the ethical principles of healthcare. Ultimately, decisions must support the overriding commitment to put the best interests of patients first.

This shift in practice is evident in both hospital and community settings and has been supported in part by the introduction of a brand new healthcare professional – the pharmacy technician. Nearly 3,500 pharmacy technicians are currently registered with the College and working throughout Ontario. These integral members of the pharmacy team are not only independently responsible and accountable for their own scope of practice but are also held to the same ethical standards as pharmacists.

MAINTAINING PUBLIC TRUST

There have been a number of other factors and incidents that have influenced society's confidence in the ability for healthcare professionals and regulators to effectively maintain the public's trust. As explained in Part One of our Code of Ethics series, all healthcare professionals have entered into a social contract with society. In exchange for society granting the profession the autonomy to govern itself, and the privileges and status that come with being a healthcare professional, pharmacists and pharmacy technicians – like all healthcare professionals – must continuously demonstrate their commitment to putting the needs of their patient above their own personal or business interests. This concept of being a fiduciary of the public trust is a critical point, and in fact is the foundation on which a profession's Code of Ethics is built.

COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY

These changes that have happened over the past few decades are not unique to Ontario, or even Canada. As patient expectations evolve and trust erodes there is more and more pressure on healthcare professionals to demonstrate their understanding and commitment to delivering ethical care. The net effect has been a heightened focus – by both government and the College – on our mandates to serve and protect the public interest through our longstanding commitments to accountability and transparency.

To more effectively hold pharmacists and pharmacy technicians accountable for their professional conduct, the College must ensure that expectations are clearly understood and applied by all

HELPFUL DEFINITIONS

Fiduciary

Given the inherent power imbalance in the professional/patient relationship healthcare professionals are required under the social contract to act for and on behalf of the patient/society in order to retain public trust and confidence.

Principle of Beneficence

The ethical principle of beneficence refers to the healthcare professional's obligation to actively and positively serve and benefit the patient and society.

Principle of Non-Maleficence

The ethical principle of non-maleficence refers to the healthcare professional's obligation to protect their patients and society from harm.

Principle of Respect for Persons/Justice

The ethical principle of respect for persons/justice refers to the healthcare professional's obligation to respect and honour the intrinsic worth and dignity of every patient as a human being, and to treat all patients fairly and equitably.

Principle of Accountability (Fidelity)

The ethical principle of accountability (fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

practitioners.. In addition, these expectations must be transparent to the public, and any concerns regarding the ethical conduct of a pharmacy professional be noted on the College's website so patients can make informed decisions about their healthcare.

REVISED CODE REFLECTS BEST PRACTICE

It is for all of these reasons that the College is revising our Code of Ethics. The project began when Council appointed a task force, who with guidance from an ethicist, reviewed and compared Codes of Ethics from pharmacy regulatory colleges across Canada, the United States, Australia and Great Britain. They also reviewed ethical conduct standards for physicians and nurses in Ontario.. Particular attention was given to codes that had been revised in the last five years or so, and were considered to be best practice. In particular, these included: the College of Pharmacists of British Columbia, the Alberta College of Pharmacists, and the General Pharmaceutical Council (the regulator for pharmacists and pharmacy technicians in England, Scotland and Wales.)

The most striking similarity of these codes is that they are all comprehensive with substantive content that describes expectations and provides guidance for understanding and applying to practice. They also include some form of context that outlines the role and purpose of the code, reference ethical principles and define who the code is applicable to. These codes also reflect the understanding that a profession's Code of Ethics, Standards of Practice and legislation – although companion documents that should not be read or applied in isolation of the other(s) – will contain duplication as some requirements are both ethical and legal.

A SYSTEMATIC APPROACH TO DEVELOPMENT

An initial draft of the Code was developed using these sample codes as guides, and drawing on the feedback gathered from staff regarding current practice issues. This draft was modified using feedback gathered through informal focus groups with key stakeholders from a variety of practice settings and perspectives. These groups included practising community and hospital pharmacists and pharmacy technicians, corporate pharmacy managers, academic program leaders and pharmacy organization representatives.

Through this systematic approach to development, the task force created a proposed draft of the Code of Ethics which will be brought forward to Council at their September meeting for approval

for public consultation. The draft Code – which is for pharmacists, pharmacy technicians and the public – is a comprehensive document that outlines the core ethical principles in healthcare that dictate a healthcare professional's ethical duty to patients and society. The document supports these principles with standards that indicate how a pharmacy professional is expected to fulfill his or her ethical responsibilities. In addition to the Code, the task force has drafted a Declaration of Commitment which is meant to be signed by individual practitioners to confirm their understanding and commitment to their Code of Ethics.

