

Community Pharmacists' Perceptions and Experiences towards Values, Ethics and Decision-making: A Qualitative Study

Kingston Rajiah¹, Rajesh Venkataraman²

¹Institute of Pharmacy, Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, INDIA.

²Department of Pharmacy Practice, Adichunchanagiri College of Pharmacy, Karnataka, INDIA.

ABSTRACT

Background: In Community Pharmacy, prescriptions, medical devices and other over the counter products are dispensed by community pharmacists. Ethical issues do exist while dispensing medications based on prescription and over the counter products. **Objective:** A qualitative study was conducted on community pharmacists to get their perceptions and experiences towards values, ethics and decision-making. **Methods:** Data were collected from the qualified community pharmacists through the focused group discussions. Twenty five community pharmacists were identified and invited. Eighteen of them accepted the invitation for the focused group discussion and gave their informed consent. General inductive approach was used to analyse the data. **Results:** The results suggested that community pharmacists are not much bothered about the patient's health though some of the pharmacists take it as a significant factor in ethical decision-making. It is unsatisfactory to see that, community pharmacists are keen in physicians order or request than patient's health interests. It is also not surprising that most of the community pharmacists work towards their sales target instead of working towards patients' health care. It was good to know that the community pharmacists may give attention to certain factors while considering an ethical issue. Occasionally community pharmacists were ready to breach the rules for the patients' interest, but in most cases they represented as per the rules and regulations even though it was not certainly in the best option for the patients/customers which is a key aspect in ethical decision-making. **Conclusion:** This study revealed that community pharmacists' understanding of ethics, confidentiality, patient autonomy, trustworthiness and reliability may be the dynamics that affect community pharmacists' values which may influence their decision making during ethical dilemmas.

Key words: Community Pharmacy, Ethic, Decision-making, India, Pharmacy value.

Submission Date: 18-06-2018;

Revision Date: 14-08-2018;

Accepted Date: 23-10-2018

DOI: 10.5530/ijper.52.4s.95

Correspondence:

Mr. Kingston Rajiah,
Research scholar, Institute of Pharmacy, Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, INDIA.
Phone no: +9159309257
E-mail: kingrajiah@gmail.com

INTRODUCTION

The role of the community pharmacist have shifted significantly from the traditional activities of a community pharmacist like extemporary compounding of medications.¹ Community pharmacists are now the experts in compendium of drugs, accomplishing the physician's prerequisite by providing counseling and advice on use of medications.² They provide right dosage forms, reassuring the quality and efficacy of the medications dispensed by them.³ The responsibilities mentioned above are the

base for the requirement of ethics guidance for pharmacists.⁴ Pharmaceutical care is the existing practice in community pharmacy in which pharmacists are accountable for drug therapy and to achieve best outcomes that endorse quality of life of the patients.⁵ Certainly ethical issues exist in this new progression in community pharmacy.⁶ Personal ethics is something related to the nature of morality and the choices of being moral, by any human.⁷ Professional ethics integrates the personal, and corporate



www.ijper.org

morals of conduct anticipated from a professional.⁸ Personal ethics makes a substantial part in any discussion on ethics.⁹ Ethics can be predisposed by an individual's values, education, social activities, professional activities, belief, and individual's need.¹⁰

For a pharmacist, professionalism is one of the most dynamic forces for ethical behavior.¹¹ Though there is no universal standard on pharmacists' code of ethics, each country has a guideline on pharmacists' code of ethics and/or code of conduct.¹² This is to protect the profession as well as the individuals from any kind of misconduct. Professional bodies in respective countries may take action for misconduct or breach of conduct by the pharmacists.⁴ In community pharmacy, prescriptions, medical devices and other over the counter products are dispensed by community pharmacists.¹³ Ethical issues do exist while dispensing medications based on prescription and over the counter products.¹⁴ Community pharmacists are expected to dispense a medication by providing information of drug use, information on adverse effects, interactions of drug with other drugs or with any food, information on appropriate drug dosage, information on drug administration, precautions and contraindications, storage and stability of drugs.¹⁵ This is as per the code of ethics provided by the Pharmacy Council of India.¹⁶

