

## **Draft ASHP Statement on Advocacy as a Professional Obligation**

### **Position**

ASHP believes that all pharmacists have a professional obligation to advocate on behalf of patients and the profession. Pharmacists should stay informed of issues that affect medication-related outcomes and advocate on behalf of patients, the profession, and the public. These issues may include legal, regulatory, financial, and other health policy issues, and this obligation extends beyond the individual practice site to their broader communities. ASHP recognizes that to fulfill this obligation, training and education is needed. ASHP urges all pharmacists to accept this responsibility and to be advocates both within and outside the profession, in the community, and in society as a whole to strengthen the care of our patients.

### **Role of Professional Organizations in Promoting Advocacy**

Advocacy can be defined as an activity by an individual or group to plead a case, support a cause, or to recommend a course of action related to political, economic, social, institutional or patient-care issues. When attempting to define the advocacy responsibilities for pharmacy, it is instructive to examine the guidance from other healthcare professional organizations regarding advocacy.

One role professional organizations play is to help define the moral and ethical responsibilities of the profession. The American Medical Association (AMA) and the American Nurses Association (ANA) articulate how the members of those professions should be involved in advocacy efforts. The *AMA Code of Medical Ethics* states that “physicians, individually and collectively through their professional organizations and institutions, should participate in the political process as advocates for patients (or support those who do) so as to diminish financial obstacles to access health care” and that “the medical profession must work to ensure that societal decisions about the distribution of health resources safeguard the interests of all patients and promote access to health services.”<sup>1</sup> These statements emphasize several responsibilities for the physician outside care for individual patients. Physicians are explicitly urged to participate in the political process as advocates and to make sure societal decisions are in the interest of all patients. Simply providing excellent patient care to patients within the physician’s practice is not enough to meet the physician’s ethical obligations.

The *ANA Code of Ethics with Interpretive Statements* Provision 8 states that “[t]he nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities,” which is further elaborated in Interpretive Statement 8.2 to mean that “[n]urses must lead collaborative partnerships to develop effective public health legislation, policies, projects and programs that promote and restore health, prevent illness, and alleviate suffering.”<sup>2</sup> Provision 9 emphasizes the important role of nursing professional organizations in advocacy: “The profession of nursing, collectively through its professional organizations, must ... integrate principles of social justice into nursing and health policy.”<sup>2</sup> One prominent nurse advocate has described advocacy as “the cornerstone of nursing – nurses advocate for patients, causes, and the profession. Our advocacy, motivated by moral and ethical principles, seeks to influence policies by pleading or arguing within political, economic, and social systems, and also institutions, for an idea or cause that can lead to decisions in resource allocation that promote nurses, nursing, and all of healthcare.”<sup>3</sup>

## Advocacy as a Professional Obligation

Current ASHP policies encourage pharmacists to serve as advocates for their patients and the profession. For example, ASHP Policy 1114, Pharmacist Accountability for Patient Outcomes, states in part that ASHP and pharmacists should “promote pharmacist accountability as a fundamental component of pharmacy practice to other healthcare professionals, standards-setting and regulatory organizations, and patients.”<sup>4</sup> The [ASHP Statement on Leadership as a Professional Obligation](#) notes that “the practice of effectively influencing the behavior of physicians, nurses, pharmacy technicians, interns, support staff, and others to optimize medication safety and patient outcomes constitutes successful leadership.”<sup>5</sup> ASHP policy position 1501, Pharmacist Participation in Health Policy Development, clearly articulates the role pharmacists should play in developing health policy: “To advocate that pharmacists participate with policymakers and stakeholders in the development of health-related policies at the national, state, and community levels....”<sup>4</sup> The [ASHP Statement on the Role of Health-System Pharmacists in Public Health](#) states that “health-system pharmacists should be involved in public health policy decision-making and in the planning, development, and implementation of public health efforts. Health-system pharmacists can improve public health by ... advocating for sound legislation, regulations, and public policy regarding disease prevention and management; and engaging in public health research.”<sup>6</sup>

ASHP not only encourages pharmacists to participate in advocacy efforts but believes that pharmacists have a professional and moral obligation to do so. That obligation stems from the covenantal relationship between the pharmacist and their communities described in the profession’s shared *Code of Ethics of the Pharmacist* and the *Oath of a Pharmacist*. The *Code of Ethics of a Pharmacist* states that “[a] pharmacist serves individual, community, and societal needs” and “seeks justice in the distribution of health resources.”<sup>7</sup> While the Code makes clear that the primary obligation of a pharmacist is to individual patients, the pharmacist’s responsibility extends at times beyond the individual to the community and society. The specific instance provided in the language of the Code is the distribution of health resources, in which pharmacists are called upon to seek a just distribution. The *Oath of a Pharmacist*, which college of pharmacy graduates across the country swear to, reads in part:

- I will consider the welfare of humanity and relief of suffering my primary concerns.
- I will embrace and advocate changes that improve patient care.<sup>8</sup>

The pharmacist’s advocacy responsibilities are also evident in [ASHP Vision and Mission statements](#). The ASHP Vision is “that medication use will be optimal, safe, and effective for all people all of the time,” and the ASHP Mission states in part that “ASHP serves its members as their collective voice on issues related to medication use and public health.”<sup>9</sup> The broad purview of these statements is reinforced by the [ASHP Statement on Professionalism](#), which implores pharmacists to “commit themselves to improving healthcare institutions not simply for the well-being of individual patients but for the benefit of society as a whole” and “to join forces with other healthcare providers and patients ... to attain the kind of healthcare system our patients deserve and our society demands.”<sup>10</sup>

These professionwide and ASHP policies, like those of our professional counterparts in medicine and nursing, are a clear statement of the professional obligation members of the profession have to involve themselves in the policy-making process to advocate for the needs of patients, the profession, and the public, both within and outside healthcare settings.

