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The Basis of Ethics

JON MERRILLS
Parkdale House, Nottingham, UK

Let's start by getting some terms clear:

- Ethics is the systematic study of what is right and good with respect to conduct and character (1).

There are several other definitions and explanations of pharmaceutical ethics which can be used:

- The beliefs and behaviours to which members of the profession subscribe (2).
- A critical evaluation of assumptions and arguments (3).
- A discussion about what ought to be done or ought not to be done—a discussion about normative behaviour in the context of issues raised in this book.

Ethics is concerned not only with making appropriate decisions about what we ought to do, but also with justifying those decisions.

An **ethical dilemma** exists where the answer to a particular situation is not clear, or where there is a choice of answers. The fact that there may be more than one solution to a problem is sometimes difficult for scientists to deal with. Scientists have been taught the scientific method, and the certainty of scientific laws. It is, though, the very stuff of law and philosophy. To quote a US writer: ''An ethical dilemma occurs when there is a conflict of moral values, creating a situation in which there is no clear right or wrong answer or in which there may be more than one correct solution'' (4).

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Ethics asks the question: ''What should I do?'' The process of answering the question may involve the examination of moral duty (5).

All members of the healthcare professions share some common values and principles concerning their duties to patients and their views of the purpose of their individual professions. What we value guides our actions, our judgements, and our attitude to certain situations. Values are what we believe.

What professionals value as professionals is codified or written up in the various codes of ethics, of which perhaps the best known to the public is the Hippocratic Oath of doctors (Table 1.1). There are two main elements in the Hippocratic Oath:

1. Inward-looking rules about respecting teachers, colleagues, etc.
2. Generalized rules to care for the patient, which can be criticized as being little more than definitions of a doctor.

There are a number of modern versions of the Hippocratic Oath, which serve to indicate the responsibilities of doctors to their patients. Mostly these are found within the statements of the World Medical Association.

Table 1.1 The Hippocratic Oath

I SWEAR by Apollo the physician and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation—to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional service, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times. But should I trespass and violate this Oath, may the reverse be my lot.

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Declaration of Geneva

The Declaration of Geneva, written in 1948 and revised in 1968 and again in 1983, is a modern version of the Hippocratic Oath (Table 1.2). Its main principles, as applied to doctors, are:

- to make the health of my patient my first consideration;
- to consecrate my life to the service of humanity;
- to respect my patients' secrets even after death;
- to prevent considerations of religion, nationality, race, party politics or social standing intervening between my duty and my patient;
- to maintain utmost respect for human life;
- not to use medical knowledge contrary to the laws of humanity.

The International Code of Medical Ethics 1949 (revised 1968)

Duties of doctors in general:

- A doctor must always maintain the highest standards of professional conduct.
- A doctor must practise his profession uninfluenced by motives of profit.

Other ethical statements include the following.

Table 1.2 The Declaration of Geneva

At the time of being admitted as a member of the Medical Profession I solemnly pledge myself to consecrate my life to the service of humanity.
I will give to my teachers the respect and gratitude which is their due.
I will practise my profession with conscience and dignity.
The health of my patient will be my first consideration.
I will respect the secrets which are confided in me.
I will maintain by all the means in my power the honour and the noble traditions of the medical profession.
My colleagues will be my brothers.
I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
I will maintain the utmost respect for human life from the time of conception: even under threat, I will not use my medical knowledge contrary to the laws of humanity.
I make these promises solemnly, freely and upon my honour.

Declaration of Helsinki 1964 (revised 1975 and 1983)

Following the 1947 Nuremberg Trials of Nazi war criminals, informed consent has applied to medical experimentation, according to the code now expressed in the Declaration of Helsinki:

- In any research the interests of subject must always prevail over interests of science and society.

Pharmacy Oaths

Graduates of some US pharmacy colleges still take an oath to serve the patient. One version is prepared by the American Association of Colleges of Pharmacy (Table 1.3). Dutch and French pharmacists also take an oath at the end of their university studies. As far as I know this is not done by English pharmacy graduates.

The oaths I have seen are similar to the Hippocratic Oath, and its modern versions.

A Pharmacy Code from a Medical Code?

It is interesting to compare the medical codes with what might be put into a pharmacy code. In fact they are very similar, since to an extent they deal in generalities, and all members of the healthcare professions share some common values and principles concerning their duties to patients and their views of the purpose of their individual professions. I would like

Table 1.3 US Pharmacy Oath: prepared by the American Association of Colleges of Pharmacy

At this time, I vow to devote my professional life to the service of all mankind through the profession of pharmacy.
I will consider the welfare of humanity and relief of human suffering my primary concerns.
I will apply my knowledge, experience and skills to the best of my ability to assure optimal drug therapy outcomes for the patients I serve.
I will keep abreast of developments and maintain professional competency in my profession of pharmacy.
I will maintain the highest principles of moral, ethical and legal conduct.
I will embrace and advocate change in the profession of pharmacy that improves patient care.
I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

Source: Reproduced with permission of the American Association of Colleges of Pharmacy.

you to consider how, with but the slightest change, these medical codes could apply to pharmacy.