Expectations outlined in the proposed draft of the Code of Ethics are unchanged and align with those in the current Code and Professional Responsibility Principles, Standards of Practice and all relevant legislation, policies and guidelines – they are simply more explicit in the new draft..

WE WANT TO HEAR FROM YOU

After Council's anticipated approval of the proposed draft of the Code of Ethics at their September Council meeting, the document will be posted on the website for public consultation. This is an important step in the development of any proposed change to legislation, policy or foundational document such as the Code. The details of the consultation, including the deadline for submissions, will be communicated on the website, in e-Connect and through all social media channels following the Council meeting.

The consultation process is completely transparent with feedback welcomed from pharmacists and pharmacy technicians, and anyone who may have an interest, including corporations, institutions, associations and members of the public. All feedback received is posted on the website in accordance with [posting guidelines](#).

Following the consultation period, the task force will consider all feedback received as they finalize the College's new Code of Ethics. The new Code is expected to be presented to Council at their December 2015 meeting for approval.

Once the final Code has been approved, a comprehensive communications and education plan will support current and new practitioners as they understand and apply the Code in practice.

Stay tuned for more updates about the Code of Ethics project. 

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**

It's Not About You, It's About The Patient!

PART 4 OF 4

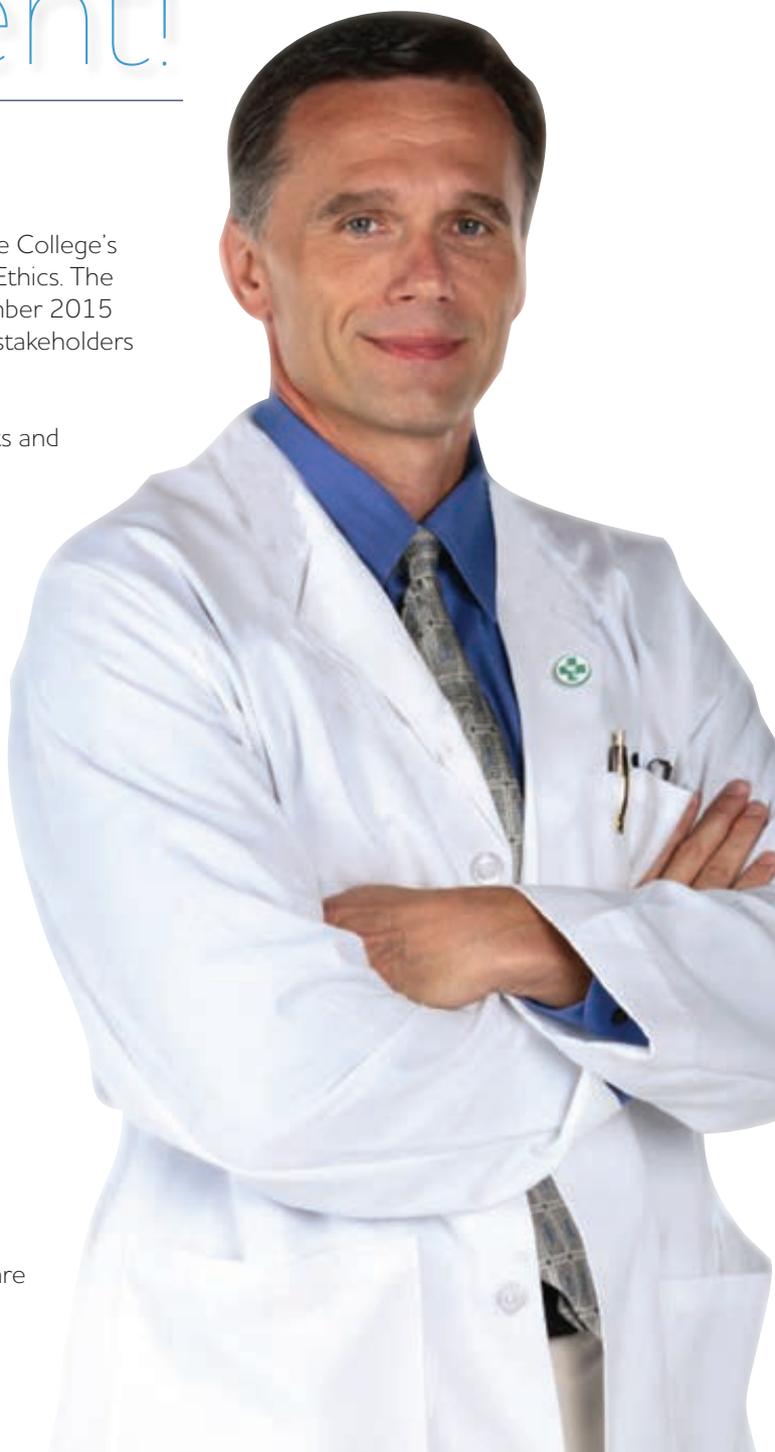
This article is the last in a four-part series about the College's recent initiative to revise the profession's Code of Ethics. The new Code was approved by Council at their December 2015 meeting after extensive collaboration with various stakeholders and public consultation.

