**Ethical Issues in Pharmacist Patient Relationship**

**V.E.Ida Christi**

**Department of Pharmacognosy, PSG College of Pharmacy, Coimbatore**

**ABSTRACT**

The ethical challenges of professionalism were emphasized by all pharmacists as challenges of pharmacy practice and consultation, professional commitments, providing medications, medication error, and conflict of interest. The ethical challenges concerning a noncompliant patient who refuses to take their medication due to the adverse effects is multifaceted for pharmacists. Evidently, a pharmacist must always display empathy, encourage autonomy, and show compassion when connecting with the patient. The patient’s trust in their pharmacists is a vital element to the patient-pharmacist relationship. Given that the interest in the well-being of the patient is one of the fundamental qualities of a pharmacist, the pharmacist’s definitive objective is for this patient to achieve the maximum desired effects from his medication and to help relieve the patient’s concerns about their health. The ethical challenges originate from not having proper and enough medications called drug shortages, counterfeit medications, dealing with patients who wish to return medicines, and giving prescription drugs without physician’s order. The most optimal approach for resolving this ethical dilemma would be for the pharmacist to adhere to the Code of Ethics for Pharmacists, earn the trust and cooperation of the patient, and subsequently take the time to explain to the patient about his chronic illness along with the importance of taking his maintenance medication. This chapter discuss about the ethical issues and challenges of the pharmacist in relation with patients, also how to overcome the issues.

**INTRODUCTION**

The word “**ethics” moral philosophy, t**he study of what is right and wrong in human behavior beliefs about what is morally correct or acceptable. An “ethical issue” is a problem or situation that requires a person to choose between two options, where both options are morally wrong. It may be personal, professional, and social.

A pharmacist has a duty to tell the truth and to act with conviction of conscience also avoids discriminatory practices, behavior or work conditions that impair professional judgment. Pharmacist actions that compromise dedication to the best interests towards patients.

Historically, the role of pharmacists has changed over time in parallel with the advancements in knowledge and technology from drug dispensing to providing pharmaceutical care. This advancement presents new definitions of philosophy and standards in pharmacy practice by emphasizing pharmacists' professional responsibilities toward patients health. The American Pharmacists Association (APhA) stated that “Pharmacists are healthcare professionals who assist individuals in making the best use of medications” (American Pharmacists Association, Code of Ethics for Pharmacists). According to the American Society for Health System Pharmacists (ASHP), pharmaceutical care is defined 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) developed fundamental principles of professionalism that have been adapted by Hammer for pharmacists. Being a health professional necessitates respecting ethical principles in providing pharmaceutical care. The Ethics Code of the Royal Pharmaceutical Society of Great Britain accentuates the public and professional interests and introduces the key responsibilities of a pharmacist; Royal Pharmaceutical Society of Great Britain. The Code of Ethics of the Royal Pharmaceutical Society of Great Britain.

# Code of Ethics for Pharmacists

It has been adopted by the membership of the American Pharmaceutical Association, October 27, 1994. This Code, prepared and supported by pharmacists, is intended to state the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

1. A pharmacist respects the covenantal relationship between the patient and pharmacist. Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner. A pharmacist is dedicated to protecting the dignity of the patient.
2. A pharmacist respects the autonomy and dignity of each patient. A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist respects personal and cultural differences among patients.
3. A pharmacist acts with honesty and integrity in professional relationships. A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices.
4. A pharmacist maintains professional competence. A pharmacist has a duty to maintain knowledge and abilities as new medications, devices and technologies become available and as health information advances.
5. A pharmacist respects the values and abilities of colleagues and other health professionals. A pharmacist acknowledges that colleagues and other health professions may differ in the beliefs and values they apply to the care of the patient.
6. A pharmacist serves individual, community, and societal needs. The primary obligation of a pharmacist is to individual patients.
7. A pharmacist seeks justice in the distribution of health resources. When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

The pharmacist-patient interaction has increased due to the expanding pharmaceutical services, and therefore greater attention is now paid to the proper relationship between them. Knowledge of legal and ethical obligations when providing pharmaceutical services will improve the quality of treatment, as well as the pharmacist-patient interaction and increased cooperation, resulting in fewer patient’s complaints from pharmacists regarding prescription. In the present article, in addition to introducing the ethical principles governing the pharmacist-patient interaction, certain ethical challenges associated with these principles are also addressed.

**Equity and Justice:**

Equity is one of the key principles of ethics in the health system. Equity in health happens when all social strata are able to maintain their full health, have access to the necessary resources, and their socioeconomic status does not affect their health. Although equity requires that pharmacists should equitably provide the necessary care, in practice these care are not equally provided for patients. Various factors such as economic, social, cultural, religious, and racial sometimes affect the type of services provided. For instance, is it ethically acceptable to vend a new and expensive medication, even when an identical, cheaper, and equally effective medication is available? In response, it should be said that a profiteering attitude to pharmacy only considers the profit to be made. However, it should be noted that the net profit increases when distribution is equitable. There are situations when the patient’s interest and well-being are in conflict with other matters and the pharmacist has to choose one or the other. One of the main ethical challenges in pharmacy is equity in allocation of resources, especially in relation to the much needed and rare medications. What should the pharmacist do when faced by a needy patient who cannot afford an expensive medication? Should he give that medication to a patient who can afford it, regardless of the needy patient, or should he support the needy patient? The problem of allocation of pharmaceutical resources lies in the health system’s planning and management of medication distribution systems. In fact, health care should be allocated in such a way to give priority to the most needful people, so they can receive the required services.