Consider an adaptation of the Declaration of Geneva: the only change needed is in the last principle:

- not to use *pharmaceutical* knowledge contrary to the laws of humanity.

This would give a Pharmacy Code reading as follows:

> At the time of being admitted as a member of the Pharmacy Profession I solemnly pledge myself to consecrate my life to the service of humanity.
> I will give to my teachers the respect and gratitude which is their due.
> I will practise my profession with conscience and dignity.
> The health of my patient will be my first consideration.
> I will respect the secrets which are confided in me.
> I will maintain by all the means in my power the honour and the noble traditions of the pharmacy profession.
> My colleagues will be my brothers.
> I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
> I will maintain the utmost respect for human life from the time of conception: even under threat I will not use my pharmaceutical knowledge contrary to the laws of humanity.
> I make these promises solemnly, freely and upon my honour.

Pharmacy Codes of Ethics

However, there have been a number of codes of ethics devised specifically for pharmacists:

- The first code of ethics of the American Pharmaceutical Association was published in 1852. It has been periodically updated since, with the latest revision dating from 1994.
- The first code of ethics of the Royal Pharmaceutical Society of Great Britain was published in 1944, after some years of discussion. Revised versions were produced at irregular intervals, in 1953, 1964, 1970 and 1984, and a new version is currently in preparation.
- The International Pharmaceutical Federation (FIP) issued a Code of Ethics for Pharmacy in 1997 which is intended to serve as a model for all the pharmacy organizations of the world. This Code contains nine principles supplemented by more detailed and explanatory obligations (Table 1.4).

Table 1.4 Principles in the code of ethics for pharmacists issued by the International Pharmaceutical Federation in 1997

1. The pharmacist's prime responsibility is the good of the individual.
2. The pharmacist shows the same dedication to all.
3. The pharmacist respects the individual's right to freedom of choice of treatment.
4. The pharmacist respects and safeguards the individual's right to confidentiality.
5. The pharmacist co-operates with colleagues and other professionals and respects their values and abilities.
6. The pharmacist acts with honesty and integrity in professional relationships.
7. The pharmacist serves the needs of the individual, the community and society.
8. The pharmacist maintains and develops professional knowledge and skills.
9. The pharmacist ensures continuity of care in the event of labour disputes, pharmacy closure or conflict with personal moral beliefs.

Source: Reproduced with permission of the International Pharmaceutical Federation.

Why should we follow such declarations? Some countries include the professions' codes of practice in their laws, and the law should be obeyed. British pharmacists can argue that the only code of interest to them is the RPSGB Code. This is because all pharmacists practising in Great Britain are required to belong to the RPSGB and they are accustomed to following its pronouncements on practice matters. It forms a background against which actions of the pharmacist may be judged. In the UK a breach of the Code may constitute ''professional misconduct'' and lead to disciplinary action by the Statutory Committee. However, the RPSGB Code has no legal force, is not referred to in NHS legislation, and may be deviated from for good reason.

Thus the question is raised as to the basis of the authority of the codes. Is it just a legal one? What happens if law and ethics or morals differ? Which should be obeyed? Professor Hart, a lawyer, gives an example (6). A woman denounced her husband to the authorities for making insulting remarks about the country's ruler. Such insults were illegal under the written law. He was imprisoned. Some time later, when the government had changed, the woman was prosecuted under an earlier written law ''for illegally depriving her husband of his freedom''. She argued that as he had been imprisoned in accordance with the law of the time, there was no illegality. The court held that the later law, under which the husband was imprisoned, was so contrary to justice that it was not law. There is a suggestion here that written rules, whether laws or codes of ethics, do not stand totally alone and are justified by something. They are based on the ''laws of humanity'' which, depending on your personal point of view, justify right or wrong according to either ''duty'' or ''consequence''.

According to the first viewpoint we behave as we do out of duty. This group of theories is called ''Deontological'', derived from ''deon'', the Greek word for ''duty''. We obey the rules because we are under a duty to obey them, usually because the demand is a demand of the god, usually handed

down to the people through a prophet—as with the Jewish view that Moses was given ten commandments, or in Islam through the words of the prophet Muhammad as recorded in the Koran.

Deontologists may also base the argument on the ''law of nature''—a view that basic moral laws just exist, in the same way as the law of gravity.