Ethics in health care sectors has been seriously interrogated.¹⁷ Pharmaceutical Companies have already been under scrutiny as the physicians continue to be fed and bred by pharmaceutical firms.¹⁸ Community Pharmacists are the bridging health care professionals between pharmaceutical companies and physicians as they dispense the drugs prescribed by the physicians.¹⁹ Most community pharmacists work in pharmacies that are independent or part of a franchise of pharmacies.²⁰ Community pharmacists usually run a profitable business together with their healthcare facility.²¹ Some community pharmacists work in healthcare sectors and general clinics.^{20,21} Community pharmacists are healthcare professionals who are convoluted in dispensing medications and providing advice on medications.²² They also provide management on minor ailments to the patients.^{22,23} Some community pharmacists supply medications by working along with physicians on longtime management plan agreed by the patients.²¹⁻²³ In these situations, there will be ample of ethical issues or scenarios appear in which community pharmacists are in dilemma and have difficulty in decision making.²⁴ The healthcare sector especially the pharmaceutical field in terms of drug dispensing is always questioned on ethics and morality.²⁵ This qualitative study was designed to find out the ethical dilemmas' faced by community pharmacists during daily work and

to inquire the dynamics that affect the community pharmacists' values and decision-making skills while facing ethical dilemmas.

MATERIALS AND METHODS

Participants and Sampling

The study was conducted in Tirunelveli district, Tamilnadu, India. All the data were collected from the qualified community pharmacists (participants) through the focused group discussions. Data was collected between June and July 2015. Participants were purposefully selected and invited to participate in this study.²⁶ Selection was based on; (i) community pharmacists who can communicate well in English (ii) community pharmacists who at least had 1 year experience in community pharmacy. Twenty five community pharmacists were identified and invited. Eighteen of them accepted the invitation for the focused group discussion and gave their informed consent verbally. Demographic data of the participants listed in Table 1 was kept anonymous.

Focused group discussions

Three focus group discussions were conducted with at least 6 participants in each group. Nonetheless, numerous researchers hold an exceptionally solid perspective that 8 to 10 individuals is the perfect number for focus group discussions. It is additionally felt that if a group is bigger than 10 there are an excessive number of individuals to control and it is hard to get important information from the participants.²⁷ On the off chance if the group is smaller than 8, the open door for fluctuated inputs is lessened.²⁸ In any case, as few as 3 groups with 3 to 6 individuals will provide more noteworthy dialogue.²⁹ In this manner 18 members were there in 3 groups of 6 participants in each. Audio-recording and Verbatim transcription were done for the focus groups discussions. Discussions took place at a venue which is comfortable for the researcher and the participants. During the focus group sessions, field notes were gleaned from the key points obtained from the discussion which served to triangulate the data.

Data analysis

General inductive approach was used to analyse and develop the data results³⁰ in the context of focused questions. The researcher listed the nodes and coding descriptions. All the transcripts were coded based on the framework of nodes using the NVivo version-10 by the researcher.³¹ The researcher regrouped the nodes from the data into large categories as per the pattern emerged from the themes.³² The transcripts were studied recurrently and themes were developed by con-

Table 1: Demographic characteristics of focused group discussion participants.

Characteristics	Participants (n=18)
Age	
20–29 years	5
30–39 years	6
40–49 years	4
>50 years	3
Work experience	
<5 years	3
5–10 years	9
>10 years	6
Education qualification	
Diploma	9
Degree	9
Distribution of pharmacists according to the location of the pharmacy	
Rural	6
Sub-urban	6
Urban	6

sidering the meaning from the emerging themes.^{30,32} The researcher checked that, the generated themes are grounded based on the original transcripts of the data. This process was done to make sure the research objectives were met when new concepts from the data were generated inductively (participants' experiences and views).³³ Verbatim quotations supported each theme from participants so that it would best represent the impression of the participants.³¹ When there were no new emerging theme, it indicated to end the study. Major themes were identified as the data had been saturated.³⁴ Audit trail, prolong engagement with participants, peer debriefing, and triangulation were done to ensure trustworthiness in this study.

RESULTS

This section accounted the results from the focus group discussions under the following descriptions. Detailed summary of quotations are represented in Table 2.