**Autonomy and self - Determination**

Pharmacists should consider that their prescriptions may affect people’s life. The ethics are challenged when a patient’s autonomy is ignored, he is not told the truth, his secrets are disclosed, or measures are taken to end his life. Many patients do not have the ability to make their own decisions. Children and those with mental disorders may be able to decide to some extent about their interests and values, but they are inadequately independent to determine their fate. Regarding autonomy, ethical challenges include autonomy of adult patients with no consciousness. When patients lack sufficient will to disagree about the prescription, the pharmacist should not decide on behalf of him/her. The assumption with children is that only parents or those decided by authorities such as courts can make a decision on behalf of them. Sometimes pharmacists refrain from telling the patient the name of the medication, administer placebo, or do not vend high-risk medications, and consider this to violate the principle of patient autonomy. This group are concerned about other people’s well-being, equity, and not harming the patient. Legally, there is no need for the patient’s consent in emergency cases. The question arises that “Is this autonomy permanent and should it be always respected?” In response, it can be said that it should be respected for as long as these people’s autonomy does not threaten other people’s interests, or it is not in conflict with other people’s well-being, otherwise, it can be violated.

**Honesty and Truthfulness**

The principle of honesty emphasises the obligation, to tell the truth, and not to lie. There are different views on telling the truth and conveying bad news to patients .The principle of self-determination seems to have made the obligation, to tell the truth to the patient as acceptable. Religious teachings also emphasise the patient’s right to know the truth, even though ethical considerations account for not causing the patient concern unnecessarily. In some countries, special guidelines have been developed and implemented that facilitated telling the truth to the patient.Various pharmacy codes emphasise telling the truth to the patients and consider truthfulness as an attribute of a pharmacist. What is important with regards to truthfulness is that, what kind of things a patient should be told, and when is better not to tell the truth. The pharmacist may not have sufficient information about the outcome of some medications, or cannot provide the patient with the necessary information. Sometimes, a care provider gives the patient wrong information because he thinks that the patient is best not to know the truth, and thus refrains from telling the truth . Sometimes well-being of the patient is not the only issue, and other people such as family members, or people in contact with the patient should also be considered.

**Loyalty and Confidentiality**

Confidentiality is ethically an obligation, even if ignoring it provides better outcomes. The pharmacist-patient is a contract, but the important point is that even if it is considered as a contract, the professional principles including confidentiality should be observed and by no means should the patient’s secrets be disclosed. Deliberately providing the patient with the wrong information is unethical. Generally, pharmacists who are in continuous contact with patients are obliged to tell the truth to patients who want to know their condition and this knowledge affects their decisions. A series of obligations are formed as a result of the interaction between the pharmacist and a patient or a group of patients. This relationship is beyond a legal contract and is not considered as a business relationship, but an ethical agreement that is obligatory for both sides. The obligations of this relationship included patient confidentiality. In accordance with the Pharmacists’ Association’s codes of ethics of 1995, a pharmacist should respect confidentiality of the patient’s medical information, unless the patient’s interests are at risk, or the law has made an exception for violation of confidentiality. Sometimes disclosure of information is in the patient’s interest and his interest lies in the violation of confidentiality. In the healthcare system, not only the patient’s interests should be considered, but other people’s well-being is also important. Thus, when confidentiality is a serious threat to other people’s interest, the pharmacist is allowed to disclose information. This does not only apply to medical interventions but also include clinical research.

**Avoid Providing Life-Ending medications**

Pharmacists are currently increasingly asked to provide life-ending medications. This action is legal in some American states such as Oregon and some countries such as Netherlands or in the jurisdiction of the courts. With the legalization of “Assisted suicide” in some countries (often through injection), pharmacists appear to have a greater share in patients’ euthanasia than other medical groups. Life is a divine blessing and the right to live is one of the most fundamental of human rights on which other rights are based. Therefore, no one can be deliberately deprived of this divine blessing, and all people and societies are obliged to support this right and stand against its violation. Killing humans are in fact a kind of harming them and challenges the principle of not harming, which is one of the key principles of medical ethics. There are many opposing views on killing incurable patients, which recalled as “Euthanasia” or “kind killing”. Many societies, both secular and religious have condemned the denial of the right to live, even if it is requested. Not all measures taken to shorten or end life are regarded as killing, and in some cases, it is regarded as support and help. Even if for instance injection of a common medication suddenly causes an unusual and fatal reaction in the patient, it cannot be considered as an unethical act, although legally such an act may not be justifiable. Actions taken with a direct intention to end someone’s life are different from “kind killing” or “compassionate killing”. What is important is obtaining the consent of patient or people who can decide in his place to give consent. The Hippocrates’ oath refers to active killing through administration of a fatal medication and prohibits physicians from this unethical action. In addition, modern pharmacy ethics also prohibits pharmacists from this action, which is in fact participation in killing a patient.

