

Perception and Attitude of Libyan Community, Clinical and Academic Pharmacists towards Ethical Issues Encountered During Pharmacy Practice

Heba Soliman Alaroshe / MSc of pharmacology

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Objectives of the study:

The present study aims to explore the common ethical issues facing community and clinical pharmacists and impacting their decision-making.

The outline:

1. Introduction and literature review
2. Research Questions/Hypotheses.
3. Methodology and data collection methods.
4. Results and Discussion
5. Conclusion

1. Introduction:

Pharmacy practice has changed from the traditional product-focused field and toward patient-centered approach that focuses on the patient's needs and empowers patients to make decisions about their own self-care [1].

Thus, the relationship is now less paternalistic. Paternalism is described as “interference with a person's freedom of action and decisions” [2], and has been a traditional characteristic.



1. Introduction:

A fundamental principle of bioethics is respect of patient autonomy, requiring a more profound focus on the needs and comfort of the patient [3,4]. Although they are becoming more involved in patient care, pharmacists often have to make a variety of decisions in a variety of situations.

This may range from a simple issue such as choosing the best product for the patient to a major ethical dilemma such as a conflict between personal/ professional values and legal requirements [5].



1. Introduction:

To make decisions that are **ethical** and provide adequate justification for such behaviors, pharmacists need an extensive knowledge of pharmacy ethics.

Pharmacist ethics is considered a system of ethical behavior that a pharmacist follows while making a decision related to the practice of pharmacy.

Pharmacists in fulfilling their responsibilities **must abide by the ethical** principles of healthcare. Cultural issues and moral reasoning also influence decision-making.

1. Introduction:

In Libya there is a **lack of studies** on ethical challenges that pharmacists face during the practice of the profession. Therefore, we attempted in the present study **to investigate how pharmacists deal with ethical issues, and how such challenges influence their decision-making.**



Patient-centered pharmacy practice:

Pharmacists are an essential part of the medical workforce:

- Dispense safe and effective Medications
- Provide information on medicine's use & storage.
- Recognize & avoid drug interactions.
- Respect patient & prescriber
- Open patient-prescriber communication.

