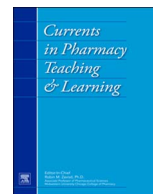




Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Research note

Assessment of student pharmacists' ethical decision-making

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ARTICLE INFO

Keywords:

Ethics
Student pharmacists
Decision-making
Survey

ABSTRACT

Introduction: In previous research, investigators have expressed concern about the ethical ambivalence of pharmacists in decision-making. The objectives of this study were to examine student pharmacists: 1) attitudes and responses regarding specific common ethical situations and 2) perceived level of difficulty in making ethical decisions.

Methods: A self-administered 38-item survey was given to second and third year student pharmacists at Purdue University. The survey comprised five sections, including: 1) attitudes towards common ethical situations, 2) responses to specific ethical scenarios, 3) emergency lending, 4) perceived level of difficulty in resolving ethical dilemmas, and 5) demographics.

Results: Over 90% of students agreed or strongly agreed that pharmacists have the right to refuse to dispense a medication for clinical reasons, while 45.3% agreed or strongly agreed that pharmacists had the right to refuse to dispense for moral or religious reasons. Greater than 20% of students were undecided about dispensing syringes without a prescription, pseudoephedrine tablets to a frequent purchaser, and lethal doses of narcotics. In eight out of nine cases involving ethical decision-making, over 70% of students perceived the decision to be somewhat problematic.

Discussion and conclusions: Exploration of student pharmacists' perceptions of specific ethical situations assists in identifying areas of uncertainty in decision-making and informing educational interventions that may foster ethical development of future pharmacy professionals.

Introduction

With emerging technology and a changing health care environment, the role of a pharmacist is shifting from primarily a dispensing role to one that includes more clinical decision-making.¹ In this role, pharmacists should possess not only technical skills, but also the ability to negotiate “complex roles and relationships and changing patterns of accountability.”¹ Pharmacists are faced with making complex decisions involving clinical, professional, economic, personal, legal, social, and ethical concerns.

A pharmacist makes hundreds of decisions every day, and the implications of these decisions may be overlooked.² Historically, in both medical and pharmacy ethics, four principles when making decisions have been proposed: 1) respect for autonomy (patients' right to choose), 2) beneficence (acting in the patient's best interest), 3) non-maleficence (do no harm), and 4) justice (fairness and equality).^{3–5} These principles help to define what makes a medical decision “ethical,” and can also be directly applied to the ethical decisions that pharmacists make. Reports of pharmacists diverting controlled medications, abusing patient confidentiality, and intentionally diluting chemotherapy drugs have gained the attention of regional and national news.^{6,7,8} However, ethics involves more than these instances of intentional misconduct, and ethical scenarios in day-to-day practice are often overlooked.²

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In previous research, investigators have expressed concern about the ethical ambivalence of pharmacists in decision-making. According to Cooper and colleagues,² pharmacists often are unaware and inattentive to the ethical implications of clinical practice, such as withholding information from patients or dispensing over-the-counter (OTC) syringes without a prescription. Furthermore, even when pharmacists are aware of the ethical implications of their practice, they often exhibit ethical passivity by choosing to do nothing, or waiting for someone else to intervene.²

Moral reasoning, or “the cognitive processes that individuals go through to arrive at ethical decisions,” has been tested using quantitative measures across a variety of health care settings.⁹ One such measure is called the defining issues test (DIT), a multiple-choice test where test-takers are presented with several ethical scenarios (i.e., stealing food in a time of famine, physician-assisted suicide) as well as 12 statements about the issues surrounding that dilemma.⁹ Test-takers are asked to rank the issues in regards to their importance in resolving each dilemma. The professional ethics in pharmacy test (PEP) is a pharmacy-specific test similar to the DIT.^{9,10} In research to date, student pharmacists’ and pharmacists’ moral reasoning has been shown to be significantly lower than other health professionals.^{9,11-13}

While the above measures are focused on quantitatively scoring individuals on their moral reasoning ability, no known measure is available that focuses on decision-making in scenarios that do not have clearly delineated correct or best answers. Ethical dilemmas such as these often involve multiple ethical scenarios simultaneously, and have multiple potential courses of action. Vignette-based surveys have been used to measure this type of decision-making in many areas of social science including medicine.¹⁴⁻¹⁶

Despite its importance to practice, pharmacy ethics remains a relatively understudied area.¹² This may be partially due to the tendency of ethics literature to address issues of “high drama and low incidence” while overlooking more mundane issues that are more common to every day practice.¹⁷ Pharmacists’ and student pharmacists’ moral reasoning has been assessed on specific high profile ethical issues, such as drug abuse and end-of-life care.^{18,19} However, there is little literature focused on students’ ethical decision-making and distress regarding the range of more commonplace ethical scenarios and issues, such as dispensing narcotics and disclosing medical information to patients. The objectives of this study were to examine student pharmacists’ attitudes and responses regarding specific common ethical situations and perceived level of difficulty in making ethical decisions.

Methods

Survey development

A 36-item self-administered survey was developed to examine student pharmacists’ decisions and attitudes when faced with ethical situations and their perceived difficulty in making decisions. Interviews were conducted with two pharmacy faculty specializing in the areas of law and ethics to determine ethical scenarios and search terms for a literature review. These interviews and literature review ultimately determined the scenarios included in the final survey. There are several different terms utilized in practice to describe the provision of an emergency supply of medication. Emergency “lending” is a regional-specific term that was selected after discussion with community practitioners at the time of survey development. A panel consisting of pharmacy faculty focused in the areas of law and ethics and community pharmacy practitioners reviewed the survey. Members of the panel were identified through recommendation from senior faculty familiar with the area. The survey was then revised based on the expert panel feedback.

This survey was first developed to be administered to practicing pharmacists by Thompson and Plake, and was revised for student pharmacists prior to the initiation of this study. Minor wording was altered in the demographic section to make the survey appropriate for student respondents, and a section was added to the survey addressing the perceived level of difficulty in resolving ethical dilemmas. No changes were made to the cases or scenarios. A small pilot study also was conducted with student pharmacists to assess survey performance, including the terminology used. Human subjects approval was obtained through Purdue University Institutional Review Board.

Survey components

The survey consisted of five sections, pertaining to students’: 1) attitudes towards common ethical situations in practice (e.g., syringes and pseudoephedrine - five total items), 2) responses to specific ethical scenarios (e.g., physician’s scope of practice - six total items), 3) emergency lending/dispensing (eight total items), 4) perceived level of difficulty in resolving ethical dilemmas (nine total items), and 5) demographics (year in pharmacy curriculum, sex, age, political affiliation, ethnicity, religious affiliation, and marital status - eight total items).

In the first section, students were asked to rate their level of agreement with statements regarding conscientious objection, as well as the prescription status of a variety of products, such as syringes and pseudoephedrine. A five-point Likert scale (1 = strongly agree to 5 = strongly disagree) was utilized to assess the level of agreement with each statement.

In the second section, ethical scenarios were presented and students were asked to rate their agreement with the statement, “You would dispense the medication.” Ethical scenarios ranged from dispensing a lethal dose of narcotic to dispensing pseudoephedrine tablets to a frequent purchaser. A five-point Likert scale (1 = strongly agree to 5 = strongly disagree) was again utilized to assess the level of agreement with each dispensing scenario.

In the emergency lending/dispensing section, students indicated how likely they were to lend an emergency supply of a variety of medications. In each case, students were told that a patient approaches the pharmacy while on vacation, has left his/her medication at home, and that his/her regular pharmacy and doctor are unavailable. Students were asked to rate their agreement with the

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