**Benefiting the Patients and Others**

In accordance with the ethical codes of the American Association of Pharmacists, a pharmacist should act in such a way to provide the patient with the most benefit. While, it seems that the principle of good will and not harming has always been considered by health care authorities as a key ethical principle, which also entails many ethical challenges. In this profession, pharmacists come across many cases when they should decide between benefiting and not harming, and also determine the weight of the benefit using available rules and regulations, and assess various cases.The current ethical codes of the American Association of Pharmacist require the pharmacist to benefit and not harm the patient, and consider no limitations on enhancing health and safety of the patient. Pharmacists are obliged to promote patient’s health and safety, they have different priorities and goals in relation to patients. Hence, while attending to the patient’s interests and priorities, a pharmacist should also try to promote his health and overall well-being.

Pharmacists as a group of health care professionals, face different types of ethical challenges in their everyday routine that may impede pharmaceutical care. Here we can see the ethical challenges of pharmacy practice in community pharmacies. Pharmacists are facing different kinds of challenges in pharmacy practice to provide pharmaceutical care including ethical, economic, clinical, and legal, that are as the main obstacles in health care provision. Because of this, there is a significant gap between the standard of pharmaceutical care and current pharmaceutical services.Upgrading quality of the pharmaceutical care necessitates determination of the ethical challenges, their origin, and finding the way into their resolution. The ethical challenges differ between cultures, so, the approach toward them may be different between countries.

### Challenges related to professionalism and professional practice

Professionalism is defined as “the active demonstration of the traits of a professional”. The ethical challenges of professionalism were emphasized by all pharmacists as challenges of pharmacy practice and consultation, professional commitments, providing medications, medication error, and conflict of interest. Different ethical challenges in community pharmacy including privacy and confidentiality, pharmacists’ awareness of their own professional commitment, considering patient’s interests, responsibility, quality of medication and rational drug use The financial problems of pharmacists, public unawareness about the pharmacists’ responsibility, insufficient teaching of professional ethics in the school of pharmacies, paternalism in the health system and giving gifts by companies were indicated as factors of creating the ethical challenges in pharmacy practice. As the professionalism points to the pharmacists responsibility in providing patients care, the subtheme of patients care could be considered as a hidden issue.

### Challenges related to the professional Communications

Professional communications were the other theme of the ethical challenges. Communication skills are one of the most essential teachings for health professionals especially pharmacists; otherwise, they may encounter difficulties in pharmacy practice. This title consists of 3 subthemes including ethical challenges of communication with patients, communication with physicians, and communication with 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”.

The ethical challenges of professional communications with patients, physicians and colleagues were the one of the theme of the pharmacists’ challenges. The study of Kruijtbosch et al stressed on the pharmacists contact with patients and health care professionals as the predominant moral dilemma which is complicated by other parties including regulators ([Kruijtbosch et al., 2018](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8720823/" \l "b0095)).

Communication between pharmacist and patient, affects patient satisfaction, medication use, and treatment outcome. Also, effective pharmacist-patient communication reassures about safe medication use. In 2000, The World Health Organization introduced the “Seven Star Pharmacist” concept, which introduces the pharmacists as “communicators”. Therefore, pharmacists must be aware and knowledgeable about communication skills and adapt ethical principles in their professional behavior. The British Medical Association [BMA] strongly emphasizes the importance of all health professionals being properly trained to communicate in an honest and supportive manner.

Other than patients, the pharmacist-physician relationship should be professional, scientific and logical. The study participants considered their relationship with physicians as one of the ethical challenges especially when they have a piece of advice about adverse drug reactions or drug interactions. Mostly, the physicians do not accept pharmacists’ advice while the studies show that pharmaceutical services can greatly reduce the total cost of care and the length of hospitalization as well as improving clinical outcomes. This problem could originate from not being aware of the role of community pharmacists as the members of a multidisciplinary health care team.

Because of the shared responsibility between physicians and pharmacists in providing health care, knowledgeable pharmacists may be more sensitive to the physicians’ fault which could have a negative impact on their relationship. Therefore, the pharmacists-physicians communication is a two-way relationship and both expect to behave respectfully.

### Challenges related to regulations and policies

This theme consists of three subthemes including ethical challenges related to regulations of health insurances, the conflict between ethical principles and regulations, and regulations of the drug distribution companies. The most important challenges in the community pharmacies are related to regulations and policies which are not comprehensive and updated in which the pharmacists position in the health system are disregarded. Some of the regulations and policies goes back to 1953 when the “ Pharmaceutical Care” was not a major concern.

There is a conflict between ethical and legal responsibilities, pharmacists face ethical dilemmas. Mainly, the pharmaceutical system is under governmental control and specific regulations of the insurance companies. It is dealing with insurance and drug distribution companies, challenges originate from the conflict between regulations and ethical principles. It shows believe that policies, legislation and regulations, the structural and relational dimensions of working environment of pharmacists can cause moral distress.

Sometimes pharmacists encounter conflict between legal considerations and professional ethics. If there is no legal support for doing professional ethics in community pharmacy; while providing adequate support helps them accomplish their professional role toward the standard of care.The relationship of insurance companies with the pharmacist must be mutual; however, sometimes insurance companies do not carry out their commitments versus pharmacists and restrict pharmacist’s autonomy. The enforcement of insurance companies for delivering generic drugs instead of brand names and frequent changes of their regulations not only diminish patients’ and pharmacists autonomy but also can cause distrust to pharmacists.

