Why the Royal Pharmaceutical Society’s Code of Ethics is due for review

In this article, Zuzana Deans and Angus Dawson discuss the Royal Pharmaceutical Society’s Code of Ethics and the role it currently plays in the practice of pharmacy, and draw from their research to identify the issues and pose questions that relate to it now and in the future.

One of the traditional, defining characteristics of a profession is the existence of a code of ethics. Pharmacists have had a published code since 1941. Many such professional codes consist of a short list of quite general principles (eg, obtain informed consent, respect patient confidentiality, always do your best for the patient). Such general codes govern doctors and nurses through their respective professional bodies (eg, the General Medical Council).

The code of ethics for pharmacists, as produced by the Royal Pharmaceutical Society of Great Britain, takes a different approach. Rather than consisting of a set of general principles, it tries to be comprehensive; as a result it is long, detailed and complex. The Society is now reflecting upon the role of the Code of Ethics within pharmacy. We support this review and suggest that it is time to consider a radical rethink about the role that such a code can play in ethical pharmacy practice.

In this article we draw upon ongoing research to outline what some pharmacists think of the Code of Ethics and how they use it in their professional lives. The quotations given are from a series of focus group sessions conducted with preregistration students, pharmacists on a supplementary prescribing course and community pharmacists. Participants explored a wide range of issues relevant to ethics in pharmacy practice, including the Society’s Code of Ethics and the directly related concepts of rule following and professionalism. Small amounts of data have also been drawn from a questionnaire conducted within the same research project, which investigates ethical problems in pharmacy practice.

Questionnaires

Questionnaires were sent to 520 practising pharmacists in the Shropshire and Staffordshire Strategic Health Authority area. The questionnaire was predominately quantitative, but many participants responded to the invitation to add comments, some of which were relevant to the themes that emerged from the focus groups and will be included in this article. We interweave these empirical data with more philosophical reflection upon the role of codes within moral action and explore the different forms that a code might take.

There are a number of reasons pharmacists might be either in favour of or cautious about the use of a code of ethics. One strong reason why many pharmacists like the code is because it provides clear and practical help in difficult situations. In this way the Code of Ethics is thought by many pharmacists to be a document with an authoritative role to play in guiding actions. This is appreciated in its own terms, because of the help that this provides in deciding what to do. However, it is also welcomed because it is seen as a means of safeguarding pharmacists, in the sense that it provides a secure and protective framework for decision-making within which to work. One focus group participant remarked:

I think it [the Code of Ethics] is there to protect you.

Another pharmacist commented on the authority of such guidelines:

As a full-time locum the best way to operate is within guidelines. Therefore if there are any problems you have the backing of the guidelines to further your argument.

The Code of Ethics is also valued for its role in providing consistency and acting as a guarantor of a certain standard of professional behaviour. This was recognised by one pharmacist who commented:

I suppose there . . . will need to be some kind of guidance . . . because otherwise everyone would deviate all over the place.

A code plays this role because it exists before any particular situation develops and is accessible to all parties. A code provides an independent means for the profession to oversee its own ethical conduct, thereby protecting both patients and professionals. Of course, this relates to another possible role of a code: as a means of discipline within a profession. A professional body can argue that an individual is guilty of unprofessional conduct if they have not followed the prescriptions of the code. While this is perhaps the most visible application of the code, clearly many pharmacists see other important advantages in having a code of ethics.

However, although some pharmacists like the code and believe it plays an important role in their professional activities, far more express caution or reservations about the role of the code in their practice. Indeed, the overwhelming feeling of the pharmacists we have talked to is that the code is too rigid to be of much practical use when facing a difficult moral problem.