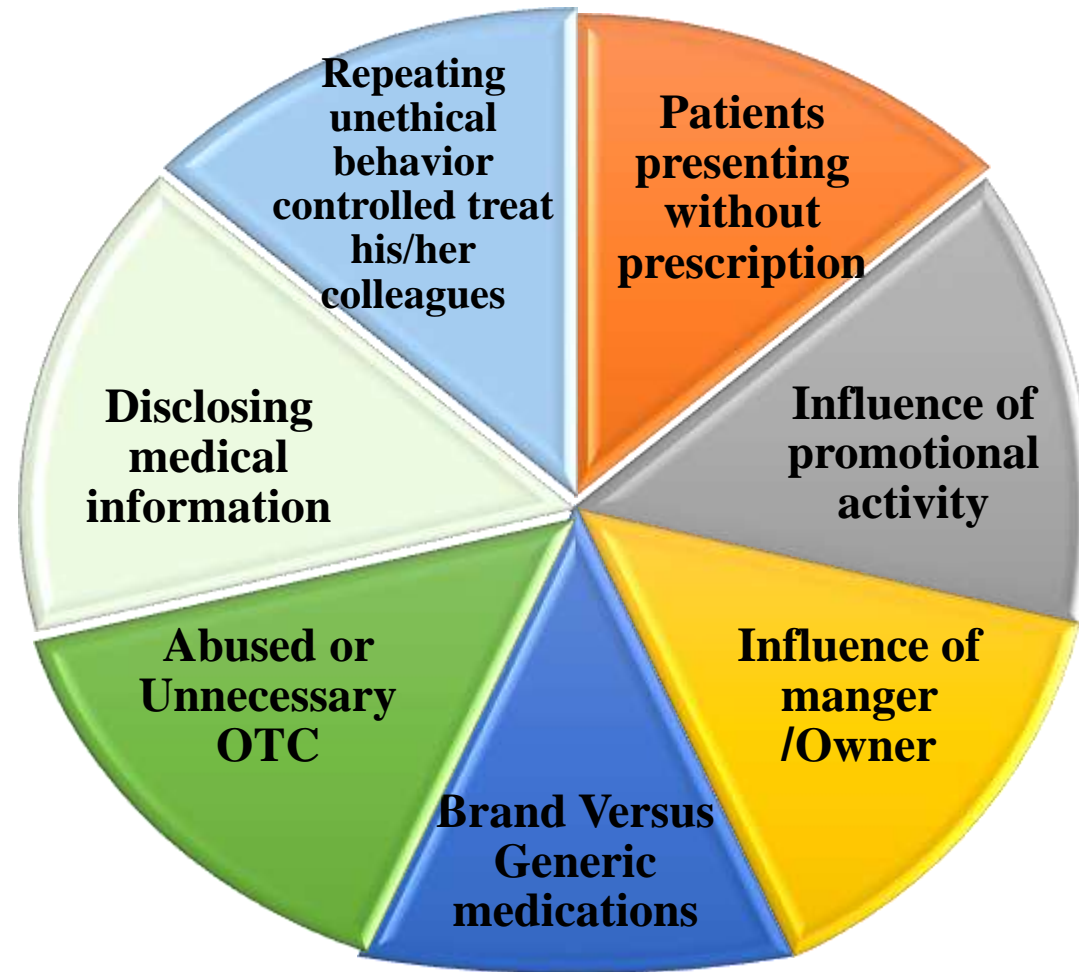


Patient-centered pharmacy practice:

- Provide educational health information.
- Build a trust-based relationship with patients & prescriber.
- Develop his/her knowledge & skills.
- Engage with his/her community.



Examples of ethical challenges:





The Code of Ethics for Pharmacists :

is a system of ethical behavior that a pharmacist follows while making decisions related to the practice of pharmacy.

Unfortunately we could not trace a Code Of Ethics for Libyan Pharmacists

2. Research Questions/Hypotheses:

- Is decision making in pharmacy practice ethically or non-ethically based?
- What is the perceptions and attitudes of Libyan pharmacists towards ethics?

3. Methods:



Two questionnaires used in this study

We used modified questionnaires:

The first was adopted from a Jordanian study for **community pharmacists [7]**.

- The second from an Australian study for **clinical and academic pharmacists [6]**.

Al-Qudat RA, Tuza O, Tawfik H, Chaar B, Bashedi IA. Community pharmacy ethical practice in Jordan: assessing attitude, needs and barriers. *Pharmacy Practice* 2019 Jan-Mar;17(1):1386.
<https://doi.org/10.18548/PharmPract.2019.1.1386>

Original Research:
Community pharmacy ethical practice in Jordan: assessing attitude, needs and barriers
Rajaa A. AL-QUDAH¹, Omar TUZA², Haneen TAWFIK³, Betty CHAAR⁴, Imran A. BASHETI⁵
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Abstract

Background: Having a local code of ethics, based on moral obligations and virtues, known to all practicing pharmacists is important in order to guide them in relationships with patients, health professionals, and society.

Objective: To investigate pharmacists' attitude and barriers towards applying the ethical principles published by the Jordanian Pharmacists Association in the Jordanian code of ethics.

Methods: The study objectives were addressed in a cross-sectional study completed by a convenience sample of community pharmacists, in both cities; Amman and Irbid. A questionnaire was used to achieve the study objective. The questionnaire was developed and validated, investigating pharmacists' socio-demographic and practice characteristics, perceived attitude toward certain practice scenarios, and perceived barriers towards applying the locally published ethical principles while dealing with their patients. The questionnaire was self-completed by pharmacists between January and August 2017. Collected data was analyzed using SPSS version 21. Descriptive statistics and parametric tests were used with p<0.05 set a priori as significant.