An unethical behavior of drug distribution companies such as selling unused medications to pharmacies, offering drug baskets, selling drugs with gifts, and unjustified drug distribution between community pharmacies create ethical challenges. Because of such problems, pharmacists sometimes ignore the quality of products that affects their professional behavior 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.

**Ethical challenges Pharmacists face when managing Noncompliant Patients.**

Adverse effects of medications can irrefutably steer a patient away from taking their medication. This can threaten the patient’s beliefs about the effectiveness of their medication; consequently, having a negative influence on the patient’s autonomous decision and adherence to their medication. Poor compliance in patients due to medication adverse events is remarkably prevalent, ranking in as one of the most common reasons for noncompliance. Patient noncompliance is also derived from a multitude of different factors including the depth of patient knowledge, health literacy, and the patient-healthcare provider relationship. This brings light to the healthcare providers who must support and encourage the dignity and autonomy of the patient and who must also be committed to the welfare of the patient. However, healthcare providers generally assume patient’s compliance, overlook patient autonomy, and blame the patient for their poor health outcomes.2 Thus, it is necessary to regard the ethical issues stemming from patient’s beliefs about their medication and health as well as the healthcare provider’s stance on compliance barriers. This paper will explore the ethical challenges surrounding healthcare providers, particularly pharmacists, when managing a noncompliant patient and how pharmacists can apply the Pharmacist’s Code of Ethics to resolve an ethical issue concerning a patient who is refusing to take their maintenance medication due to the adverse events.

Example: A male patient with late-onset type 2 diabetes has been admitted to the hospital due to hyperglycemia and diabetic foot ulcer as a result of not taking his metformin. This patient has a long history of being noncompliant with his medications due to the side effects.

When a patient refuses to take his or her maintenance medication that is used to treat their chronic illness due to experiencing the common adverse effects, it is undeniably a large ethical problem for everyone involved in the patient’s healthcare. Accordingly, it is critical to identify who all is involved and affected in the ethical issue. In this situation, the patient is largely involved because the patient made an independent choice that valued self-direction to abruptly discontinue his maintenance medication, which undesirably led to a very serious and detrimental health outcome. Hence, patient autonomy, otherwise recognized as the right to self-determination, is fundamental in this case.

Hence, patient autonomy, otherwise recognized as the right to self-determination, is fundamental in this case. The healthcare professionals, predominantly with focus to the pharmacist, involved in this patient’s healthcare are also affected since they could have appropriately informed the patient at the start of his drug therapy and helped him achieve optimum benefit from his metformin and reach his peak health. This therefore signifies that the pharmacist did not value benevolence, rapport, dependability, or guidance that must all be respected within a professional code of ethics.

There are two viable plans of action that the pharmacist can partake in this scenario. One course of action is to engage in a consultation with the patient regarding his medication, to evaluate the patient’s awareness about the complications that accompanies his chronic illness, and to discuss the importance of taking his maintenance medication.

This can unquestionably be implemented in this plan of action to create a patient-centered environment and to nurture the good of all patients in a confidential manner as according to the Code of Ethics for Pharmacists. The pharmacist can concurrently apply the code of ethics to establish a connection with the patient by providing information in a manner that is understandable to the patient and by expressing their empathy to recognize the patient’s needs. By being empathetic, the pharmacist will be able to confirm their understanding of the patient’s circumstances and make an effort to remedy the patient’s concerns.The pharmacist can also assess the depth of the patient’s knowledge regarding his chronic illness and his medication. The patient would hopefully be able to make an informed decision about their health by the end of the consultation as specified in medical ethics. Recognizing the patient’s preferences and concerns, forming trust, and clarifying the benefits and risks of medication therapy to the patients greatly improves compliance. Thus, approaches such as having an open discussion with this patient could truly improve his adherence to his medication.

Another plan of action can be for the pharmacist to provide the patient with the option for an alternative drug therapy that has the potential for fewer side effects. The pharmacist can achieve this by first contacting the patient’s prescriber. The pharmacist can either directly propose an alternative drug to the prescriber or consult another colleague about an alternative medicine that is appropriate for this patient and subsequently suggest the new recommendation to the patient’s prescriber. The pharmacist must do so with respect to the other healthcare professional’s values and skills as per the Code of Ethics for Pharmacists.

In agreement with it is important not to provide the patient with unreliable information and false hopes, as it is crucial to earn the patient’s trust in order for the patient to ultimately comply with the pharmacist’s recommendations. Therefore, the pharmacist must act with veracity and provide honest, but sufficient information about the new drug and its potential for side effects to the patient. The pharmacist in this case is more accepting of the patient’s resistance to their therapy. They are protecting the patient’s dignity by allowing the patient to discover his own barriers in a supportive setting as well as pursuing the patient in an unaggressive manner about his noncompliance.

The most optimal approach for resolving this ethical dilemma would be for the pharmacist to adhere to the Code of Ethics for Pharmacists, earn the trust and cooperation of the patient, and subsequently take the time to explain to the patient about his chronic illness along with the importance of taking his maintenance medication.

