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# How organizational context affects bioethical decision-making: Pharmacists' management of gatekeeping processes in retail and hospital settings

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ABSTRACT

Social science studies of bioethics demonstrate that ethics are highly contextual, functioning differently across local settings as actors make daily decisions "on the ground." Sociological studies that demonstrate the key role organizations play in shaping ethical decision-making have disproportionately focused on physicians and nurses working in hospital settings where they contend with life and death issues. This study broadens our understanding of the contexts of ethical decision-making by empirically examining understudied healthcare professionals – pharmacists – working in two organizational settings, retail and hospital, where they act as gatekeepers to regulated goods and services as they contend with ethical issues ranging from the serious to the mundane. This study asks: How do organizations shape pharmacists' identification, negotiation, and resolution of ethical challenges; in other words, how do organizations shape pharmacists' gatekeeping processes? Based on 95 semi-structured interviews with U.S. pharmacists practicing in retail and hospital pharmacies conducted between September 2009 and May 2011, this research finds that organizations influence ethical decision-making by shaping how pharmacists construct four gatekeeping processes: medical, legal, fiscal, and moral. Each gatekeeping process manifests differently across organizations due to how these settings structure inter-professional power dynamics, proximity to patients, and means of accessing information. Findings suggest new directions for theorizing about ethical decision-making in medical contexts by drawing attention to new ethical actors, new organizational settings, an expanded definition of ethical challenges, and a broader conceptualization of gatekeeping.



## Introduction

Social science studies of bioethics challenge dominant conceptualizations of ethics as universal normative principles. They empirically demonstrate that ethics are highly contextual, functioning differently across local settings as actors make daily decisions "on the ground." Organizations have powerful influences on ethical decision-making as norms, values, and routines shape how healthcare professionals manage ethical challenges. However, U.S. sociologists have primarily focused on one organization, the hospital, leaving open questions about ethical decision-making in other contexts.

As organization members, healthcare professionals serve as "gatekeepers" to regulated resources since their scope of practice grants them exclusive discretion over specific goods and services (Abbott, 1988; Freidson, 1970b; Grumbach, et al., 1999; Halm, Causino, & Blumenthal, 1997; Larson, 1977). Gatekeeping is an ethical issue because it requires making normative decisions that account for the interests of the patient and the organization (Jecker & Berg, 1992; Lauridsen, 2009; Ubel, 2001; Weiner & Rice, 2001). Despite the range of healthcare providers, most research on gatekeeping focuses exclusively on the physician and prioritizes ethical decisions that involve balancing the medical interests of the patient with the fiscal interests of employers and payers (Beckwith, 1996; Grumbach et al., 1999; Pellegrino, 1986; Ubel, 2000; Willems, 2001). Focusing on other healthcare professionals, especially those outside the hospital context, requires expanding our conceptualization of gatekeeping to account for differences across organizations, necessitates attending to legal and moral dimensions of bioethics, and illuminates how incompatible institutional demands affect healthcare workers' construction of professional roles. This paper investigates the relationship between gatekeeping processes and ethical decision-making in organizations by examining how workers make sense of these processes in daily practice.

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To explore organizational influences on gatekeeping and decision-making, I turn to understudied but critical healthcare professionals – pharmacists – who practice in two very different organizations, hospital and retail pharmacies, where unique norms and routines shape inter-professional relationships. Informed by sociologists' ethnographies of physicians and nurses working in hospitals (Anspach, 1993; Bosk, 1979; Chambliss, 1996; Heimer & Staffen, 1998; Zussman, 1992) and recent research at the intersection of organization studies and medical sociology (Currie, Dingwall, Kitchener, & Waring, 2011; Flood & Fennell, 1995; Kitchener & Harrington, 2004; MacIntosh, Beech, & Martin, 2012), this study focuses on how pharmacists working in the United States navigate their organizational settings as they contend with various controversial drugs. I ask: How do organizations shape pharmacists' identification, negotiation, and resolution of ethical challenges; in other words, how do organizations shape pharmacists' gatekeeping processes?

## Organizations as institutional contexts of ethical decision-making

Across a variety of settings, healthcare workers engage in gatekeeping processes regulating patients' access to information, medications, testing, and treatment (Bachman & Freeborn, 1999; Jecker & Berg, 1992; Pellegrino, 1986; Riley & Manias, 2009). Not only are organizations arenas in which ethical dilemmas unfold, but they also create ethical dilemmas by positioning members in relation to knowledge, patients, and each other (Chambliss, 1996; Heimer & Staffen, 1998; May, 2007; Zussman, 1992). Organizational policies, norms, and interpersonal dynamics influence how providers contend with ethical issues and which issues they consider ethical in the first place.

