



# Background

- Pharmacy is knowledge-based and **values-based** (*Cribb & Barber 2000*)
- Professionals make judgements in areas of **high uncertainty** (*Coles 2002*)

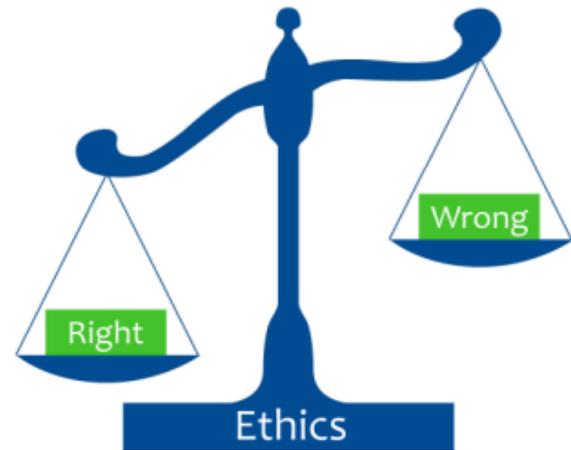
*GPhC Standards, principle 2:*  
***Use your professional judgement in the interests of patients and the public***

- Pharmacists are **held accountable** for their actions
- Pharmacists are **often faced with** ethical dilemmas in practice (*Hibbert 2000; Cooper 2007, Benson 2009; Deans 2010*)

# Aim of study

- **Wider study:**

- to explore effectiveness of UG teaching and learning of professional ethics in preparing students to deal with dilemmas in practice



- **Specific focus:**

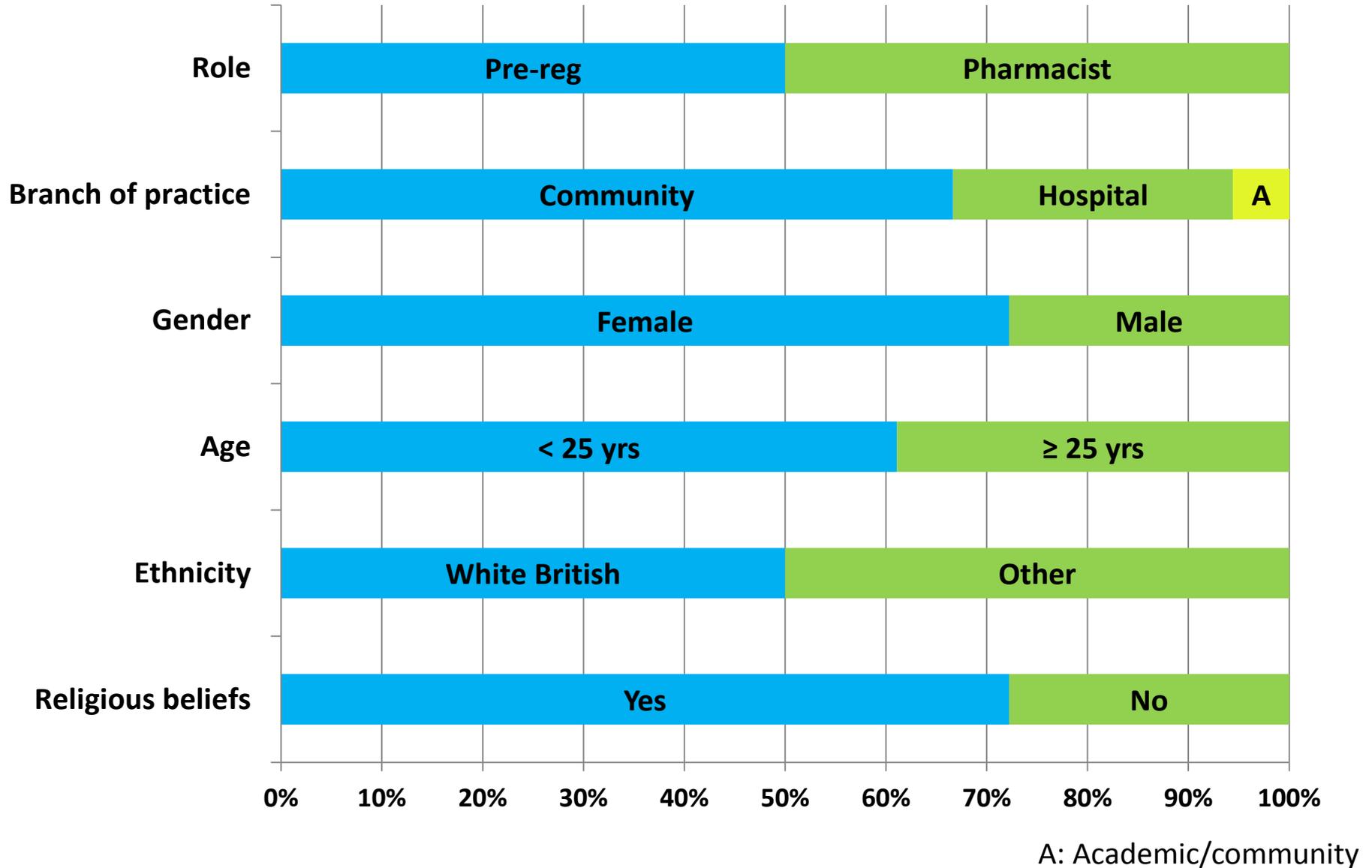
- the views and experiences of alumni in facing or observing dilemmas in practice