By supporting patient autonomy and exploring patient ambivalence, the pharmacist can help in reducing defiance to treatment, give reassurance to the patient that it is completely up to him, and help the patient to reflect on the advantages and disadvantages of making a change to his health choices. Embracing a patient-centered approach is the most critical segment in improving the patient’s health and achieving patient compliance. This approach will allow the patient to appreciate and believe in the pharmacist who genuinely wants to understand their illness and to help them explore their uncertainty to change. Thus, this plan is the key to building the ethical based pharmaceutical care in a covenantal relationship-based way that can positively impact the patient’s autonomous decision-making process.

The second plan of action could perhaps work for this situation only if the patient confirms that he has a problem with a certain side effect that is absent in an alternative medication. However, choosing a different medication will not rid of the potential for adverse effects since that all medications come with its own fair share of side effects. The main issue in this case is that the patient is noncompliant to his medication because of the adverse effects; thus, it is highly probable that the patient will fall back into his old habits and not take the alternative medication as well given his past medication history.

In summary of how the action plan will be carried out, after the pharmacist assesses the patient’s knowledge about his metformin, the pharmacist can then educate the patient on the dangers of uncontrolled glucose levels and worsening foot ulcers. By providing this education, the pharmacist is increasing awareness and clarity about the chronic illness to the patient.The pharmacist can also advise the patient on the benefits of taking metformin with a meal and at the same times each day to decrease the gastrointestinal side effects, which should also subside after a couple of weeks of use. Once earning trust from the patient, the pharmacist can inform the patient that his refusal to take his metformin was the primary cause for the complications of his diabetes that lead to his hospital admission.

The pharmacist could additionally counsel the patient on the step-by-step details of diabetes self management education, as it is essential to maximize the effectiveness of his anti-diabetic drug. Eventually, the patient will be persuaded that the pharmacist really does want what is the best for him.The pharmacist may also run into several objections during the encounter with the patient and must appreciate that not all patients will respond to the information provided to them the same way. It is essential for the pharmacist to routinely practice the ethical principles that can help circumvent any actions that can compromise their commitment to the best interest of their patient. It is also important for the pharmacist to act with conviction of conscience.

Nevertheless, despite all the best intention and efforts from the pharmacist, these desired effects are not always reachable if the patient chooses not to be compliant to his medication.Therefore, it is critical for pharmacist to make a good professional judgment by upholding the ethical principles involved in healthcare and to deliver the deeds of beneficence to all patients by respecting the patient-pharmacist’s covenantal relationship.

**DISCUSSION**

In this Chapter, the extracted ethical challenges of pharmacy practice in community pharmacies were categorized into 3 themes including challenges related to professionalism and professional practice, challenges related to professional communications, and challenges related to regulations and policies. At a glance, it seems that the first two themes are closely linked to each other and may have overlap; however, the first theme, mainly introduces the challenges related to providing pharmaceutical care to patients regardless of communications, while the second theme mostly emphasizes on the challenges arising from communication-an important and ignored part of each relationship. In fact, the pharmacy practice in its traditional way of drug dispensing was not our concern; in contrast we mainly focused on the new approach toward pharmacy practice via providing pharmaceutical care.

The pharmacists’ ethical dilemma because of barriers such as lack of time, lack of ethical knowledge, non-expertise in ethical decision making, and not following the code of ethics. Pharmacy practice and consultation is the most important professional responsibility of pharmacists that results in the improvement of patients’ quality of life; without that pharmaceutical care is not achievable. Providing pharmaceutical care necessitates that pharmacists be the true ‘professionals,’ who take the responsibility of patient care to achieve optimal therapeutic outcomes .

Some of the challenges result from not being able to provide pharmaceutical care and consultation because of a wide variety of reasons including small workplace and chaos, the conflict between regulations and religious beliefs, patients request for medicine without a prescription, patients request for counterfeit medicine, shortage of medicine, facing with children’s request for medicine, bad news and truth-telling, confidentiality, unreliable quality of medications, and encountering irrational prescribing.

Truth-telling is considered a duty of pharmacists by American Pharmacists Association (American Pharmacists Association. Code of Ethics for Pharmacists), but truth-telling is an ethical challenge in pharmacy practice because of a lack of education about how to properly communicate to different patients with different cultures, respecting patients’ confidentiality is confirmed as an ethical challenge.

Discrimination in pharmacy practice is an unethical behavior especially during drug shortage. Distributive justice is the ethical commitment of every health professional and access to medications is considered as a patient right in national and international guidelines. Accordingly, every patient should be served based on his needs and considering justice and fairness in drug supply and distribution.In addition, at the time of drug shortage, the pharmacists face patients request for counterfeit medications that deliberately and fraudulently mislabeled to source and/or identity. At least 10% of the medications available in the market are counterfeit medications and they are considered as a threat to patient safety in both developed and developing countries. The quality of medicine was another ethical challenge for study participants because it affects effectiveness. All healthcare providers must be always benevolent to the patients while the low-quality medications can be ineffective or harm the patient.

The medication errors by pharmacists increase mortality and morbidity. Lack of a systematic approach toward medication error was the other finding of this study that diminishes patients’ confidence and increases health care costs. Detecting and preventing medication errors is the responsibility of pharmacists however, the patient has the right to know about medication error.

