

# Pharmacist is not 'a slave to any given patient'

Letters are in response to editorial "The public trust and access to medications," *CPJ* 2004;137(8):7-8.

The National Association of Pharmacy Regulatory Authorities is the pan-Canadian body for provincial pharmacy licensing bodies whose primary role is public protection. As one of the most accessible health care professionals, pharmacists hold the health and safety of the public as their first consideration in the practice of their profession. NAPRA has passed a "Model Statement Regarding Pharmacists' Refusal to Provide Products or Services for Moral or Religious Reasons." This statement addresses situations where there is a conflict between the patient's request for services and the pharmacist's own moral or religious beliefs. The pharmacist must be prepared to explain the basis of his/her objections, and to convey these to their pharmacy manager (or another person in authority) and not directly to the patient. Furthermore, the objecting pharmacist has a responsibility to enable the patient's access to an alternate source, while minimizing the inconvenience to the patient.

With open discussion between pharmacy managers and their pharmacists regarding any potential objections they may have to providing particular services or products, plans can be put into place to meet patients' needs. Further details on this statement are available on the NAPRA website at [www.napra.org](http://www.napra.org) and from the provincial pharmacy licensing authorities.

— Ken Potvin, RPh  
Executive Director, NAPRA  
Ottawa, ON

I was a little surprised at the tone of your editorial in *CPJ*, Vol. 137, No. 8. At what point do one person's rights trump another person's rights? Tolerance should be

defined as respecting another person's point of view. If there is a conflict, there are many, many other pharmacies available.

I did not hear "The Current," and do not know any details about it. This is just my reaction to your reaction.

—Stanley Riegel  
Calgary, Alberta

In your editorial on access to medication you suggest two theories that have been clearly and emphatically rejected by courts in this country and throughout the Western world.

First, you suggest that a pharmacist is simply a slave to any given patient, required to blindly and without moral or ethical judgment give to the patient that which the patient demands. In fact, quite the opposite is the case under the laws governing professionals in Canada. Health care professionals are always entitled to exercise their professional judgment and to refuse care where they believe the care to be ethically or morally inappropriate. See *R. v. Morgentaler*, [1988] 1 S.C.R. 30 ("Given that the decision to appoint a committee is, in part, one of conscience and, in some cases, one which affects religious beliefs, a law cannot force a board to appoint a committee any more than it could force a physician to perform an abortion," paragraph 101).

The second theory you advance is that there is no room in the Canadian workplace for diversity of moral and religious conviction. Canadian and provincial human rights laws resoundingly declare that you are wrong in your assertion.

It is not necessary for the profession of pharmacy to conclude that there is a conflict between morality and ethics in the case of abortion

and birth control prescriptions. In fact, the Alberta College of Pharmacists has concluded that it is possible to practice the profession of pharmacy and avoid participating in the dispensing of abortion drugs. The College has affirmed that it is not necessary for a Roman Catholic to choose between faith and profession.

The Alberta College of Pharmacists should be applauded for its inclusive approach to this important moral and ethical issue. No less should be expected from any of the health profession regulators in this country, because it is in the very nature of Canada to welcome and support all religions, faiths, and traditions.

Character is an essential part of what it means to be a professional. I would not want to receive health care services from a profession that required its members to abandon moral thought upon licensure. Would you?

— Gerald D. Chipeur  
Chipeur Advocates  
Calgary, Alberta

Although it is clearly stated that the published articles in the *CPJ* represent the views of the authors, I was appalled that it would print such a cavalier statement as that at the end of Polly Thompson's editorial, "They can practice other careers that do not put them in conflict with patients' rights and the public trust." This implies an enormous disregard for the effort an individual has made to be accepted into a pharmacy program (few people do this on a whim), the years of studying invested to become a pharmacist, the ongoing continuing education, and financial investment.

Pharmacists are as worthy of conscience clauses as other health care professionals. There are certainly

doctors who refuse to prescribe oral contraceptives; nurses who refuse to assist at abortions. Does Ms. Thompson expect them to change careers too?