# Methods

- Semi-structured interview schedule developed based on current literature and personal knowledge
- Convenience sample:
  - early careers (up to 2 years qualified)
  - pre-registration pharmacists
- 18 alumni agreed to participate
- Interviews ranged from 45 minutes to 2 hours
- All interviews digitally recorded and transcribed verbatim
- Framework approach with transcripts analysed to identify key themes, with constant comparison methods
- Ethical approval obtained from University Research Ethics Committee

# Results

## Demographics



# Four key themes

Defining  
ethical  
dilemmas

Influences  
on  
decision-  
making

Dealing  
with  
dilemmas

Examples  
of  
dilemmas  
in  
practice

# Defining ethical dilemmas

## 1. Weighing up and choosing options

*“...it’s something that you just need to think about and think about whether something’s right or wrong and weigh up all the like external factors and your own like morals to get to an outcome I guess.” (Pharmacist 4, Acad)*

*“...it’s not black or white you know it’s ... that grey area and I think that’s where most ethical dilemmas arise is in that grey area, between yes 100% or no 100%, it’s that area in between which is massive, which everything usually happens in doesn’t it?” (Pharmacist 7, Comm)*

## 2. A ‘grey’ situation with no right or wrong answer

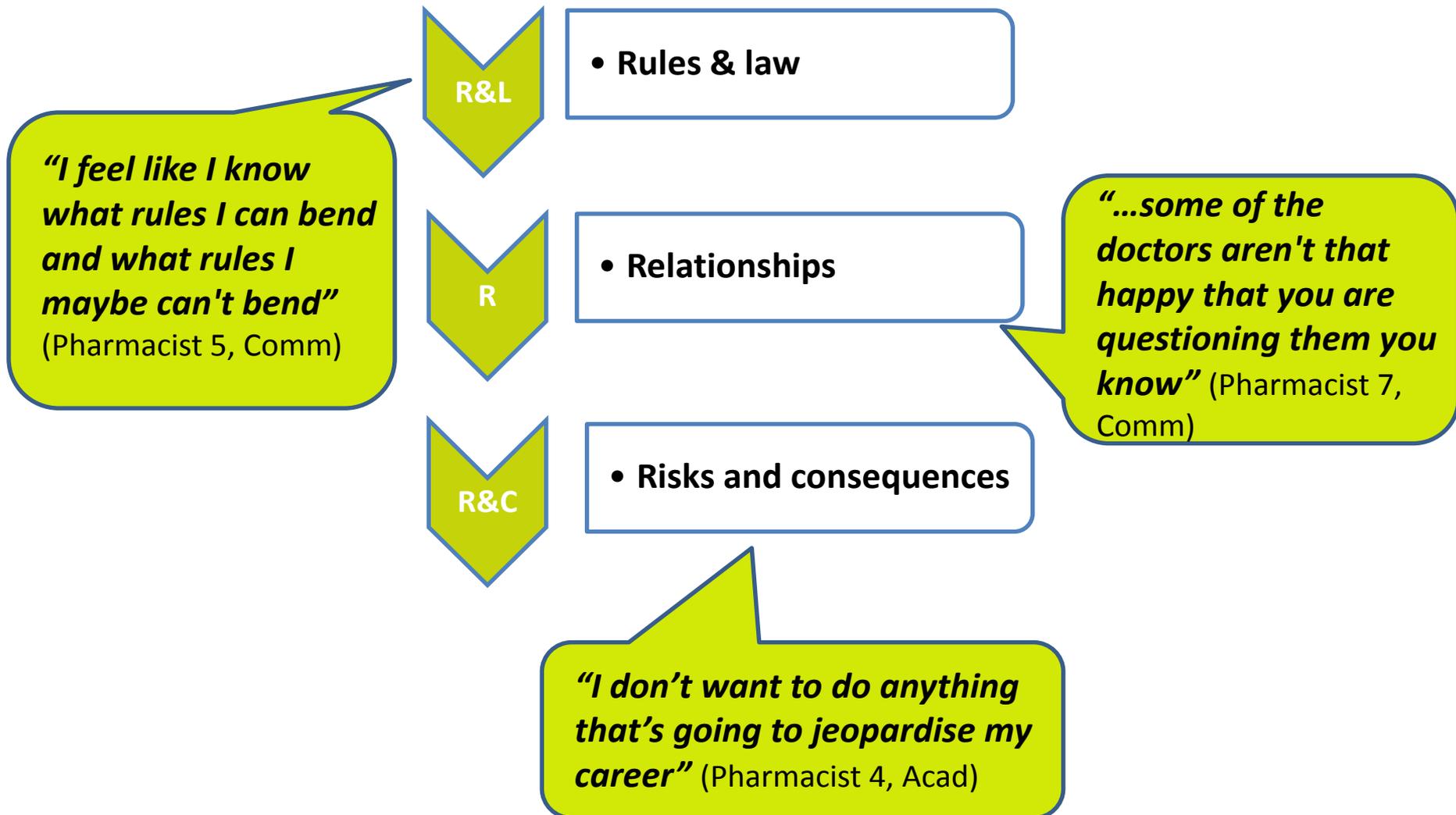
## 3. Situations that make you *feel* conflicted or uneasy

