

# ETHICAL ISSUES IN PHARMACIST PATIENT RELATIONSHIP

## Abstract

Pharmacists universally emphasized the ethical challenges associated with pharmacy practice and consultation, which encompass professional obligations, dispensing medications, addressing medication errors, and handling conflicts of interest. Dealing with noncompliant patients who refuse medication due to adverse effects presents multifaceted ethical dilemmas for pharmacists. It is evident that pharmacists must consistently demonstrate empathy, promote patient autonomy, and exhibit compassion when interacting with such patients. The patient's trust in their pharmacist constitutes a crucial element in the patient-pharmacist relationship. As patient well-being is one of the fundamental principles of pharmacy practice, the pharmacist's ultimate goal is to ensure that the patient achieves the maximum therapeutic benefit from their medication while alleviating the patient's health-related concerns. Ethical challenges arise in scenarios involving drug shortages, counterfeit medications, addressing patient requests for medication returns, and providing prescription drugs without a physician's order. The most effective approach to resolving these ethical dilemmas involves pharmacists adhering to the Code of Ethics for Pharmacists, earning the trust and cooperation of the patient, and taking the necessary time to educate the patient about their chronic illness and the importance of adhering to their maintenance medication regimen. This chapter discusses the ethical issues and challenges of the pharmacist in relation with patients, also how to overcome the issues.

**Keywords:** Pharmacists, Ethics, Physician, Patients, Professionalism

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## I. INTRODUCTION

The term "ethics" refers to moral philosophy, the examination of what constitutes right and wrong in human behavior, and the principles governing what is considered morally correct or acceptable. An "ethical issue" represents a challenge or circumstance that necessitates an individual's selection between two alternatives, both of which are morally incorrect. Such issues can manifest in personal, professional, and societal contexts.

A pharmacist's need to speak the truth and behave morally requires them to abstain from discriminating actions, behaviors, and workplace policies that could compromise their ability to exercise professional judgment. activities by pharmacists that jeopardize their commitment to acting in patients' best interests.

Throughout history, the role of pharmacists has evolved in conjunction with advancements in knowledge and technology, transitioning from merely dispensing drugs to delivering pharmaceutical care. This transformation has introduced new principles and standards within the field of pharmacy, emphasizing the professional duties of pharmacists concerning patient health. The American Pharmacists Association (APhA) articulates that "Pharmacists are healthcare professionals who assist individuals in making the best use of medications" (American Pharmacists Association, Code of Ethics for Pharmacists). As per the American Society for Health System Pharmacists (ASHP), pharmaceutical care is described as "the responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient's quality of life" (ASHP Statement on Pharmaceutical Care).

The American Board of Internal Medicine (ABIM) formulated core professionalism principles that have been adopted by Hammer for pharmacists. The role of a healthcare professional requires the observance of ethical standards when delivering pharmaceutical care. The Ethics Code outlined by the Royal Pharmaceutical Society of Great Britain underscores the significance of both public and professional interests and outlines the primary obligations of a pharmacist as stated in the Code of Ethics of the Royal Pharmaceutical Society of Great Britain.

## II. CODE OF ETHICS FOR PHARMACISTS

1. This Code was ratified by the members of the American Pharmaceutical Association on October 27, 1994. Developed and endorsed by pharmacists, its purpose is to articulate the foundational principles underpinning the roles and duties of pharmacists. These principles, rooted in moral duties and virtues, serve as guidelines to direct pharmacists in their interactions with patients, healthcare professionals, and the broader society.
2. A pharmacist upholds the covenantal connection between the patient and pharmacist. Recognizing the patient-pharmacist relationship as a covenant signifies that a pharmacist carries ethical responsibilities in acknowledgment of the trust granted by society. A pharmacist advocates for the well-being of every patient with care, empathy, and confidentiality. The pharmacist is committed to preserving the dignity of the patient.
3. A pharmacist honors the autonomy and dignity of every patient. A pharmacist supports the right to self-determination and acknowledges the intrinsic value of each individual by empowering patients to engage in decisions about their health. A pharmacist shows reverence for the individual and cultural distinctions among patients.