Regardless how a pharmacist feels about emergency contraception, the Conscience Clause is important to pharmacists because of what we may be asked to dispense in the future. Many provincial pharmacy associations are seeking to have pharmacists granted expanded roles in the health care community, and some of those roles might include dispensing prescriptions for questionable indications. We should retain the ability to refuse to fill prescriptions, as a professional right. This is similar to the professional right that lawyers have to refuse to represent a client, or the right of a physician to refuse to treat a patient. Nurses who work in hospitals have the right not to participate in professional duties that they find disagreeable, for whatever reasons; so surely pharmacists, as fellow health care providers, should not lose that right.

Contrary to the editor, I do not view the Conscience Clause as a threat to women's issues. If anything, women have more access to various forms of birth control and family planning than they did 50 years ago. The number of female physicians, pharmacists, nurses, and health care workers in Canada seems to defy your claim of returning to an "obsolete paternalistic medical model." I would hope that they, and their male counterparts, would promote the health and wellness of the entire family unit.

— *D.R. Buzinsky*  
*Sherwood Park*

I was interested to read your [October editorial]. You made some valid and interesting points, most of which I agree with. I agree that health care professionals should not interfere or influence the patient's right to choice; a good example being the blood transfusion one you quoted. However, I was wondering if you were advocating that pharmacists be legislated to perform ECP

and dispense OC scripts, even if it be against their religious/moral beliefs.

If that is the case, then you are interfering with the rights of individual pharmacists to practice their profession freely. What about the right of the individual pharmacist to refuse to be party to what she/he would describe as "chemical abortion"?

The suggestion that they find another profession if they do not want to conflict with "patients' rights and the public trust" does not sound like tolerance to me. Think about what that statement means to the person who happens to have those moral beliefs. You are advocating that pharmacists (who are also individuals) can have freedom of choice as long as it coincides with "patients' rights and the public trust," i.e., your view of the world.

For example, the Calgary pharmacist who refused to dispense OC scripts was not preventing the patient from receiving oral contraceptives — there must have been dozens of pharmacies within easy access that would be only too happy to oblige. The same could be said of ECP.

I believe that a reasonable compromise may be that a pharmacist who chooses not to do OC/ECP should be required to facilitate the patient's choice to access these services. For example, if a pharmacist does not offer ECP, then he/she should be obliged to provide the patient a list of pharmacies in the immediate area that do offer that service. Don't you think that will avoid prescriptive legislation on either side and truly be a more tolerant solution for both sides?

— *Greg Candy*  
*Duncan, BC*

The editorial written in October's issue was an excellent demonstration of the discriminatory harassment to which conscientious objectors are subjected. It is clear that Ms. Thompson and people like her feel their morality is superior and are prepared to impose it on anyone disagreeing with them. She reduces the debate to pro-life agendas, religious

rights, and tolerance, disregarding the health and informed consent of women and children in the process. This is the only recourse such people have when their ideology is threatened, as it was in my radio interview.

The basis for my refusal to participate or refer is rooted in scientific fact, not in the "norms" that people like Ms. Thompson subjectively develop. My reasons are also essentially humanistic, shared by many number of individuals regardless of their religious convictions. I refuse to participate with products that interfere with the ability of a human embryo to implant itself in the endometrium. Contra-implantation mechanisms are described as abortifacients by Canadian embryologists Moore and Persaud. It is no secret that birth control pills and "morning after pills" have this capability, as documented in drug monographs, and medical textbooks. Furthermore, the international scientific community (embryologists, geneticists, biologists, etc.), rejects the propaganda of gynecologists and pharmacists, that conception and pregnancy begins at implantation. However, science is often blindsided when pro-abortion advocates mislead the media and the public into thinking they are strictly ovulation inhibitors.

Regarding morally controversial products and services, the interests of the health care worker and the patient are different. The patient may believe that she is being deprived of something to which she has a right, but in no sense is she made to do something she believes is wrong. If my colleagues want to participate in these situations, I won't stand in their way — they too are entitled to make a choice. Patients are also free to choose another pharmacist or pharmacy. As for those in rural areas, I am unaware of a situation where there is only a single health care provider available. Surely, a small degree of inconvenience or thinking proactively is worth preserving freedom for all Canadian citizens.