### Preparing Pharmacist Advocates

Pharmacy education at several different levels includes recommendations that learners develop advocacy skills. The Accreditation Council for Pharmacy Education (ACPE) *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2016)* include the following learning expectations for professional communications and public health, respectively:

- Analysis and practice of verbal, non-verbal, and written communication strategies that promote effective interpersonal dialog and understanding to advance specific patient care, education, advocacy, and/or interprofessional collaboration goals.
- Exploration of population health management strategies, national and community-based public health programs, and implementation of activities that advance public health and wellness.<sup>11</sup>

These expectations demonstrate that pharmacy students will be taught strategies to be successful advocates for a range of topics, including population health management strategies. This approach to teaching pharmacy students about population health strategies and other means of advancing public health suggests that pharmacists, as well as students, should begin to think not just about their obligations to individual patients but also to use their training to impact the health of communities or society as a whole. There is a push for more of this type of training for pharmacy students. In 2016, the American Association of Colleges of Pharmacy (AACP) published [Public Health and the CAPE 2013 Educational Outcomes: Inclusion, Pedagogical Considerations and Assessment](#), which provides guidance to the pharmacy profession on methods to use the Center for the Advancement of Pharmacy Education (CAPE) 2013 outcomes to incorporate public health within college of pharmacy curricula and in co-curricular programs/activities and delineates public health-related course objectives for both didactic and experiential courses. Two of the paper's recommended competency areas for integration of public health into didactic Pharm.D. curricula are:

- Process of health policy-making (e.g., local, state, federal government).
- Methods for participation in the policy process (e.g., advocacy, advisory processes, opportunities and strategies to impact policy and public health problems).<sup>12</sup>

Pharmacy residency training also incorporates advocacy. The [Required Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy Residencies](#) states that one of the criteria for demonstrating "personal, interpersonal, and teamwork skills critical for effective leadership" is that a resident "effectively expresses benefits of personal profession-wide leadership and advocacy."<sup>13</sup>

### Conclusion

ASHP believes pharmacists have a moral and ethical professional obligation to advocate for "changes that improve patient care"<sup>8</sup> as well as "justice in the distribution of health resources."<sup>7</sup> Specific ASHP policies on various aspects of healthcare, population health, and public health stem from this general obligation. To meet this professional obligation, pharmacist advocates will need appropriate training and education.

## References

1. American Medical Association [AMA]. AMA Code of Medical Ethics Opinion 11.1.4 (b) & (c). <https://www.ama-assn.org/delivering-care/financial-barriers-health-care-access> (accessed 2017 Nov 28).
2. American Nurses Association [ANA]. ANA Code of Ethics with Interpretive Statements. <http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html> (accessed 2017 Nov 28).
3. Matthews J. Role of professional organizations in advocating for the nursing profession. *OJIN* 17; 2012: Manuscript 3. DOI: 10.3912/OJIN.Vol17No01Man03 <http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Professional-Organizations-and-Advocating.html> (accessed 2017 Nov 28).
4. American Society of Health-System Pharmacists [ASHP]. ASHP policy position 1501, Pharmacist Participation in Health Policy Development. In: ASHP Policy Positions 1982-2017. <https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/Browse-by-Document-Type/Policy-Positions> (accessed 2017 Nov 28).
5. American Society of Health-System Pharmacists [ASHP]. ASHP Statement on Leadership as a Professional Obligation. [www.ashp.org/-/media/assets/policy-guidelines/docs/statements-leadership-as-professional-obligation.ashx](http://www.ashp.org/-/media/assets/policy-guidelines/docs/statements-leadership-as-professional-obligation.ashx) (accessed 2017 Nov 28).
6. American Society of Health-System Pharmacists [ASHP]. ASHP Statement on the Role of Health-System Pharmacists in Public Health. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/role-of-health-system-pharmacists-in-public-health.ashx> (accessed 2017 Nov 28).
7. American Pharmacists Association. Code of Ethics for Pharmacists. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/code-of-ethics-for-pharmacists.ashx> (accessed 2017 Nov 28).
8. American Pharmacists Association. Oath of a Pharmacist. <http://www.pharmacist.com/oath-pharmacist> (accessed 2017 Nov 28).
9. American Society of Health-System Pharmacists [ASHP]. About ASHP. <https://www.ashp.org/About-ASHP> (accessed 2017 Nov 28).
10. American Society of Health-System Pharmacists [ASHP]. ASHP Statement on Professionalism. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/professionalism.ashx> (accessed 2017 Nov 28).
11. Accreditation Council for Pharmacy Education. Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2016) <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf> (accessed 2017 Nov 28).
12. Public Health and the CAPE 2013 Educational Outcomes: Inclusion, Pedagogical Considerations and Assessment. <http://www.aacp.org/governance/councilfaculties/Documents/PublicHealthSIGCAPEpaper.pdf> (accessed 2017 Nov 28).
13. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives> (accessed 2017 Nov 28).