Content module 1. The ethical and deontological aspects as components of the morality of pharmaceutical workers

1. THE CONCEPT AND ESSENCE OF MORAL, ETHICS, DEONTOLOGY

The purpose of the lesson: to be able to interpret and use the concepts of moral, ethics and deontology; to get acquainted with the historical aspects of the development of ethics and pharmaceutical deontology; to analyze the ethics of the relationship pharmacist – the visitor of the pharmacy, the doctor – the patient – pharmacist, pharmacist – colleagues, pharmacist – medical representative, pharmacist – workers of wholesale firms.

Theoretical questions
1. The essence of moral and its functions.
2. Ethics as a philosophical theory.
3. Historical aspects of the development of pharmaceutical ethics and deontology.
5. The ethics of the relationship pharmacist – the visitor of the pharmacy, the doctor – the patient – pharmacist, pharmacist – colleagues, pharmacist – medical representative, pharmacist – workers of wholesale firms.

Theoretical questions for self-study
1. The basic concepts of the origin of moral.
2. Ethics in the system of knowledge about moral.
3. Historical aspects of ethics development.
4. The growth of the role of ethics in the XX-XXI centuries.

Key concepts of the topic:
morality, spirituality, ethics, deontology, pharmaceutical ethics, pharmaceutical deontology, Ethics Code of Pharmacists of Ukraine.
**THEORETICAL PART**

*Moral* from Latin is “mores, which means “luck”, “custom””, “character”.

All the time schools have different interpretations of the essence of moral:

✓ as a definition of the higher meaning of human life;
✓ as a school of a person’s upbringing, learning its virtues;
✓ as an experience of life wisdom;
✓ as a fulfillment of the wills that ensure immortality;
✓ as the shortest way to happiness;
✓ as the highest pleasure, satisfaction of the individual from his behavior;
✓ as the ensuring of honesty in people's relationships;
✓ as a requirement of public benefit and serving ideals;
✓ as a means of understanding people etc.

*Moral* is a system of views, ideas, norms, assessments that regulate the behavior of people; one of the forms of social consciousness. Moral is the evidence of a certain level of development, the spiritual maturity of the person, the nature of its relationship with other people and the world.

Morality is the real embodiment of moral in life through a set of customs, traditions and behavior of people.

Figure 1.1 shows the main approaches to the origin of moral.

![Fig. 1.1 Basic approaches to the origin of moral](image)

The functions of moral are general in nature (fig. 1.2). Moral directs consciousness and regulates the activities of people in all spheres of public life.
The functions of moral

Communicative
The volunteering of human communication in a certain extent depends on the level of their moral culture, which is manifested in mutual respect, benevolence.

Regulatory
The behavior of a person depends on regulatory norms and rules.

Educational
A person’s perception of justice and honor is forming and that is promoting the development of practical skills to live in accordance with the requirements of society.

Cognitive
A person receives an idea of the rules of conduct in society.

Oriented
Evaluation of certain actions: moral (ethical) and immoral (unethical).

**Fig. 1.2. The functions of moral**

With the development of society under the influence of various factors, including scientific and technological progress, the content of modern morals extends (fig. 1.3).

Modern norms of moral

- loyalty to the ideals
- virtue
- peacefulness
- pity
- belief in the human ideal – human happiness
- justice
- conscience
- goodwill
- hard work
- equality
- truthfulness
- freedom-loving
- good attitude to other people
- integrity

**Source: Developed by authors**

**Fig. 1.3. Modern norms of moral**

**Ethics** (from Greek ethos – habit, custom) is one of the most ancient philosophical theories, the object of study of which is moral, ethical problems arising before society.
In its conceptual framework, ethics is engaged in solving the most important problems that mankind faced at any time: what is the meaning of human life, what is good, and what is evil, true and false, fair and unfair. Scientific and technological progress has caused many other problems: the health of newborn babies; treatment and care for the elderly, incurable patients; considering of the beginning and end of life; attitude to the transplantation of organs, abortions, surrogate motherhood, euthanasia; human cloning, etc.

Even great I. Kant noted that there are two strange phenomena: the starry sky overhead and the moral law inside us.

The term “ethics” was proposed by Aristotle, the great philosopher and scientist of ancient Greece, who in the 4th century BC created the fundamental treatises about moral concepts of good and evil, worthy or immoral actions of people.

A special place in the history of medical ethics is engaged by the Hippocratic Oath. Over the centuries, its essence has remained unchanged.

Its main provisions are included in the worldwide Doctors Codex.

Today, the experience of ancient cultures is studied, remained and used. Thus, Indian Ayurvedic medicine is recognized by WHO as an effective system of alternative medicine. Its motto: “Let everyone be happy. Let everyone get rid of weakness. Let everyone care about the welfare of others. Let nobody know the suffering” – is the basis of the philosophy and practice of Ayurvedic medicine.