4. A pharmacist conducts themselves with honesty and integrity in professional relationships. A pharmacist is obligated to communicate truthfully and act in alignment with their moral convictions. A pharmacist refrains from engaging in discriminatory practices.
5. A pharmacist upholds professional competence. A pharmacist is obligated to sustain their knowledge and skills, keeping pace with advancements in medications, devices, technologies, and healthcare information.
6. A pharmacist values the beliefs and competencies of colleagues and fellow healthcare professionals. A pharmacist recognizes that colleagues and other healthcare providers may hold varying beliefs and values when it comes to patient care.
7. A pharmacist attends to the needs of the person, the community, and society. A pharmacist's first duty is to each individual patient.
8. When it comes to the allocation of medical resources, a pharmacist looks for justice. A pharmacist balances the requirements of patients and society in the equitable and fair distribution of health resources.

The growing pharmaceutical services have led to a rise in the connection between pharmacists and patients, and as a result, the right relationship between them is receiving more attention. Understanding one's legal and ethical responsibilities when offering pharmaceutical services will enhance care quality, foster better communication and cooperation between the pharmacist and patient, and reduce patient complaints to pharmacists about prescription drugs. The ethical guidelines guiding the relationship between a pharmacist and a patient are introduced in this article along with some ethical issues that these guidelines raise.

### III. EQUITY AND JUSTICE

One of the main ethical tenets of the healthcare system is equity. When people from all socioeconomic backgrounds are able to maintain optimal health, have access to the resources they need, and their socioeconomic status has no bearing on their health, there is equity in health. While equity mandates that pharmacists give patients with the essential care in an equitable manner, this is not always the case in practice. There are instances when different elements including racial, social, cultural, religious, and economics have an impact on the kind of services offered. For example, is it morally permissible to sell a brand-new, pricey drug when a similar, less priced, and just as effective one is readily available? To that, it should be retorted that a profiteering mindset in pharmacy solely takes the bottom line into account. It should be highlighted, nonetheless, that equitable distribution results in higher net profit. The pharmacist may have to make a decision between the patient's best interests and other concerns in certain instances. Fair resource distribution is a major ethical dilemma in pharmacy, particularly when it comes to rare and essential drugs. When a patient in need cannot afford an expensive drug, what should the pharmacist do? Is it better for him to assist the patient in need or to give the medication to a patient who can pay it regardless of the patient who is in need? The planning and administration of pharmaceutical distribution networks by the health system is the root cause of the resource allocation issue. In actuality, health care should be distributed so that the most in need individuals receive priority and may obtain the necessary services.

- 1. Autonomy and Self – Determination:** Pharmacists need to keep in mind that the lives of people they prescribe for could be affected. When a patient's autonomy is violated, he is

misled, his secrets are revealed, or steps are taken to end his life, these actions raise ethical questions. A large number of patients are incapable of making their own decisions. Though they might be able to make some decisions about their values and interests, children and people with mental illnesses lack the independence to choose their own destiny. The autonomy of adult patients who are unconscious presents ethical issues. The pharmacist shouldn't make decisions on behalf of patients when there isn't enough motivation for them to argue with the prescription. When it comes to children, it's assumed that the only people who can make decisions for them are their parents or those appointed by authorities, including judges. At times, pharmacists may choose not to disclose the medication's name to the patient, provide a placebo, or refuse to sell high-risk drugs, all of which they believe go against the patient autonomy principle. This group cares about equity, the welfare of others, and keeping the patient safe. In emergency situations, the patient's agreement is not legally required. "Is this autonomy permanent and should it be always respected?" is the question that emerges. In response, one could argue that autonomy should only be honored if it does not jeopardize the interests of others or interfere with their ability to live comfortably; otherwise, it may be infringed upon.