The new Code, which is applicable to all pharmacists and pharmacy technicians in Ontario, regardless of where they practice or work, is comprehensive, and brings together concepts from the previous Code, the Standards of Practice, the Principles of Professional Responsibility, and relevant legislation.

The new Code provides pharmacy professionals with a solid framework to understand their ethical obligations as it aligns with core principles of healthcare ethics, which all healthcare professionals are bound by. All pharmacists and pharmacy technicians must use these principles — not their own beliefs or values — to inform their behaviour and conduct, and serve as a compass for their actions and decision-making in practice. As a reminder, the four core principles of healthcare ethics that the new Code is founded on are:

- 1. Beneficence**
- 2. Non-maleficence**
- 3. Respect for persons/justice**
- 4. Accountability (fidelity)**

Abiding by these principles is not optional. In fact, understanding and committing to them is part of your overriding role and responsibility as a healthcare professional.





A QUICK RECAP

Each article in this four-part series about the Code of Ethics discussed these core principles of healthcare ethics. The first article in the series — “What’s Ethics Got To Do With It?” — explained the origins of the principles and offered brief definitions of each. The second article — “Revising Our Code of Ethics...Why Now?” — examined how and why the College used these principles as the foundation in the development of the new Code.

The third article, “Is It Enough to ‘Do No Harm?’”, examined beneficence and non-maleficence in depth. The article provided detailed definitions for these first two core ethical principles, explained how they work in tandem, and examined some of the specific responsibilities of pharmacy professionals when it comes to both benefiting patients and preventing harm.

As a quick recap, beneficence refers to a healthcare professional’s responsibility to actively and positively serve and benefit their patients and society — to help their patients get better. Non-maleficence, on the other hand, is about a healthcare professional’s obligation to be diligent in efforts to do no harm and, whenever possible, to prevent harm from occurring.

The third article asked pharmacy professionals to consider if they spend just as much time and attention to applying the principle of beneficence as they do with non-maleficence. For example, a pharmacist might ensure a prescription has been filled accurately, check that the patient has no known drug allergies and verify that there are no known contraindications for the medication— the pharmacist has applied the principle of non-maleficence and was diligent to ensure no harm will come to the patient. But, did the pharmacist spend the same time and attention ensur-

ing that the prescription is actually what the patient needs, that the therapy will help the patient, and that it will optimize the patient’s health outcomes?

PART FOUR

This article will discuss the last two foundational principles of healthcare ethics that the new Code is founded on — respect for persons/justice and accountability (also known as fidelity). However, it’s important to remember that all of these principles work together, and as we discuss respect for persons/justice and accountability in this article, we will inevitably be drawn back to the discussions about beneficence and non-maleficence. Ultimately, practitioners need to internalize and use these principles to inform their actions and decisions in practice. It will be the application and implementation of these principles that will ensure patients receive safe, effective and ethical pharmacy services.

WHAT IS RESPECT FOR PERSONS/JUSTICE

As outlined in the Code, the ethical principle of respect for persons/justice refers to your dual obligation as a healthcare professional to respect and honour the intrinsic worth and dignity of every patient as a human being, and to treat all patients fairly and equitably.

The Code outlines standards that describe the specific actions and behaviours expected of you in order to demonstrate your commitment to this foundational principle. For example, you must recognize the vulnerability of patients, value their autonomy and dignity, and treat them with sensitivity, care, consideration and respect. Although these sound reasonable, and support a societal

New Code of Ethics Now in Effect.

expectation to “treat others as you would want to be treated yourself”, a scan of complaints raised with regulatory colleges, including OCP, indicates that there is some room for improvement in this area. The recent [Close-Up On Complaints: The Importance of Sensitivity & Communication](#) article featured in the Fall 2015 issue of *Pharmacy Connection* illustrates this point.

Perhaps part of what makes this challenging is, that as a healthcare professional, you must uphold this principle for all patients, in all circumstances — not just for those patients whose values and decisions align with your own. Respecting your patient means that you do not allow your views about a patient’s personal life, religious beliefs, or other morally irrelevant factors such as race, gender, identity, sexual orientation, age, disability, marital status, etc. influence how you treat the patient or affect the quality of care you provide.