The second major line of thinking—that of the ''Consequentialists''—states that right or wrong depends upon the nature of the consequences of the action. We should look at what follows from our actions, what our actions cause. The great exponent of this thinking was Jeremy Bentham, who put forward Utilitarianism—''the greatest happiness of the greatest number''.

Utilitarianism has a number of problems (7):

- what is happiness?
- how do we know when it is greatest?
- greatest number of who or what?

It is difficult for an individual to work out how to use resources to achieve utility, but as John Stuart Mill (8) pointed out in 1863, we can be guided by ''rules of life'', moral rules which contain the collected wisdom of mankind. Any version of Utilitarianism must be supplemented by ideas of justice or fairness.

The notion of ''Utilitarianism'' underlies both ethics and economics. There is a fundamental tenet of economics that resource allocation should be aimed at maximizing the benefits to society from the resources available. That is, resources should be used in the most efficient way possible.

Kant

A non-religious Deontological approach is that of Immanuel Kant, who developed the concept of a ''supreme moral law'' which binds all rational beings. Rational beings (excluding animals) possess an absolute moral value, they are ''ends in themselves'' and recognize themselves and other rational beings as such: ''Act so that you treat humanity, whether in your own person or that of another, always as an end and never as a means only'' (9).

This may be put (and is by many philosophers) that it is wrong to force another to do anything against his will. Nozick (10) states ''Individuals are ends and not merely means; they may not be sacrificed or used for the achieving of other ends without their consent''. This begins to suggest that there are somehow ''rights'' which people have and which cannot be taken from them.

Rights are justified claims that require action or restraint from others—that is, they impose positive or negative duties on others. There are many categories of rights:

- legal rights—given by law, defined, e.g. right to free schooling in UK;
- institutional rights—given by an institution to its members, e.g. right to use library in club;
- special moral rights (11)—e.g. rights set out in a contract agreement or relationship, for example to be repaid a debt, or the right of a child to support by a parent;
- moral or natural rights—unlike others cannot be withdrawn, although entitlement to access them may be proscribed by law, e.g. if right to life then this can be withdrawn by a court.

Libertarians refer to the ''equal right of all men to be free'' (12). Today we recognize that our patient has rights.

Declaration of Lisbon 1981

This is of interest because it is concerned with rights of patients. That makes it of particular interest to those healthcare professionals who seek to practise according to the fledgling tenets of ''pharmaceutical care'', which clarifies the relationship and responsibility to the patient:

- to choose a doctor freely;
- to be cared for by a doctor whose clinical and ethical judgements are free from outside interference;
- to accept or refuse treatment after receiving adequate information;
- to have his or her confidences respected;
- to die in dignity;
- to receive or decline spiritual and moral comfort including the help of a minister of an appropriate religion.

I referred at the beginning to a moral dilemma—the problem we have of deciding what to do. One way of putting the issues of a moral dilemma is to ask ''is it right?'' Another way is to ask ''is it just?'' The same problem arises with Utilitarianism. What exactly do we mean by ''just'' or ''fair''?

Theories of Justice

Many are ultimately based upon the ideas of the ancient Greek philosopher Aristotle. He produced a formal theory of justice—''equals should be

treated equally and unequals should be treated unequally in proportion to the relevant inequalities''. This distinguishes between two meanings of ''justice''—that of overall good, and that of equality of treatment, which must be understood as meaning fair, proportionate treatment.

Probably the most influential theory of recent years is that developed by John Rawls in his book *A Theory of Justice* (13). Rawls discusses how a system of law, designed to achieve justice, might develop. Rawls envisages that self-interested, but rational individuals, who are unaware of their place in society, will choose the rules to govern their society. He argues that the rules thus chosen will be just rules. This justice results from the fact that those making the rules operate behind a ''veil of ignorance'' which renders them impartial. They therefore choose a system whose first principle is that people should have the maximum liberty compatible with the same degree of liberty for everyone. The second principle is that deliberate inequalities are unjust unless they work to the advantage of the least well off.

A rival, and very different, theory is that of Robert Nozick. It is expounded in his book *Anarchy, State and Utopia* (14). Central to Nozick's approach are two ''rights'':

- the right to life;
- the right to have possessions.

Nozick believes that no-one, including government, is entitled to take away anyone's possessions if they were gained without violating any rights of other people.

Marxist theories of justice, currently out of favour, are summed up by the phrase ''to each according to his need, from each according to his ability'' (15).

Relationship with Legal Requirements or Duties

Pharmaceutical ethics is not just the exercise of formulating a code of conduct, nor is it simply a sociological study of the rules under which the profession operates. Its ultimate purpose is to construct and defend a code of practice.

Ethics are internal to the profession, accepted by the profession, to establish and maintain it as an honourable profession. We are also expected to follow the laws of humanity. It is when we examine this area that we find the greatest difficulty in answering difficult questions about policy—because we may well find conflicts between the codes of our profession, and the requirements of the state/law/population generally.

