



A Pharmacy Professional's Duty During a Crisis: An Ethical Framework

Introduction

Health emergencies represent exceptional situations that impose a serious threat to public health. They necessitate collective efforts and appropriate, timely strategies. In these situations, many of the high-level planning and policy decisions will be made by federal and provincial governments. Decisions regarding the delivery of health care and guidelines for healthcare professionals will be made by organizations such as public health agencies and district health authorities. However, pharmacy practitioners will need to make many important decisions at an individual level and the time to decide one's commitment in the face of threats to personal safety is not during a public health emergency but before such an emergency occurs.

Research shows that many healthcare professionals have reservations, based upon personal safety concerns, with reporting to work during a pandemic. Pharmacy practitioners who are undecided about how much personal risk they will accept during an emergency, such as a pandemic, will find it useful to review their professional Code of Ethics. The Nova Scotia College of Pharmacists' Code of Ethics states that registrants hold the health and safety of each patient to be of primary consideration and further that registrants have a duty, through communication and coordination, to ensure the continuity of care of patients during a pharmacy relocation/closure, job action, natural disaster or situation where continuity of care may be problematic.

The NSCP has established the following ethical framework that identifies the values that should inform decision-making by Nova Scotia pharmacy practitioners during a significant health emergency, such as a pandemic. An ethical framework examines the values that should inform decision-making. Unlike a policy or guideline, it is not prescriptive, and represents values rather than recommending a course of action. This framework was developed using the ethical values identified in *Stand on Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza* (Upshur, R. et al. 2005), a report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group, and a similar framework prepared by the College of Physicians and Surgeons of Nova Scotia.

Values-Based Decision Making

Stand on Guard for Thee identifies ten substantive values that the NSCP recommends to pharmacy practitioners to guide decision-making in the event of a health emergency:

Individual liberty: Canadians hold individual liberty as an important principle. Restrictions to individual liberty should be proportional to the risk of public harm, and be necessary and relevant to protecting the public good.

Protection of the public from harm: It is a foundational principle of public health to protect the public from serious harm.

Proportionality: Restrictions to individual liberty as a result of measures taken to protect the public from harm should use the least restrictive means to address the actual level of risk to the community and be applied without discrimination.

Privacy: A right to privacy in the disclosure of health care information is central to an individual's rights. In a public health crisis, however, the obligation to protect the public from serious harm may override an individual's right to privacy. Private information should only be released if there is no less intrusive means to protect the health of the public.

Obligation to provide care: This principle is inherent in the NSCP Code of Ethics which states as a fundamental responsibility that pharmacy practitioners will hold the health and safety of each patient to be of primary consideration. Pharmacy practitioners will be met with significant challenges regarding resource allocation, scope of practice, professional liability, workplace conditions and addressing their personal risk versus their obligation to provide care for patients. It is expected that colleagues and employers will recognize and consider the special vulnerabilities (including chronic illnesses and allergies to vaccines) of some pharmacy practitioners and take steps to protect and support them.

Reciprocity: If pharmacy practitioners are asked to take increased risks or face greater burdens during a health emergency, they should be supported by society in doing so. Risks and burdens should be minimized as far as possible. Social solidarity should flow in both directions. If, in the case of a health emergency, pharmacy practitioners have certain obligations towards society, then society has certain reciprocal obligations towards pharmacy practitioners. The NSCP agrees that the federal and provincial governments and professional advocacy organizations such as CPhA and PANS play an important role in supporting this concept.

Equity: As stated by the Canada Health Act, "the primary objective of Canadian health care policy is to facilitate reasonable access to health services without financial or other barriers." Due to resource limitations, the onset of a pandemic will pose difficult decisions regarding which health services can be reasonably provided. Patients with greater health care needs will require more resources. For example, in the midst of a pandemic, decision-makers must attempt to maintain the principle of equity when considering the interests of infected patients as well as those requiring treatment for other diseases.

Trust: Decision-makers should attempt to build trust with stakeholders prior to the onset of a crisis, and ensure that decision-making processes are ethical and transparent to those affected stakeholders. Trust is a fundamental issue in the relationship between the pharmacy profession and society.

Solidarity: The process by which decision makers at all levels set policies and guidelines for dealing with a health emergency must be collaborative, in a spirit of common purpose, and for the mutual good; within and between health organizations. Solidarity also requires that decision makers and pharmacy practitioners support positions arrived at by consensus and uphold them.

Stewardship: Both institutions and individuals will be entrusted with control over scarce resources such as vaccines, antivirals, ventilators, hospital beds, and health professionals. Those entrusted with this control should be guided by ethical behaviour and good decision-making based on evidence and reason.

Obligation to Provide Care and Social Reciprocity

There is an ethical obligation to care for patients, even in the face of risk, that extends to all health care professionals. According to recent ethics literature, it is argued that the duty to care for those with infectious diseases is a primary ethical obligation for healthcare workers for a number of reasons, including the following:

- The ability of healthcare workers to provide care is greater than that of the public, thus increasing their obligation.
- By freely choosing a profession devoted to care for the ill, they assume risks.
- The profession has a social contract that calls on members to be available in times of emergency.

Social reciprocity implies that, just as pharmacy practitioners have certain obligations towards society, society in turn has certain obligations towards these practitioners. Reciprocity plays a key role in the social contract between pharmacy practitioners and the public. It must be acknowledged and understood that appropriate measures and resources will be in place during times of crisis if pharmacy practitioners are required to face risks to help those in need. These include but are not limited to: access to vaccinations and antiviral medications for pharmacy staff and their families if needed, sufficient supplies of effective personal protective equipment, robust infection control measures, clear policies regarding the handling of infected patients, appropriate support for the families of pharmacy staff suitable remuneration schemes and provisions for disability and other insurance for pharmacy staff. Governments, pharmacy advocacy organizations and employers play a central role in ensuring that these measures are in place.

The NSCP agrees that practitioners have a professional and ethical obligation to help others in times of crisis. A practitioner's decision not to be involved during a health emergency shifts the burden to others, including fellow pharmacy practitioners and acute care facilities, and places the public at risk.

Although the NSCP sets the expectation that all pharmacy practitioners bear the same ethical obligation to care and will participate in some capacity during a health emergency, it is recognized that some practitioners will have greater needs and challenges than others. The likelihood that many practitioners will be responsible for the care of their own families will result in greater limitations on the provision of patient care during a health emergency. Limitations may vary depending on the extent of personal risks to practitioners and their families, some of whom will need more support than others. Similarly, it is likely that some practitioners will be more physically vulnerable during a pandemic than others (for example, they may have chronic illnesses or an allergy to vaccines or antiviral drugs). It is expected that colleagues and employers will recognize and protect/support these practitioners.

Conclusion

The NSCP has put forward this ethical framework to assist pharmacy owners and pharmacy practitioners in thoughtful consideration of the ethical conflicts they can expect to face in the event of a health emergency such as a pandemic and to provide the substantive values that are critical in such a consideration.

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