My faith has never been discussed with a patient at the pharmacy counter. Ms. Thompson's accusation

that objectors try to scare patients with misinformation or impose their morality is nothing more than a recycled urban legend. In fact, when the Alberta College of Physicians and Surgeons were asked to substantiate this claim, they admitted in 2002 that it was polemical hearsay from groups who provide birth control and family counseling to women.

Contrary to Ms. Thompson's article, pharmacist regulators already have decided that rights of the patient do not supercede those of the pharmacist. The Alberta College of Pharmacists is fully aware that I do not participate or refer for morally controversial products. Manitoba has developed a conscience clause whereby a pharmacist may refuse to participate or refer. It is much easier to steamroller freedom of conscience, as she has demonstrated so well, rather than develop policies that protect everyone. All we need is the political will.

As birth control products constitute only a small fraction of products available, my conscientious objections were considered reasonable according to Alberta Human Rights Law. Freedom does not mean license, which is why human rights laws do not protect those who wish to harm others. Can Ms. Thompson name a Jehovah's Witness who is employed as a paramedic, where providing blood products is a majority of the job description?

Sadly, to people like Ms. Thompson, the "bedrock value" of religious tolerance goes "both ways" only if one agrees with her ideology. Freedom of conscience and religion is for everyone, even those with "fringe concerns." Should such pharmacists be treated as second class citizens because they choose to protect the lives of all their patients?

Where is the author's proof that the patient's rights come first? Her claim is not grounded in law or ethics, as any constitutional lawyer will tell you. Dr. John R. Williams, former Director of Ethics for the Canadian Medical Association in 2000, stated that the CMA's policy of mandatory referral for abortion was dropped because there was no ethi-

cal consensus to support it. The claim, that the fiduciary duties of physicians require them to subordinate their conscientious convictions to those of their patients, rests upon a more recent Supreme Court of Canada ruling that fiduciary relationships and obligations are "shaped by the demands of the situation"; they are not governed by a "fixed set of rules and principles."

I demand that Ms. Thompson show me how her morality is superior before she forces me to live by it or leave my profession. Name the pharmacists who have tried to impose their morality on patients. If she can't, she must retract her accusations and apologize.

People know they can trust me to protect them in a life or death scenario. It is my dignity as a human being, not a dehumanized pharmaceutical robot, that rejects the social and verbal engineering presented in this so-called professional and scientific forum.

— *Maria Bizecki, BSP  
Calgary, Alberta*

In your editorial [...] you write that tolerance is a bedrock value of our democracy and that it goes both ways; yet in the next paragraph you contradict yourself by stating that the onus is on the health professional to respect the religious beliefs of the patient, and not the other way around. I believe that tolerance either goes both ways, or else it is not true tolerance. Your editorial in fact shows great intolerance towards those of your colleagues who wish to practice according to the traditional Hippocratic tradition of "you shall do no harm." This tradition is not based on religious fundamentalism, but on a great respect for the dignity of each person, including the unborn. Your criticism of a Jehovah's Witness who would withhold blood from your ailing child is unsubstantiated, as such a paramedic, if he were upright, would simply step aside and allow someone else to take over and do what he himself could not.

Similarly, pharmacists who object to the provision of morning-after pills

are not denying access, as the patient is free to go to the pharmacy of her choice. Such pharmacists are also not disrespecting the religious beliefs of their patients. As far as I know, there is no religion that requires a woman to take MAP after sex. As for the example of your husband encountering a preaching health professional in the ER, this is also not realistic. He has greater chances of encountering such a person on the street corner. A better example would be that of your elderly mother encountering a physician in the ER who objects to a policy that would call for euthanizing the helpless, or a pharmacist refusing to participate in China's forced sterilization program.

Finally, in view of today's recent findings on the dangers of synthetic hormones, there are plenty of women around who believe that taking hormonal contraception is not in their best interests. Why not allow such women the option of shopping at the Calgary pharmacist's shop, while those who embrace contraception can all come running to yours?

Pharmacists are people too. They have varying opinions on moral, ethical, and health issues. The fact that they do not all practice alike should not be such a cause for concern. All lawyers do not practice alike either.

