



Extracting the Ethical Challenges of Pharmacy Profession in Iran, a Qualitative Study

Kourosh Delpasand¹, Mehrzad Kiani^{2*}, Leila Afshar³, Saeed Nazari Tavakkoli⁴, Seed Farshad H shirazi⁵

¹Medical Ethics PhD Candidate, Department of Medical Ethics, School of Traditional Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

²Associate Professor, Head of Medical Ethics Department, School of Traditional Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³MD, PhD of Medical Ethics, Department of Medical Ethics, School of Traditional Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

⁴Associate Professor, Department of Jurisprudence and Essentials of Islamic Law, Faculty of Theology and Islamic, Tehran University, Tehran

⁵Professor, Pharmaceutical Sciences Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

DOI: 10.24896/jrmds.20186110

ABSTRACT

Pharmacy, like medicine, has been linked to the health and well-being of people and society and has had its ethical standards. Over the past few decades, pharmacy, especially in pharmaceutical services, has changed from a simple medical prescription to a relationship between pharmacist, patient and health care system. Regarding the place and influence of patient-pharmacist relationship on the health cycle and the lack of guideline, it is necessary to do such kind of study. In order to identify and explain the ethical issues and challenges, according to the opinion of pharmaceutical experts, an open interview was held with them. The interviewees were professors, who are familiar with the ethics of pharmacy faculties, medical ethics experts, members of board of directors of Iran pharmacists association, members of board of directors at Tehran pharmacists association, boards of directors of Iran pharmacists association, and a number of managers of Food and Drug Organization in Tehran and other cities in Iran. The literature was reviewed by the researcher and it was used as a guide to direct the interviews. The content analysis is done after writing down the content of interviews. In general, a conventional approach was used to analyze the obtained qualitative data, the interview text and the obtained information. Classes were extracted directly from textual data and a deep understanding of ethical challenge in pharmacy was obtained. The classes and clusters emerged during data collections. Finally, after numerous interviews, the results showed that the lack of familiarity with the ethics of pharmacy and the lack of trust in pharmaceutical companies are significant ethical challenges and problems.

Keywords: Pharmacy, Ethical Challenges, Medical Ethics Experts, Pharmacy Ethics

HOW TO CITE THIS ARTICLE: Kourosh Delpasand, Mehrzad Kiani, Extracting the Ethical Challenges of Pharmacy Profession in Iran, a Qualitative Study, J Res Med Dent Sci, 2018, 6 (1): 52-58, DOI: 10.24896/jrmds.20186110

Corresponding author: Mehrzad Kiani

e-mail ✉ m.kiani218@chmail.ir

Received: 08/10/2017

Accepted: 03/01/2018

INTRODUCTION

Pharmacy is one of the ancient sciences in Iranian civilization. Ethical view of the relationship

between the pharmacist and the patient is a liability-driven, task-centered one. If pharmacists, as one of the main members of the healthcare and treatment circle, are aware and sensitive about their professional skills, they will respect the human dignity and patient rights in their decisions. Although pharmacist is a member of a

large group of health care providers, health policy-makers, who are often physicians, left them behind so only physicians are in the public eye [1]. Since pharmacists are readily available to patients, relationship between them is of great importance. Many minor ailments are treated by pharmacists. Availability, possession of health resources and its distribution result in ethical issues and can create many moral challenges and problems [1]. Awareness of legal and ethical duties when providing pharmaceutical services, will improve the quality of treatment and the patient-pharmacist relationships, and increase the level of cooperation and reduce complaints against pharmacists. With regard to the scientific literature, the duties of the pharmacists toward the patients and clients are increasing. In most developing and developed countries, code of ethics and practical guidelines for pharmacy are designed or being designed. Therefore, in consideration of the valuable infrastructure of pharmacy in Iran, it is necessary to find common problems and ethical issues in this science in Iran [2]. The development of science and new policies in the management of health care and patient care needs more participation by pharmacists. Previously, pharmacists were only aware of pharmacological knowledge and specific skills in the combination of drugs, but industrialization changed their role. In the last century, we have witnessed a significant increase in ethical issues in health care measurement, especially issues that focus on health care priority, drug resource allocation and moral decision-making [3]. Ethical concerns about healthcare have increased substantially, mainly due to concerns about increasing costs and the development of pharmaceutical technology. Hence, the pharmacists need to become more familiar with ethical issues, implementation of best solutions and moral decision making in critical situations. The works have done by pharmacists include the distribution of life-saving drugs, health advice on medications, the correct use of drugs, and the treatment of minor illness [3]. In some countries, ethical issues are more likely to rise due to the ownership of pharmacies by large companies, which mean that pharmacists have new ethical concerns due to working in a large organization. It is a challenge for various cultures and organizational climate. Disclosure of information is an important problem faced by pharmacists and it seems that this will require an increase sensitivity of pharmacists to the privacy of