Results: Seven hundred and four pharmacists (Amman n=486; Irbid n=218) responded to the questionnaire, providing completely answered questionnaires with a response rates of 69.4% in Amman and 99.6% in Irbid. Pharmacists from both cities revealed that they use the Internet as their main resource to obtain ethical information when they need it, to help them deal with their patients (34.0% from Amman and 31.5% from Irbid). More pharmacists in Amman (57.0%) had access to resources regarding ethical information at their practice sites compared to pharmacists in Irbid (24.0%). Significant differences in attitude was found between pharmacists practicing in both cities, as significantly less pharmacists from Amman (37.8%) declared that they would sell a medication for an unreported indication according to national and international guidelines, if recommended by the consultant, compared to pharmacists from Irbid (77.7%, p<0.001).

Conclusions: Despite having ethical guidance from the Jordanian Pharmacists Association, the majority of pharmacists in Jordan do not use this resource; instead, most choose to access ethical guidance on-line. Pharmacists from the capital, Amman, reported to adhere

3. Methods:

- Both questionnaires were tested for **face validity** and a consent was provided explaining the nature and purpose of the study, informing **community participants** filling the questionnaire is considered approval to participate in the study.



The Perception and Attitudes of Practicing Pharmacists to Common ethical-related issues in Hospital and Community Pharmacies

Dear Pharmacist

This study is a graduation project for students of the Faculty of Pharmacy-Libyan International Medical University. The study aims at investigating the application of ethical theory in the practice of pharmacy in the city of Benghazi-Libya. Your participation by filling the questionnaire would be appreciated. All responses would be confidentially treated. Filling the questionnaire is considered consent and you can withdraw from the study at any time without any consequences. In case of any query you can contact Prof. Suleiman Ibrahim EL-Sharif at suleiman_elsharif@limu.edu.ly.

3. Methods:

- **While** the clinical and academic pharmacists were interviewed during filling the questionnaire.
- For clinical pharmacists, the questions were **open-ended**, to allow participants to freely express their opinions, while for community pharmacists, the questions were **closed-ended**.

Ethical approval was obtained from the Research Ethics Committee of LIMU

Certificate reference number: PHR-202300080

3. Methods:

For community pharmacists

- The questionnaire was posted on the internet.
- **22 scenarios** have to be responded to with **Agree, Neutral or Disagree**.
- Scenarios of related themes **were grouped together** and are represented together in the same graph.

3. Methods:

Scenarios of similar/related themes were grouped together.

1. Not needed OTC: dispense or not	21. If you just finished your work and on your way to your home, suddenly a patient called you for a help and advice, you will help the patient.	19. Disclosing side effect of a drug to a patient?
4. Abused OTC: dispense or not	7. Misleading or hiding truth will increase adherence	9. Parent asking for confide . Inform tell or not
6. Tab to be identified (not his), You tell him or not	20. If a child has prescription for serious drug and has the money for paying it, do you dispense it to him?	14. Terminal Cancer, You know the full case history. you tell the patient the truth or not
	23. If a patient asked you for a drug that you don't have now, and he wants it instantly, you refer the patient to another pharmacy that you know that it has this drug.	15. Disclosing to a mother information on contraceptive used by her daughter

