

# Does the profession have no social conscience or civil responsibility?

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It is clear that most pharmacists, including the profession's spokespersons, have missed the fundamental issue raised by the *Which?* report (see *PJ*, 7 February, p143). The issue is not just about supply of potent over-the-counter medicines and absence of good advice; it is about an apparent lack of social conscience and civil responsibility within the profession. As a result pharmacy, which has been given a role in statute to protect the public from harm, is damaged. Not surprisingly, a blame-shifting game is being played.

The blame game began when Adam and Eve ate the forbidden fruit. Their story says a lot about immaturity and it describes an archetypal drama re-enacted time and again in various societies (including pharmacy). The professions are given responsibility and are expected to be responsible. Responsibility, in order to be reasonable, must be limited to objects within the power of the responsible party. These objects are clearly defined and, in order to be effectual, must relate to operations of that power. Pharmacists' training and continued education programmes are designed to meet the objects, but there are apparent problems in the exercise of that power. The reasons are complex and society's leaders do not fully understand the operations, or the pressures, or the decision-making frameworks that govern pharmacy practice. I believe most pharmacists are decent and self-disciplined. So, when and why does self-discipline, a mark of a noble profession, break down?

In his essay "Civil disobedience", Thoreau argues that the government which governs best is the one that "governs not at all". People who misinterpret his work stop there, failing to recognise that what he advocated was "better government".

In a country made up of "superior" citizens as advocated by Thoreau, there would be no need for much government at all. And, in such a society, there would be no need for inspectors and police. Pharmacists, and other professionals, would keep their knowledge base up to date and employ well-trained assistants. Every patient, customer or client would get high-class service because of an

ingrained sense of responsibility. Systems and all individuals would work consistently and in harmony. Value statements, setting out the key values or themes considered important by society, would provide a useful reference point for appraisal and reward systems.

In the past, calls for development of a social conscience by each and every member of the Royal Pharmaceutical Society have, to a large degree, failed. I ask, must the pharmacist even for a moment resign his conscience to the legislator? Why has every pharmacist a conscience, then? We must not only have laws and a professional code of conduct (which rarely includes contributions from ethicists) but also widely accepted professional values. These principles and standards of behaviour should be inculcated from the first day at a school of pharmacy and thereafter throughout life.

Our profession's basic philosophy was, and should still be, about accepting responsibility without being patronising. In the future, there would be greater scrutiny and, paradoxically, even greater responsibility placed in our hands.

Many pharmacists have contempt for people when substandard workers enjoy the advantage of the trust-based distribution system. Yet, they do not want to bear any responsibility for setting it right. The Council's and the Government's role is to create the right climate, not simply to allocate responsibility and make rules.

Simply put, we must hold each of us responsible for the society we live in today. It matters not that you and I were not a party to establishing the institutions and systems which continue to fail in some respects. That we benefit from them today, in ignorance of our own continued complicity, is not an excuse.

People who deny their culpability for an alleged failure because they were not there when it happened, find it hard to comprehend that they, as pharmacists, are collectively responsible for pharmacy's situation today. If there are still people who are irresponsible, then each of us has the duty to discover the cause, the effect and the remedy.

## The bogus excuses and criticism of the methods used to gather evidence distract us from the work to understand the cause of the problem without which there can be no effective remedy

In autumn of 2000, the Society's Council, when considering a recommendation on the supply of emergency hormonal contraception, made an error, in my view, because, instead of making a decision based on concerns of public health and an appropriate access to medicines, it based its policy on appeasing "our partners", and we allowed relations management to dictate policy. The recommendation was based on an informal understanding with the supplier and the NHS. The Government wanted to reduce teenage pregnancy and pass the costs on to the private sector for the drug. The company wanted an early entry to the OTC market and maximise its return from a patented product. In my view, clearly stated at the time, the Society colluded and opted to support POM-to-P reclassification rather than, at least for a time, promote supply through the patient group directions (PGDs).

In POM-to-P reclassification there is:

- No communication with GPs
- Leakage of usage data making public health policy-making difficult
- No confidence-building in pharmacists, GPs and policymakers
- Little local supervision of service provision

With a PGD or pharmacist prescribing there would be:

- Communication with GPs
- Accurate capture of usage data to help public health policy-making
- Building of confidence in pharmacists, GPs and policymakers
- High quality training plus more effective local supervision of the standard of service

We failed to apply an exemption to a POM-to-P general rule.

We become what we are as pharmacists by the decisions that the Council makes on our behalf. Having now been part of that system for a decade, I am as much to blame as anyone else.

The bogus excuses and criticism of the methods used to gather evidence distract us from the work to understand the cause of the problem without which there can be no effective remedy. Responsible people are mature people who have taken charge of themselves and their conduct. Responsible pharmacists own their actions and own up to them. We need to be brave and take intelligent and timely action to set new standards of practice and self-discipline.