patients. Providing sufficient information to the patient by the pharmacist raise doubts about this information such as what kind of information should be provided, how to prepare them, what is the amount of information, who should receive this information? These questions usually include ethical issues [3]. Access to over-the-counter-drugs that is sold by pharmacists has increased throughout the world. It is believed 43% of the pharmacists sell the above drugs without patients really need them. This is due to the fact that pharmacists are under economic pressure and are worried about their financial problems. All these cases and thousands of ethical challenges and issues in the daily encounter of the pharmacist and the patient have a great role in the pharmaceutical security for the patient. In this regard, the present study attempts to examine the ethical challenges of the pharmaceutical profession in Iran and develop a practical ethical guideline to the patient-pharmacist relationship.

Theoretical Foundations

Based on the topics and the title of the research, the following concepts are defined:

- *Definition of Ethics*: moral scholars introduce different definitions for the term "ethics". Although they are closely related, there are some differences that have influence on our understanding of morality. In one definition Morality does not have any objective form, but it is largely related to the growth and prosperity of man, health and well-being, and the construction and maintenance of a secure and peaceful society. The issue of ethics is viewed from a global approach (Everybody should be treated equally) and ethical reasons and justifications should be used to clarify the dos and don'ts [4].
- *Branches of ethic*: the field of ethic can be divided into different subsets:
- *Meta ethics*: it is related to ethical claims and the meaning of terms such as "right", "good", "goodness" and "justice". The study of the general characteristics of a moral system is one of the goals of this kind ethics.
- *Prescriptive ethics*: It seeks to build a moral framework such as principles, rules, theories, and ethical guidelines for guidance and assessment of our behavior [5].

- *Applied ethics*: it refers to topics that raise questions from the field of ethics in specific areas. Bioethics can be regarded as a kind of practical ethics, because it deals with ethical action in the field of biological sciences. It should be noted that “medical ethics”, “nursing ethics”, pharmacy ethics, and “psychology ethics” are some of bioethics. Clinical ethics specifically addresses the ethical dimensions of clinical encounter between the patient and health care professionals [5]. Ethics in pharmacy practice is an applied or normative ethics that can be promoted through education.

- *Pharmacist*: pharmacists are at the forefront of healthcare and their critical role in distributing medicines and giving medical and health advice and treating minor diseases is evident for all people [1]. The majority of the pharmacist graduate students are serving at the private or public pharmacies (outpatient or hospital pharmacy). Pharmacists are one of the last and most important rings in the healthcare cycle. In this article, we review pharmacists who work in the outpatient and hospital pharmacies.

- *Professionalism*: are the skills and behavioral norms expected of a professional person [6].

- *Patient*: Unpleasant, painful, sick, unhealthy person. It should be noted that Pharmacy clients are could be other individual and groups such as: Patients, Patients' families, Recipients of other services of the pharmacy

- *Ethical issue*: indicative statements that are driven from general ethical principles and can be used to explain the behaviors of the owners of the profession. For example, the justice is good that is an ethical issue [7]. Theses value judgments are based on the words that express the different nouns such as benefits, verbs as should or ought or it related adjectival forms such as good and bad, right and wrong responsible and the like [8]. A problem or situation that requires a person or organization to choose between alternatives that must be evaluated as right (ethical) or wrong (unethical).

- *Legal issue*: The minimum morality is to adhere to the law. If the law is not respected, ethics is also not respected. Legal issue or issue of law is a legal question which is the foundation of a case. It requires a court's decision. It can also refer to a

point on which the evidence is undisputed, the outcome of which depends on the court's interpretation of the law [10].

- *Ethical Challenge*: The ethical conflicts that professionals encounter when performing their professional tasks [7]. Pertaining to or dealing with morals or the principles of morality; pertaining to right and wrong in conduct. 2. Being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession: It was not considered ethical for physicians to advertise [11, 12].