2. **Honesty and Truthfulness:** The need to tell the truth and not to lie is emphasized by the principle of honesty. Divergent opinions exist regarding delivering the good news and the truth to patients. The duty to be truthful with the patient appears to have been rendered acceptable by the self-determination concept. Though ethical considerations ensure that the patient is not unduly concerned, religious teachings also emphasize the patient's right to know the truth. Certain nations have created and put into effect certain regulations that make it easier to be honest with patients. Many pharmacy regulations place a strong focus on being truthful with patients and view this as a quality of a pharmacist. When it comes to being truthful, it matters what kind of information a patient should receive and when withholding information is preferable. It's possible that the pharmacist lacks essential knowledge about how some medications work or is unable to give the patient the information they need. Occasionally, a healthcare provider may mislead a patient by believing that it is in their best interest to remain ignorant of the truth and, as a result, withhold from disclosing it. Other people, such as family members or those who interact with the patient, should occasionally be taken into consideration in addition to the patient's well-being.
3. **Loyalty and Confidentiality:** Ethics demands confidentiality, even when putting it off yields better results. The relationship between a pharmacist and a patient is contractual in nature, but it's crucial to remember that even in this case, professional standards such as confidentiality must be upheld, and the patient's secrets must never be revealed. It is immoral to purposefully provide the patient false information. When a patient asks a pharmacist about their illness and how it affects their decision-making, the pharmacist generally has a duty to be honest with them. The relationship between a patient or group of patients and the pharmacist results in a number of obligations. This is an ethical commitment that is required of both parties and goes beyond a formal contract. It is not regarded as a business connection. Patient confidentiality was one of the responsibilities of this partnership. Unless the patient's interests are in jeopardy or the law specifically exempts a breach of confidentiality, a pharmacist is required by the Pharmacists' Association's 1995 standards of ethics to maintain the confidentiality of the patient's medical information. There are situations when it is in the patient's best interest to

disclose information, even if it means breaking confidentiality. The welfare of others should be prioritized in the healthcare system in addition to the interests of the patient. Thus, the pharmacist is permitted to divulge information where maintaining secrecy poses a substantial risk to the interests of others. This holds true for clinical research as well as medicinal interventions.

- 4. Avoid Providing Life-Ending Medications:** These days, pharmacists are being asked to dispense life-ending drugs more and more. Some American states, like Oregon, as well as some foreign nations, like the Netherlands, as well as the authority of the courts, permit this kind of activity. Since "Assisted suicide" is now allowed in some nations (usually by injection), pharmacists seem to be involved in more patient euthanasias than other medical specialties. The right to life is one of the most fundamental human rights, upon which all other rights are predicated. Life is a gift from God. Consequently, no one may be purposefully denied this divine favor, and all individuals and communities have a duty to uphold this right and oppose its infringement. One of the fundamental tenets of medical ethics is the prohibition against injuring, which is violated when persons are killed. There are differing opinions about the killing of terminally sick patients, sometimes referred to as "kind killing" or "euthanasia." Denying someone their right to life, even when it is asked, has been opposed by numerous secular and religious organisations. Not all actions used to reduce or end life are considered murder; in certain instances, they are seen as assistance and support. Even in cases where a patient experiences an unexpected and lethal reaction after receiving a common prescription by injection, this cannot be deemed an immoral act, even though it may not be justified legally. A deliberate attempt to take another person's life is not the same as "kind killing" or "compassionate killing." Getting the patient's consent, or the consent of others who can make decisions on his behalf, is crucial. The Hippocrates' oath forbids doctors from engaging in this immoral practice, which includes actively killing patients by giving them a lethal drug. Furthermore, since this activity essentially amounts to a pharmacist taking part in a patient's death, it is prohibited by contemporary pharmacy ethics.
- 5. Benefiting the Patients and Others:** As per the American Association of Pharmacists' ethical rules, a pharmacist ought to behave in a way that maximizes the patient's benefit. Although there are many ethical issues associated with the principle of good intent and not injuring, it appears that health care authorities have always considered it to be a fundamental ethical principle. In their line of work, pharmacists encounter numerous situations in which they must choose between doing no damage and doing good. They must also weigh the benefits in accordance with applicable laws and regulations and evaluate a variety of situations. The American Association of Pharmacists' current ethical guidelines mandate that a pharmacist should always work to improve the health and safety of their patients, not to cause harm to them. Pharmacists have distinct interests and objectives in connection to patients; they are required to enhance the health and safety of their patients. Therefore, a pharmacist should endeavor to support the patient's health and general well-being in addition to attending to his or her interests and objectives.