Sometimes the existence of a strong code of ethics is seen by a Totalitarian regime as a barrier to its own total control. Consequently the regime must either alter or remove the perceived barrier. In 1917, following the Russian revolution, the Hippocratic Oath was suspended in Russia. It reappeared in a revised version in 1971. The revised version had considerable similarities with the Hippocratic Oath, in that it contained sections on the care of patients, the protection of confidentiality and the need to update and improve knowledge (16). It also contained a new clause: ''To conduct all my actions according to the principles of the Communist morale, to always keep in mind the high calling of the Soviet physicians and the high responsibility I have to my people and the Soviet government''. With the political changes in the former Soviet Union the Hippocratic Oath is being resurrected. I leave you to consider whether there might be conflict between the duty of a doctor and the duty to follow the Communist morale.

Others have pointed to such conflicts arising in a clearly democratic society such as the United States. In Illinois, for example, where the death penalty is enforced, death following lethal injection at state-ordered executions must be pronounced by a doctor. The state law violates the ethical precepts of the doctor. The state gives those doctors who participate immunity from professional disciplinary action. The state also suspends the law in relation to professional registration, which requires adherence to the ethics of the profession. It is this area which is of great fascination to me as a lawyer and a pharmacist. This is the area where law, ethics and pharmacy meet.

Recent Changes of Significance—Shift of Ethical Focus: An Example

The development of the concept of ''pharmaceutical care'' as the main statement of the purpose of the profession/aim of the profession/framework around which the role of the profession is articulated has eventually to be reflected in a changed ethics code. The duties and responsibilities of pharmacists are always related to the role which they play in society—whether that is as the mixers of medicines or as the experts in the use of medicines.

If the ultimate duty or responsibility of pharmacists is to contribute to the improvement in health of the patient by ensuring that the patient receives safe and effective pharmaceutical therapy, this means that the relationship with the patient is of higher importance than any other relationship. In other words, the patient comes first.

Pharmaceutical care challenges pharmacists to deliver the outcomes despite barriers, e.g. of professional views.

There will be more problems to be resolved as pharmacists, and other health professionals, cross some of the territorial boundaries which each healthcare profession currently sees as defining and delineating their indi-

vidual roles. The simultaneous development of ''patient-focused care'' complicates this change. In ''patient-focused care'' teams of health professionals, from all the relevant disciplines, work in an integrated way to care for the patient. The individual members do not have sharply defined roles in relation to care functions, but are broadly interchangeable. They teach each other the skills which are needed to look after the patient. Thus a pharmacist may write up the script, or change the dressing, if that pharmacist is there at the appropriate time.

Pharmaceutical care will inevitably lead to conflicts—ethical dilemmas—when the duty to the patient cannot be met without jeopardizing some other important duty, e.g. to obey the law.

As the pharmacist pays more attention to the patient, as he becomes more patient-oriented, in order to improve that patient's quality of life, the responsibilities of Pharmaceutical Care expand. This is important because the pharmacist is more able to, and is expected to, intervene on behalf of the patient. This more personal relationship—as displayed by the use of the term ''patient'' rather than ''customer''—brings with it more complex ethical dilemmas.

CONCLUSION

All healthcare professionals have to balance the needs of the individual patient against the needs of all their patients. An example would be the practice of ''defensive medicine'', where the fear of being sued for not doing a possibly unnecessary procedure is greater than the need of the patient to be invaded.

Where codes of ethics guarantee the independence of the healthcare professional involved, e.g. where the codes say that there should be no restriction on the right of a doctor to prescribe any treatment deemed necessary, there will automatically be a conflict with an economic perspective.

Where the codes speak of benevolence, some critics argue that they may lead to paternalism. For example, while most people are presumed to speak the truth, doctors decide what a patient needs to know for their own good. In many cultures bad news is never given to the patient, who is thereby deprived of autonomy in relation to decisions.

Indeed in the past some commentators, for example Professor Williams (17), have blamed ''the dictates of medical ethics'' for slowing the drive for greater efficiency in healthcare provision.

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The notion of ''Utilitarianism'' also underlies both ethics and economics. There is a fundamental tenet of economics that resource allocation should be aimed at maximizing the benefits to society from the resources available. That is, resources should be used in the most efficient way possible.

In our world there is not enough money to go round. Treatments are rationed by money, whether that of the state or that of the individual. Decisions on resource allocation have to be made. The conflict between professional ethics and economics is there. What matters for patients are beneficence, non-maleficence and autonomy. What matters for society is an equitable distribution of resources.

Fortunately commentators such as Professor Raanan Gillon believe that in practice doctors are able to balance ethics and economics. Let us hope that other healthcare professionals and the pharma industry are able to do that as well.

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