The national history of pharmaceutical ethics began in 1611. In the XVII century, only 15 certified doctors, 5 barber surgeons and 15 pharmacists worked in Lviv. In the hierarchy of the medieval city, the last ones occupied an intermediate position between merchants and craftsmen. Their social status was first defined by the statute of the Lviv Pharmacy (pharmacy) shop in 1611. “... pharmacists who have mastered their cause well, like doctors, and have brought the city glory and benefit of noble reason and good science, have privileges and can’t be enlisted to the artisans”. The training of pharmacists consisted of two levels of education: a student and an apprentice (assistant pharmacist). In order to obtain the title of pharmacist, in addition to the practical skills acquired at the pharmacy and the examination, the pharmacist’s assistant had to undergo theoretical training at the pharmaceutical school of the Jagiellonian University (Krakow), after which he received the title of assistant (pharmacist) and the right to replace the pharmacy-holder’s position. Obtaining the title of Master of Pharmacy required several years of practice and compiling the Master’s examination at the University.
Pharmaceutical ethics – as part of general ethics is a science of the moral value of the actions of pharmaceutical workers, their behavior in the realm of professional activity.

Pharmaceutical ethics studies and justifies the social significance of professional activity, declares the requirements for the person of the pharmacist.

Pharmacists work together with other health care workers, provide the population of the country with high-quality medical products, and carry out proper pharmaceutical care.

The pharmacist’s activity is based on the principles that he must know and fulfill (fig. 1.4).

![PRINCIPLES OF THE PHARMACEUTICAL ACTIVITY](image)

**Fig. 1.4. Principles of pharmaceutical activity**

The term “deontology” is associated with the term “ethics”, which was introduced into scientific circulation in 1839 by the English philosopher-moralist I. Bentham.

Deontology is the science of professional ethics of employees, the principles of personnel behavior, aimed at maximizing the efficiency of work.

Pharmaceutical deontology is an independent section of pharmaceutical ethics and is a science about the attitude of the pharmaceutical worker to his professional duties and his behavior with health care workers, patients and other people.

The connection between pharmaceutical ethics and deontology is shown on fig. 1.5.
The problems of general medical ethics and deontology were constantly in the sight of domestic scientists. The question of pharmaceutical ethics and deontology were reflected in the scientific works of such famous representatives of the pharmaceutical science as Bondar I. M., Kolomiets L.T., Briliova N.I., Glon Z.I., Garchev S.I., Volokh D.S., Gubsky I.M., Tol’tsman T.I., Yelyashevich E.G.

The International Code of Deontology was approved in 1949 by the International Medical Society in Geneva.

*From an objective point of view, deontology* is a set of duties associated with the professional activity of a specialist.

*A subjective view of the concept of deontology* is that deontology is considered as the attitude of a pharmaceutical worker to the fulfillment of his duties.

In 1970, there was held the First All-Union Conference devoted to general medical ethics. Within the framework of the conference it was decided in the future...
to widely cover issues of professional ethics. In 1977, the Ministry of Health of the USSR held the II All-Union Conference on the same problem.

The Ethical Code of Pharmaceutical Workers of Ukraine

The Professional Ethical Codes are needed to regulate the relationship between members of the professional community. There are, for example, professional codes of psychologists, lawyers, doctors, pharmaceutical workers, etc.

At the VII Congress of Pharmacists of Ukraine in 2010 the Ethical Code of Pharmaceutical Workers of Ukraine was adopted.

The Ethical Code defines the ethical norms of the behavior of pharmacists and their responsibility, it is an “exemplary” guide for pharmacists in their relationships in society, as well as providing high-qualified, affordable pharmaceutical assistance.

The basic principles of the Ethical Code of Pharmaceutical Workers of Ukraine include the following:

✓ the main duty of the pharmacist – to take care of the well-being of each patient;
✓ pharmacist have to be equally committed to each patient;
✓ pharmacist respects the patient’s right of freedom choice of prescribed medications;
✓ pharmacist respects and guarantees the patient’s right of confidentiality;
✓ pharmacist cooperates fruitfully with colleagues and other health care professionals and respects their professional knowledge and value system;
✓ pharmacist in professional relationships behaves openly and honestly;
✓ pharmacist serves the needs of man, the public and society;
✓ pharmacist supports the necessary level of professional knowledge and competences, develops them.