Pharmacists, as a group of healthcare professionals, encounter a variety of ethical challenges in their daily practice, which can hinder the delivery of pharmaceutical care. This is particularly evident in the context of community pharmacies. Pharmacists must navigate various challenges, including ethical, economic, clinical, and legal issues, which serve as significant barriers to providing optimal healthcare. As a result, there exists a

notable disparity between the expected standard of pharmaceutical care and the actual pharmaceutical services provided. Improving the quality of pharmaceutical care demands a thorough examination of these ethical challenges, their sources, and the development of strategies for resolution. It's important to note that the nature of ethical challenges can vary among different cultures, and, consequently, approaches to addressing them may differ between countries.

#### **IV. CHALLENGES RELATED TO PROFESSIONALISM AND PROFESSIONAL PRACTICE**

Professionalism is defined as the "active demonstration of the traits of a professional." Pharmacists uniformly highlighted the ethical challenges that pervade pharmacy practice and consultation. These challenges encompass various aspects, such as professional commitments, the provision of medications, instances of medication errors, and conflicts of interest. Within the realm of community pharmacy, distinct ethical challenges manifest, encompassing issues related to privacy and confidentiality, pharmacists' self-awareness of their professional obligations, the consideration of patient interests, the overarching responsibility, the quality of medication, and the promotion of rational drug use. These ethical challenges in pharmacy practice can be attributed to several contributing factors, including financial concerns among pharmacists, a lack of public awareness regarding the responsibilities of pharmacists, insufficient teaching of professional ethics in pharmacy schools, the prevalence of paternalism in the healthcare system, and the practice of pharmaceutical companies offering gifts. It is important to note that professionalism underscores the pharmacist's duty to deliver patient care, making patient care an implicit but crucial subtheme in the context of these ethical challenges.

**1. Challenges Related to the Professional Communications:** Professional communications constituted the second major theme encompassing ethical challenges. Proficiency in communication skills is considered a cornerstone in the education of healthcare professionals, pharmacists included, as a lack of these skills can present challenges in pharmacy practice. This theme comprises three subthemes, which delve into the ethical challenges of communication: the challenges arising in communication with patients, the complexities associated with communication with physicians, and the intricacies of communication with fellow pharmacists.

*“There are many problems in the physician-pharmacist relationship. Communication skills do not teach in schools of medicine and pharmacy. Each of them may behave regardless of the other. They must be taught how to communicate with each other”.*

*“Patient’s behavior should be modified. When they are in pharmacy, they must not hurry for receiving their medications. Some people think that they don't need consultation and guidance about their medications”.*

One of the primary themes encompassing the ethical challenges faced by pharmacists involves professional communications with patients, physicians, and colleagues. The study conducted by Kruijtbosch and colleagues emphasized that the interactions pharmacists have with patients and healthcare professionals constitute the primary moral dilemmas in their practice, with the complexity of these dilemmas further

compounded by the involvement of various other stakeholders, including regulatory bodies (Kruijtbosch et al., 2018).

The interaction between a pharmacist and a patient plays a significant role in influencing patient satisfaction, medication adherence, and treatment outcomes. Effective communication between pharmacists and patients not only fosters confidence in the safe use of medications but also enhances the overall quality of healthcare. In the year 2000, the World Health Organization introduced the "Seven Star Pharmacist" concept, highlighting pharmacists as essential "communicators." Consequently, it is imperative for pharmacists to possess knowledge and proficiency in communication skills and to incorporate ethical principles into their professional conduct. The British Medical Association (BMA) strongly underscores the necessity for comprehensive training in honest and supportive communication skills for all healthcare professionals.