Extensive ethnographies demonstrate in fine detail how organizations shape the ways professionals address ethical issues at work. However, they reveal less about variation across organizational types. Most sociological research has occurred in hospitals, a specific organizational form that differs considerably from other medical settings such as clinics, private practices, nursing homes, and retail settings. Further, most studies have focused on physicians and nurses working in intensive care settings where providers routinely face life and death issues. This begs the question: How do organizations shape ethical decision-making for professionals like pharmacists who work in different organizational settings, experience varying levels of interaction with patients and other providers, and make healthcare decisions ranging from the serious to the mundane?

Comparing pharmacists' ethical decision-making in retail and hospital settings, this study contributes to existing literature by revealing that organizations influence ethical decision-making by shaping how pharmacists make sense of professional roles as they enact four key gatekeeping processes: medical, legal, fiscal, and moral. Organizational setting influences proximity to patients and other healthcare providers that shapes access to information used in decision-making. Before demonstrating how this operates in pharmacy, let us consider gatekeeping in healthcare more generally.

## Healthcare providers as gatekeepers

Gatekeeping involves control over medical resources. The term "gatekeeping" calls to mind an image of a healthcare worker "positioned at an entry point, or gate, through which patients must pass to receive care or services" (Riley & Manias, 2009: 216). Scholarly discussions about gatekeeping focus disproportionately on what healthcare providers *should* do, how they ought to balance their responsibilities to various constituents and to their personal commitments. For example, debates over bedside rationing (Macklin, 1993; Pellegrino, 1986; Relman, 1990; Schafer, 2001; Ubel, 2000; Weinstein, 2001) and the general practitioner's control over referrals (Bachman & Freeborn, 1999; Beckwith, 1996; Grumbach et al., 1999; Halm et al., 1997) help us prioritize our moral values and envision an idealized version of healthcare but reveal little about healthcare providers' lived realities. It is on the ground, as professionals exercise discretion in distinct organizational settings, that gatekeeping impacts patient care. The array of gatekeeping processes that healthcare workers engage in requires a complicated negotiation of healthcare provision, one that a focus on pharmacists' ethical decision-making can help us unpack.

I posit that our current conceptualization of gatekeeping is far too narrow, focusing on a limited set of healthcare workers, mostly physicians, and accounting for an incomplete set of processes. The pharmacy case will demonstrate numerous ways in which healthcare workers act as gatekeepers that extend beyond medical and fiscal considerations to include legal and moral ones. Further, scholars tend to focus on gatekeeping during entry to care (Arber et al., 2006; Forrest, 2003; Pellegrino, 1986; Riley & Manias, 2009; Willems, 2001) rather than addressing the array of gatekeeping processes that occur throughout care provision. I define "gatekeeping" as the social processes through which individuals label clients' behavior and subsequently grant or withhold access to resources within particular institutional domains. This definition synthesizes, but goes beyond previous conceptualizations (Kurtz & Giacopassi, 1975; Pellegrino, 1986; Riley & Manias, 2009; Willems, 2001) by accounting for sense-making, a set of resources (information, goods, and services), a range of actors who may serve as gatekeepers, and the institutional/organizational context in which gatekeeping occurs. The institutional dimension in particular contributes by leaving open the possibility that taken-for-granted institutional rules and understandings beyond those created in the confines of medicine account for healthcare workers' decisions. Further, this definition revises our image of healthcare as having a single gate with a single gatekeeper to one with multiple gates and multiple gatekeepers, each of whom influences access to care.

## Why pharmacists?

Pharmacy ethics have been all but overlooked in the social science literature even as contemporary political debates over conscience have spotlighted pharmacists (Antommaria, 2008; Davidson, Pettis, Joiner, Cook, & Klugman, 2010; Day, 2008; Fenton & Lomasky, 2005; Flynn, 2008; Hepler, 2005; Knestout, 2006; Sarkar, 2006). Conflict has arisen over Emergency Contraceptive Pills (ECPs), postcoital contraceptives that some pharmacists and anti-abortion groups object to on religious grounds but that other pharmacists and pro-choice groups consider essential reproductive healthcare. ECPs are among several drugs and devices that pharmacists consider ethically troubling; others include controlled substances, syringes, and HIV/AIDS treatments.

Perhaps it is not entirely surprising that pharmacists have been disregarded as mainstream gatekeepers and have only captured attention when their moral decision-making stokes entrenched political conflict. Popular, outdated images of pharmacists depict them as physicians' subordinates who have limited patient interaction and exercise minimal discretion. In contemporary pharmacy, pharmacists with doctorates (Pharm.Ds) act as medication experts on the healthcare team and contend with many of the same challenges as physicians as they engage with patients, healthcare workers, and managed care organizations while making ethical decisions at work. Certainly, pharmacists' roles are still closely tied to physicians; if physicians are primary gatekeepers, making decisions at the point of entry, pharmacists are secondary gatekeepers, making decisions further along the continuum of care.