Three types of professional codes can be identified in the literature: aspirational, educational, and regulatory. An aspirational code focuses on practice ideals to which member practitioners should strive, thereby placing a strong emphasis on human achievement. An educational code has fuller statements of principles, perhaps with commentary or interpretation that is useful in dealing with problems encountered in professional practice. A regulatory code is built upon sets of detailed rules intended to govern professional conduct; thus, it serves as a basis for resolving grievances. In reality, any single code of professional ethics may combine all three of these types. Up to the present time, the typical code of ethics developed for American pharmacy has had a combined regulatory—educational tone, with an occasional aspirational expression. Structure can also affect the utility of a code of ethics. If a code is too long, it becomes unwieldy and unusable; if a code is too short, it may be too abstract or idealized to be useful and may avoid dealing with sensitive areas. The ideal code of ethics usually consists of a concise, generalized code supplemented by a manual of interpretations or case histories. Both medicine and law use this approach—an approach that has yet to be attempted by pharmacy.
The Code of Ethics for Pharmacists

The Code of Ethics for Pharmacists is a remarkable declaration of values. With its preamble and eight principle statements, the code uses general recommendations and general norms as its action framework. A comprehensive discussion of the Code of Ethics for Pharmacists is included in the book *Ethical Dimensions of Pharmaceutical Care.*

**Preamble**

*Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared by and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the role and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.*

The preamble to the code is a straightforward expression of purpose that provides a simple, clear declaration of the role that pharmacists play in medication use, namely, to “assist individuals in making the best use of medications.” This statement refers to *all* individuals involved in the medication-use system—patients, physicians, nurses, administrators, pharmaceutical manufacturers, insurance executives, government officials, and others. Finally, the preamble recognizes that the code is “based on moral obligations and virtues.” This declaration of a moral foundation for a professional code of ethics is unique among American health professions and sets the aspirational tone that is carried forward throughout the code. The
eight principles of the code are intended to guide pharmacists in their relationships with all persons associated with their professional practice.

The explanatory paragraph that appears here as indented text following each principle was added by the Code of Ethics Review Committee to help APhA members voting on the proposed Code of Ethics for Pharmacists. It does not appear in subsequent printings of the code.

The bold initial principle sets the stage for the rest of the code by defining the relationship that exists between a patient and a pharmacist; no earlier code makes this kind of defining statement.

I. A pharmacist respects the covenantal relationship between the patient and the pharmacist.

Considering the patient–pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

By establishing the patient–pharmacist relationship as a covenant, the code serves notice that pharmacists respond to this relationship by observing certain moral obligations; that professional pharmacy services are not merely transactional. The concept of a covenant relies upon giving and receiving. In pharmacy practice, patients have for decades offered to pharmacists the “gift of trust.” In response to this gift, pharmacists promise to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and
to maintain their trust. Some may question the use of the term “covenant” in defining the patient–pharmacist relationship, suggesting that the term is over-inflated or is too religious to use in a secular society. Others prefer to define the relationship as a “social contract”; they question the idea of a gift of trust, believing instead that it is an earned professional practice outcome. Nevertheless, since the nature of the patient–pharmacist relationship is the bedrock of professional practice, its nature and its resulting moral obligations deserve sincere reflection by every pharmacist.

The second principle of the Code of Ethics for Pharmacists recognizes the well-being of the patient as a primary practice imperative and places this concern at the center of professional pharmacy practice.

II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.

A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

To carry this out, a pharmacist must consider both needs defined by science and needs stated by the patient. Furthermore, the principle expects pharmacists to honor the dignity of the patient and accomplish all practice tasks with a caring
attitude and a compassionate spirit. Finally, the code exhorts the pharmacist to focus on serving the patient in a private and confidential manner. Notice that unlike previous confidentiality code statements in which patient confidentiality was dependent on serving the patient’s “best interest,” this principle removes this dependency and makes confidentiality more absolute.

Respect for patient autonomy, especially the right of self-determination, may well be the defining moral value for medical practice in the 21st century. Principle III emphasizes this particular value and pledges that pharmacists will respect patient autonomy and, in doing so, will promote the right of self-determination.

**III. A pharmacist respects the autonomy and dignity of each patient.**

A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

In professional practice, pharmacists and other health care professionals are challenged to provide their patients with the kind of information that is needed to make difficult decisions that affect their health. This important principle not only reinforces this attitude but also promotes individual self-worth through encouraging patients to participate in making choices about their health that coincide with their own values.
or beliefs. Indeed, meaningful communication with patients about their intended therapy is a core component of pharmaceutical care practice philosophy, and shared decision-making stands as one of its intended goals. Without reservation, this principle expects pharmacists to communicate with patients in terms that are not only understandable but also respectful of personal and cultural differences.