4. Results and Discussion

4.1. Responses of Community Pharmacists

Demographic characteristics of participants

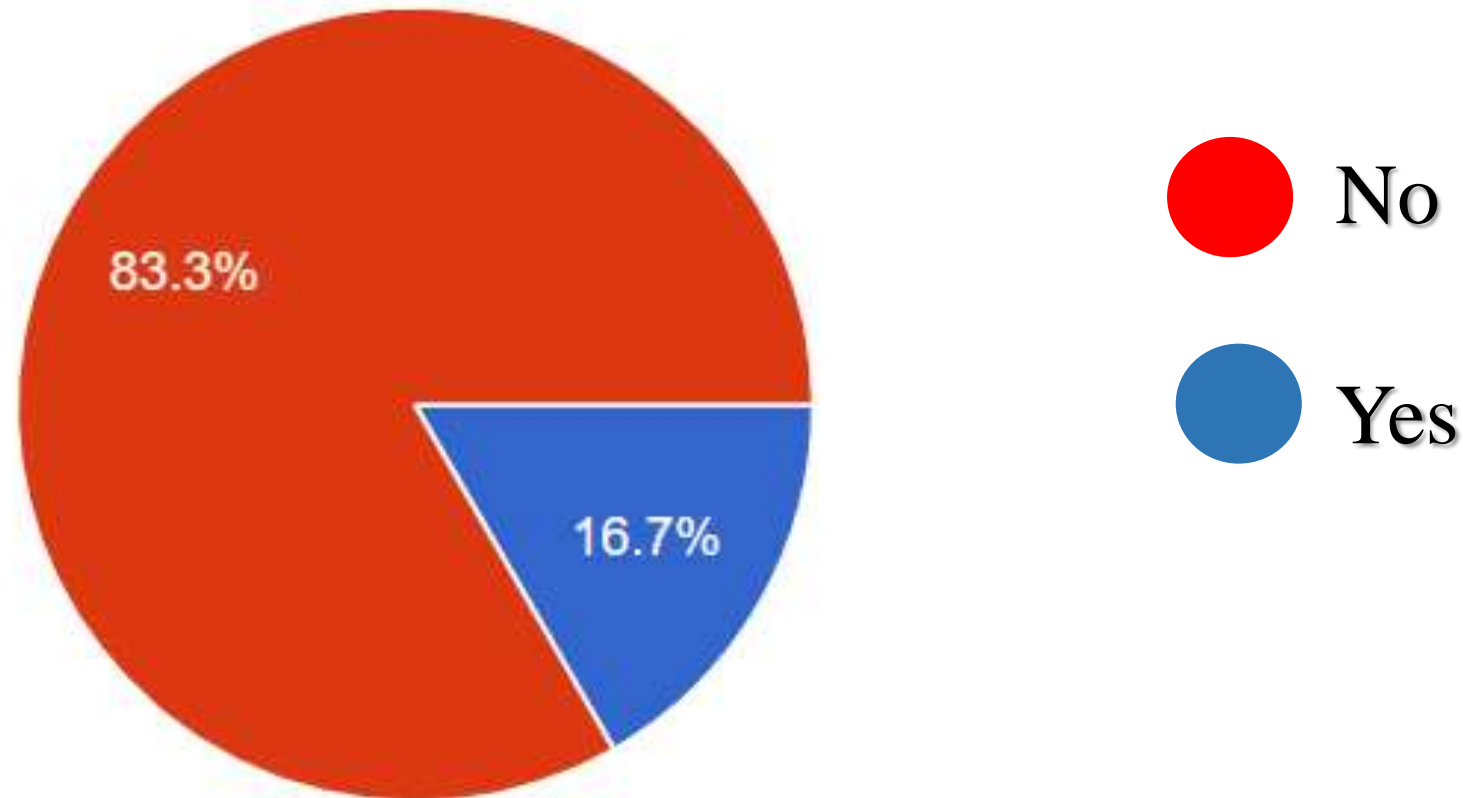
Characteristic	Frequency (%), n= 130
Gender Female	69 (53.1%)
Degree BSc	63 (48.5%)
Years after graduation <5	71 (54.6%)
Years of experience as a pharmacist <5	67 (51.5%)

