



RESEARCH BRIEFING

August 2021

Pharmacists' perceptions of ethical conflict and professional guidance

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Discussions of and research into the role of values in healthcare is long standing, but little is known about how pharmacists experience and perceive conflicts between their personal ethical commitments and their professional obligations as contained in guidance issued by their regulatory body. Empirical research, involving interviews with 24 pharmacists, provides new insights into and understanding of this area of healthcare.

In June 2017, the General Pharmaceutical Council (GPhC) - the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Wales and Scotland - issued new [Guidance on Religion, Personal Values and Beliefs](#).

The new *Guidance* was designed to help pharmacy professionals when their religion, personal values or beliefs might impact on their willingness to provide certain services. It provides support for and give examples in relation to the Standards set out in the GPhC's [Standards for Pharmacy Professionals](#) (May 2017).

What does the *Guidance* do?

The *2017 Guidance* explains how to apply Standard 1 of the GPhC's Standards ('Pharmacy professionals must provide person-centred care'). In the *Guidance*, the GPhC recognises that pharmacy professionals ['have the right to practise in line with their religion, personal values or beliefs as long as they act in accordance with equalities and human rights law and make sure that person-centred care is not compromised'](#).

According to the *Guidance*, pharmacy professionals should:

- think in advance about the type of environment and location they can work in, the services they can provide, the roles they can carry out, and how they might sensitively handle requests for services.

Our research

We were interested in pharmacists' views on ethical conflict and professional guidance because (i) the General Pharmaceutical Council's *Guidance on Religion, Personal Values and Beliefs* (2017) focuses on person-centred care and (ii) some of the proposed changes in healthcare could involve pharmacists in controversial practices, such as assisted dying or abortion on prescription.

- be open with employers and colleagues about how their religion, personal values or beliefs might impact on their willingness to provide certain pharmacy services.
- use their professional judgement to make sure the person asking for care can access or receive the services they need.

If a pharmacy professional is **not** able to provide a service:

- they should make sure that the person seeking care is at the centre of their decision-making and can access the service they need ['in a timely manner and without hindrance'](#).
- it may be appropriate to refer the person seeking care to another health professional, but this might not be appropriate in every situation.

What did we want to know and what did we do?

We wanted to understand how pharmacists experience and perceive conflicts between their personal ethical commitments and their professional obligations as contained in guidance issued by their professional bodies. In particular, we were interested in:

- pharmacists' perceptions of, and involvement in, the processes by which professional guidance is created (including any factors making involvement less likely).
- pharmacists' sense of the role of personal ethical values in their practice and the place of guidance as a source of key values.
- pharmacists' experiences of, and views about, conflict between their personal ethical commitments and the expectations associated with their professional roles.

Between February and August 2018, we interviewed 24 pharmacists based in England and Scotland. Our study was designed as a pilot for a larger study exploring the normative authority of professional ethics guidance. It was approved by Strathclyde Law School and the FASS-LUMS Research Ethics Committee at Lancaster University.