Theme 1: Community pharmacists' understanding of ethics

When the discussion initiated on understanding of ethics, participants mentioned ethics as cultural difference, it varies for person to person. These opinions appeared to be grounded on reasonable views and on generous approach of acceptance of others. To contradict this, it was evident that participants assumed some hard

philosophies on understanding about ethics. Participants mentioned ethics as influential; something related to law.

Ethics related to cultural difference

Participants felt that ethics can be related to cultural differences. It was difficult for the participants to make sure consumers understand things correctly when working in rural area. Participants mentioned that, it is not difficult to deal with consumers when working in urban or suburban areas as they can understand things better.

Ethical behavior of gender

The ethical values have always been the same irrespective of the gender. Participants also felt that, ethics is communicated as an instrument to justify the difference in gender but ethics is a thing that exists sometimes above the gender.

Ethics as law

Participants felt that ethics will not allow someone to act forcefully on something. The rapid shift from 'law' to 'ethics' will exemplify the close association the pharmacists observe amongst pharmacy law and ethics. Participants felt that, it is possible that the pharmacists are unclear between the law and the code of ethics.

Theme 2: Confidentiality

Confidentiality -family members

Some participants were obvious that they will not reveal the information to family members but may reveal the medicine and the indication of it. Some said, this is definitely a short fall on the moral obligation as it would cause an effect to the patient as same as it would have if confidentiality was breached.

Confidentiality –friends/fellow pharmacists

Participants were very cautious to respond to this situation as they have a different approach to confidentiality in this case. Participants mentioned that, discussion with colleagues is unavoidable at times to safeguard the confidentiality of the patient though they all agreed that it should not be discussed with friends.

Confidentiality –unknown person

Participants upraised to point out that, information about patients is available publicly in some data storage under the section general information. In this era, using technology, any kind of information/data protection is questionable. So, we cannot assure it, as any unknown person can access the data even without our knowledge.

Table 2: Theme and quotes of participants.

Themes	Quotes of the participants
Theme 1: Community pharmacists' understanding of ethics	"Ethics is something like a jumble" (D4) "Ethics seems like a rule to me" (P2) "For me, ethics is a no conclusion zone" (D1) "ethics have an influence on cultural difference" (P5), "it varies for person to person" (D6) ethics is more influential towards profession (P8); "I can always relate ethics as something related to law (D9)
a) Ethics related to cultural difference	"It was difficult for me to make my consumer understand whether it's right, when I work in rural area" (D5) "I don't find difficulty with consumers who understand things" (P4) "Some people find it difficult to comply with what I say as their belief is different" (D7) "I call my friend to confirm if I have some doubt" (P3)
b) Ethical behavior of gender	"Ethics always exist however it is not different for gender". (D2) "Ethical values are the same irrespective of the gender." (P1) "Ethics is communicated as an instrument to justify the difference in gender. But ethics is a thing that exists sometimes above gender". (P4)
c) Ethics as law	"I think ethics will not allow you to act forcefully on something." (P5)
Theme 2: Confidentiality	"I always maintain patient confidentiality as it one of the points in pharmacist oath." (P9)
a) Confidentiality -family members	"It's ok as long as we don't reveal the medicine to another person" (P2, D4) "I may show another way to get the information" (D7) "I don't think is a breach of confidentiality if we show a way to find but we don't reveal" (D3)
b) Confidentiality –friends/fellow pharmacists	"I feel discussing with a colleague will improve towards solution" (P6) "Discussing with friends regarding patient is not acceptable" (D2, P5)
c) Confidentiality –unknown person	"I was asked by a person about a patient and I revealed the disease the patient suffering from as well when that person asked me about what that patient was suffering from." (D3)
Theme 3: Patient autonomy	"I always instruct my consumer what to take and I don't it's a good idea to make their own choices" (D2) "It's better not to allow the patient to decide on their about what is good or bad for them" (D6)
a) Patient autonomy- Western phenomenon	"I think choice by patient is not suitable for our country" (D7) "It's in western countries they allow patient to make decision" (D9)
b) Patient autonomy- patient's competency	"Male consumers are aware of the drugs used for contraceptive purpose better than female" (D9) "Some male consumers know better about long term and emergency contraceptive pills" (B2) "I have seen adult consumers struggling to get the information right at times and their children helping them" (B7) "I don't dispense the medicine even if the under 18 are competent". (B3) "I dispense drugs to under 18 but not schedule H drugs" (B6)
Theme 4: Trustworthiness and reliability	
a) Patients' trust	"It is all how you serve the patient and gain trust which creates interest in you". (B3) "It's necessary you should increase the interest to gain trust" (D7) "We cannot compromise the law just because it is patient's interest" (B6) "It's not obligatory we should increase the interest to gain trust" (D7)
b) Pharmacist reliability	"When somebody is fatally ill you don't want to take law at the situation" (D4) "I prefer to save the patient than to save the law" (B8)
c) Reliability-Age	"Age plays a role when a patients rely on you" (P5) "You now people don't want to hear from younger person" (D8) "Reliability of the person among consumers will increase when the person is old" (D4)
Theme 5: Pharmacy values	
a) Pharmacy values-Integrity	"I think it is a pharmacist's responsibility to be honest in whatever the decision taken" (B6) "I think having a strong principle on morality is not possible in all situation" (D9) "It's all about a moral thing and most of the time we don't behave" (B5)

