

## The ethical dilemmas in community pharmacy practice: quantitative study in Macedonia

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### Introduction

Community pharmacy is emergently shifting from product-oriented to patient-centered practice. Considering the mounting challenges in the health care system, community-based pharmacists provide educational consultations, medication management and other medication optimization services, chronic condition management, care coordination, health and wellness services in close collaboration with other health professionals. While the types of pharmacy based patient care services are extremely variable by country, pharmacists as 'front line' health professionals are expected to practice by Codes of Ethics according to which they should "strive to provide the best possible care for consumers, patients and careers, with due regard for the limitations of available resources and the principles of equity and justice" and "comply with legislation and accepted codes and standards of practice" (The International Pharmaceutical Federation Statement of Professional Standards: Codes of Ethics for Pharmacists FIP, 2014 and National Code of Ethics, Official Gazette of RM, 33/2014).

Still, in the circumstances of evolving pharmacy practice, accompanied by increasing complexity of cases and medications, these principles can conflict and raise ethical concerns in every day practice. Defining the most common ethical issues and determining their difficulty and frequency is important for gaining greater insight into the complexity and importance of community pharmacist work. Several studies reported the types of ethical issues that pharmacists in neighboring countries face in providing health care (Crnjanski et al., 2019; Vuković et al., 2018). However, it is a well-established fact health care systems differ in performance and large differences

exist in the use, costs and quality of health services. Accounting all this, the present study aimed to assess the attitude and perception of Macedonian community pharmacy professionals towards ethical issues and assess what pharmacist in different health care systems view as important ethical aspects of their practice.

### Materials and methods

A cross-sectional, quantitative study was conducted among pharmacist from community pharmacies in Macedonia. A self-administered questionnaire, distributed as on-line survey via Google forms platform during May 2022 was used to collect the required data. The survey instrument was originally developed using the "Ethical Issue scale for the community pharmacy setting- ESIP", and previously validated and published by Crnjanski et al. (2017). The questions were organized in two sections: first section included questions regarding general sociodemographic information of the participants (gender, age, education, working experience, primary practice setting and position) and second section was composed of two identical sets of 16 ESIP items. The first set assessed the difficulty and the second set assessed the frequency of ethical issues. Responses were rated on a 5-point Likert-type scale (1 - lowest, 2 - insignificant, 3 - moderate, 4- significant, 5- highest). Statistical analysis was performed in MedCalc ver.20.111. Standard descriptive measures (mean, standard deviation [SD], 95% CI) were used. The significance of potential associations between pharmacists characteristics (categorical, nondependent variables) – age (< 35 vs. 36-45 vs. >45); years of experience (<10 vs. 11-20 vs. >21), education (graduate vs. postgraduate, location of pharmacy (urban vs. rural) and pharmacists ethical dilemmas (qualitative, dependent variables) was

assessed using chi-squared and one – way ANOVA test at a threshold of  $p < 0.05$ .

## Results and discussion

One hundred (N=100) pharmacist were contacted and 94 completed the questionnaire participated (response rate 94%). The mean age of study participants was 36.6 years ( $\pm 8.87$ , range 23- 58 years) and the average years of work experience was 7.8 years ( $\pm 0.79$ , range 0.75-30 years). Majority of the respondents were younger than 35 years (48.9%), had practiced less than 10 years as a registered pharmacist (68.1%) in urban community setting (76.5%). Among the total of the study participants, 86 (91.4%) were females, 61 (64.8%) had graduate level of pharmacy education and 69% worked in a pharmacy where the number of employed pharmacist is maximum two. None of the evaluated ethical issues was perceived as highly difficult or highly frequent (mean > 4.5) in every day pharmacy practice. Only one ethical issue stated as “A pharmacist performs several tasks simultaneously, while providing pharmaceutical services to a patient” was perceived as significantly difficult (mean = 4.074, rated by 46.8% as an issue with highest difficulty). This was also the most frequent concern (mean = 3.84, rated by 52.8% as an issue with highest frequency). When ranked, the second most important topic, alleged as moderately difficult, was “A pharmacist needs to inform a patient of the reasons for the prescribed therapy, since the patient doesn’t know his/her diagnosis” (mean = 3.734, rated by 29.1% as an issue with highest difficulty) while the second issue that significantly occurs was “A patient can’t afford the necessary drug therapy (mean = 3.76, rated by 27.7 % as an issue with highest frequency). All other ethical issues evaluated in the questionery had less than 3.5 points on a overall Likert scale. Younger age (<35years) and less practicing experience (<10 years) were observed to have statistically substantial association ( $p < 0.05$ ) with higher difficulty and frequency of ethical issues designated in the following six questioner statements: 1) “A pharmacist is prevented from dispensing a medicine to the patient due to an administrative error in the prescription”, 2) “A patient can’t afford the necessary drug therapy, 3) “A prescription of the patient can’t be filled, due to legal constraints e.g. inadequate diagnosis, the findings of medical review board etc.”, 4) “A patient is unable to understand health information and advice provided by the pharmacist”, 5) “A pharmacist is facing a clearly expressed mistrust of the patient in the prescribed therapy and is required to act on that”, 6) “A pharmacist needs to inform a patient of the reasons for the prescribed therapy, since the patient doesn’t know his/her diagnosis (irrespective of the reason)”. In contrast with our findings, the two issues generally perceived as extremely

difficult in Serbia were: “A pharmacist dispenses a medicine he/she personally considers inadequate for the therapeutic treatment of the patient, in order to avoid any conflicts with the physician” (mean = 4.00) and “A pharmacist is considering violating the rules and regulations in order to perform an act of humanity” (mean = 4.01), while the ethical issues that always occurred were: “A pharmacist is prevented from dispensing a medicine to the patient due to an administrative error in the prescription” (mean = 3.84) and “A patient can’t afford the necessary drug therapy” (mean = 3.73). On the other hand, when evaluated according to age and working experience, we found substantial similarity with reference to majority of the ethical issues.

## Conclusion

This is the first study that provides insights into the types and frequency of ethical issues faced by community pharmacy in Macedonia. Simultaneous performing of several tasks while providing pharmaceutical services to a patient was found to be the most important dilemma. This has to be viewed as an essential concern with regards to the quality, complexity and importance of community pharmacist work when delivering patient centered pharmaceutical care. The overall perception of the difficulty and frequency of ethical issues encountered by the community pharmacists in Macedonia considerably differs to those recognized by Serbian pharmacists. Additional studies should be conducted to explain the differences in ethical issues between pharmacists from different countries.

## References

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