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# Community pharmacist perception and attitude toward ethical issues at community pharmacy setting in central Saudi Arabia



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## KEYWORDS

Ethical;  
Issues;  
Pharmacy;  
Saudi Arabia;  
Attitude;  
Perception

**Abstract Objective:** The purpose of this study is to identify the community pharmacist perceptions and attitudes toward ethical issues at community pharmacy setting in Saudi Arabia.

**Method:** A cross-sectional, descriptive, and qualitative survey of community pharmacists was conducted and the survey questions were pre-tested by a pharmacist with extensive experience in ethical issues. Based on the result of a pilot study the questionnaire was used with some modifications and the final questionnaire was sent to the participants by handing over in person, mail or Email.

**Results:** 45.7% Often discuss ethical issues with their patients, while only 2.1% never discuss it. 40.6% often record the ethical concern whereas only 1.9% of them never do so. 31.5% reported that patients initiate ethical issues.

**Discussion:** 28.3% of the pharmacists initiate the discussion. The barriers that limit discussing ethical issues with their patients were lack of time due to other obligations assigned to the community pharmacist (69.2%), lack of reliable resources (10.7%), not interested in the subject (10.1%), lack of knowledge on ethical issues (4.8%), and other reasons (5.3%). Recourses are books (37.7%), internet web sites (31.1%), and brochures (26.8%). Only a minority of respondents had access to computer databases (15.8%) and other resources (1.3%). Most perceived ethical problems were: being asked for hormonal contraception, dispensing a drug for unreported indication (69.2%), dispensing dose of medicine for a child that is outside the SNF limits (68.9%), unwanted professional behavior about controlled drugs (66.6%), a colleague insisting on unethical behavior (65.0%), a colleague has done something unethical for the first time (64.7%), suspecting that a child is being abused (63.3%) prescribing on private scripts for suspected medications of possible abuse (60.7%) and terminally ill patient asks for a diagnosis or prognosis (52.9%).

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*Conclusion:* The findings of this study assured the need of Saudi health authorities to implement a code of ethics for pharmacy practicing to cover all aspects of ethical issues.

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## 1. Introduction

The importance of ethical issues in pharmacy practice highlights the necessity of considering ethical principles by pharmacists. Ethics of medical practice dates back to the ancient civilizations, as we see from the Hippocratic Oath (Sauer, 1985). Recent times have witnessed a dramatic raise regarding ethical issues in the health care sector, particularly issues that concern prioritizing health care and moral decision making (Bennici, 1991). Ethical concerns in health care have grown mainly because of the increasing cost concerns and technological developments in pharmacy practice. Community pharmacy practice encountered many ethical conflicts because of the commercial nature of pharmacy. Moreover, the consumerist nature of community pharmacy and the co-modification of medicines have led to experiencing a number of conflicts (Hibbert et al., 1999).

In Saudi Arabia, the development of the health care system began in 1925 when a public health department was established. In 1951 ministry of health was established, since then the health services have expanded immensely from 1970 to 1980 (Alkabba et al., 2012). In addition to medicines' dispensing, the most important service provided by pharmacists in Saudi Arabia is answering a wide range of queries of patients. Therefore, the pharmacists need to be well-oriented with ethical issues and the way of implementing the best ethical solution at critical conditions (Sharif et al., 2011). Being members of society and healthcare team, community pharmacists go about their lives and work undertaking activities that may lead to questions as to whether what they do is appropriate, right, just or legal. It is also possible to think of ethical matters in community pharmacy from the perspective of the pharmacists and to reflect upon what ethical issues might mean to them (Cooper, 2006).

Community pharmacists are 'front line' health care professionals and are involved in dispensing life-saving medication and giving health advice about medicines and the treatment of minor ailments to members of the public. Community pharmacists often run a commercial business alongside their healthcare service which may encounter dramatic dilemmas (Brazier Margaret, 2005). In Saudi Arabia, the possibility of ethical issues is increasing due to the corporate ownership of pharmacies (Blenkinsopp et al., 1999) which may mean that pharmacists encounter new ethical concerns as more become employees in large organizations. Such changes offer not only the possibility of ethical assistance from an organization and its employees (de George, 1990) but also the potential challenges of a different culture (Trevino, 1986) and organizational climate (Sims and Keon, 1997).

In contrast to medicine and nursing, relatively little research has considered ethics in pharmacy and particularly community pharmacy (Cooper et al., 2006). Pharmacy practice has received little attention from practical ethics, in spite of extensive research into other areas of health care. A recent study that investigated an extensive literature search of phar-

macy ethics found that there is little research literature specifically addressing ethics in pharmacy practice and almost none addressing fundamental values for pharmacy ethics (Wingfield and Anderson, 2004). Much of the research that does set out to address ethics in pharmacy is concerned with specific issues such as confidentiality (Auguste et al., 1997; Wills et al., 2002), the supply of emergency hormonal contraception (Bissell et al., 2001; Bissell and Anderson, 2003; Seston et al., 2002) and ethical decision-making (Cooper et al., 2009), rather than surveying ethical views. In Saudi Arabia, most of such types of studies focus on the Islamic perspective of some clinical practices such as organ donation (Albar, 1996; Ebrahim, 1995), and end-of-life issues (Babgi, 2009; Mobeireek, 1995) or other issues like patient satisfaction (Mansour and Al-Osimy, 1993). After thorough searching of databases, there are no published studies addressing ethical issues in community pharmacy practice in Saudi Arabia. Therefore, the purpose of this study is to identify the community pharmacist perceptions and attitudes toward ethical issues at community pharmacy setting in Saudi Arabia.

## 2. Methodology

A cross-sectional, descriptive, and qualitative survey of community pharmacists in the Riyadh region, Saudi Arabia was conducted. The data were collected from July to December 2012 using a structured self-administered questionnaire. The questionnaire was designed and developed from review of the literature and previous studies relating to the ethical issues in community pharmacy (Deans, 2008). The survey questions were pre-tested by a pharmacist with extensive experience in ethical issues. A draft of the questionnaire was piloted on the convenience of practicing pharmacists to check for readability, understanding, question design and the length of the questionnaire. Based on the result of this pilot study the questionnaire was used with some modifications and the final questionnaire was sent to the participants by handing over in person, mail or E-mail.

The survey questionnaire consisted of a brief introduction of the study and thirty-two questions. The questions consisted of closed ended, multiple-choice, fill-in short answers and statements (dilemmas). The questionnaire was constructed to include three sections. The first section compiled demographic information and closed-ended questions about whether they received previous continuing education on ethics in pharmacy practice, or have been accessed for ethical information at practice site. The second section asked about the frequency with which ethical issues are discussed with patients, and whether they discuss ethical issues and how often this information was documented in the pharmacy records, what are the barriers that limit pharmacists from explaining ethical issues to their patients, which ethical information resources are currently available at practice sites, and what perceived resources that would be helpful in caring the patients. The third section

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