Continued...

Table 2: Theme and quotes of participants.

Themes	Quotes of the participants
b) Pharmacy values-Respect	"When female customer as for condom I judge them" (D3) "I know, I should not be moralizing but I don't respect when customer ask for emergency pills" (D5) "I look down at the people when they ask for STD medications" (B4)
c) Pharmacy values –compassion	"Compassion is nearly impossible as we work on target" (D7) "I own a pharmacy and revenue is important for me" (B8) "Working in a pharmacy is sometimes like a grocery shop. Just give away whatever the consumer ask" (D4)
d) Pharmacy values – professional responsibilities	"If I concentrate on my responsibility by being robust, consumers won't come back to my pharmacy" (B2) "I may lose my business if I act as a professional pharmacist." (B8) "I think most of the pharmacists do not understand the importance of responsibility, but I agree on their business point" (D5) "Education should be focusing on core values of pharmacist" (B3) "Yes, education can give improve their idea on pharmacy values when it is about responsibility" (D2)
e) Ethical dilemmas (handling ethical issues) and pharmacy values	"The pharmacy values and handling the ethical issues go hand in hand". (P3) "If a community pharmacist is well versed in handling the ethical issues then his values increase automatically". (D4) "Professionalism, integrity, compassion, responsibility will depend on the decision making by a pharmacist". (P5) "A pharmacist cannot make decision if his ethical dilemma is more. Hence ethical dilemma plays a key to determining the pharmacy value of a pharmacist". (P9)
Theme 6: Proficiency in decision making	
a) Solitary-decision making	"In my pharmacy though other people are there, I am the only person who is a pharmacist and hence the decision has to be mine" (D5) "I am the only person who run my pharmacy and nobody else is there. So whatever I do is on my decision" (B2)
b) Seek external advice-decision making	"I call my friend sometimes to get a second opinion" (D8) "Though I discuss with my colleague I have to decide at the end" (B3)
c) Fear of responsibility-decision making	"I probably would act as per the regulatory body because, they are people who provide the licensing for my practice" (D1) "I know that some actions which I take may cause me to lose my license so I follow the law and I don't show empathy" (D4)

Theme 3: Patient autonomy

Participants in this study said that, they always instruct their consumer but they do not allow them to make their own choices. Participants felt that, patients cannot decide on their medical care as they are not aware of the positive and negative aspects in any medical care.

Patient autonomy- Western phenomenon

Participants in this study felt that, patient autonomy is more of western phenomenon and it is not suitable for Asian countries. Western countries allow their patients to make decisions as the patients there have more awareness on medical care.

Patient autonomy- patient's competency

There were mixed opinions whether to dispense the medication to under 18 age consumers even though the consumers were competent to make their choice. Some participants did not consider age as one of the

problems. Rather participants judged them on the fact that the consumer had taken the initiative to go to a pharmacy and to get a medication is respectable. As one participant witnessed, some adult consumers who ask for medication does not seem as competent as the consumers under the age of 18 at times.