Review of literature

Salari [2] attempted to examine the basic and essential concepts of pharmacy ethics. Concepts such as respect for patient's dignity and autonomy, profitability, justice, empathy, excellence and honesty were explained and addressed. However it seems that due to the lack of mention all involved groups in the field of pharmacy, the article does have coherency and cannot propose a valid code of ethics. The authors focus on the very small community of pharmacy that includes Iranian society of Clinical Pharmacist and Pharmacoeconomics and Pharmaceutical Management specialists. They do not study other pharmaceutical specialists in Iran. Although the profession of pharmacy has a common ethical background with regard to the health status of the medical profession, but because of the difference in the services provided by the professionals in this profession, their pharmacy also has special ethical principles. With the advent of science and the emergence of new horizons in the therapeutic and pharmaceutical services, new concepts such as "professionalism" and "professional ethics" have also been taken into consideration. In this regard, issues such as patient rights, autonomy and patient satisfaction, The relationship between commerce and trade with pharmaceutical services, the quality, safety and efficacy of medicines, general and special ethical issues in pharmaceutical services, scientific monopoly and the potential damage to it are more important [8]. In Deans study [12], first studied the resources and extracted the ethical and professional challenges in pharmacy, then obtained significant results through a qualitative study through interviewing and preparing a questionnaire.

First, the description of morality from the perspective of pharmacists:

1. The justification for the law and the means to break the law
2. The same regulations are regulators.
3. Ethics is an internal affair, depending on cultural norms
4. The difference between individual ethics and professional ethics in action
5. Ethics is the rule of law.
6. Commit to rules to prevent the problem
7. Ethics is a justification for breaking the law.

The ethical implications of this study were:

- The importance of patients' benefits and benefits, social and group benefits, collective goodness, privacy, and patient satisfaction with pharmacists were important in this study.
- The ethical vision of the pharmacists involved in the Dean's research is impressive:
- Personal opinion, corporate consensus, cultural influence, professional commitments, fear of prosecution, rules and codes of ethics for the pharmaceutical industry in England.
- No articles were found that directly address the patient/pharmacist relationship.

MATERIALS AND METHODS

The aim of this study was to mention the ethical challenges of pharmacy practice in Iran. Therefore the qualitative paradigm was chosen. However whereas the ethical and legal issues could be miss placed in practice we used an inductive thematic content analysis. Participants were pharmacists from across the country; participants were selected based on purposeful sampling. Participation first we enrolled pharmacy faculty member familiar with the ethics of pharmacy. In the second phase, the pharmacists' managers were governmental and private sector. And in the third stage, they were elected members of the Board of Directors of the Association of Iranian Pharmacists. Data were collected through 26 semi structured interview. Participants were pharmacist with different specialty. Purposeful sampling was conducted to have enough diversity in participant's experiences. The interview guide was prepared based on the previous literature review. After informing the participants about the aim of the research their verbal consent was obtained. The interviews were only written, because of their request. To protect the anonymity of the interviewees, all interviewees were named

with the number. Documents were then analyzed for content analysis. The content analysis method was used to analyze and analyze the information obtained from the research, after finding them, performs coding, classification and organizing the data. This process continues as long as the meaningful classes continue to be linked and displayed in their own ways. The participant's statement was categorized in three different subgroups. These subgroups were ethical challenges, ethical issues and legal issues. As before mentioned, because the coalesce of the ethical and legal issues it was necessary to separate these items. The following table shows the findings of this part.

RESULTS

Participants demographic characteristics

Gender: According to the first part of the questionnaire and the information that is filled in by the participant, data were obtained based on their gender (Table 1).

Table 1: participants Gender

Gender	Frequency
Male	18
Female	12
Total	30

2. Types of university admission: according to the first part of the questionnaire and the information filled in by the participants, data were obtained based on the type of university admission (Table 2).

Table 2: participants Type of University Admission

Type of university admission	Frequency
State university	17
International division and Azad university	13
Total	30

3. Age: according to the first part of the questionnaire and the information filled in by the participants, data were obtained based on the age (Table 3).

Table 3: participants Data by Age

Age	Frequency
30-40	6
40-50	14
Higher than 50	10
Total	30

4. Work experience: according to the first part of the questionnaire and the information filled in by the participants, data were obtained based on work experience (Table 4).

Table 4: participants Work Experience

Work experience	Frequency
Lower than 1 year	2
1-5 years	8
6-10 years	2
11-15 years	6
Higher than 15 years	12
Total	30

5. Job Type: according to the first part of the questionnaire and the information filled in by the participants, data were obtained based on the Job Type (Table 5).

Table 5: participants Job Type

Job Type	Frequency
Deputy of Food and Drug	5
Employee of the Food and Drug Administration	6
science Committee and faculty members	10
Total Board of Directors of the Association of Iranian Pharmacists	4
Board of Directors of the Association of City Pharmacists	5
Total	30

Results of content analysis

In the analysis of the present study, the entire text of each interview was considered as the unit of analysis. Subsequently, meaning units were identified that was derived from the expression of the participants in relation to the various aspects of the main concept. By grouping more related meaning units, the research codes were shaped. Based on the finding of the study, the content of the interviews were categorized in three main theme category. These comments are not comments by the author and are based on interviews that show in Table 6.