Pharmacy status

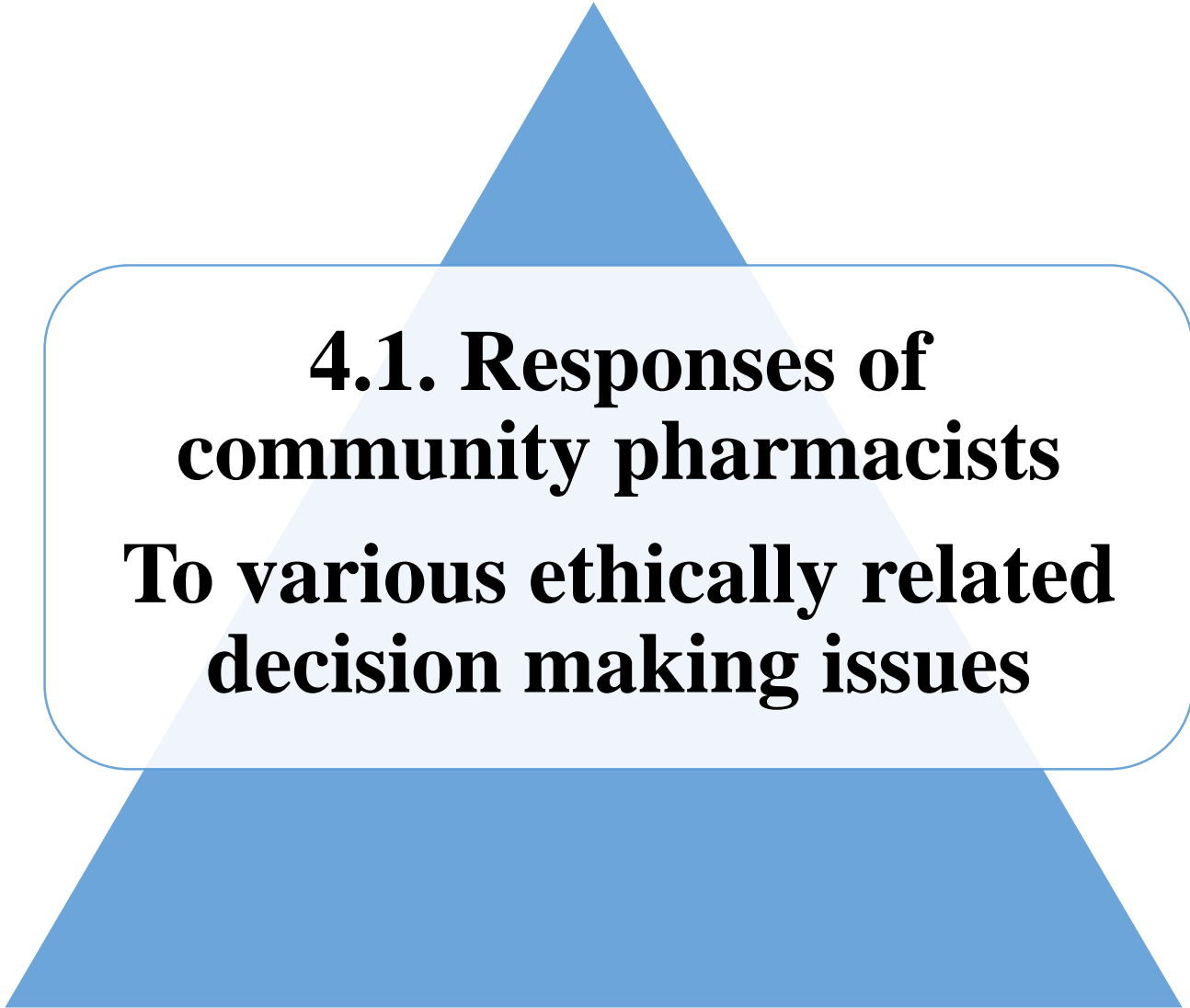
	Frequency (%),n=130
Number of Daily adult visitors to the pharmacy >50	48 (36.9%)
Number of pharmacists who work in the pharmacy at any one shift. >1	93 (71.5%)
Number of pharmacy technicians who work in the pharmacy at any shift. >1	59 (45.4%)
Pharmacist position Employee	93 (71.5%)

Training on professional ethics

Have you had any training on professional ethics?