Apart from their interactions with patients, the professional rapport between pharmacists and physicians is expected to be characterized by professionalism, scientific knowledge, and logical reasoning. Among the study participants, their association with physicians was perceived as a source of ethical challenges, particularly when offering advice on issues such as adverse drug reactions or drug interactions. In many cases, physicians tend to be resistant to the recommendations provided by pharmacists, despite research demonstrating that pharmaceutical services can significantly reduce the overall healthcare costs, shorten hospital stays, and enhance clinical outcomes. This challenge may stem from a lack of awareness regarding the role of community pharmacists as integral members of a multidisciplinary healthcare team.

Due to the collaborative nature of healthcare provision involving both physicians and pharmacists, pharmacists with sound knowledge may sometimes become more attuned to any oversights on the part of physicians, potentially straining their relationship. As a result, effective communication between pharmacists and physicians is a reciprocal interaction where both parties anticipate and value respectful behavior.

- 2. Challenges related to Regulations and Policies:** This theme comprises three subthemes: ethical challenges linked to health insurance regulations, the conflict between ethical principles and regulations, and the regulations governing drug distribution companies. The most significant challenges in community pharmacies stem from regulations and policies that lack comprehensiveness and updates, overlooking the role of pharmacists in the healthcare system. Some of these regulations and policies date back to 1953 when "Pharmaceutical Care" was not a central focus.

Pharmacists grapple with ethical dilemmas stemming from the conflict between their legal and moral responsibilities. The pharmaceutical system is predominantly governed by the government and subject to specific regulations imposed by insurance companies. Challenges arise from the discord between regulations and ethical principles, highlighting the belief that policies, legislation, and regulations, along with the structural and interpersonal aspects of the pharmacists' working environment, can contribute to moral distress.

Pharmacists occasionally face a conflict between legal obligations and their professional ethics. In cases where there is insufficient legal backing for implementing

professional ethics in community pharmacy, providing necessary support aids them in fulfilling their professional duties up to the standard of care. The collaboration between insurance companies and pharmacists should ideally be mutually beneficial; however, there are instances when insurance companies fail to fulfill their commitments to pharmacists and limit their autonomy. Imposing the use of generic drugs instead of brand names and frequent changes in regulations by insurance companies not only curtails patients' and pharmacists' autonomy but can also lead to a lack of trust in pharmacists.

Unethical conduct by drug distribution companies, including practices like selling surplus medications to pharmacies, providing drug baskets, selling drugs with accompanying gifts, and distributing drugs unjustly among community pharmacies, gives rise to ethical dilemmas. These issues occasionally lead pharmacists to overlook product quality, which can impact their professional conduct and decision-making.

*“The medication distribution system is not fair and justified. Allocation of some special medications for some selected community pharmacies in high amounts, but when asking for those drugs, they give a limited amount. In such situations, cannot provide enough medication to address the patient’s needs.”*

*“Another problem in the community pharmacy is having medications beyond their expiry dates. We must have clear regulation about expired medicine to dispose them.*

## **V. ETHICAL CHALLENGES PHARMACISTS FACE WHEN MANAGING NONCOMPLIANT PATIENTS**

The adverse effects of medications undeniably have the potential to deter patients from adhering to their prescribed medication regimen. This can significantly impact the patient's perception of the medication's effectiveness, ultimately influencing their autonomous decision-making and adherence. Poor compliance due to medication-related adverse events is a common issue, ranking among the top reasons for noncompliance. Patient noncompliance can be attributed to various factors, including the patient's level of knowledge, health literacy, and the patient-provider relationship. This underscores the importance of healthcare providers supporting and respecting the patient's autonomy and welfare.