*“...even though I wasn’t 100% happy with the decision that I’d – well, I felt a few niggles, a few kind of conflicting feelings about it; I had a few – I still do now, thinking about it ...” (Pharmacist 2, Comm)*

# Influences on decision-making



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***"...even though you're a professional, as a pharmacist, you still have the ...commercial side of things to think about."*** (Pharmacist 2, Comm)



- External pressures

***"Someone's stood in your shop and you've got a queue and you've got four prescriptions that are waiting and you've got someone sat down waiting to have an MUR and you've got a million other things going on you know".*** (Pharmacist 1, Comm)



- Experience

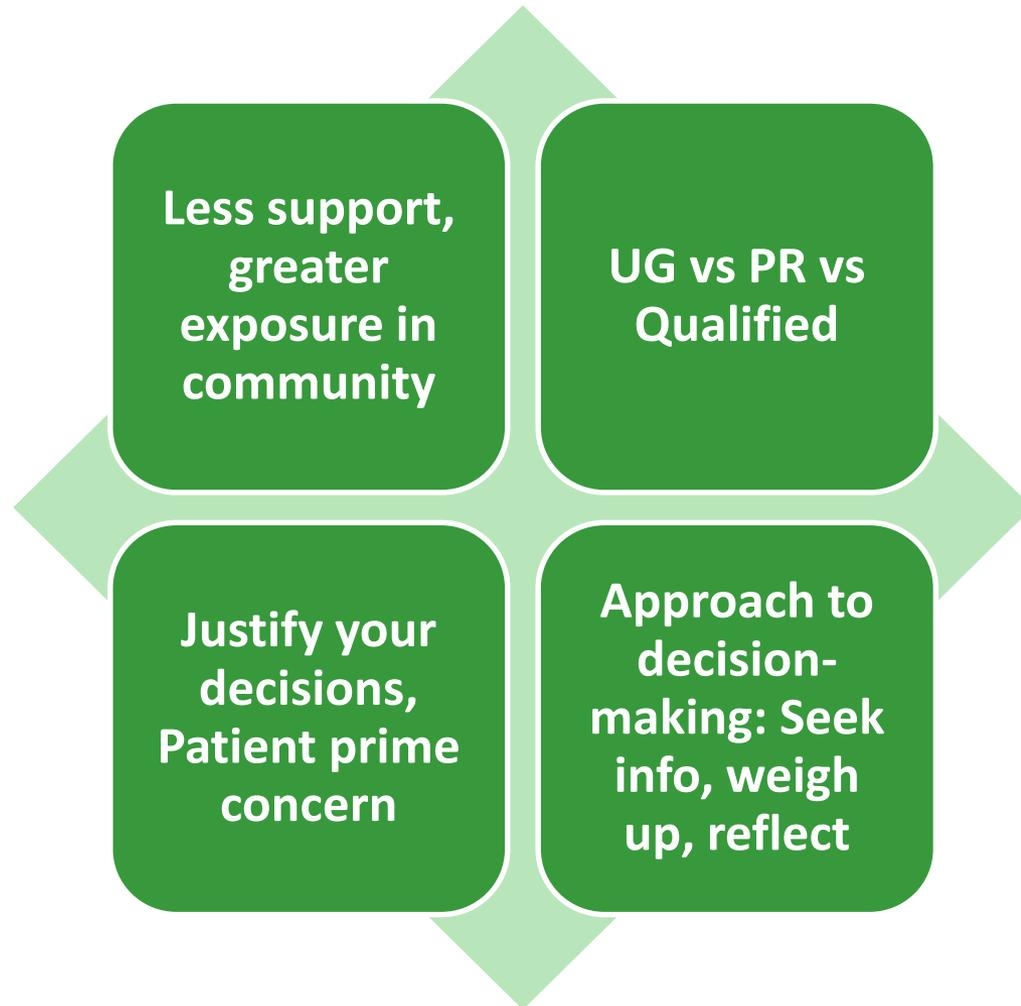
***"... I've started to think quickly on the spot, like what's right and what's wrong. So that's how being in practice has helped in that sense."*** (Pre-reg 3, Comm)



