

# A Study Concerning the Attitudes of Community Pharmacists Working Within the Borders of Ankara Municipality Towards the Ethical Problems Encountered

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*A Study Concerning the Attitudes of Community Pharmacists Working Within the Borders of Ankara Municipality Towards the Ethical Problems Encountered*  
**Summary :** The word "ethics" has been derived from the Latin root "moralis" through its translation into The Greek term "ethicos" by Cicero.

Ethics is the study of the meanings and analyses of the ethical/moral concepts and principles. It is, in other terms, "the theory of ethics" or "theoretical ethics".

The ethics of pharmacy is an applicational extension of the philosophy of values, and thus of the ethics distinctively valid for the profession of pharmacy. It is also the ethics concerned with the determination of the necessary actions and the attitudes to be developed by pharmacists in certain situations along with the questioning and the identification of actions in terms of their being appropriate or inappropriate.

In this study, an inquiry has been carried out on the pharmacists who work in community pharmacies in various districts of Ankara. The population of the study was formed by 1052 community pharmacists worked in Ankara as the members of Ankara Chamber of Pharmacists. The inquiry has been carried out on 408 pharmacists who were chosen with the ratio-scale sampling method out of the 1052 pharmacists that made up the study population.

In the evaluation of the data of this study, SPSS (ver. 5.0) statistical package programme has been used.

**Key words:** Ethics, Pharmacy ethics, Community pharmacists

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*Ankara İli Belediye Sınırları İçerisinde Çalışan Eczane Eczacılarının Eczacılık Etiği ile İlgili Sorunlar Karşısındaki Tutumları Üzerinde Bir Çalışma*

**Özet :** Etik, sözcüğü Latince'deki "moralis" sözcüğünün Cicero tarafından Yunanca'daki "ethicos" terimine çevrilmesiyle ortaya çıkmıştır.

Etik ahlaki kavram ve ilkelerin anlam ve çözümlemelerine yönelik bir incelemedir. Bir başka deyişle "ahlak kuramı" ya da "teorik ahlak"tır.

Eczacılık etiği, değerler felsefesinin yani etiğin eczacılık mesleği içindeki farklılaşmış, uygulamalı bir uzantıdır. Özel bir durum karşısında eczacının hangi tutum ve davranış içine girmesi gerektiğinin, bu tutum ve davranışlardan hangisinin iyi ve doğru olduğunun sorgulanması ve saptanması da eczacılık etiğidir.

Bu çalışmada Ankara İli Belediye Sınırları içerisinde çalışan serbest eczane eczacılarına bir anket uygulanmıştır. Araştırmanın çalışma evreni, Ankara İli Belediye Sınırları içerisinde Ankara Eczacı Odası'na kayıtlı olarak toplam sekiz bölgede çalışan 1052 serbest eczane eczacısından oluşmaktadır. Anket, anketin çalışma evreni olan 1052 kişiden oranlı tabakalı örnekleme yöntemi ile seçilen 408 kişiye uygulanmıştır.

Araştırmada verilerin değerlendirmesinde SPSS (ver. 5.0) istatistik paket programı kullanılmıştır.

**Anahtar kelimeler:** Etik, Eczacılık Etiği, Eczane Eczacılığı.

## INTRODUCTION and AIM

In recent years bioethics, medical ethics and pharmacy ethics have become important subjects of discussion in the world and in Turkey.

The word "ethics" has been derived from the Latin root "moralis" through its translation into The Greek term "ethicos" by Cicero<sup>1,2</sup>.

Ethics is the study of the meanings and the analyses of the ethical/moral concepts and principles. It is, in

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other terms, "the theory of ethics" or "theoretical ethics"<sup>3,4,5</sup>.

The role of ethics in pharmacy has long been recognized as an important facet of practice and professional conduct<sup>2</sup>. The ethics of pharmacy is an applicational extension of the philosophy of values, thus of the ethics distinctively valid for the profession of pharmacy<sup>6,7,8</sup>. It is also the ethics concerning the determination of the necessary actions and attitudes to be developed by the pharmacists in certain situations together with the questioning and the identification of the attitudes of actions in terms of their being appropriate or inappropriate<sup>1,9</sup>.

In very broad terms the content of pharmacy ethics can be listed as follows:

- (a) confidentiality of the patient, (b) providing information on drugs for accountable applications, (c) distribution of soon-to-expire medications, (d) informing the patients about the diagnosis, etc.<sup>9</sup>.