However, healthcare providers often assume patient compliance, neglect patient autonomy, and may attribute poor health outcomes to the patient. Therefore, it is crucial to address the ethical challenges arising from patients' beliefs about their medication and health, as well as healthcare providers' approaches to addressing compliance barriers. This paper will examine the ethical dilemmas faced by healthcare providers, especially pharmacists, when dealing with noncompliant patients, and how they can apply the Pharmacist's Code of Ethics to address ethical concerns related to patients refusing to take their maintenance medication due to adverse events.

**Example:** Due to not taking his metformin, a male patient with late-onset type 2 diabetes was taken to the hospital with hyperglycemia and a diabetic foot ulcer. Because of the negative effects, this patient has a lengthy history of not taking his prescriptions as prescribed.



When a patient decides to discontinue their maintenance medication intended for the treatment of a chronic illness due to the experience of common adverse effects, it unquestionably raises significant ethical concerns for all parties involved in the patient's healthcare. Therefore, it is of utmost importance to ascertain the individuals affected by and involved in this ethical dilemma. In this particular scenario, the patient plays a central role as they have independently opted to prioritize their autonomy, resulting in the abrupt discontinuation of their maintenance medication. Unfortunately, this decision has led to severe and adverse health consequences. Consequently, the principle of patient autonomy, which encompasses the right to self-determination, becomes a fundamental aspect of this case.

As a result, the principle of patient autonomy, commonly understood as the right to self-determination, assumes a pivotal role in this scenario. Furthermore, healthcare professionals, with a particular focus on the pharmacist responsible for this patient's care, are significantly impacted. They could have played a critical role by providing the patient with informed guidance at the outset of his medication regimen, enabling him to derive maximum benefits from his metformin treatment and attain optimal health outcomes. Consequently, it becomes evident that the pharmacist may not have sufficiently prioritized qualities such as benevolence, building rapport, dependability, and offering guidance, all of which are fundamental aspects to be upheld within a professional code of ethics.

In this situation, the pharmacist has two feasible options to consider. One approach is to initiate a consultation with the patient concerning his medication, assess the patient's understanding of the challenges associated with his chronic illness, and engage in a conversation about the significance of adhering to his maintenance medication.

This approach can certainly be incorporated into the proposed plan of action to establish a patient-centered environment and promote the well-being of all patients while maintaining confidentiality, as outlined in the Code of Ethics for Pharmacists. The pharmacist can simultaneously apply the code of ethics to establish a connection with the patient by providing information in a manner that the patient can easily understand and by demonstrating empathy to address the patient's needs. Through empathy, the pharmacist can confirm their understanding of the patient's situation and make an effort to address the patient's concerns.

Furthermore, the pharmacist can assess the patient's level of knowledge regarding their chronic illness and medication. It is hoped that, by the end of the consultation, the patient will be better equipped to make an informed decision about their health, in line with principles of medical ethics. Taking into consideration the patient's preferences and concerns, building trust, and clearly outlining the benefits and risks of medication therapy can significantly enhance compliance. Therefore, engaging in an open and honest discussion with this patient has the potential to improve their adherence to their medication.

Another course of action involves the pharmacist offering the patient an alternative drug therapy that may have fewer side effects. To do this, the pharmacist can initiate communication with the patient's prescribing healthcare provider. The pharmacist may choose to directly recommend an alternative medication to the prescriber or collaborate with a fellow colleague to identify a suitable alternative medication for the patient, subsequently making this new recommendation to the prescriber. It is essential that the pharmacist

approaches this process while respecting the values and expertise of other healthcare professionals, in accordance with the principles outlined in the Code of Ethics for Pharmacists.

It is imperative not to offer the patient inaccurate information or raise false expectations, as building trust with the patient is crucial for fostering compliance with the pharmacist's suggestions. Therefore, the pharmacist should act with integrity and offer truthful, yet comprehensive information about the alternative medication and its possible side effects to the patient. In this case, the pharmacist is more understanding of the patient's resistance to their current therapy. They are preserving the patient's dignity by enabling the patient to identify their own barriers in a supportive environment and approaching the patient in a non-confrontational manner regarding their noncompliance.