— *Cristina Alarcon, BSc(Pharm)  
Vancouver, BC*

Thank you for sharing your ignorant, "lack of conscience," anti-life opinion with us. We struggle to understand where people like you come from, and though your editorial didn't clear that up — we know now that you JUST DON'T GET IT! As Christians and other moral citizens, whether you like it or not, we care about a little human being who may be growing in YOUR body. A human put there by God. You compare pharmacists who refuse to prescribe the birth control pill, which may cease a human life, or even "nightmarishly" worse, the "emergency morning-after pill" and other comparable drugs, to someone refusing to give a blood transfusion to a child or delaying treatment of a heart attack.

The truth is the exact opposite! We care about SAVING a life, though you give it no value. We aren't interested in pushing our religion on you, though it would do you eternal good. Maybe YOU are the one who should find a new career ... and a conscience!

— *Suzanna Vanderwoude*  
*Hamilton, ON*

I find your editorial in the October issue of *CPJ* full of bias and self-contradictions.

First of all, you stated that “religious tolerance is a bedrock of our democracy.” I assumed the religion you meant was Christianity. If that is what you meant then there is a lot of information you have omitted for your readers, either through ignorance or misinformation.

Yes, I truly believe that a pharmacist should respect the religious beliefs of the patient, but the pharmacist should also have the right to decide whether a patient can have access to service. Your example of a JW [Jehovah's Witness] paramedic is totally absurd. It is just as ridiculous as if I create an imaginary situation where a Jihadist comes to my pharmacy and asks for chemicals to blow up some government building because of Canada's involvement in Afghanistan. Let me give you another scenario, imagine your mother became pregnant with you so many years ago and went to a pharmacist with a prescription for birth control pills, now is this issue as “crystal clear” as you stated?

As an editor of a national professional magazine, there should be a more equal representation on both sides of the issue. If you cannot accept that, I think that you should consider another job where you can express your own personal views.

It is definitely high time for pharmacists to participate in discussions on how we can carry out our duty to our patients that earn their trust as well as respect from other professions.

— *Andrew Wong, Pharmacist*  
*Apollo Drugs and Herbs*  
*Edmonton, Alberta*

I am deeply concerned by your October editorial “The public trust and access to medication.” As a health professional, a pharmacist is to act for the best interest of the patient. What it does not mean is that we must always obey the wishes of a patient. On occasions we are obligated to refuse to fill a prescription because we believe that by dispensing the prescription, the patient might receive more harm than good.

Let's make one thing clear: “emergency contraception” is a misnomer. It is neither a medical emergency nor a true contraception. It is a choice of a patient to terminate a potential pregnancy “the morning after.” It is not a medical necessity! The “EC” pill does not save any life, on the contrary, it is formulated for the express purpose of terminating a life (or potential life). Therefore, it is misleading for you to compare this optional procedure, which is decided according to one's own moral belief, with a real medical emergency that requires a blood transfusion, for example.

By declining a prescription for “EC,” a pro-life pharmacist believes that he is acting in the best interest of the patient. The patient can always bring the prescription to another pharmacist who would likely appreciate the added business. Pharmacy regulators should not be in the business of settling the moral disagreements between pro-life and pro-choice advocates.

To conclude, although “EC” is rightly considered a drug and therefore properly under the jurisdiction of pharmacists, the provision of “EC” is not really a medical issue, it is an ethical one. By forcing pharmacists to act against their conscience, as you have seemed to suggest (to comply or to leave the profession), is against all the democratic principles that Canada is founded on.

— *Hiu Wong*  
*Woodstock, Ontario*

Your submission in the October *CPJ* is so flawed I scarcely know where to begin.

You've attempted to equate the dispensing of oral contraceptives

with the emergency nature of both an ER visit and a car accident. This is nonsense. I have practiced pharmacy for nearly two decades and have yet to witness, either directly or indirectly, a circumstance where an oral contraceptive was required as an emergency measure whereas a paramedic can be expected to transfuse blood on a daily basis. A more appropriate comparison would be against a medical clinic that refuses to perform abortions, a law office that declines to act in divorces or even something as simple as a local retailer refusing to offer pornography or tobacco. In this light the positions taken by the pharmacists to which you refer are entirely understandable.

