

## BIOETHICS

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# Adoption of a Pharmacist Conscience Clause by Professional Associations and Boards of Pharmacy in the United States

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**Objective.** To determine the number of professional associations and boards of pharmacy in the United States that have adopted or are considering to adopt a conscience clause as part of their codes of ethics, rules, laws or regulations.

**Background.** Pharmacists are often exposed to ethical dilemmas in their day-to-day practice and their response depends on a number of factors, including the personal beliefs and values of those involved. This has led some professional associations to address whether their members have the right to refuse to participate in procedures which are contrary to their conscience or moral convictions. The outcome of these discussions is usually the development and adoption of a conscience clause.

**Methods.** A one-page self-administered questionnaire was sent by Fax to the highest ranking officer of 108 pharmacy organizations in the United States.

**Results.** Thirty-five completed questionnaires were received for a 32.4% response rate. In general, it was

found that there is a lack of knowledge as to what a conscience clause is. Only two state associations and one board of pharmacy responded that they have a conscience clause as part of their code of ethics or regulations. Reasons given for not having a conscience clause included lack of interest and low priority. Nevertheless, four state associations, one national association and one board of pharmacy responded that they are considering developing a pharmacist conscience clause. More professional associations than boards of pharmacy expressed interest to obtain information about conscience clauses.

**Conclusion.** Although many state associations and boards of pharmacy that responded do not have a conscience clause as part of their codes of ethics, laws or regulations, this survey shows an increasing interest to learn about it. This is expected as the pharmacist assumes increasing responsibility in patient care. *Key words:* Conscience clause, Pharmacist, Ethics, Pharmacy

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**T**he role of the pharmacist is rapidly evolving with changes in the health care system and the adoption of pharmaceutical care as the philosophy of practice for the profession. Pharmaceutical care involves assuming responsibility for the outcomes of the pharmacotherapy of patients and, therefore, a greater role in patient care decisions.

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As health care professionals, pharmacists are often exposed to ethical dilemmas in their day-to-day practice. The individual response to these dilemmas depends on a number of factors, including the personal beliefs and values of those involved. For that reason, some professional associations have discussed the right of their members to refuse to participate in procedures which are contrary to their conscience or moral convictions. The outcome of these discussions is usually the development and adoption of a conscience clause. A conscience clause is a statement that addresses the right of an individual to determine whether he or she chooses to participate in particular situations due to his or her own personal conscience or moral convictions. This statement would allow a pharmacist to appeal to conscience whenever he or she refuses to dispense a drug product in situations such as euthanasia, executions, assisted suicide and abortions.

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Some organizations that represent health care providers have adopted specific language addressing the issue of conscientious refusal to participate in a given situation due to personal beliefs or values. The language allows health professionals to provide reasons of conscience in seeking exemption from certain standard practices (1). The current Code for Nurses with Interpretative Statements of the American Nurses Association states that:

“The nurses concern for human dignity and the provision of high quality nursing care is not limited by personal attitudes or beliefs. If ethically opposed to interventions in a particular case because of the procedures to be used, the nurse is justified in refusing to participate. Such refusal should be made known in advance and in time for other appropriate arrangements to be made for the client’s nursing care. If the nurse becomes involved in such a case and the client’s life is in jeopardy, the nurse is obliged to provide for the client’s safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the client” (2).

On the other hand, the American Medical Association (AMA) Principles of Medical Ethics do not specifically mention the right of physicians to conscientious refusal due to personal beliefs or values (3). One of its principles, however, specifies the physician’s freedom of choice regarding whom to serve:

“A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, whom to associate, and the environment in which to provide medical services” (3).

The AMA does have specific policies regarding assisted suicide, life-sustaining treatment, state executions and euthanasia (4). The policies indicate that the association opposes physician assisted suicide, supports patient autonomy with regard to the decision to forego life-sustaining treatment, opposes participation in state executions except to certify cause of death, and opposes physician participation in euthanasia.