The aim of this study is to determine what the pharmacy ethics is and to find out whether the pharmacists apply pharmacy ethics.

**MATERIAL AND METHOD**

This survey covers 1052 community pharmacists registered with the Ankara Chamber of Pharmacists by the end of the 1995 in 8 different regions within the borders of the municipality of the city of Ankara. The formation of samples has been made with the Random Sampling Method with the formula given below, which enabled the ratio and scale representation of sufficient number of pharmacists, representing for the total of 1052 samples<sup>10,11</sup>.

$$n = \frac{t^2 \cdot PQ}{d^2} \cdot \frac{1}{1 + \frac{(t^2 \cdot PQ)}{N \cdot d^2}}$$

- n: sampling diameter
- t: table value of reliability level (2.58 for P < 0.01)
- N: range of the universe
- PQ:0.25(sampling percentage for maximum sampling diameter)
- d: sampling error

According to this formula the sampling diameter has been found to be 408 samples while the reliability ratio is 0.05. In the survey the total has been divided into 8 scales with respect to the eight regions working under the registration of Ankara Chamber of Pharmacists. According to the ratio-scale sampling method the following formula has been used to calculate the number of units to be taken from each group<sup>10</sup>.

$$\frac{n}{N} \cdot N_j = n_j$$

- n: sampling diameter
- N: range of universe
- Nj: number of units in groups
- nj: number of units to be taken from a group

**Table 1:** The distribution of the sampled pharmacists in terms of the scaling groups

Regions	Number of the Pharmacists
1st REGION (Bahçelievler, Beşevler, Tandoğan, Emek Mah., Balgat, Beştepe, Gazi Mah.)	44
2nd REGION (Yenimahalle, Karşıyaka, Demetevler, Şentepe, Batı Sitesi, Ostim)	44
3rd REGION (Cebeci, Türközü, Akdere, Abidinpaşa, Tuzlucaıyır, Mamak, Kayaş, Gülveren)	47
4th REGION (Küçükesat, Seyranbağları, Gaziosmanpaşa, A. Ayrancı, Y. Ayrancı, Çankaya, Dikmen, Yıldız Mah., Oran Şehri)	80
5th REGION (Sıhhiye, Kızılay, Maltepe, Anıttepe, İncesu, Bakanlıklar, Kocatepe, Kurtuluş)	57
6th REGION (Ulus, Anafartalar Cad., Samanpazarı, İskitler)	33
7th REGION (Keçiören, Sanatoryum Cad., Etlik, İncirli, Ufuktepe, Yükseltepe)	68
8th REGION (Aydınlıkevler, Hasköy, Ziraat Mah., Telsizler, Altındağ, Ulubey, Önder Mah., Siteler, Çiçinbağları, Dışkapı)	35
TOTAL	408

In this survey Turkish and foreign (English) references and information obtained from the community pharmacists have been used.

During the collection of the data from the pharmacists, face-to-face interviews and questionnaire methods have been used<sup>10,12</sup>. The statistical evaluations have been carried out with the SPSS (ver 5.0) computer software programme.

**FINDINGS**

Some of the findings of this survey have been formed according to the answers given by 408 community pharmacists to the questions asked, and the findings have been listed with respect to the order of the questions on the questionnaire.

**Table 2.** The distribution of pharmacists according to their work experience in years

Working period	Number of pharmacists	Percentage
No Answer	41	10.0
1-5 Years	130	31.9
6-10 Years	84	20.6
11-15 Years	75	18.4
16-20 Years	33	8.1
21-25 Years	27	6.6
26-30 Years	13	3.2
30 Years and over	5	1.2
<b>TOTAL</b>	<b>408</b>	<b>100</b>

**Table 3.** The distribution of pharmacists according to their attitudes of informing the patients about the diagnosis looking at the drugs in the prescription

Informing the patient about the diagnosis	Number of pharmacists	Percentage
Always	88	21.6
Frequently	151	37.0
Sometimes	144	35.3
Rarely	25	6.1
<b>TOTAL</b>	<b>408</b>	<b>100</b>

**Table 4.** The distribution of sample pharmacists in terms of their attitudes of advising the patients on all matters of health

Advising the patient	Number of pharmacists	Percentage
Always	96	23.5
Frequently	158	38.7
Sometimes	129	31.6
Rarely	19	4.7
Never	6	1.5
<b>TOTAL</b>	<b>408</b>	<b>100</b>

**Table 5.** The distribution of pharmacists in terms of their attitudes of leaving the informing of patients to other health care professionals such as the physician, nurse etc.