Community pharmacists should consider two conflicting dimensions in their work; the business and the professional dimensions . In pharmacy practice, conflicts of interests has two different forms including the conflict in communication with physicians (fee-splitting and self-referral) and conflict in communication with patients. Encourage pharmacists to conduct patient consultation in a private setting in order for the pharmacists to be entirely attentive to the patient during the patient encounter.

**CONCLUSION**

The pharmacist is one of the important parts among the medical fraternity and is commercially viable for the benefit of the pharmacist who sells the drug to the patient. Since the pharmacists are accessible for the patients without intermediaries, and due to the financial benefits, moral challenges must be considered. In dealing with patients, respect for human dignity and their informed consent must be taken into account. Protecting the secrets of patients, respecting their rights and respecting religious values and differences must always be considered by the pharmacist. Therefore, there are important ethical principles governing the relationship between the pharmacist and the patient.

The most of the challenges of pharmacy practice under three themes in community pharmacies were discussed in this article including challenges of professionalism and pharmacy practice, challenges of professional communications and challenges of regulations and policies. however, the regulations and policies provide serious obstacles for pharmacy practice and pharmaceutical care. More efforts towards teaching professionalism and modification of regulations and policies are recommended.

It seems that we still stayed at the low level of the pharmacy practice and pharmaceutical care in community pharmacies. To prosper pharmacy practice and to reach an acceptable level of pharmacists contribution in the health system, ethical challenges need to be overcome. Some of the challenges raise by external factors that can be modified by changing the educational model and teaching professionalism, and communication skills, and alteration of rules and regulations of the Food and Drug Organization toward more compatibility with law and ethical principles. However, the internal factors that are related to individual characteristics of the pharmacists as well as physicians and patients’ should not be ignored.Furthermore, upgrading patient’s perspective on health will revive the pharmacy profession and helping in retrieving pharmacist’s motivation toward providing pharmacy practice and pharmaceutical care.

**REFERENCES:**

# 1. Poonesh Salari, Mohammad Abdollahi, Ethics in Pharmacy Curriculum for Undergraduate Pharmacy Students: A Needs Assessment Study, Arch Iran Med 2017, 20(1):3 -42.

2.Code of Ethics for Pharmacists. American Pharmacist Association. 1994;34(8):79. doi:10.1016/s0160-3450(15)30342-1.

3.American Pharmacists Association. Code of Ethics for Pharmacists. https://b2n.ir/t22581 (Accessed 18 April 2021)

4. Royal Pharmaceutical Society 2005, Medicines Optimisation: Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England May 2013.

5.Delpasand K, Kiani M, Afshar L, NazariTavakkoli S, shirazi SF, Extracting the ethical challenges of pharmacy profession in Iran, a qualitative study *Journal of Research in Medical and Dental Science* 2018 6(1):10-15.

6.Al-Arifi MN, Community pharmacist perception and attitude toward ethical issues at community pharmacy setting in central Saudi Arabia *Saudi Pharmaceutical Journal* 2014 22(4):315-25.10.1016/j.jsps.2013.08.00325161375  .

7.Resnik DB, Ranelli PL, Resnik SP, The conflict between ethics and business in community pharmacy: what about patient counseling? *Journal of Business Ethics: JBE* 2000 28(2):179-86.10.1023/A:100628030042712530432

8.Briscoe-Dwyer L, Ethics and professional obligation *American Journal of Health-System Pharmacy* 2006 63(7):615- 16.10.2146/ajhp05046516554280  .

9.Evans EW, Conscientious objection: A pharmacist’s right or professional negligence? *American Journal of Health-System Pharmacy* 2007 64(2):139-41.10.2146/ajhp06028317215462

10.Brock DW, Conscientious refusal by physicians and pharmacists: who is obligated to do what, and why? *Theoretical medicine and bioethics* 2008 29(3):187-200.10.1007/s11017-008-9076-y18756375

11.Cooper RJ, Bissell P, Wingfield J, Ethical decision-making, passivity and pharmacy *Journal of Medical Ethics* 2008 34(6):441-45.10.1136/jme.2007.02262418511616

12.Lawrence LW, Rappaport HM, Fieldhouse JB, Bethke AL, Stevens RE, A study of the pharmacist-patient relationship: covenant or contract? *Journal of Pharmaceutical Marketing & Management* 1995 9(3):21-40.10.3109/J058v09n03\_03

13. Veatch RM, Haddad AM, Last EJ, *Case studies in pharmacy ethics* 2017 Oxford University Press10.1093/med/9780190277000.001.0001.  
  