- Core Values

***"But I think mostly it comes down to the way I was...my core values, the things that I have always had and a lot of that is my upbringing..."*** (Pre-reg 2, Hosp)

# Dealing with dilemmas



# Dealing with dilemmas

*"I feel like you're faced with a lot more ethical dilemmas in community because you're on your own and you have to kind of rely on yourself and you have to make that decision by yourself whereas in hospital you have a team, ...and other than pharmacists you have doctors ... you've got nurses..."* (Pharmacist 5, Comm)

Less support, greater exposure in community

UG vs PR vs Qualified

*"I think, when I first started my pre-reg ...I felt really quite confident about it but then...you learn how serious the particular decisions are that you're making, I felt that I regressed a little bit during my pre-reg as well...I've only really regained this confidence in taking decisions since I've become newly qualified."* (Pharmacist 9, Hosp)

# Dealing with dilemmas

*"In situations we could be like, you know, 'Oh, if I can't justify this, if I get called to court I might go to this and this might happen,' that kind of thing. It's not just about us at the end of the day—it's about the patient."*

(Pharmacist 6, Hosp)

**Justify your decisions,  
Patient prime concern**

*"I will like try and look it up or give somebody a call, another pharmacist a call or give our governance department a call you know. Just to get some guidance you know..."* (Pharmacist 7, Comm)

**Approach to decision-making: Seek info, weigh up, reflect**

*"I wouldn't um kind of irrationally come to that decision, I would weigh up the risks and benefits."* (Pharmacist 5, Comm)

*"I still question myself...well, you learn from reflective practice, you learn from those things that...have happened already"*

(Pharmacist 2, Comm)

# Examples of dilemmas

*"I would probably think at least once a day I've got an ethical dilemma. I feel like that sounds really crazy to think about it but I feel like you're always making decisions like you're always trying to decide stuff, aren't you?"* (Pharmacist 1, Comm)



*"I'd say every day. Yes definitely every day, if it's not with emergency supplies, over the counter, we get a lot of EHCs as well."* (Pre-reg 5 Comm)

*"Daily, I think without a doubt it's daily. I think it's just part of the job essentially to be a problem solver."* (Pre-reg 7, Comm)

# Discussion points

- **Professional dilemmas:**
  - Variety encountered or observed in practice
  - Ethical sensitivity demonstrated but ethical literacy could be improved
  - Dilemmas perceived as more common in community practice
- Aspects of **decision-making process** described:
  - Seek info / advice, weigh up pros and cons, choose option, justify it
  - Reflective approach
  - Reference to GPhC standards
- **Moral courage** demonstrated by some (not all):
  - Many willing to break the law when in patient's best interests; higher principled thinking demonstrated
  - Scale of severity – decide where to draw the line (moves with experience)

## Limitations:

- Small study from a single university
- Self-selected, although broad range of demographics achieved
- Impact of 'insider researcher'

## Implications:

- Further support in decision-making could be considered for alumni e.g. on-line discussion groups, particularly in pre-reg and first year qualified
- Tailored support from pre-reg tutors to guide through dilemmas
- Supports need for increased learning through practice in UG

# References

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***Acknowledge with thanks the alumni who agreed to participate in this study***



**It's an ethical dilemma now:  
We have solved the problem but still have  
two years of funding through our research grant...**