On the issue of reproductive decisions, another physician association, the American Academy of Family Physicians, recognizes in its Reference Manual that:

“No physician shall be compelled to perform any act which violates his/her good judgement or personally held moral principles. In these circumstances, the physician may withdraw from the case so long as the withdrawal is consistent with good medical practice” (5).

The issue of a pharmacist conscience clause received national attention after a pharmacist in California was

reprimanded by his employer, a chain pharmacy, because he refused to dispense a prescription for a morning-after pill based on his belief that doing so would violate his religious standards (6). California was one of three states or territories of the United States that, at the moment, were known to have adopted a pharmacist conscience clause. The other two were Louisiana and Puerto Rico (7). The approval of state laws that involve pharmacist’s participation in activities that may be deemed objectionable by an individual pharmacist from a moral or religious standpoint, such as dispensing a drug intended to be used by a patient to terminate his or her life (Oregon) or dispensing a morning-after pill (Washington), has helped to fuel the controversy.

In researching the issue of a pharmacist conscience clause in the literature, no studies were found which discussed the extent to which other pharmacy organizations have adopted a conscience clause for pharmacists. The objective of this study was to determine the number of professional associations and boards of pharmacy in the United States that have adopted or are considering to adopt a pharmacist conscience clause as part of their codes of ethics, rules, laws or regulations.

## Methods

A one-page self-administered questionnaire was developed and sent by Fax to the Executive Director, Executive Secretary or President of 108 pharmacy organizations in the United States: fifty state boards of pharmacy, fifty state pharmacy associations, and eight national pharmacy associations. These organizations were selected because they represent the interests of thousands of pharmacists across the country. A cover letter explained the objectives of the study and asked the Executive Directors to answer the questionnaire or forward it to the person or persons who would be best able to report the information. Due to resource constraints, there was only one mailing with no follow-up.

The questionnaire contained open-ended questions on whether they knew what a conscience clause is, if their organization had adopted or discussed adopting a conscience clause, and the reasons why it had or had not been adopted. The responses were content analyzed upon receipt. Due to the nature of the study, only descriptive statistical analyses were performed.

## Results

Out of 108 questionnaires sent, 35 responses were received for a 32.4% response rate. This low response rate may be attributed to the controversial nature of the

subject under study and to the fact that the questionnaire was sent only once. The responses and rates by type of respondent were divided as follows: 17 state boards of pharmacy (34% response rate), 16 state professional associations (32% response rate), and two professional national associations (25% response rate). Only three states had responses from both the board of pharmacy and the state professional association (Table 1).

**Table 1.** Respondents to the Conscience Clause Survey

Type of Organization	State/Organization Name
State Professional Association	Arkansas
	Connecticut
	Hawaii
	Illinois
	Iowa
	Kansas
	Maryland
	Missouri
	North Carolina
	New Jersey
	Oregon
	South Dakota
	Texas
	Vermont
State Board of Pharmacy	Arizona
	Arkansas
	California
	Delaware
	Hawaii
	Idaho
	Louisiana
	Maryland
	Mississippi
	Massachusetts
	New Mexico
	New York
	North Dakota
	Oklahoma
Tennessee	
National Professional Association	American Society of Consultant Pharmacists
	American College of Apothecaries

Most respondents (63%) admitted not to have an understanding of what a conscience clause is. Only two organizations responded that they have a conscience clause as part of their code of ethics, rules, laws or regulations. Reasons given for not having a conscience clause included lack of interest or need/low priority (28.6%), lack of knowledge about what it is (20%), not having been presented for discussion (16.7%) and having voted against it or referred it in the House of Delegates

(8.6%). The majority of the respondents indicated that they were not considering adopting a conscience clause. Nevertheless, six executives, four from state associations, one from a national association and one from a board of pharmacy, expressed interest in obtaining information about pharmacist conscience clauses and responded that they are considering developing a pharmacist conscience clause within their organization.

## Discussion

Pharmacists face many ethical dilemmas in their professional practice. Most of these are related to the act of dispensing drugs for purposes that may be considered objectionable for moral reasons by the pharmacist. Other health professionals, through their professional associations, have recognized their right to excuse themselves from situations that are against their personal convictions. However, organized pharmacy had not addressed the subject of conscientious objection until recently.