Theme 4: Trustworthiness and reliability

Participants mentioned that, trust is, obviously, important to both pharmacists and patients. Participants said that, deprived of trust, how can a pharmacist expect patients to disclose their full extent medical problems, medical history, and follow the recommendations on treatments?

Patients' trust

Participants said, patients' interest is one of the key aspect which has to be won by the pharmacists. Some participants displayed that a patient's interests were observed as important, but not always as the precedence.

Pharmacist reliability

The patient's interests prolonged to the long-standing reliability of the pharmacists. In this setting, 'reliability' means the interests other than health issues of the patient, which comprise of patient autonomy, monetary interests, community relationships and welfare.

Reliability-Age

The participants in this study felt that, age plays a role when a patients rely on a community pharmacist. Participants said that, consumers do not prefer to listen from young age pharmacists. Consumers rely on older pharmacists.

Theme 5: Pharmacy values

When asked about the pharmacy values among the community pharmacists, integrity was the first thing came in the mind of all the participants.

Pharmacy values-Integrity

During the discussion, there was disparity about to what extent integrity can be maintained by pharmacist as their values. Participants in this study felt that, it is a pharmacist's responsibility to be honest in whatever the decision taken. However, participants said that it is not possible in all situation to have a strong principle on morality.

Pharmacy values-Respect

During the discussion, some of the participants told that they make value- judgements whereas some of them appealed they chose to be value-neutral. Participants felt that, when consumers ask for condom they are being judged especially if it is a female. Consumers are not respected when they ask for emergency pills. Pharmacists look down at the people when they ask for Sexually Transmitted Disease medications.

Pharmacy values –compassion

When asked being compassionate, most of the participants felt there is no compassion in the field of business. During the discussion about the balance between business and compassion, most of the participants commented that being pity and showing sympathy will create a good value for the pharmacist but it will not yield any type of revenue for their business.

Pharmacy values – professional responsibilities

When pushed on this theme by the questioner, participants agreed that there is a strain between professional responsibilities and business. Fascinatingly, there seemed to be an outline of ingenuous justification and excuses provided by most of the participants in this study. The

first streak of reason given by them was, there is a lack of topic on importance of pharmacy values in their education curriculum. When they were asked to expand on their point of this system, most of the participants specified that they think that values and ethics should be taught in education which could outdo the ignorance or unfamiliarity.

Ethical dilemmas (handling ethical issues) and pharmacy values

When asked about the pharmacy values and ethical dilemmas among the community pharmacists, the participants mentioned that, pharmacy values and handling the ethical issues go hand in hand. If a community pharmacist is well versed in handling the ethical issues then his values increase automatically. Participants also said that, professionalism, integrity, compassion, responsibility will depend on the decision making by a pharmacist. A pharmacist cannot make decision if his ethical dilemma is high. Hence ethical dilemma plays a key role in determining the value of a pharmacist.

Theme 6: Proficiency in decision making

Decision making- Solitary

Participants said that, in practice, community pharmacists may not have contact with their colleagues when confronted with an ethical dilemma. Participants felt that, this is the most common problem in the community setup of pharmacy, where the community pharmacists frequently work alone.

Decision making- Seek external advice

Participants said that, community pharmacists may obviously try to contact their friends and/or colleagues to seek their help and inputs. However, in that situation one may have to take that decision on their own. It all depends on their own ethical belief against their consensus.

Decision making- Fear of responsibility

Participants said that, community pharmacists are often blamed for being indulgent in terms of dispensing medications. Participants said that, pharmacists usually would act as per the regulatory body because, they are the people who provide the license to practice. Participants felt that, any untoward actions/decisions taken by them may cause them to lose their license so they follow the law. Sometimes community pharmacists wanted to show empathy on patients' claim, but they don't dispense any prescription drugs without prescription though some of the pharmacists do.

DISCUSSION

Community pharmacies conventionally emphasized on drug dispensing. In modern ages, this has progressed as community pharmacists are patient-centered and share their responsibilities with the consumers for best outcomes in drug therapy. This study explored the ethical issues faced in modern community pharmacy setup and discussed the perceptions and experiences of community pharmacists towards their values, ethics and decision-making.