You also demonstrate your commitment to this principle when you obtain patient’s consent, uphold their confidentiality, and respect their autonomy to make their own decisions about their healthcare. This includes their right to accept or refuse services and their right to choose the pharmacy and/or pharmacy professional they wish to receive services from.

IT’S NOT ABOUT YOU, IT’S ABOUT THE PATIENT!

The last fundamental principle of healthcare ethics that the new Code is founded on is accountability (also known as fidelity). This principle requires you to be a responsible and faithful custodian of the public trust, accountable not just for your own actions and behaviours, but for those of your colleagues as well.

As explained in the Code, this principle directly ties pharmacists and pharmacy technicians to the professional promise that all healthcare professionals share — to always and invariably act in the best interest of your patient, not your own. This concept of putting someone else ahead of yourself is not easy to consistently uphold, but is at the core of your ethical obligation as a healthcare professional.

As this principle is overarching, the specific standards

included in the Code cover a range of responsibilities and are divided into three sections:

1. **General responsibilities**
2. **Participate in ethical business practices**
3. **Avoid conflict of interest**

For the purposes of this article, let’s explore a few of these more closely.

“DUTY TO REPORT” PROFESSIONAL INCOMPETENCE OR UNETHICAL BEHAVIOUR

One of the standards (4.10) under the accountability principle states that you are responsible to “report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.” Lets consider the following situation to illustrate the application of this standard in practice. Assume that you work for a corporation as a pharmacy manager. You have strong evidence to support the fact that one of your staff pharmacists has engaged in unethical behaviour. What do you do? Report them to head office? Terminate their employment?

In many jobs, reporting the employee or terminating their employment may be enough. But, as a healthcare professional your obligation extends beyond that. By releasing this individual from your employment, you may have protected the patients at your pharmacy from any future unethical conduct from this individual — but what about other patients?

Being a responsible and faithful custodian of the public trust means that — like all other healthcare professionals — your obligation to protect the best interest of patients extends to all patients and, in fact, to society at large. This can be challenging because in situations like the one described here, you are required to formalize a report to the regulatory College about the conduct of this colleague.

Upholding your responsibility and duty to report is particularly important in circumstances where there is a significant breach of patient trust, such as an incident of sexual abuse. In cases like these, your duty to report is not only ethical, but also legal.

“Being a responsible and faithful custodian of the public trust means that your obligation to protect the best interest of patients extends to all patients and, in fact, to society at large.”

YOUR PRIMARY COMMITMENT IS TO DIRECTLY BENEFITING PATIENTS

As pointed out in the Code of Ethics the most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.

This doesn't mean that pharmacies are expected to operate without making a profit. It means that the actions and decisions that pharmacists and pharmacy technicians make must consider their patient's best interests first. The patient's interest must come before the interests of the pharmacy professional, their business, or their employer's business.

Given how closely entwined the profession of pharmacy is with retail business, it's likely not surprising to learn that a significant number of the concerns raised to the College are related to allegations that a practitioner has put their own interests, or those of their business, ahead of their patients.

This line can easily blur, as it's not always our natural tendency to think of others first. Often, if a person has to make a decision that could affect someone else, they start by considering what works best for them, and then they consider if the other person would be okay with their decision. While this approach might be acceptable for a business owner who is juggling the needs of their business with the desires of their customers, it is not appropriate for a healthcare professional.

As a healthcare professional, your obligation is first and foremost to consider the best interests of your patient ahead of your own. Your own considerations, or those of the business, should not influence your thought process at all, and should certainly not frame your thinking. Adopting the mantra – it's not about me, it's about the patient – may be an effective way of ensuring that you always begin your thought process with the right end in mind.

AVOIDING CONFLICT OF INTEREST

Finally, under the principle of accountability, the Code deals with the challenge of conflict of interest, and reminds practitioners to avoid situations that are or may reasonably be perceived to be a conflict of interest.

Standard (4.29) outlines the responsibility pharmacists and pharmacy technicians have to “declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible”.

While avoiding conflict of interest is not always possible, ensuring that you appropriately identify and manage these situations is critical to your ability to remain an objective decision-maker. Avoiding dual relationships whenever possible, and limiting treatment of yourself and members of your immediate family to minor conditions and emergency circumstances only (unless another appropriate healthcare professional is not readily available), are examples of how to manage conflict.

LEARNING RESOURCES

The College is currently developing a number of e-learning modules to support pharmacists and pharmacy technicians in understanding and applying the new Code of Ethics. The modules will cover key concepts and principles from the Code, and will use video case studies to illustrate the application of the Code in practice. The first of these modules is expected to be available this spring, with the full series complete by the fall. Stay tuned to *Pharmacy Connection* and e-Connect for more information. 📺