



Position Statement

Prerogative of a Pharmacist to Decline to Provide Professional Services Based on Conscience

The American College of Clinical Pharmacy supports the prerogative of a pharmacist to decline to personally participate in situations involving the legally sanctioned provision and/or use of medications and related devices or services that conflict with that pharmacist's moral, ethical, or religious beliefs.

Examples of such situations could include provision of medications or services to facilitate capital punishment, euthanasia, termination of pregnancy, or contraception.

In exercising this prerogative, however, the pharmacist has a concurrent professional and ethical responsibility to assure that in situations where patients are seeking access to legally prescribed medications, devices, or services, such patients are referred to another pharmacist or other health care provider in an effective, professional, timely, confidential, and non-judgmental manner.

A pharmacist is responsible for prospectively informing colleagues and employers and/or the administration of his/her practice setting about those situations that would result in a conflict of conscience.

A pharmacist should always practice with full respect for the patient's needs, interests, dignity, confidentiality, and welfare and should assure that any professional action or decision that occurs because of conscientious objection does not result in patient harm.

Background:

The professional conduct of a pharmacist is guided by an intricate combination of scientific knowledge, skills, and abilities, combined with experience, humanistic and ethical values, moral principles, and personal beliefs. Just as with any individual human being, the complex interplay of these characteristics influences the pharmacist's behavior during any given interaction with patients, professional colleagues, or the general public.

In the course of professional activities, an individual pharmacist may find that certain situations that involve the legally sanctioned use of medications and related services present a conflict with his/her conscience or personal moral beliefs. A recent example that has drawn substantial attention, and strong reaction from various quarters, is the decision by a pharmacist in Illinois to refuse to fill a prescription order for emergency contraception. However, the issue is not limited to emergency contraception, and in fact is not a "new" issue for pharmacists or other health care professionals. For example, a physician or nurse may face a similar conflict of conscience when deciding whether or not to participate in a procedure or other patient care activity that conflicts with their moral values or religious principles.

Nevertheless, the issue as it relates to pharmacists has received substantial national print and television media coverage over the past few months, as well as the attention of state and federal government officials. In response to the specific case in Illinois, governor Rod Blagojevich on April 1, 2005, issued an executive order (since revised and now pending public comment as a regulatory change) requiring pharmacists to fill "all valid prescriptions" within a four hour time period. Shortly thereafter, an editorial in the *New York Times* stated that:

"A pharmacist's refusal to fill a prescription for birth control or EC has the pernicious effect of delaying, and sometimes even denying, a woman's access to medications that may be urgently needed.... Although allowing pharmacists to refer women to another pharmacist or pharmacy to fill a birth control or EC prescription "may seem at first blush like a reasonable compromise, ... it is a prescription for disaster in the real world because many of the pharmacists who refuse to fill prescriptions berate, belittle or lecture their customers.... A pharmacist's refusal to fill a prescription is an intolerable abuse of power, and pharmacists have no business forcing their own moral or ethical views onto customers who may not share them." (*New York Times*, 4/3/05)

The issue has also drawn the attention of the U.S. Congress. Legislation has been introduced in both the House (H.R. 1652) and Senate (S.809) that would impose substantial civil penalties upon pharmacies that fail to provide for the timely processing of "valid prescriptions" due to the decision of a pharmacist not to dispense based on their personal ethical or moral beliefs. Similar legislative proposals that would deny Medicare or Medicaid payments to pharmacies (S.778) or which would provide for lesser civil penalties (H.R. 1539) have also been introduced.

Unfortunately, these actions, commentaries and much of the discussion on both sides of the issue have tended to foster an "either/or" perspective that fails to effectively balance both patients' needs and pharmacists' prerogatives. It is important, possible, and desirable to meet BOTH the needs of the patient and the desire of a pharmacist to practice in ways that do not result in a personal violation of the pharmacist's moral or religious beliefs.

To that end, pharmacists should strive always to serve the legitimate health care needs and desires of their patients. In the very limited situations where those needs and desires are in conflict with a pharmacist's values, the obligation of the pharmacist is to provide a referral for the patient to receive the care they desire – without any actions seeking to persuade, coerce, or otherwise impose on the patient any of the pharmacist's values, beliefs, or objections. At the same time, patients, other health care professionals, employers, and the public at large should respect pharmacists' prerogative, as fellow human beings and citizens, to decline to personally participate in activities that conflict with their beliefs.

The ACCP Board of Regents has adopted this position statement with the goal of providing useful guidance to both ACCP members and the public concerning the important and necessary balance between assuring the highest quality of patient care while also supporting the legitimate prerogative of pharmacists to decline to participate in activities that conflict with their moral, religious, or ethical beliefs. This statement, supported by the underlying principles contained in the Code of Ethics for Pharmacists (American Pharmacists Association, 1994, as endorsed by ACCP)¹ constitutes the official position of ACCP.

**Adopted by the ACCP Board of Regents
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¹ <http://www.aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=2903>