Other group should inform the patients	Number of pharmacists	Percentage
Always	170	41.7
Frequently	95	23.3
Sometimes	101	24.8
Rarely	22	5.4
Never	20	4.9
<b>TOTAL</b>	<b>408</b>	<b>100</b>

**Table 6.** The distribution of pharmacists in terms of their preparation of physician prescriptions

Dispensing the physician's receipt according to the prescription	Number of Pharmacists	Percentage
Always	297	72.8
Frequently	100	24.5
Sometimes	11	2.7
<b>TOTAL</b>	<b>408</b>	<b>100</b>

**Table 7.** The distribution of pharmacists in terms of their attitudes in case of an inappropriateness in the prescriptions (in cases when there is a high dose, adverse reactions, drug interaction etc.)

Calling the physician	Number of pharmacists	Percentage
Always	263	64.5
Frequently	62	15.2
Sometimes	53	13.0
Rarely	25	6.1
Never	5	1.2
<b>TOTAL</b>	<b>408</b>	<b>100</b>

**Table 8.** The distribution of pharmacists in terms of their attitudes towards the patients who go to them directly without consulting a physician

Advising the patient to consult a physician	Number of pharmacists	Percentage
Always	119	29.2
Frequently	195	47.8
Sometimes	89	21.8
Rarely	5	1.2
TOTAL	408	100

**Table 9.** The distribution of pharmacists in terms of their attitudes towards some ethical issues

	Accept completely		Agree		Can not decide		Do not accept		Definitely do not accept	
	#	%	#	%	#	%	#	%	#	%
Drug advertisements should not be allowed	249	61.0	76	18.6	23	5.6	33	8.1	27	6.6
A pharmacist does not have the right to provide or dispense drugs that are against his/her religious or moral beliefs	57	14.0	99	24.3	25	6.1	103	25.2	124	30.4
A pharmacist should not fill the prescription that will not benefit the patient	143	35.0	161	39.9	28	6.9	61	15.0	13	3.2

**Table 10.** The distribution of pharmacists in terms of their attitudes towards their own efficiency in the deontology, ethics and rules concerning their profession

Finding it sufficient	Number of pharmacists	Percentage
Sufficient	91	22.3
Must be more informed	186	45.6
Special education on the subject should be given	99	24.3
Must be more informed and special education should be given	23	5.6
Sufficient but special education should be given	9	2.2
TOTAL	408	100

## RESULTS and DISCUSSION

Table 2 shows the distribution of the pharmacists in terms of their work experience (in years). According to this data 31.9% of the pharmacists had been working between 1-5 years, 20.6% between 6-10, 18.4% between 11-15, 8.1% between 16-20, 6.6% between 21-25, 3.2% between 26-30 and 1.2% over 30

years. Thus the work experience of the pharmacists (in years) seem to overlap between 1-15 years.

Table 3 shows the distribution of the sample pharmacists in terms of their attitudes towards informing the patients about the diagnosis by looking at the drugs on the prescription. According to this, 35.3% of the pharmacists stated that they sometimes informed the patients about the diagnosis by looking at the drugs on the prescription; while the 37.0%

said often, 21.6% said always and 6.1% said rarely. The majority of the pharmacists, who said that they gave information to the patients about the diagnosis, stated that they provided information only for the patients with certain simple disorders and certain cases where they find it necessary to do so.

Table 4 shows the distribution of the sample pharmacists in terms of their attitudes towards giving advise to the patients on all health matters. 23.5% of the pharmacists responded to this question by replying always while 38.7% often, 31.6% sometimes and 4.7% rarely. 1.5% of the pharmacists stated that they never gave advise (Table 4).

Table 5 shows the distribution of the sample pharmacists in terms of their attitudes towards the question of leaving the informing of the patients to other health care professionals such as the physicians, nurses etc. 41.7% of the pharmacists stated that informing patient is always and primarily the task of other health professionals. 14 of the pharmacists (3.1%) answered this question always adding to it that the task belongs only to the physicians not to the nurses. 23.3% of the pharmacists said frequently, 24.8% said sometimes, 5.4% said rarely the task of informing the patients should be done by other

health professionals. 4.9% of the pharmacists answered the question as "never" (Table 5).