The outcomes of this study offered a blend of ethical and practical reasoning. That is, community pharmacists are not handling the ethical issues in appropriate way. The consequences of this may reflect on their professional ability while carrying out their role in the community. Decision making on ethical issues by community pharmacists are lacking as they are not exposed to inter-professional practice.³⁵ Also, there is lack of ethical scenarios and simulated practical sessions in pharmacy curriculum³⁶ which may have impacted the community pharmacists while dealing with ethical dilemmas and decision making.

This study provided the rationale on handling the ethical scenarios by community pharmacists. It is evident that, on most of the issues community pharmacists are generally in agreement on what should be done in ethical situations. This may be because of consequences of their understanding of ethics, cultural differences in their pharmacy community.³⁷ It is also complex and possibly indescribable how community pharmacists may deal with ethical problems as they are unclear between the law and the code of ethics.

There are three key points to discourse in order to respond to ethical situations. The first is confidentiality, and it concerns the ethical conduct of community pharmacists, irrespective of any quantifiable impact this may have on any patient or their profession. There is a universal role code of ethics on the confidentiality issues which is also recognised by the pharmacy code of ethics. This is applicable to all health care professionals which includes community pharmacists as well. Confidentiality between community pharmacists and patients allows patients to reveal the delicate information that may help community pharmacists to provide optimal pharmaceutical care.³⁸ If there is no assurance that confidentiality will be preserved, patients may not be willing to reveal any information, which may affect optimal pharmaceutical care. The second is patient autonomy. The autonomy of a community pharmacist is always prejudiced by the inevitable physician-patient indulgent.⁴ This autonomy interfaces with the ethics of a pharmacists because of

physicians. When physicians do not reveal the adverse effects of any medication, pharmacists are in an ethical dilemma to weigh the patients' right for information. So most of the community pharmacists do not disclose the adverse effects of medications thinking that revealing such information may affect their customers (patients) forwarded by the physicians to their pharmacy. Pharmaceutical companies have a tie up with the physicians and hence physicians direct/suggest their patients to purchase medicine from a particular community pharmacy where they have tie up.³⁹

The third is trustworthiness and reliability. The patients' interests prolong to the long-standing trust and reliability on the community pharmacists.⁴⁰ Trust promotes efficient use of both the patients' and the community pharmacists' time. Interestingly, trust and reliability directly depend on confidentiality and autonomy of the patients.⁴¹ When the patient/consumers trust that their information are maintained confidential by the pharmacists and there is autonomy in the medical care options, the patients will eventually will trust the pharmacists and the reliability on the pharmacists go high.

The pharmacy value to ethics which is merely acquired by doing ethically right things. The profession of community pharmacy is on a critical level to make sure pharmacists are behaving ethically. On the other hand, there is an impact on patients based on the decision-making skills of the community pharmacists. Instinctively, there exists a difference between the community pharmacists who merely act as per the rules because of accountability and the community pharmacists who act as per the principles behind the rules as they understand the process by which the rules were made. Significantly both these pharmacists are in concurrence with the rules and hence the differences are very delicate. In these situations it is implausible to have any measurable impact on both the patients as well as the pharmacists' ability in decision-making. Ultimately, the patient's health interests is considered as the most significant aspect while making an ethical decision which is also mentioned in the code of pharmaceutical ethics and the Pharmacy Council of India guidelines. This recommends that if a pharmacist encounter an ethical dilemma at their daily work, their decisions must be based on the needs of the patients, and should perform their act within the rule and regulations.

The community pharmacists have been educated on ethics both in diploma and undergraduate courses in India under the pharmaceutical jurisprudence module.⁴² The module tend to give raise on awareness of ethics and the guidelines on the pharmacy profession. However, it does not provide a construct to assess ethical issues and

decision-making skills of the pharmacists. The code of pharmaceutical ethics states that there should be a relation between pharmacists and medical professionals. The code also states about the liaison of pharmacists with the patients. Pharmacy institutes in India though include ethics as a part of their educational curriculum, ethical dilemmas appear to be a challenge across the pharmacy professions including community pharmacies. Inclusion of intern professional education^{43,44} and exposure to simulated patients⁴⁵ oriented ethical scenario sessions in the pharmacy curriculum in India using a virtual teaching platform⁴⁶ may help to resolve the challenges faced by the pharmacists.