This survey showed that, although many state associations and boards of pharmacy that responded do not have a conscience clause as part of their codes of ethics, rules, laws or regulations, there is interest in learning about it. This is expected as the pharmacist assumes more responsibility for patient care. An interesting finding was that more professional associations than boards of pharmacy expressed interest to obtain information about conscience clauses. This may respond to the legal implications and enforcement requirements that would be imposed on the board if such a clause existed.

Since this survey was conducted, several national and state pharmacy associations have gone on record to support a pharmacist's right for conscientious objection. In March 1998, the House of Delegates of the American Pharmaceutical Association adopted a pharmacist conscience clause (see Table 2) (8). In June, Delegates at the American Society of Health System Pharmacists approved a resolution supporting conscientious objection

**Table 2.** Conscience Clause Adopted by the American Pharmaceutical Association\*

APhA recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patient access to legally prescribed therapy without compromising the pharmacist's right of conscientious refusal.

APhA shall appoint a council to serve as a resource for the profession in addressing and understanding ethical issues.

\*see Reference 8

by pharmacists to morally, religiously, or ethically troubling therapies (see Table 3) and recognized the need for a practice standard on this issue (9). There are also reports that professional associations in New Jersey and Pennsylvania have passed or are in the process of considering a pharmacist conscience clause (10). Other groups of pharmacists in South Dakota (11), Wisconsin and Kentucky (10) have introduced or are considering introducing legislation to support the pharmacist's right for conscientious objection.

**Table 3.** Conscience Clause Adopted by the American Society of Health-System Pharmac

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ASHP recognizes a pharmacist's right to exercise conscientious objection to morally, religiously, or ethically troubling therapies and supports the establishment of systems that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating the pharmacist's right of conscientious objection.

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\*see Reference 9

Further study is needed as to the implications for the profession of pharmacy of adopting a pharmacist conscience clause in codes of ethics, rules, laws or regulations. Some particular issues that need to be addressed include: a) the effect of pharmacist conscience clauses on employer-pharmacist, pharmacist-pharmacist, pharmacist-physician and pharmacist-patient relations, b) the relationship that exists between the professional duties and responsibilities imposed by society on the pharmacist and the pharmacist's personal beliefs and values, c) the introduction of a pharmacist conscience clause into laws at the state level and their subsequent interpretation and enforcement by state officials and judicial bodies, including boards of pharmacy, and d) whether systems will have to be developed to accommodate conscientious objection while continuing to meet the needs of those involved.

The debate about whether associations and boards of pharmacy should adopt a pharmacist conscience clause is likely to continue as ethical dilemmas continue to emerge. Conscience clauses are beginning to be noticed in the pharmacy profession and there is a belief by members of the profession that is morally important. As evidenced from a recent survey (12) and discussions at national and state association meetings, pharmacists are concerned about their right for conscientious objection. Hopefully, the profession will be able to discuss this issue in a sensible manner and reach a consensus on what is best for all the parties involved.

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## Resumen

El objetivo de este estudio era determinar el número de asociaciones profesionales y juntas de farmacia en los Estados Unidos que han aprobado o consideran aprobar una cláusula de conciencia como parte de sus códigos de ética, reglas, leyes, o reglamentaciones. Un cuestionario de una página fue enviado por Fax al oficial de mayor jerarquía de 108 organizaciones de farmacia en los Estados Unidos. Se recibieron 35 cuestionarios completos lo que equivale a un 32.4% de respuesta. En términos generales, se encontró que existe poco conocimiento sobre lo que es una cláusula de conciencia. Aunque la mayoría de las asociaciones profesionales estatales y juntas de farmacia que respondieron no tienen una cláusula de conciencia como parte de sus códigos de ética, leyes y regulaciones, la encuesta reveló que existe interés en obtener más conocimiento sobre este asunto. Este resultado es de esperar a medida que el farmacéutico asume una mayor responsabilidad en el cuidado de pacientes.

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