The virtues of honesty and integrity have long been associated with professional pharmacy practice. Not only do pharmacists have a duty to tell the truth and act with conviction of conscience, but they also must avoid discriminatory practices and behavior or work conditions that impair professional judgment.

**IV. A pharmacist acts with honesty and integrity in professional relationships.**

A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

In some practice situations, actions that compromise dedication to autonomy and self-determination, such as placebo therapy or other forms of “beneficent deception,” will test the spirit of the most ethical pharmacist.

In the presence of a patient who is in need of pharmaceutical services, a pharmacist makes an implicit public “profession” that he or she has special skills and knowledge that will contribute to the patient’s best interest.
V. A pharmacist maintains professional competence.

A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

This declaration of a special competence and its use in the interest of others is the central act of a profession, carrying with it all the obligations that make the declaration authentic. Thus, pharmacists have a duty to possess and maintain competent knowledge and abilities, especially as new medications, devices, and technologies become available and as health information advances.

Principle VI recognizes the complexities of contemporary medical practice and emphasizes the need for pharmacists to willingly accept the limits of their knowledge and practice competencies.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals.

When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

In these cases, pharmacists ask for the consultation of colleagues or other health professionals or refer the patient to the most appropriate service. Furthermore, this principle directs pharmacists to be aware and acknowledge that colleagues and other health professionals may differ in the beliefs and values...
they apply to the care of the patient and, in doing so, observe their moral accountability as individuals.

The primary obligation of a pharmacist is to individual patients; however, this does not diminish the need for pharmacists to extend their professional concerns beyond the individual to the community and society.

**VII. A pharmacist serves individual, community, and societal needs.**

The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, a pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

Increasing public concerns for human health and welfare, resource use, technology, justice, and the place of humans in nature are forcing all health professionals to consider these more global issues. Pharmacists will recognize their basic obligations to participate in public policy decisions that affect priorities of health care reform and to contribute to developing a perspective on global health problems.

The final principle is a simple statement that pharmacists should recognize the importance of fairness and equity within the practice domain of health resources.

**VIII. A pharmacist seeks justice in the distribution of health resources.**

When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.
Any medical code needs an expression of justice or equity, and pharmacy, like most health professions, has ignored this dimension for decades; previous codes focused nearly exclusively on providing benefits to individuals. Questions that now confront pharmacists make it impossible to escape this issue any longer, especially at the level of policy. Who should decide if everyone has the right to prescriptions under a national drug plan? By including this principle of justice, the code exhorts pharmacists to be fair and equitable when health resources are allocated, balancing the needs of patients and society.

Applying the Code of Ethics for Pharmacists

What principles of the code may apply to the following ethical situations?

**Situation 2.01: Ensuring Justice in Formulary Management**

An oncology surgeon with a national reputation practices at your hospital, located on the campus of a large medical center. He persists in treating his patients, many of whom are supported by public funds, with large doses of a highly specialized blood fraction that he believes speeds healing time—although clinical studies do not support this claim. This year, the use of this drug product by this single physician will add over $500,000 to the pharmacy department budget. As the pharmacy representative to the hospital’s pharmacy and therapeutics committee, you are asked by the director of pharmacy to remove this product from the hospital formulary.

**Situation 2.02: Dealing with Irrational Prescribing**

The pharmacist in a medical clinic pharmacy notes that a local orthopedic surgeon routinely prescribes oxycodone for all his patients for relief of pain, in a seemingly casual fashion.
The surgeon is very conscientious in providing new prescriptions for this powerful drug, but the pharmacist notices that a number of the surgeon’s patients seem to have become habituated; they become highly agitated when their prescriptions are not immediately available to be picked up. The pharmacist thinks that the surgeon is irrationally prescribing this powerful drug.

**Situation 2.03: Dealing with Discourteous Colleagues**

A patient presents you with a prescription container from a rival pharmacy and asks for more of the medication. You call the other pharmacy and ask to speak with the pharmacist. After identifying yourself, you ask for the prescription information and are told curtly, “We do not give out copies of prescriptions to anyone!”

**Concluding Remarks**

The Code of Ethics for Pharmacists stands apart from all other health profession codes. Its appeal to moral obligations and virtues as the foundation guiding the professional actions of pharmacists is not only unique but may serve as a model for further code development in the health professions. As the therapeutic modalities of 21st-century medicine become more complex, pharmacists will encounter ethical dilemmas that are increasingly profound. Pharmacists who embrace a professional practice built upon moral principles and virtues will find expanded opportunities for ethical decision-making as they strive to meet the challenges of pharmaceutical care.

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References