The ethics of the relationship between pharmacist and patient

The appearance of the pharmacist is the calling card of the pharmacy. The clothing of a pharmacist at work must have a certain form (fig. 1.6).
The rules of the culture of communication of the pharmaceutical worker with the pharmacy visitor

1. Be polite, attentive and well-mannered.
2. Improve your ability to communicate with people.
3. Be able to listen to the interlocutor, understand his opinion.
4. Do not argue. If a dispute has arisen, be able to get out of the situation properly without offending the pharmacy visitor.
5. Be able to manage your emotions.
6. Be patient, sympathetic to the visitors of the pharmacy, because thanks to them you get a salary.
7. Speak clearly, distinctly and quite loud and calm voice.
8. Be exact and definite in words.
9. If you are not right, admit it quickly and decisively, be able to apologize.
10. Do not rebuke the patient, be able to understand and justify him.
11. Do not interrupt the patient.
12. Be thankful to people for respecting you, their loyalty to your pharmacy.
13. Smile! A smile adorns communication and makes it enjoyable.
15. Remember that outer beauty must be illuminated by kindness and spiritual beauty.
Pharmacist behavior rules with pharmacy visitors

1. Show true interest in your work.
2. Try to create psychological comfort for the pharmacy visitor.
3. Be able to work beautifully, quickly, without errors.
4. Be fundamental, honest.
5. Hold on with dignity.
6. Be able to trust people.
7. Be disciplined, diligent, accurate, legible, organized.
8. Be proud of your profession.

The pharmacist must:

✓ provide the patient with all the necessary information about medicines and medical devices;
✓ provide proper pharmaceutical care for the prevention and treatment of diseases;
✓ provide the patient with the right to choose the intended drugs and medical devices;
✓ respect the confidentiality of information about the patient’s illness (if it does not threaten people);
✓ refuse to leave the drug due to the lack of a prescription or in the case of its incorrect registration.

It was established a percentage ratio of a person’s memorization of smell, taste, information, etc. (fig. 1.7).

Source: own researches

Fig. 1.7. Memorability of the human sense organs

In the process of communication between patient a pharmacist, it is important to perceive information through hearing and vision. The rate of speech of the pharmacist should be moderate, because quick speech is poorly perceived. The pharmacist needs to properly manage his voice and correct vocabulary. Loud voice
is a sign of disrespect, tactlessness; quiet – makes the patient ask again, listen attentively; a sharp voice unnerves the patient, monotonous – tires. The expressiveness of speech is determined by its technique, which includes proper breathing, diction, correct emphasis. Avoid unnecessary replicas and turnovers such as “understand me”, “go mad”, “big surprise”, etc.

Mimicry plays a significant role in communicating with patients. The pharmacist should not “play” attention to the patient, but should feel an inner need to be sensitive and attentive, that is, to have empathy.

The pharmacist should be able to listen to the patient, provide appropriate pharmaceutical care, and convince him of the effectiveness of the treatment.

The conversation is best carried out in the form of a short dialogue. The logic of opinions is achieved by the formula: composition, application, effect.

It is known that a person remembers only 1/5 of what he heard, so the pharmacist must clearly, and maybe twice explain the method and time of taking the drugs, the conditions of their storage. Older people who have been treated for a long time should correctly recall the rules of admission. It is not worth to talk long and hard about the effectiveness of the drug, it causes the patient to distrust.

The inscriptions on the cash checks “We wish you health”, “Be healthy” are the elements of the psychological impact on the patient and a manifestation of the commitment of the pharmacy to its visitors. To the greetings of the patient “Good afternoon”, “Hello”, the pharmacist is obliged to respond affably and politely, and it is better to say hello first. Tactical and meaningful conversation is important for establishing personal sympathies. Unacceptable expressions such as:

- I have no time! There are so many visitors, and I am alone!!
- I already told you: it doesn't matter when you will take the drug – before or after a meal!

You have to listen actively, ask some clarifying questions.

A good memory is important for the pharmacist. To provide qualified information to the patient, it is needed to know a lot of names of medicines, their synonyms, rules for taking them, the peculiarities of their effects, prices, etc.

It is important to have some knowledges about the psychological “portraits” of people in order to predict the behavior of the patient, to understand his feelings and thoughts. Attention to the patient requires the ability to find an approach: it is necessary to show compassion and attention to shy people, to irritated – calmly, to comradely – tactfully, to rude one – restrained, wherein maintaining dignity.
There are various factors influencing the pharmacy visitors regarding the decision to purchase a medicine (fig. 1.8). Mostly it is the recommendations of the pharmacist, which make up 63% (in response to the patient’s request).

![Graph showing factors influencing the decision to purchase a medicinal product](image)


Fig. 1.8. Factors influencing the decision to purchase a medicinal product

**Relationship between pharmacist and doctor**

An important element of pharmaceutical ethics and deontology is the moral rules governing the relationship between pharmacists and doctors (humanism, a high awareness of each of his public duty, mutual understanding, mutual respect, support for the authority of each other in the eyes of the patient).

The main thing in the relationship between medical and pharmaceutical workers is the overall goal – *maintaining the health and well-being of patients*.