Limitations

This study has some limitations. Focus groups discussions may not be as efficient as individual interviews in covering in depth on any precise issue. There is possibility that the participants may not have expressed their personal and honest opinions on the topic. Moderator bias and peer bias may interfere to express individual thoughts which may give imprecise results.

CONCLUSION

This study has found out various ethical issues faced by community pharmacists during daily work. This study revealed that community pharmacists' understanding of ethics, confidentiality, patient autonomy, trustworthiness and reliability may be the dynamics that affect community pharmacists' values which may influence their decision making during ethical dilemmas.

ACKNOWLEDGEMENT

We thank Shri Jagdishprasad Jhabarmal Tibrewala University for giving the opportunity to conduct this study.

CONFLICT OF INTEREST

There is no conflict of interest

FUNDING SOURCES

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

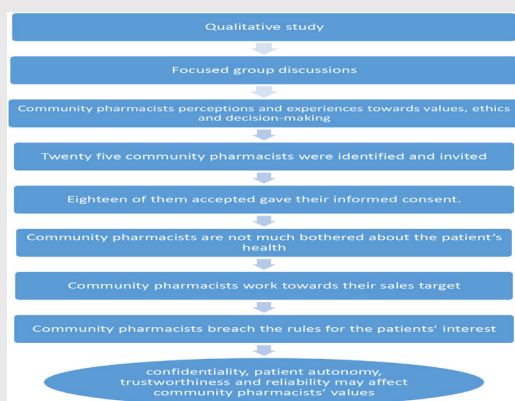
REFERENCES

- Hassali M, Awaisu A, Shafie A, Saeed M. Professional Training and Roles of Community Pharmacists in Malaysia: Views from General Medical Practitioners. *Malaysian Family Physician: the Official Journal of the Academy of Family Physicians of Malaysia*. 2009;4(2-3):71-6.

