

Pharmacy and the public interest

By S. W. F. Holloway

Although the concept of the public interest plays a central role in discussions about the future of the Royal Pharmaceutical Society, no general agreement exists about the meaning of the term. Semantic confusion can be used as a smoke-screen to obscure issues.

No single criterion, such as the public interest, can encompass all that is good and desirable for society. Public policies have to be hammered out painfully and pragmatically between the interests involved and they have to be expressed in alternatives considerably more specific and less moralistic than the concept of the public interest. The public interest as a symbol of unity and cohesion promotes an oversimplified view of modern Britain, solving glibly in a phrase all the dilemmas of a pluralistic, complex society. Although nothing is gained by exaggerating the amount of conflict and disagreement within society, much harm can come from the use of myths which ignore legitimate differences of interest and imply that these interests are divisive and anti-social. Sectional interests are not necessarily opposed to the interests of the majority. Indeed the evidence of the past reveals how often the common good has been promoted by the political mobilisation of special interests.

Equating the public interest with the interests that all individuals have in common leaves the concept inapplicable to modern democratic societies. The appearances of divergent interests are so inescapable and overriding that it is difficult to conceive of a policy that could reasonably be supposed to be in the common interest of all. Moreover, to portray as misguided those who become involved in situations in which interests clash, or to assert that one of two conflicting positions must be morally untenable because it is against the public interest, is to close one's eyes to the reality of human affairs. In this world of conflicting values and loyalties, it is impossible to formulate an abstract principle, called the public interest, which all reasonable and intelligent persons would be willing to apply deductively to policy decisions. If the concept of the public interest is devoid of predictable content, and if, therefore, an operational definition of the public interest is inconceivable, it cannot become a guide to persons who are supposed to make decisions "in the public interest". If they could determine objectively what the public interest is, they would have little difficulty in exercising their powers for the public benefit. Unfortunately, no mechanism for discovering the public interest exists, and no one has yet suggested that a series of road shows could do the trick.

In a democratic society one of the principal functions of government is the reconciliation and mutual adjustment of contending interests according to established rules and procedures. The formation of health policy in Britain is largely the product of intensive pressure group activity and the most effective way of resolving such

conflict is to provide political machinery for accommodating and adjusting the demands of the competing groups. The principal ethical ingredient of the group struggle is the obligation of government to maximise the opportunities for access by and consideration of all relevant interests. Instead of being seen as a guide to policy making, the public interest survives best as a concept if identified with this process of compromise and accommodation. People expect the political system to settle in a peaceful, orderly, and equitable way the differences that divide them. To this extent they may claim a "public interest" in the method of settlement itself. Decisions that are the product of a process of full consideration are the ones most likely to be accepted as decisions made in the public interest.

NO CREDIT FOR ALTRUISM

Since the reconciliation and mutual adjustment of competing interests is a major function of the political process, an organisation like the Royal Pharmaceutical Society serves the public interest best when it stands its ground and fights for the particular interests of its members. Pharmacists stand well with the public and the other professions and their contribution to health policy is valued. The maintenance of that contribution depends upon the continued ability of the Society to promote with vigour in the corridors of power the special interests of its members. No one expects the Society to work for the public benefit without the least regard to the interests of its members. It has not and will not be given credit for such altruism as that.

The Royal Charter places the Council under an obligation to safeguard and promote the interests of the members of the Society. The Council, therefore, has a duty to discover what those interests are and how they may be fostered. The perspectives and purposes of individual pharmacists vary as widely as those of the members of any other profession. They must somehow be aggregated if they are effectively to inform the Society's policies. The Council has been entrusted with the task of integrating the manifold aims of the members into manageable ranges of alternatives for action. To do this effectively requires that the members identify themselves, their interests and their aspirations with those of the Society. This in turn can only be achieved by leadership which engages with the members in an open, transparent and symmetrical interchange of views and ideas. If the Society's Council is seen to be persistently distorting

and displacing the interests of the members, their alienation from the Society will become palpable.

The opinions of atomised individuals are insignificant in politics. Political parties aggregate opinion on a broad scale, rather infrequently, and for limited purposes, such as elections. The individual can only participate in the policy-making process through interest groups. "Organise or perish" is the golden rule. Pressure groups represent particular interests directly and all the time, outside the narrow limits of electoral politics. They constantly define opinion for political purposes and do so on a level rarely touched by the political parties. Groups are formed which claim to represent, not only their own members, but also those who cannot or dare not speak their mind. The Consumers' Association presses the claims of consumers, as if market forces were not enough; the Patients' Association, financed by the few, speaks for the many. Every profession has its representative association. The British Medical Association aims "to promote the medical and allied sciences, and to maintain the honour and interests of the medical profession". The charter of the Royal College of Nursing, granted in 1928 and still going strong, includes the object "to promote the professional standing and interests of members of the nursing profession". The Royal Pharmaceutical Society exists "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy".

In 1958, J. D. Stewart drew attention to the political activities of the Pharmaceutical Society (as it then was) in his pioneering study of British Pressure Groups (Oxford, Clarendon Press, 1958.) "Pressure groups," he concluded, "are necessary to the government of our complex society. The coherent expression of opinion they render possible is vital. They have become a fifth estate, the means by which many individuals contribute to politics. Without them discontent would grow and knowledge be lost."

For over 160 years, the Society, by promoting the special interests of its members, has served the developing needs of the British people. The proposed new Charter would change all this. The Society would no longer act as a pressure group, representing all pharmacists and safeguarding the interests of both profession and public. Its role in the competitive arena of public health policy would be severely diminished. A lacuna would be created which no other body could fill. The new Charter would turn the Society into nothing more than a government agency, the servant of the Department of Health. Its only contribution to public welfare would be as a regulatory authority; it would perform an administrative, not a political, function. The members would become "them embers", an almost extinct residue of a past activity; self-regulation would replace self-regulation.

Sydney Holloway, a former senior lecturer in the faculty of social sciences at Leicester University is the author of 'Royal Pharmaceutical Society of Great Britain 1841-1991'