One of the most mentioned issues in interviews was lack of transparency in the functioning of the Food and Drug Administration and its many criticisms. Lack of familiarity with the ethics of pharmacy and lack of trust in pharmaceutical companies are significant ethical issues and challenges.

CONCLUSION

Medical ethics as a major requirement for health care has a long history, but the first sets of ethical

codes that incorporate ethical standards into legal enforcement were developed from the middle of the nineteenth century. Although Iran has long been regarded as one of the main centers of medical science and has shaped the medical ethics by resorting to the knowledge of wise men such as Avicenna and Razi. Today, with the advancement of ethics in accordance with the needs of the day, and the compilation of a set of medical ethics laws in the Western world, it is necessary for Iran's experts to know the ethics of Islamic medicine and the honorable legacy of these thinkers, and be familiar with the principles and set of moral codes of the West. In the ethics of pharmacy, such as medical ethics, we are facing moral challenges and dilemmas in respecting the principle of justice. In this regard, the present study attempts to study the ethical challenges of the profession of pharmacy in Iran. The content analysis method was used to analyze the information obtained from the research. In order to identify ethical issues and challenges, according to the opinion of pharmaceutical experts, an open interview was held with them. The interviewees were pharmacy professors, who are familiar with ethics, medical ethics experts, members of board of directors of the association of pharmacists of Tehran, board of directors of Iranian Association of Pharmacists, and a number of managers of the Food and Drug Administration of Tehran and other cities in Iran. The literature was reviewed by the researcher. These reviewed literatures were used as a guide to direct the interviews. For the interviews, content analysis was carried out after the content was written up. In general, in this research, a conventional approach was used to analyze the obtained qualitative data and the interview text and the obtained information were analyzed. Classes were extracted directly from textual data and a deep understanding of the ethical challenge in pharmacy was obtained. Groups and clusters emerged in the process of gathering data. Finally, after many interviews, the results were as follows: the lack of familiarity with the ethics of pharmacy and lack of trust in pharmaceutical companies were significant ethical challenges. The results of percentage frequency by gender indicate that the percentage of female gender is the lowest percentage (40%) compared to male gender (60%). The results of percentage frequency by type of university admission indicate that admission to state universities has the highest percentage frequency (57%) and admission to Azad universities and international division of

universities has the lowest percentage 43%). The results of percentage frequency by age indicate that the age group 40-50 years old has the highest percentage (47%) and the group age of 30-40 has the lowest percentage frequency (20%). The results of percentage frequency by the type of job indicate that science committee has the highest

percentage (33.33). The results of percentage frequency by work experience indicate 6-10 years of work experience has the lowest percentage frequency (6.7 %) and 1-5 years of work experience has the highest percentage frequency (26.66%).

Table 6: Results of Content Analysis

Ethical challenge	Ethical issues	Legal issues
Claiming on huge Conflict of interest among some senior executive in drug importation	Physician-centered approach in Iran ministry of health	The Mafia of medicines importation
Claiming on unresponsiveness of the food and drug administration to the works done	The existence of numerous physician managers in the food and drug administration	lack of transparency in regulations
Claiming on the existence of information rent in Ministry of Health	The late payment of insurance have a huge impact on the relationship between the pharmacist and the patient	Inadequate supervision on insurance companies
Ethics has no place in pharmacy in Iran	Lack of job integrity for pharmacists	corruption in insurance organization
Lack of proper training in pharmacy ethics	Inadequate skills in teamwork	Perhaps it's only possible to talk with pharmacists through prosecution and law.
Not training consciousness and ethical pharmacists	Commercial essence of pharmacy.	First, the law must be ruled out then morality shows itself.
Training is not ethics centered.	Not paying attention to the real status of the pharmacist in the society	Inadequate supervision on pharmaceutical companies
Not paying attention on the need for pharmaceutical security	Not paying attention to the pharmacists in Healthcare Reform Plan in Iran	Not paying attention to the patients' health and pharmaceutical security
	The existence of profiteers in the pharmaceutical system	Drug and health products trafficking
Conflict of interest among senior directors of pharmaceutical system	Chain pharmacies	Lack of supervision in the drug delivery cycle
Incompetence of regulatory organizations for food and medicine	Being Opportunistic	Deleting the pharmacist's job rows in health network
Occupational and moral passivity	Unreasonable production of drugs and try to sell them	Extensive corruption of pharmaceutical companies in distribution medicine
Lack of familiarity with rules and codes of ethics	Uncertainty of pharmacist	Fraud in the production and advertisement of drugs
The lack of transparency of the pharmacy establishment rules	The lack of transparency of performance of Food and Drug Administration	Rented pharmacies in the hands of profiteers
Moral passiveness	Uncertainty about consulting fee and pharmaceutical services	Poor supervision in pharmacy inspections
Failure to provide the pharmaceutical security for patients	Some unworthy managers of pharmaceuticals distributors	Lack of job security due to unrealistic laws
Guild offences	Inefficiencies of pharmaceutical directors	Pharmaceutical technical rights
Not paying attention to and lack of providing service to veterans and disabled people	Not paying attention to the Islamic economy	Attack on the medication consulting fee
Selling medicine by physician at the office	Low quality imported goods	Daily scams from pharmacies by distributor companies
Contracting with a specific physician	The spirit of group work	Disregard for consumer rights by not inserting the price tag on the products by manufacturer
Many dealers in the field of importer companies	Efficient trade union	Countless rented pharmacies and lack of law
Unbridled advertisement of drugs and herbal complements	Herbal pharmacies	Supply of unapproved drugs
The payment of insurance and its effect on the relationship with the patients	Governmental economy and profiteering of pharmaceutical companies	Lethal drugs and abortion
	Ignoring the role of pharmacists in providing healthcare services	Lack of familiarity with the rules
	Lack of trained pharmacy technician	No Executive support for rules
Disappointment over the future of the profession	poor role of the Association of Pharmacists in organizing ethical issues	Numerous drug offences and lack of awareness patients right