**14.** Dessing RP, Flameling J, Ethics in pharmacy: a new definition of responsibility *Pharmacy World & Science: PWS* 2003 25(1):3-10.10.1023/A:1022493008431

**15**. Kerridge I, Lowe M, Stewart C, *Ethics and law for the health professions (p. 225)* 2009 Sydney Federation Press    
**16**. Hervey TK, McHale JV, *Health law and the European Union* 2004 Cambridge University Press 10.1017/CBO9780511617553PMC1356191    
 **17**. Delpasand K, Assessing the responsibility of pharmacists from the ethical and legal point of view *First Pharmacy Conference of the Food and Drug Administration, Tehran* 2016     
  
**18**. Hervey TK, McHale JV, *Health law and the European Union* 2004 Cambridge University Press10.1017/CBO9780511617553PMC1356191    
  
19. Childress JF, Faden RR, Gaare RD, Gostin LO, Kahn J, Bonnie RJ, Nieburg P, Public health ethics: mapping the terrain, *The Journal of Law, Medicine & Ethics* 2002 30(2):170-78.10.1111/j.1748-720X.2002.tb00384.x    
  
20. Valverde JL, *Key Issues in Pharmaceuticals Law* 2007 IOS Press    
  
**21**. Tobin JJ, Walsh G, *Medical product regulatory affairs: pharmaceuticals, diagnostics, medical devices* 2008 John Wiley & Sons10.1002/9783527623037    
22. Abood RR, *Pharmacy Practice and The Law (book)* 2012 Jones & Bartlett Publishers .

23. Vogel RJ, Pharmaceutical patents and price controls *Clinical Therapeutics* 2002

24(7):1204-22.10.1016/S0149-2918(02)80031-

24. Scheb JM, Lyons W, The myth of legality and public evaluation of the Supreme Court *Social Science Quarterly* 2000 4(2):928-40.

25. Kiene T, *“The” Legal Protection of Traditional Knowledge in the Pharmaceutical Field: An Intercultural Problem on the International Agenda* 2009 WaxmannVerlag    
  
26. Abbott FM, Dukes MNG, Dukes G, *Global pharmaceutical policy: ensuring medicines for tomorrow’s world* 2009 Edward Elgar Publishing10.4337/9781849801843    
  
27. Fletcher AJ, Edwards LD, Fox AW, Stonier PD, *Principles and practice of pharmaceutical medicine* 2003 John Wiley & Sons10.1002/0470846291 .  
28. Baghbeheshti M, Zolfaghari M, Rückerl R, Fine Particulate Matter (PM2. 5) and Health Effects: An Unbridle Problem in Iran *Galen Medical Journal* 2017 6(2):81-94.    
29. Al-Ghazal SK, The valuable contributions of Al-Razi (Rhazes) in the history of pharmacy during the Middle Ages *JISHIM* 2003 2(9):10-11  
  
30. Salari P, Namazi HR, Abdollahi M, Khansari F, Nikfar S, Larijani B, Araminia B. Code of Ethics for the National Pharmaceutical System: codifying and compilation. *J Res Med Sci.*2013;18(5):442–8.

# 31. Mohammadreza avadi, Nikinaz Ashrafi, and Pooneh Salari , Assessment of Pharmacists Experiences and Attitudes Toward Professionalism and its Challenges in Pharmacy Practice, iran J Pharm Res. 2018;17(suppl); 16-177.

32. Cooper RJ, Bissell P, Wingfield J. Ethical decision-making, passivity and pharmacy. *J Med Ethics.*2008;34:441–5.

33.Rasool Esmalipour, Bagher Larijani , Neda Mehrdad , Abbas Ebadi , Pooneh Salari, The ethical challenges in pharmacy practice in community Pharmacies: A qualitative study, [Saudi Pharmaceutical Journal](https://www.sciencedirect.com/journal/saudi-pharmaceutical-journal), 2021, 29(12); 1441-1448.

34. Imaz M., Eteraf-Oskouei T., Najafi M. Evaluation of pharmacy professional ethics in drugstores and its improvement strategies from the viewpoint of students and faculty members of Tabriz School of Pharmacy. *Iran J. Med. Ethics Hist. Med. [persian].*2018;11(1):65–79.