Table 6 shows the distribution of the pharmacists in terms of preparing physician prescriptions. The 72.8% of the pharmacists said they always prepared physician prescriptions while 24.5% said frequently and 2.7% said rarely (Table 6).

Table 7 shows the attitudes of the pharmacists in terms of their attitudes concerning inappropriateness in the prescription (drug interactions, adverse reactions, high doses, etc.). According to this table 64.5% of the pharmacists said they always called the physician in case of an inappropriate prescription, while 15.2% said frequently, 13.0% said sometimes, 6.1% said rarely. 1.2% of the pharmacists said that they did not call the physician under any circumstances. Thus the sample pharmacists seemed to be very keen on calling the physician in case of an inappropriate prescription. One of the important reasons behind these attitudes is that these issue has been covered in one of the articles of the Book of Deontological Regulations of the Turkish Pharmacists.

Table 8 shows the attitudes of pharmacists towards the patients going directly to pharmacies before consulting a physician. 29.2% of the pharmacists said they always advised the patient to consult a physician, 47.8% said frequently, 21.8% said sometimes, 1.2% said rarely.

Table 9 shows the distribution of the pharmacists in terms of their attitudes towards some ethical issues. The attitudes of pharmacists towards drug advertisements is shown in Table 9. According to this 61.0% of the pharmacists stated that they definitely believed that drugs should not be advertised, while 18.6% said they shared the belief, 8.1% said they did not share it, 6.6% said that they would never share it. Thus, we conclude that the pharmacists do not want the drugs to be advertised.

The distribution of the pharmacists in terms of their attitudes towards pharmacists who do not dispense certain drugs out of ethical or personal reasons is also shown in Table 9. According to the findings

14% of the pharmacists said they definitely approved the right of certain pharmacies not dispensing certain drugs, 24.3% said they shared this opinion, 6.1% said they could not decide which side to take, 25.2% said they did not share the opinion, 30.4% said they definitely disagree with it. Those pharmacists who said that they shared the opinion listed the drugs in questions as those given with green and red prescriptions and serums such as scorpions and snakes etc. It does not appear ethically appropriate for the pharmacists to have such a right in attitudes and in actions.

Table 9 shows the distribution of the pharmacists in terms of their attitudes towards preparing a prescription for an ineffective drug. 35.0% of the pharmacists said they definitely believed that pharmacists should not prepare an ineffective drug's prescription, 39.9% said they shared the opinion, 6.9% said they would not decide which side to take, 15.0% said they did not share the opinion, 3.2% said they were definitely against it. Thus the pharmacists seem to be very ready to prepare physician prescriptions but, they also consider the patient's situation in case of an ineffective prescription.

Table 10 shows the distribution of the pharmacists in terms of their attitudes towards their own knowledge concerning the deontological, ethical principles of their profession. 22.3% of the pharmacists said they found their professional deontological and ethical knowledge sufficient, 45.6% said they needed to learn more, 24.3% said they needed a special training in this subject, 5.6% said they needed to learn more and a special training in the subject is necessary, 2.2% said they found their knowledge sufficient but they still find it necessary to have special training provided for the subject.

The attitudes of the pharmacists included in the survey are in agreement ethically on some subjects such as interactions with health care providers (Table 5, Table 8), dispensing prescription (Table 6, Table 7, Table 9), drug advertisement (Table 9), beneficence (Table 9), providing or dispensing drugs that are against their religious or moral beliefs (Table 9), etc. However their attitudes seem not to be in agreement on the subjects such as informing the patients about

diagnosis (Table 3), giving advice in all matters of health (Table 4). In addition 45.6% of the pharmacists stated that they needed to learn more about the ethics, deontology and the rules concerning their profession. 24.3% of them said that they needed a special training in this subject (Table 10).

As a conclusion pharmacists are likely to encounter ethical dilemmas more frequently as their responsibilities and activities increase. It can be said that the most important change affecting the role of ethics in pharmacy practice is the increasing complexity of professional practice and the changing roles of health care practitioners. As the responsibilities integral to pharmacy practice expand, the pharmacist directs his attention towards a more patient-oriented practice with the objective of improving the patient's quality of life. All these changes cause pharmacists to improve their professional activities. Thus it is a fact that the pharmacists should be trained in ethical issues during their under-graduate and post-graduate education in order to resolve ethical dilemmas. Furthermore, in order to improve the pharmaceutical services in Turkey there should first of all be regulations through laws and efficient pharmaceutical education.

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