We as constituents of a functional democracy are perpetually bombarded by the ethical impositions placed on each other. Why then should pharmacists, as you suggest, be exempt from advancing their moral positions? Indeed, is it not one of the defining hallmarks of a professional to incorporate some component of ethics into his or her day-to-day practice? Further, to characterize the position of the pharmacists to whom you refer as an act of paternalism as opposed to one of conscience demonstrates quite vividly what little grasp you have of the issue. Paternalism states: “I know better than you what is right for you.” Conscience states: “I know better than you what is right for me.” The latter possesses the same legal subtext as self-defense and as such aids in explaining why such positions are both so manifestly facile to defend and vexing to prosecute — hence the latitude granted by the governing bodies which you mistakenly refer to as “troubling.”

What I do find troubling is observing the editor of the *CPJ* characterizing the moral expression of some pharmacists executed within the confines of their practice on perfectly legitimate issues as “fringe” and lumping them in with “fundamentalist extremists.” I'm sure you will agree that the ethical issues we are facing today have only come to the fore relatively recently — roughly

coincidental with the advent of our being permitted to provide emergency contraception. To engage incipient discourse that such developments will inevitably invite with what is tantamount to name-calling is particularly odious. It demeans your position as editor, the publication you represent and, by association, my profession. One can only cringe at what your response might be if these issues obtained the critical mass of full public scrutiny.

Finally, I find it ironic that you refer to the positions of the pharmacists in question as obsolete when in fact outdated thinking suffuses your piece. Your sense of entitlement at all costs reflects the ancient retail manifesto that the customer is always right. I find it absolutely mystifying that an individual in your capacity still clings to this feudal premise. No — the customer is not always right, nor entitled. Often I find myself at odds with what the patient wants and with what I can give. For my part your remarks conjure a time when the pharmacist was expected to count, pour and be quiet. Please talk to a recent grad. I'm sure they would be only too happy to offer you enlightenment.

— *Michael W. Rabik, BSP  
Swift Current, SK*

I found your editorial ("The public trust and access to medication," *CPJ*

October) to be objectionable and bigoted.

You don't have to be religious to believe that the wilful destruction of human life is wrong. Several sections of the Criminal Code legislate the primary facets of that moral belief. (This is in contradiction to those who say "you can't legislate morality." We legislate little else.)

You don't have to be religious to recognize the historical trends (oppression of women, black slave trade, genocide, abortion) where the vilest human atrocities are justified by redefining the victim as not being entirely human.

You don't have to be religious to question the logic of a belief that implies passage through a 30 cm birth canal transforms a blob of tissue into a human being.

You don't have to be religious to recognize that current legal definitions of when life begins and ends are based more on legalizing common practice than on sound science.

You don't have to be religious to recognize that there are drugs marketed as contraceptives that actually function as early abortifacients.

You don't have to be religious to refuse to do something that violates your own conscience.

You don't have to be religious, but when you do all of the above, you are immediately labelled as being religious in an editorial that slips

in hot button words like "fundamentalist extremist." Even if a person is religious, what right do you have to demand unilateral tolerance?

What is this about professional responsibility? Do I have a professional responsibility to provide the means of genocide to somebody who does not believe Jews are fully human? I don't think so. If a physician is morally opposed to therapeutic abortion, is there a professional responsibility to make a referral and ensure that the procedure is performed to the satisfaction of the patient or her intervener? I don't think so. When physician-assisted suicide becomes legal (notice I say when, not if; some things are predictable when you observe trends) will a physician be under a professional responsibility to provide any requested assistance? I don't think so.

The fact that you finish your editorial with the suggestion that I consider a career move is the final straw. I thought CPhA was my advocate. With advocates like you, I don't need one. This editorial causes me to seriously question whether I will renew my membership in CPhA next year. Or, if I will continue to read a journal that is intolerant to beliefs and practices that the editors consider to be outside their view of normal.

— *Rhys Frostad  
Lafleche, SK*

## We Want Your Letters

*CPJ* welcomes signed correspondence from readers, up to 300 words. Letters may be edited for length and clarity. Please include a telephone number where you can be reached.

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