Key findings

- Pharmacy professionals are, generally, aware of the General Pharmaceutical Council's consultations.
 - Respondents to consultations tend to be those who have a professional and/or personal interest in the subject of the consultation (they have something to say), and/or those whose role involves writing or collating responses.
 - Factors like status within the profession ('age and stage'), confidence, time, and workload can impact upon the likelihood of responding to consultation processes and so on the range of views heard. There is a perception that individual responses do not 'count' as much as group or organisational responses.
 - Pharmacy professionals want a wide range of people and organisations to be involved at earlier stages in the consultation process; for example, when agreeing the terms of a consultation and drafting the consultation materials.
 - Pharmacy professionals want more post-consultation engagement, feedback and transparency from the GPhC. This would provide reassurance that voices within the profession had been heard and that the consultation process had been meaningful.
 - Pharmacy professionals see their profession as values-based, with personal values (such as honesty, openness, care) having a role in professional practice. 'Person-centred care' is at the heart of professional practice, but personal ethical commitments and/or workload might affect pharmacy professionals' ability to provide this care.
 - Personal and professional values are largely derived from background and upbringing (including faith), and from experience. Education and training have a more limited role, and professional guidance was not noted as a source of values.
 - Few pharmacy professionals had experienced conflict between their personal ethical commitments and professional role. Conscientious objection was thought to be rare. It was more common to refuse/refer someone seeking care because of clinical judgement than personal ethical commitments.
 - There was general agreement that personal ethical commitments **should** be accommodated in professional practice, because acting in conflict with those commitments can cause issues – for the pharmacy professional concerned, their colleagues, and the person seeking care. Personal ethical commitments should not, however, be imposed on others.
 - There was mixed understanding of the content of the General Pharmaceutical Council's *2017 Guidance on Religion, Personal Values and Beliefs*, and there was concern about professional regulatory or legal sanctions if pharmacy professionals did not provide a service to a person seeking care because of their personal ethical commitments.
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Recommendations

- To increase trust and confidence in consultation processes, a wide range of people and organisations should be involved at earlier stages of the process, such as when agreeing the terms of a consultation and drafting consultation materials.
- Consultations need to be easy to respond to, and their results should be shared in an easily accessible and visible way, including information on the numbers involved. The responses of the General Pharmaceutical Council to consultation processes should also be shared accessibly.
- Consultation responses should be proactively sought from those whose views might not otherwise be heard because of barriers to participation, including those with caring responsibilities, those whose professional roles do not often involve responding to consultations, and those at earlier stages of their careers. It should be made clear that individual responses are as valued as group or organisational responses.
- Consultation calls could draw potential respondents' attention to the issues that have been identified (in the early stages of the process) as likely to be areas of controversy, while also leaving people free to identify and respond to whatever elements of the consultation they themselves regard as deserving of focus. This would make the process more streamlined and user-friendly.
- Consideration should be given to the most effective way to consult with and engage stakeholders, including taking into account research on conducting focus groups and other forms of consultation.
- The General Pharmaceutical Council, and other related bodies, should promote a clearer understanding of the role of personal ethical commitments in professional practice, particularly in relation to providing person-centred care. This could be built into the ethics training provided to those preparing to join the profession and included in continuing professional development.
- Professional guidance should be clear about how pharmacy professionals should manage perceived conflicts between their personal ethical commitments and their professional obligations. Vaguely expressed guidance 'passes the buck' to individual professionals.
- The General Pharmaceutical Council should clarify its *2017 Guidance on Religion, Personal Values and Beliefs* to minimise existing confusion and uncertainty about how personal ethical commitments can be accommodated by pharmacy professionals.
- Professional bodies should undertake 'horizon-scanning' consultations on issues that have the potential to raise values-based conflict for professionals in future. For pharmacy professionals, this might include efforts to legalise assisted dying and proposed changes to abortion provision.

Further information

Please see the [project website](#) for further information, including the [full report](#).

Acknowledgements

We are extremely grateful to our participants who shared their time, knowledge and experiences with us. We would also like to thank the British Academy/Leverhulme small grants scheme for funding our study.

We owe a huge debt of gratitude to Jay Gormley, our Research Assistant, who played a crucial role in coding the interviews. We would not have completed this project without his invaluable help and hard work. Similarly, we thank Strathclyde Law School who funded Jay's work on this project.

We would like to acknowledge Karen Pitchford (Aston Pharmacy School) who advised us on recruitment. Karen unexpectedly died before we were able to meet in person. She was passionate about pharmacy law and ethics and we are immensely grateful for Karen's help and support at the start of our project

All data underpinning this publication are openly available from the University of Strathclyde KnowledgeBase at <https://doi.org/10.15129/a7f22ede-e726-43c9-a14f-2fa9dff242b5>

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