When pharmacists refuse to dispense prescriptions

The dilemma of conscientious objection by US pharmacists has yet to be resolved. The issue was thrust into the mass-media spotlight when a pharmacist in Texas rejected a rape victim’s prescription for emergency contraception (the morning-after pill). The pharmacist argued that dispensing the drug was a “violation of morals”. Further cases have since been reported and include such acts as intimidation and confiscation of the prescription by the pharmacist. Pharmacists argue that they are a health-care provider and, like doctors, should have the right to refuse to participate in services they morally object to. In fact, the policy of the American Pharmacists Association permits pharmacists to object to dispensing drugs but requires them to ensure another pharmacist is available to dispense or transfer the prescription to another pharmacy. Further, the Association argues that this approach is “seamless” and the patient is “not aware that the pharmacist is stepping away from the situation”. Seamless is probably not an accurate picture of what can happen. Many pharmacies do not staff their business with more than one pharmacist during late evening hours, so there might not be anyone else on the premises to dispense drugs. Additionally, many Americans have health-insurance policies that restrict coverage to pharmacies on a specific list of providers. If the objecting pharmacist refers a patient to a pharmacy that is not on the list, they will not have insurance cover for the drug. This situation could pose a financial burden for some individuals. Transportation could be a difficulty for some people, and they might not have access to another pharmacy that is farther away. Not thinking about the financial effect of objections to dispensing is a direct failure of the pharmacist to assess a patient’s financial capacity to adhere to their prescribed treatment plan—a requirement of the American Pharmacists Association.

Although standard contraceptives and emergency contraception are the drugs most frequently objected to by pharmacists, what others can lead to opposition? What if pharmacists refuse to dispense human growth hormone because they are against the idea of shortness as a disease? Might they refuse to give a patient testosterone because they believe that the drug should only be prescribed to married men? Suppose pharmacists refuse to dispense dronabinol because they view use of the drug to be no different from smoking marijuana? The question of what constitutes a moral objection is a valid one. In these situations, the pharmacist is preventing an effective doctor-patient relationship. While the obstruction might not cause a patient’s death, there could be other harms, such as unplanned pregnancy, mental distress, financial burdens, and potentially, disease progression.

In June, 2005, the American Medical Association adopted a policy entitled Preserving patients’ ability to have legally valid prescriptions filled. In this document, the Association says that individual pharmacists or

14 Postma DS, Boezen HM. Rationale for the Dutch hypothesis: allergy and airway hyperresponsiveness as genetic factors and their interaction with environment in the development of asthma and COPD. Chest 2004; 126 (suppl 2): 96S–104S.
pharmacy chains should dispense legally valid prescriptions or provide immediate referral to an appropriate alternative pharmacy without interference. They also pose that doctors themselves should be allowed to dispense drugs when there is no pharmacist able and willing to do so within a 30-mile radius. Such a plan would be workable if doctors could accurately predict what drugs might be objected to; however, this situation also creates an entirely new practice for doctors’ offices (including labelling, inventory control and stock adjustment, pricing, billing). Many overburdened practices might not be able to assume such new tasks safely and effectively.

One way the USA has attempted to address this dilemma is through legislative action. In Illinois, for example, pharmacies must dispense prescription contraceptives when they are in their inventory and a valid prescription is presented by the patient. This law also forbids unfilled written prescriptions for contraceptives from being confiscated by pharmacists. If the contraceptive (or a suitable alternative) is not in stock, it must be ordered or the prescription transferred to another pharmacy of the patient’s choice. This law is an example of the solution posed by Greenberger and Vogelstein in that the duty to dispense is shifted from the individual pharmacist to the pharmacy. In this way, the pharmacy (as a business, rather than an individual) bears the responsibility for ensuring that dispensing is done in a timely and professional manner. As worded, the Illinois law would also prevent pharmacies from categorically refusing to stock contraceptives, in that the provision that allows prescriptions to be transferred is an option available for the convenience of the patient, not the pharmacy.

In tandem with placing the duty to dispense on pharmacies, the use of automated (robotic) dispensing might be helpful. Robots would not have moral objections to certain drugs and would complete the orders written by doctors. This idea is not science fiction. In fact, many pharmacies and health systems use robotic dispensing. The systems can fill, label, and provide computer-assisted quality-assurance functions (including verification of the label). While the role of the pharmacist is not completely eliminated, it can be reduced enough to satisfy his or her comfort level in the setting of ethically controversial drugs.

Another option is for certain drugs to be dispensed without any involvement of a pharmacist (over the counter); however, this strategy is not possible for drugs that have the potential for clinically significant side-effects or risk of abuse (eg, human growth hormone, dronabinol). Even for drugs that are low risk, attempts to switch from prescription to over-the-counter status are sometimes difficult to accomplish because of non-medical factors (eg, politics). Because of the potential for abandonment of and harm to patients, laws about prescription refusals seem to be appropriate. Such laws should never leave any patient in the position of fending for himself or herself when they hold a valid prescription. Even without these laws, pharmacies should require that their pharmacists, as a condition of employment, agree to never abandon their patients no matter what their personal values and beliefs are about a particular drug.

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8 American Medical Association. Policy D-120.9/5; preserving patients’ ability to have legally valid prescriptions filled. 2006: http://www.ama-assn.org/apps/pr/new/pr_online/?n=resultlink&doc=+policyfiles/DIR/D-120.9/5+HTM&isv=d-120.9/5&cat=AMA/Hn&Ecat=AMA/BnGr&cat=AMA/DIR&nth=1 &kt=0 &nth=1 (accessed March 28, 2006).