The best approach to address this ethical dilemma would involve the pharmacist adhering to the Code of Ethics for Pharmacists, establishing trust and cooperation with the patient, and then dedicating time to educate the patient about their chronic illness and the significance of adhering to their maintenance medication.

By supporting patient autonomy and addressing patient ambivalence, the pharmacist can play a significant role in reducing resistance to treatment, offering reassurance that the patient has control over their decisions, and aiding the patient in evaluating the pros and cons of altering their health choices. The adoption of a patient-centered approach is a crucial element in enhancing the patient's well-being and fostering patient compliance. This approach allows the patient to develop trust in the pharmacist, who genuinely aims to understand their condition and assist them in addressing their uncertainties about change. Thus, this strategy is pivotal for establishing ethical pharmaceutical care within a covenantal relationship, positively influencing the patient's independent decision-making process.

The second course of action may be a viable solution in this scenario, but it relies on the patient confirming that a specific side effect is a problem that can be avoided with an alternative medication. Nevertheless, it's important to acknowledge that opting for a different medication doesn't eliminate the potential for adverse effects since all medications have their own set of side effects. The primary concern here is the patient's noncompliance due to adverse effects. Therefore, there's a significant likelihood that the patient, based on their medication history, may revert to old habits and refuse the alternative medication as well.

To summarize the execution of the action plan, the pharmacist will start by assessing the patient's understanding of metformin. Subsequently, the pharmacist can provide the patient with education about the risks associated with uncontrolled glucose levels and the worsening of foot ulcers. Through this educational process, the pharmacist aims to enhance the patient's awareness and understanding of their chronic illness.

Additionally, the pharmacist can recommend that the patient take metformin with meals and at consistent times each day to reduce gastrointestinal side effects, which are likely to diminish after a few weeks of use. Once the patient's trust has been established, the pharmacist can candidly explain to the patient that their decision to forego metformin was the primary factor contributing to the diabetes-related complications that resulted in their hospitalization.

The pharmacist may also offer a comprehensive explanation of diabetes self-management education, clearly presenting the step-by-step details required to maximize the effectiveness of the anti-diabetic medication. As time progresses, the patient should increasingly recognize the pharmacist's authentic commitment to his overall well-being.

During the engagement with the patient, the pharmacist might face different objections and must acknowledge that patients may not all react to the information in the same way. Consequently, it's crucial for the pharmacist to consistently apply ethical principles that can mitigate actions that could undermine their commitment to the patient's welfare. Maintaining a firm moral conviction is equally crucial.

However, even with the pharmacist's best intentions and efforts, achieving these desired outcomes is not always possible if the patient decides not to adhere to his medication regimen. Therefore, it is crucial for the pharmacist to exercise sound professional judgment by adhering to the ethical principles inherent in healthcare and to fulfill the acts of beneficence for all patients by honoring the patient-pharmacist's covenantal relationship.

## **VI. DISCUSSION**

In this chapter, the ethical challenges encountered in community pharmacy practice were categorized into three themes: challenges related to professionalism and professional practice, challenges related to professional communications, and challenges related to regulations and policies. At first glance, it may appear that the first two themes are closely interconnected and may have some overlap. However, the first theme primarily addresses challenges associated with providing pharmaceutical care to patients, irrespective of communication issues, while the second theme predominantly highlights challenges stemming from communication, which is a crucial yet often overlooked aspect of every professional relationship. In fact, our primary focus was not on the traditional practice of drug dispensing, but rather on the innovative approach to pharmacy practice through the provision of pharmaceutical care.

Pharmacists encounter ethical dilemmas due to various obstacles, including time constraints, insufficient ethical knowledge, a lack of expertise in ethical decision-making, and sometimes a failure to adhere to the code of ethics. Pharmacy practice and consultation represent the foremost professional duty of pharmacists, ultimately leading to enhancements in patients' quality of life. Without this commitment, the goal of providing pharmaceutical care cannot be realized. Ensuring the provision of pharmaceutical care requires pharmacists to embody the essence of true professionalism, taking on the responsibility for patient care to attain the best possible therapeutic results.