An important point in all the interviews is the coherence and interconnectedness of ethical and legal issues in pharmacy practice in Iran. This could be due to the lack of transparency in the area of the rule of law in this area. One of the experiences and observations of the conflict are the widespread interest in the pharmaceutical monitoring body. One of the biggest problems in this profession is the mechanism of the establishment of the pharmacy by individuals which has always been a controversy between pharmacists. A consistent change in the rules and regulations in this field has always opened the way for opportunists. In the absence of intervention by the regulatory authorities, it is likely to be a major dilemma in the provision of pharmaceutical services. With an optimistic look, perhaps in the era of information exchange, many information rents in this field can be eliminated. In the end, perhaps the biggest problem of pharmacists and pharmacists in Iran is the involvement of unrelated people in this field and the profits of some pharmacists.

Recommendations for further studies

Less study has been done on ethical challenges in Iran. In this regard, along with a lot of articles on pharmaceutical ethics, it is necessary to investigate the factors that challenge the ethics such as inadequate knowledge and skills about drug indications, lack of familiarity with social and behavioral sciences, traditional attitude towards pharmaceutical services, regulatory failure, unbalanced drug policies, lack of transparency in the performance of the food and drug organization, cultural issues and common social practices, insufficient ability of professional associations, the supply of new drugs, and most importantly the economic issues.

Acknowledgments

This study is a part of Ph.D. thesis in medical ethics at school of traditional medicine, Shahid Beheshti University of Medical Sciences. The authors acknowledge all pharmacists' participation in the project.

REFERENCES

1. Cooper R. Ethical problems and their resolution amongst UK community pharmacists: A qualitative study (Doctoral dissertation, University of Nottingham) 2007.
2. Salari P, Namazi H, Abdollahi M, Khansari F, Nikfar S, Larijani B, Araminia B. Code of ethics for the national pharmaceutical system: Codifying and compilation. *Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences*. 2013; 18(5): 441-2.
3. 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.
4. Kerridge I. *Ethics and law for the health professions*. The Federation Press, 1998.
5. Hervey TK, McHale JV. *Health law and the European Union*. Cambridge University Press, 2004.
6. Marshall C, Rossman GB. *Designing qualitative research*. Sage publications, 2014.
7. Nazari-Tavakoli S. Assisted reproductive technologies in Islamic law. In *Gamete and embryo donation in infertility treatment*. Tehran, Iran: Avicenna Research institute, 2006.
8. Veatch RM, Haddad AM, Last EJ. *Case studies in pharmacy ethics*. Oxford University Press, 2008.
9. Afshar L, Bagheri A. Embryo donation in Iran: an ethical review. *Developing World Bioethics*. 2013; 13(3):119-24.
10. Gillers S. *Regulation of Lawyers: Problems of Law and Ethics*. Wolters Kluwer Law & Business, 2014.
11. Boatright JR. *Ethics and the Conduct of Business*, 6/e. Pearson Education India, 2000.
12. Deans Z. *Ethics in pharmacy practice*. Pharmacy Practice Research Trust, 2010.