

Ethical passivity

Pharmacists come in for some criticism this week from researchers because they do not rely on their training or the code of ethics when faced with a dilemma but use their common sense, experience and their religious beliefs when making a decision (p706). Worse than that, pharmacists were found most likely to make a decision based on protecting themselves from discipline or prosecution. All this requires exploring. It seems straightforward: as long as dispensing errors remain a criminal offence, the approach identified by the researchers is likely to apply to everything that pharmacists undertake. But if the threat of criminalisation — however remote — were to be lifted, pharmacists might find the confidence to take a different, more interventionist approach.

That is not to say that there is no room for improvement. The study revealed that there were occasions when pharmacists did not take action against fellow health professions when they should have done. Some examples cited in the study revealed this tendency to “ethically passivity”.

No doubt pharmacists do need more training in how they respond to dilemmas as their roles become more clinically based and complicated, and less black and white. But who is to say that making a decision based on common sense or experience is necessarily a bad thing? *The Journal* believes that, by and large, that approach stands patients in good stead. Moreover, patients are rarely disadvantaged if they are referred elsewhere when a decision that conflicts with a pharmacist’s religious beliefs makes him or her uncomfortable.

Staying focused on what really matters

Steve Churton, the new President of the Royal Pharmaceutical Society, gives his first interview to *The Journal* this week (p720). He also delivered a stimulating acceptance statement to the Council after he was elected on 4 June. We have reproduced it on p730. Rightly, both pieces concentrate on his views on leadership because of the tight timetable the Society is working to in establishing the General Pharmaceutical Council and the new professional body. One of his significant comments in his statement outlines how he believes Council should work. “We need to stay focused on what really matters, not be distracted by what doesn’t. . . . It’s vital that we should prioritise the important issues that are really going to make a difference, and not shy away from taking the tough decisions when we know we need to.”

The Journal fervently hopes that in this year, as the Society moves towards separating its regulatory and professional functions, Mr Churton is really able to hold the Council to that. Sometimes in the past, Council meetings have tended to become bogged down in arguing about minutiae, losing sight of the big picture and, as a result, seeming to fail to prioritise what is achievable.

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