Several challenges stem from the inability to deliver pharmaceutical care and consultation, often due to diverse factors such as limited workspace and a chaotic environment, conflicts between regulations and religious beliefs, patient demands for medication without a prescription, requests for counterfeit drugs, medication shortages, dealing with children's medication requests, handling difficult conversations and truth-telling, preserving patient confidentiality, addressing concerns about medication quality, and facing irrational prescribing practices.

While truth-telling is regarded as a duty for pharmacists according to the American Pharmacists Association (American Pharmacists Association. Code of Ethics for Pharmacists), it poses an ethical challenge in pharmacy practice due to insufficient education on effectively communicating with diverse patients from various cultural backgrounds. Additionally, preserving patient confidentiality is also identified as a significant ethical challenge.

Discrimination within pharmacy practice, particularly in times of drug shortages, is an unethical behavior. Distributive justice is the ethical responsibility of every healthcare professional, and patient access to medications is recognized as a fundamental patient right in national and international guidelines. Hence, every patient should receive medication based on their needs, prioritizing justice and fairness in drug supply and distribution.

Moreover, during periods of drug scarcity, pharmacists often encounter requests from patients for counterfeit medications, which are intentionally and deceptively mislabeled in terms of their source and/or identity. Approximately 10% of the medications available in the market are counterfeit, posing a significant threat to patient safety in both developed and developing countries. The quality of medicines emerged as another ethical challenge for the study participants, as it directly impacts their effectiveness. All healthcare providers must consistently act in the best interest of patients, as low-quality medications can be ineffective or even harmful to patients.

Medication errors made by pharmacists can lead to increased mortality and morbidity. This study also revealed the absence of a systematic approach to handling medication errors, which not only erodes patients' confidence but also escalates healthcare costs. Detecting and preventing medication errors falls within the purview of pharmacists. Nonetheless, patients have the right to be informed about such errors.

Community pharmacists need to navigate the complex interplay of two conflicting dimensions in their work: the business aspect and the professional aspect. In the realm of pharmacy practice, conflicts of interest manifest in two distinct forms. The first pertains to conflicts in communication with physicians, which can involve fee-splitting and self-referral. The second form of conflict relates to communication with patients. It is advisable to prompt pharmacists to carry out patient consultations in a private setting to ensure their undivided attention during these encounters.

## **VII. CONCLUSION**

In the medical community, pharmacists play a significant role. They are also profitable, which benefits them when they recommend drugs to patients. Moral considerations are necessary since patients can consult pharmacists directly and because there are financial advantages. Respecting people's dignity and getting their informed consent are important considerations while working with patients. A pharmacist should constantly take patient confidentiality, patient rights, and religious differences and values into consideration. As such, the interaction between the pharmacist and the patient is governed by significant ethical norms.

The majority of the difficulties encountered in community pharmacies with regard to pharmacy practice were covered in this article under three main themes: difficulties with

professionalism and pharmacy practice, difficulties with professional communications, and difficulties with rules and policies. However, the rules and guidelines provide significant challenges to pharmaceutical treatment and pharmacy practice. It is advised that more be done to promote professionalism and to change laws and practices.

The state of pharmaceutical treatment and pharmacy practice in community pharmacies appears to have remained stagnant. Overcoming ethical obstacles is necessary for pharmacy practice to flourish and for pharmacists' contribution to the health system to reach a respectable level. Certain obstacles posed by external variables can be addressed by altering the educational model, emphasizing professionalism and communication skills, and revising the Food and Drug Organization's laws and regulations to make them more in line with ethical and legal standards. But it's important to pay attention to the internal variables that are connected to the unique traits of doctors, patients, and pharmacists. Improving patients' views on health will also help to revitalize the pharmacy field and rekindle pharmacists' enthusiasm for practicing pharmacy and providing pharmaceutical care.

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