

# Ethics

## Pharmacist's Right of Conscience and Patient's Right of Access to Therapy (0610)

Source: Council on Legal and Public Affairs

To recognize the right of pharmacists, as health care providers, and other pharmacy employees to decline to participate in therapies they consider to be morally, religiously, or ethically troubling; further,

To support the proactive establishment of timely and convenient systems by pharmacists and their employers that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating in a nonpunitive manner the right of conscience; further,

To support the principle that a pharmacist exercising the right of conscience must be respectful of, and serve the legitimate health care needs and desires of, the patient, and shall provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.

*This policy supersedes ASHP policy 9802.*

## Ethical Use of Placebos (0517)

Source: Council on Legal and Public Affairs

To affirm that the use of placebos in clinical practice is acceptable ethically only when patients grant informed consent for the use of placebos as a component of treatment; further,

To encourage each health care facility to develop a policy and procedure to guide its clinicians in making informed decisions regarding the use of placebos.

## Patient's Right to Choose (0013)

Source: Council on Legal and Public Affairs

To support the right of the patient or his or her representative as allowed under state law to develop, implement, and make informed decisions regarding his or her plan of care; further,

To acknowledge that the patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment; further,

To support the right of the patient in accord with state law to (a) formulate advance directives and (b) have health care practitioners who comply with those directives.

*This policy was reviewed in 2004 by the Council on Legal and Public Affairs and by the Board of Directors and was found to still be appropriate.*

## ASHP Position on Assisted Suicide (9915)

Source: Council on Legal and Public Affairs

To remain neutral on the issue of health professional participation in assisted suicide of patients who are terminally ill; further,

To affirm that the decision to participate in the use of medications in assisted suicide is one of individual conscience; further,

To offer guidance to health-system pharmacists who practice in states in which assisted suicide is legal.

*This policy was reviewed in 2003 by the Council on Legal and Public Affairs and by the Board of Directors and was found to still be appropriate.*

## Nondiscriminatory Pharmaceutical Care (9006)

Source: Council on Professional Affairs

To adopt the following positions in regard to nondiscriminatory pharmaceutical care:

- All patients have the right to privacy, respect, confidentiality, and high-quality pharmaceutical care.
- No patient should be refused pharmaceutical care or denied these rights based solely on diagnosis.
- Pharmacists must always act in the best interest of individual patients while not placing society as a whole at risk.

*This policy was reviewed in 2006 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.*

## Use of Drugs in Capital Punishment (8410)

Source: Council on Legal and Public Affairs

To support the following concepts:

1. The decision by a pharmacist to participate in the use of drugs in capital punishment is one of individual conscience.
2. Pharmacists, regardless of who employs them, should not be put at risk of any disciplinary action, including loss of their jobs, because of refusal to participate in capital punishment.

*This policy was reviewed in 2006 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.*