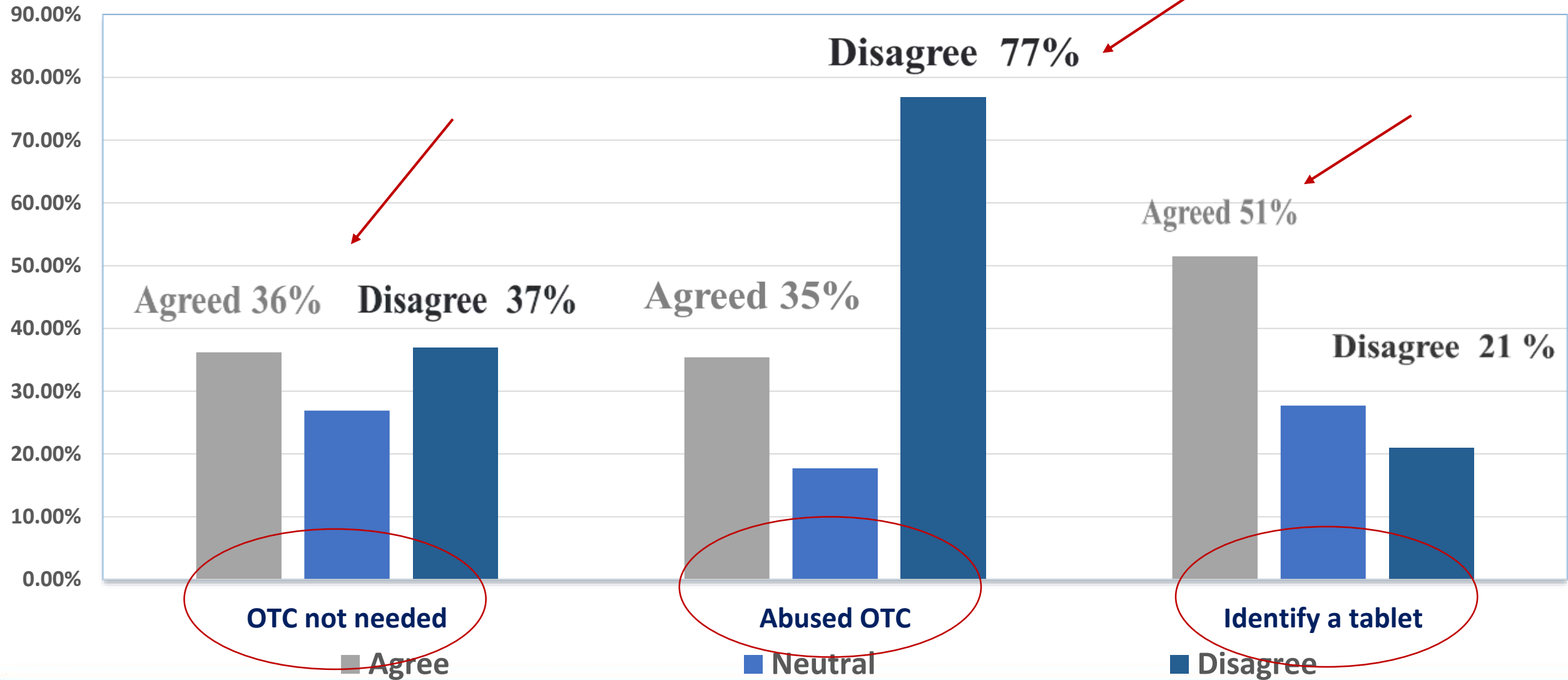


4. Results and Discussion

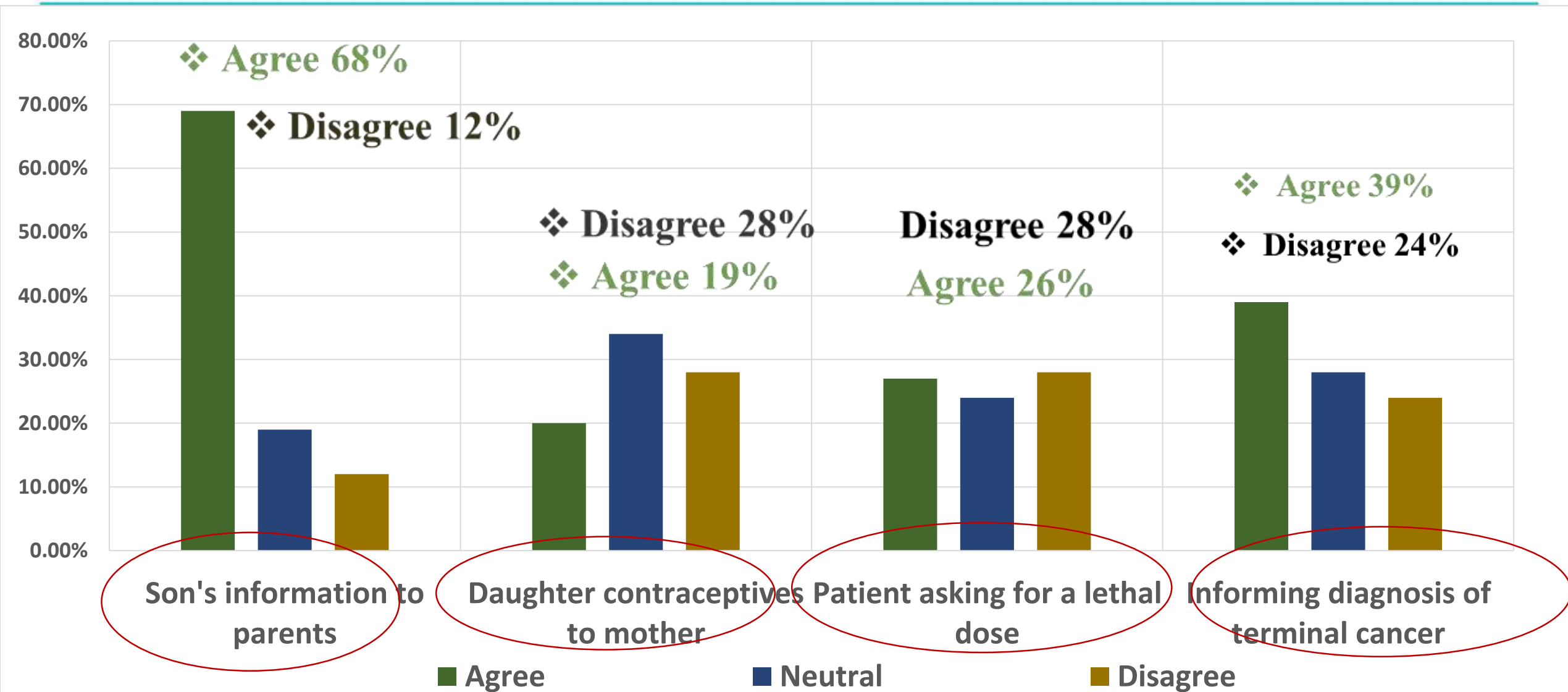


4.1. Responses of community pharmacists To various ethically related decision making issues

Not needed or abused OTC & Identifying unknown tablet



Disclosure of information



4. Results and Discussion

- **Our results** are in general comparable to those of the **Jordanian study** which is the closest to our study and such results point out to:
 - ❑ **The Urgent** need for a national code of ethics for Libyan pharmacists, and
 - ❑ Continuing educational programs and workshops on ethics for practicing pharmacists.

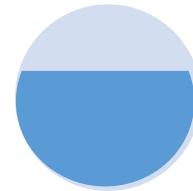
The problem may persist as long as no strict control on those who run community pharmacies where large proportions are not qualified pharmacists.