This concern has two dichotomous aspects. First, the code’s principles are held to be too vague to be useful in guiding pharmacists in real situations. Secondly, the code is seen as too prescriptive to allow much flexi-
The Museum of the Royal Pharmaceutical Society maintains important collections representing the history, science and practice of pharmacy and the development of pharmacy as a profession in Britain. Since the Museum’s establishment in 1842, the collections have grown to about 45,000 items. Representative items from the museum collections are displayed in showcases in selected parts of the Society’s headquarters building. Members and their guests can access these displays. The collections also form an invaluable resource for researchers. They include:

- A fine collection of English pharmaceutical drugstore
- Other ceramic items, including feeders, leech jars, advertising models and pot lids
- An extensive collection of mortars, including outstanding examples of bell-metal mortars bequeathed from the collection of the late Edward Saville Peck
- Pharmaceutical glassware, silver, pewter and treen used for storage, dispensing and display
- Instruments used for weighing and measuring in pharmacy
- Prints, paintings, photographs and ephemera illustrating a variety of pharmaceutical and medical subjects

Most of the items in the collections are kept off-site, safely stored for future generations. However, the museum’s plans for the future focus on developing the collection’s potential as a resource for learning, for schoolchildren, university students, community groups and web-users and through loans to other museums.

Since January 2002 the museum’s collecting policy has also taken a new direction, to enable the collection’s relevance to be maintained for now and the future. This new focus means concentrating on the collection of historical and contemporary proprietary medicinal products and material.

Further information on the museum and its services can be obtained from the museum office (tel: 020 7572 2210; e-mail museum@rphgb.org).

Conclusion

We have considered some advantages and disadvantages of a profession such as pharmacy having a code of ethics. We will end by suggesting that a code of ethics might be of only limited value in making ethical judgements. This issue arises because it can be argued that ethical conduct is not produced through following rules or principles. The idea here is that we need to be careful to distinguish ethics from law. Law might be something that can be written down and studied for an examination, but ethics cannot. On this view, appropriate ethical judgements have to be made on a case-by-case basis and so codification is of limited value. Perhaps a code of ethics can provide some sort of framework for decision-making, as suggested above, but the ability to make appropriate ethical judgements comes about through reflection and experience, not just following a set of rules. At least some pharmacists recognise the necessary limit of any code and suggest that responsibility for professional judgement will have to rest, in the end, with the relevant individual.

Such an approach to ethics can be seen in pharmacists’ reflections upon rule breaking. In general, pharmacists hold the law in high regard. However, they also tend to accept that guidelines and laws will sometimes have to be broken in order to act ethically. One community pharmacist commented:

Rules are there but rules are there to be broken sometimes. Ethics is a way of justifying breaking the rules

Another pharmacist said:

There [are] guidelines and rules but you can use your professional judgement to kind of bypass [them]

These pharmacists recognise that rules might not be the end of ethics and that there needs to be a greater focus on professionals taking responsibility for their decisions rather than relying upon rule-following. One pharmacist expressed satisfaction in his freedom to act as a professional:

I take great pride in being able to work in an environment where I can be totally professionally accountable for my actions

Such decision-making is of course difficult. How do you know when it is appropriate to side-step rules? How does the professional body make a judgement on it afterwards?

In conclusion, it can be noted that individual pharmacists seem to hold complex views about the code. On the one hand they often feel that the code of ethics is useful in drawing the boundaries of what is acceptable practice but, at the same time, hold the code to be almost redundant when it comes to actual decision-making.

There is a real danger that the code of ethics is treated as a work of reference, never to be read, except in times of desperate need. If this analysis is correct, then this has radical implications for pharmacy education (at both undergraduate and postgraduate level) and not just in relation to ethics.

If the Society were to move to a shorter and more principle-based code to replace the current code of ethics, then it will have to change, too.

In disciplinary proceedings it will be insufficient to ask if an individual has broken the rules of the code. Instead, the judgement will have to be made whether that individual took a suitably professional course of action. Thought needs to go into how this to be done.

If pharmacists do want to change their profession, and move towards greater responsibility for individual actions, they do not just need a new and shorter code; they also need to think about how to ensure the confidence, ability and moral sophistication that enables competent professionals to respond to individual situations appropriately.