**Criteria of the perfect pharmacist**

The answers were given by the heads of Kharkiv pharmacies.

1. The ability to inspire confidence in the patient. Be empathetic, kind.
2. The pharmacist should strive to “tune in” with a visitor, help a person to acquire the medicine he needs.
3. Especially women can bring in the pharmacy aura of calm and warmth.
4. To be a professional in his field. The interests of the patient, care about his health should be prioritized over the commercial interests of the pharmacy.
5. A good specialist has high professional knowledges. In addition, he must pay attention to his appearance, gestures, intonation.
6. Highly qualified specialist. He must have an ability to communicate with different categories of the population, actively listen, sympathize. He must know the pharmaceutical market. Young professionals quickly perceive new standards of work.

**Relationships between pharmacists in collective**

The purpose of the activity of the pharmacist is to provide the population with high-quality medicines, to adhere to the standards of service, to facilitate the treatment process.

In the collective there are formed not only professional competence, skill, but also the moral qualities of the pharmacist as a person.

Creating a healthy microclimate contributes to the coherence of the work of the whole team. Cohesion also depends on how each employee and, first of all, the head of the pharmacy institution understands their responsibilities.

The leader must be the authority of the team.

Sociological research have shown that in industrial centers in 30% of cases the reason for dismissal from work was an unhealthy moral atmosphere in the team.

The stability of the microclimate in the pharmacy team is determined by the presence of mutual exactingness and a strict rule not to conceal errors that are possible not only due to negligence in work, but also due to its incorrect organization, violation of internal regulations, etc. Weak professional training is sometimes combined with non-compliance with moral and ethical standards (indifference, negligence, formalism).

Even M.I. Pirogov – a brilliant surgeon and scientist, noted that it is important to be able to see the mistakes, but even more importantly, to be able to recognize them.

Recognition of errors is a prerequisites for normal work. Self-criticism and open, principled criticism is a sign of maturity and healthy moral state of the collective.

**The pharmacist must:**

✓ be a professional;
✓ show tolerance, loyalty, respect for the views of colleagues;
✓ be correct;
✓ respect mentors;
✓ demonstrate corporate solidarity;
✓ observe moral and ethical traditions;
✓ being a mentor gaining experience yourself.
Relationship between pharmacists and medical (pharmaceutical) representatives

Important in the relationship between pharmacists and medical (pharmaceutical) representatives is the establishment of a trusting relationship in which false promises and the provision of false information are not permissible.

Trying to form a positive attitude towards the company and its products, the medical (pharmaceutical) representative should not use unethical methods:

✓ reducing the advantages of medicines of competitors;
✓ promoting ineffective medicines;
✓ providing some gifts, souvenirs.

Tab. 1.1 shows the doctor-patient-pharmacist relationship at different time intervals.

Table 1.1

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Patient</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>till the 70's of XX century.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ classic type – humanist doctor;</td>
<td>✓ passively relates to health;</td>
<td>✓ manufactures extemporal drugs;</td>
</tr>
<tr>
<td>✓ paternalistic approach to the patient</td>
<td>✓ seeks help only from a doctor;</td>
<td>✓ releases drugs only on prescription of the</td>
</tr>
<tr>
<td>✓ undeniable authority;</td>
<td>✓ there is a cult of bad habits.</td>
<td>doctor.</td>
</tr>
<tr>
<td>✓ uses in practice 10-15 drugs;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ extensively uses extemporal formulation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XXI century</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ new type – doctor-economist;</td>
<td>✓ rarely seeks help from doctors;</td>
<td>✓ operates with too large assortment of drugs</td>
</tr>
<tr>
<td>✓ receives informed consent from the patient;</td>
<td>✓ hyper-informed and demanding;</td>
<td>(more than 10,000)</td>
</tr>
<tr>
<td>✓ does not have time to follow new drugs;</td>
<td>✓ careful with drugs;</td>
<td>✓ recommends OTC-drugs, if the pharmacy visitor</td>
</tr>
<tr>
<td>✓ writes out a few recipes;</td>
<td>✓ &quot;in fashion – a healthy lifestyle.&quot;</td>
<td>addresses the pharmacist with this issue;</td>
</tr>
<tr>
<td>✓ uses a limited range of drugs (no more than 20-30).</td>
<td></td>
<td>✓ provides effective pharmaceutical care.</td>
</tr>
</tbody>
</table>

The relationship between doctor – patient – pharmacist (triangle, triad) is shown on fig. 1.9.
✓ diagnoses, decides on the tactics of treatment of the patient;
✓ conducts prophylaxis, determines pharmacotherapy;
✓ consults the patient, conducts explanatory work;
✓ prescribes and prescribes medicines;
✓ contributes to the rehabilitation process

Source: developed by authors

Fig. 1.9. The relationship between doctor – patient – pharmacist
(triangle, triad)