4. Results and Discussion

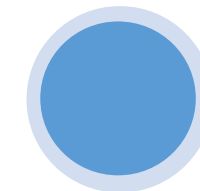
Some of participants:

Relied on self-learning about ethics.

Almost all did not have any continuing education or workshops on ethics



60% of participants took an undergraduate course in ethics



All the participants were not aware of a national code of ethics for pharmacists.

National syndicate of pharmacists does not offer any educational activities on ethics for pharmacists.

4. Results and Discussion

4.2. Responses of Clinical & Academicians Pharmacists

Demographic characteristics of Clinical & Academic Pharmacists

Characteristics	Frequency(%), n=10
Occupation Clinical pharmacist in hospital.	5 (50%)
Clinical pharmacist in academia.	5 (50%)
Gender Male	6 (60%)
Age 25-30	5 (50%)
Degree PharmD	6 (60%)
Years of experience as a pharmacist 5-9	5 (50%)

4. Results and Discussion

4.2.2. Responses of Academic Pharmacists

4. Results and Discussion

4.2.2.1 Academic Pharmacists 1 & 2

4. Results and Discussion

During holidays, store managers supply medications to specialties in governmental hospitals, **but** upon resuming duties, duties are massively reduced without proper consumption records.



Reasons: The medications, especially the expensive ones, are taken by staff without any receipts or prescriptions.



Recommendations: Assigning a pharmacist to work on vacation and is compensated for the day(s).

Also, application of strict rules, and punishing those responsible once identified.



Making a decision, pharmacists must conduct a comprehensive investigation to confirm the issue, identify the missing supply, and pin down the parties involved.

4. Results and Discussion

4.2.2.2. Academic Pharmacist 3

4. Results and Discussion

A forged prescription for narcotics



Reason: The official staff member was an addict.



Decision making: The prescription was confiscated and the staff member reported to the manager.



The decision of the pharmacist was professionally and ethically **CORRECT** which should be recognized by his/her superiors.



Recommendations: Beware of addicts among hospital staff.

4. Results and Discussion

4.2.3. Responses of Clinical Pharmacists

4. Results and Discussion

4.2.3.1. Responses of Clinical Pharmacists 1 and 2

4. Results and Discussion

The main problem we face is for prescription with ineffective medication , and the physician insist on that particular medication because s/he is benefiting from the drug distributing company that import the medication.

Reason: lack of training in ethics, and the negative attitude and the immoral behavior of the prescriber.

Recommendations

Recommend a more strict control on the import of drugs by the private sector.

Pharmacist's Decision-making: The clinical pharmacist recommend to the patient the same drug but from a reputable manufacturer and with proven efficacy.

4. Results and Discussion

4.2.3.2. Responses of Clinical Pharmacists 3,4 and 5

4. Results and Discussion

The non-pharmacist owner of the community pharmacy forces the pharmacists to dispense brand and expensive drugs. S/He practices a business oriented attitude not a professional service.



Reason: *The owner looks for financial gains.*



Recommendations: The Ministry of Health in cooperation with the national syndicate of pharmacists must not allow non-pharmacists to open a community pharmacy.



Pharmacist's decision-making: *Take an ethically driven decision*

5. Summary & Conclusion:

- ❖ The study demonstrated common ethical challenges facing pharmacists.
- ❖ Pharmacists' responses (decision-making) was not always ethically driven.
- ❖ The main cause is either ignorance or being unaware of appropriate ethical behaviour.
- ❖ **No national ethical code for pharmacists.**
- ❖ **Undergraduate pharmacy curricula must focus on courses of ethics.**
- ❖ **Both the Libyan Board of Pharmacists & the Libyan Syndicate of Pharmacists must organize and offer seminars, workshops, and continuing pharmacy education programs focusing on ethics.**

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Thank You