1. Astbury J.L., Gallagher C.T. Moral distress among community pharmacists: causes and achievable remedies. *Res. Social Adm. Pharm.*2020;16(3):321–328.
2. Brannan S., Chrispin E., Davies M., et al. 3th ed. John Wiley & Sons; 2012. Medical ethics today: the BMA's handbook of ethics and law.
3. British Medical Association, 2012. Medical Ethics Today: The BMA's Handbook of Ethics and Law, 3rd ed. John Wiley & Sons, London.
4. Chisholm-Burns M.A., Spivey C.A., Jaeger M.C., Williams J., George C. Development of an instrument to measure pharmacy student attitudes toward social media professionalism. *Am. J. Pharm. Educ.*2017;81(4):65. doi: 10.5688/ajpe81465.
5. Chisholm M.A., Cobb H., Duke L., McDuffie C., Kennedy W.K. Development of an instrument to measure professionalism.*Am. J. Pharm. Educ.*2006;70(4):85. doi: 10.5688/aj700485.
6. Esmalipour R., Parsa M. The conflict of interest in pharmacy practice. *Iran J. Med. Ethics Hist. Med. [persian].*2017;10(1):1–17.
7. Eukel H., Frenzel J., Skoy E., Faure M. Longitudinal evaluation of student professionalism throughout the professional didactic curriculum of a pharmacy program. *Curr. Pharm. Teaching Learn.*2018;10(3):325–332.
8. Graneheim U.H., Lundman B. Qualitative content analysis in nursing research: cocepts, procedures aand measures to achieve trustworthiness.*Nurse Educ. Today.*2004;24:105–112.
9. Hepler C.D., Strand L.M. Opportunities and responsibilities in pharmaceutical care. *Am. J. Health Syst. Pharm.*1990;47(3):533–543.
10. Holwerda N., Sanderman R., Pool G., Hinnen C., Langendijk J.A., Bemelman W.A., Hagedoorn M., Sprangers M.A.G. Do patients trust their physician? The role of attachment style in the patient-physician relationship within one year after a cancer diagnosis. *Acta Oncologica.*2013;52(1):110–117.
11. Hosseini S.A.R., Darbooy S.h., Tehrani Banihashemi S.A., Naseri S.M., Dinarvand R. Counterfeit medicines: Report of a cross-sectional retrospective study in Iran. *Public Health.*2011;125(3):165–171.
12. Ibrahim R.B., Bahgat-Ibrahim L., Reeves D. Mandatory pharmacy residencies: one way to reduce medication errors. *Am. J. Health Syst. Pharm.*2010;67(6):477–481.
13. Imaz M., Eteraf-Oskouei T., Najafi M. Evaluation of pharmacy professional ethics in drugstores and its improvement strategies from the viewpoint of students and faculty members of Tabriz School of Pharmacy. *Iran J. Med. Ethics Hist. Med. [persian].*2018;11(1):65–79.
14. Iranmanesh M., Yazdi-Feyzabadi V., Mehrolhassani M.H. The challenges of ethical behaviors for drug supply in pharmacies in Iran by a principle-based approach. *BMC Medical Ethics.*2020;21:1–15.
15. Javadi M., Ashrafi N., Salari P. Assessment of pharmacists experiences and attitudes toward professionalism and its challenges in pharmacy practice. *Iran J. Pharm. Res.*2018;17:168.
16. Kruijtbosch M., Göttgens-Jansen W., Floor-Schreudering A., van Leeuwen E., Bouvy M.L. Moral dilemmas of community pharmacists: a narrative study. *Int. J. Clin. Pharm.*2018;40(1):74–83.
17. Lowenthal W. Ethical dilemmas in pharmacy. *J. Medical Ethics.*1988;14(1):31–34.
18. Mazhar F., Ahmed Y., Haider N., Al G.F. Community pharmacist and primary care physician collaboration: The missing connection in pharmaceutical care.*J. Taibah Univ. Med. Sci.*2017;12:273–275.
19. Mercer K., Neiterman E., Guirguis L., Burns C., Grindrod K. “My pharmacist”: Creating and maintaining relationship between physicians and pharmacists in primary care settings. *Res. Social Adm. Pharm.*2020;16(1):102–107.
20. Nabhani‐Gebara S., Fletcher S., Shamim A., May L., Butt N., Chagger S., Mason T., Patel K., Royle F., Reeves S. General practice pharmacists in England: integration, mediation and professional dynamics. *Res. Social Adm. Pharm.*2020;16(1):17–24.
21. Nakayama C., Kimata S., Oshima T., Kato A., Nitta A. Analysis of pharmacist–patient communication using the roter method of interaction process analysis system. *Res. Social Adm. Pharm.*2016;12(2):319–326.
22. O’Brien B.C., Harris I.B., Beckman T.J., Reed D.A., Cook D.A. Standards for reporting Qualitative Research: a synthesis of recommendations. *Acad. Medicine.*2014;89(9):1245–1251.
23. Olsson E., Ingman P., Ahmed B., Kälvemark Sporrong S. Pharmacist–patient communication in Swedish community pharmacies. *Res. Social Adm. Pharm.*2014;10(1):149–155.
24. Reisnejadian S., Ebrahimi S., Hemmati S. Ethical challenges in the community pharmacy setting from the perspective of the faculty members of Shiraz school of pharmacy and pharmacy practitioners: A qualitative study. *Iran J. Med. Ethics Hist. Med. [persian].*2016;8(5):77–93.
25. Resnik D.B., Ranelli P.L., Resnik S.P. The conflict between ethics and business in community pharmacy: what about patient counseling? *J. Business Ethics.*2000;28:179–186.
26. Sadek M.M., Elnour A.A., Al Kalbani N.M.S., Bhagavathula A.S., Baraka M.A., Aziz A.M.A., Shehab A. Community pharmacy and the extended community pharmacist practice roles: The UAE experiences. *Saudi Pharm. J.*2016;24(5):563–570.
27. Salari P., Abdollahi M. Ethics in pharmacy curriculum for undergraduate pharmacy students: a needs assessment study. *Arch. Iran Med.*2017;20(1):38–42.
28. Salari P., Namazi H., Abdollahi M., Khansari F., Nikfar S., Larijani B., et al. Code of ethics for the national pharmaceutical system: Codifying and compilation. *J. Res. Med. Sci.*2013;18(5):442–448.
29. The Royal Pharmaceutical Society of Great Britain. The Code of Ethics of the Royal Pharmaceutical Society of Great Britain. https://onlinelibrary.wiley.com/doi/pdf/10.1002/9780470690642.app7 (Accessed 17 April 2021)
30. Dukes MNG, *The law and ethics of the pharmaceutical industry* 2005 Elsevier10.1016/B978-044451868-2/50005-2 .