- Ooi G, Hassali A, Shafie A, Kong D, Mak V, Chua G. Assessment of Community Pharmacy Services in Malaysia: Perspectives from Community Pharmacists, General Practitioners, Consumers and Health Policy Stakeholders. *Value in Health* 2016;19(7):A827. doi:10.1016/j.jval.2016.08.590.
- Atkinson J, Sánchez PA, Rekkas D, *et al.* Hospital and Community Pharmacists' Perceptions of Which Competences Are Important for Their Practice. *Perrie Y, ed. Pharmacy*. 2016;4(2):21. doi:10.3390/pharmacy4020021.
- Noordin MI. Ethics in Pharmaceutical Issues. *Contemporary Issues in Bioethics*. 2012. doi:10.5772/33046.http://cdn.intechopen.com/pdfs/31746/InTechEthics_in_pharmaceutical_issues.pdf [accessed 13 March 2018].
- Grey E, Harris M, Rodham K, Weiss MC. Characteristics of good quality pharmaceutical services common to community pharmacies and dispensing general practices. *International Journal of Pharmacy Practice* 2016;24(5):311-8. doi:10.1111/ijpp.12253.
- Zunic L, Masic I. What pharmacy practitioners need to know about ethics in scientific publishing. *Journal of Research in Pharmacy Practice*. 2014;3(4):112-6. doi:10.4103/2279-042X.145356.
- Ayala FJ. The difference of being human: Morality. *Proceedings of the National Academy of Sciences*. 2010;107(Suppl 1):9015-22. doi:10.1073/pnas.0914616107.
- Jone M. Reconciling personal and professional values and beliefs with the reality of teaching: findings from an evaluative case study of 10 newly qualified teachers during their year of induction. *Teacher Development* 2003;7(3):385-402. doi:10.1080/13664530300200219.
- Braunack-Mayer AJ. What makes a problem an ethical problem? An empirical perspective on the nature of ethical problems in general practice. *Journal of Medical Ethics*. 2001;27(2):98-103. doi:10.1136/jme.27.2.98.
- Iacovino L. Ethical Principles and Information Professionals: Theory, Practice and Education. *Australian Academic and Research Libraries*. 2002;33(2):57-74. doi:10.1080/00048623.2002.10755183.
- Brakel A. Professionalism and Values. *Business Ethics: A European Review* 2000;9(2):99-108. doi:10.1111/1467-8608.00179.
- International Pharmaceutical Federation. Pharmacist Ethics and Professional Autonomy: Imperatives for Keeping Pharmacy Aligned with the Public Interest. [https://www.fip.org/www/uploads/database_file.php?id=358&table_id=\[accessed 13 March 2018\]](https://www.fip.org/www/uploads/database_file.php?id=358&table_id=[accessed 13 March 2018]).
- Harvey J, Avery AJ, Ashcroft D, Boyd M, Phipps DL, Barber N. Exploring safety systems for dispensing in community pharmacies: Focusing on how staff relate to organizational components. *Research in Social and Administrative Pharmacy*. 2015;11(2):216-27. doi:10.1016/j.sapharm.2014.06.005.
- Salari P, Namazi H, Abdollahi M, *et al.* Code of ethics for the national pharmaceutical system: Codifying and compilation. *Journal of Research in Medical Sciences: The Official Journal of Isfahan University of Medical Sciences*. 2013;18(5):442-448.
- Sinha HK. Role of pharmacists in retailing of drugs. *Journal of Advanced Pharmaceutical Technology and Research*. 2014;5(3):107. doi:10.4103/2231-4040.137383.
- Code of pharmaceutical ethics, adopted by Pharmacy Council of India <http://www.ipapharma.org/HTML/communitypharmadivision.html> [accessed 13 March 2018].
- Chatterjee C, Srinivasan V. Ethical issues in health care sector in India. *IIMB Management Review*. 2013;25(1):5. doi:10.1016/j.iimb.2012.12.007.
- Donohue J. A History of Drug Advertising: The Evolving Roles of Consumers and Consumer Protection. *The Milbank Quarterly*. 2006;84(4):659-699. doi:10.1111/j.1468-0009.2006.00464.x.
- Mazhar F, Ahmed Y, Haider N, Ghamdi FA. Community pharmacist and primary care physician collaboration: The missing connection in pharmaceutical care. *Journal of Taibah University Medical Sciences*. 2017;12(3):273-5. doi:10.1016/j.jtumed.2016.06.008.
- National community pharmacists association, 2009 NCP a Digest sponsored by cardinal health. http://www.ncpanet.org/pdf/digest/digest09_financials.pdf [accessed 13 March 2018].
- Institute of Medicine (US) Committee on Implications of For-Profit Enterprise in Health Care; Gray BH, editor. *For-Profit Enterprise in Health Care*. Washington (DC): National Academies Press (US); 1986. 1, Profits and Health Care: An Introduction to the Issues. <https://www.ncbi.nlm.nih.gov/books/NBK217897> [accessed 13 March 2018].

22. Al-Mohamadi A, Badr A, Mahfouz LB, Samargandi D, Ahdal AA. Dispensing medications without prescription at Saudi community pharmacy: Extent and perception. *Saudi Pharmaceutical Journal*. 2013;21(1):13-8. doi:10.1016/j.jsps.2011.11.003
23. The role of the pharmacist in the health care system. Essential Medicines and Health Products Information Portal A World Health Organization resource <http://apps.who.int/medicinedocs/en/d/Jh2995e/1.6.2.html> [accessed 13 March 2018].
24. Fassett WE. Ethics, Law and the Emergence of Pharmacists' Responsibility for Patient Care. *Annals of Pharmacotherapy*. 2007;41(7-8):1264-7. doi:10.1345/aph.1k267
25. Sengupta A. Good pharma is possible!. *Indian Journal of Medical Ethics*. 2016. doi:10.20529/ijme.2016.074.
26. Bahnassi A. A qualitative analysis of pharmacists attitudes and practices regarding the sale of antibiotics without prescription in Syria. *Journal of Taibah University Medical Sciences*. 2015;10(2):227-33. doi:10.1016/j.jtumed.2014.09.001.
27. Guest G, Namey E, Mckenna K. How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes. *Field Methods*. 2016;29(1):3-22. doi:10.1177/1525822x16639015.
28. Sargeant J. Qualitative Research Part II: Participants, Analysis and Quality Assurance. *Journal of Graduate Medical Education*. 2012;4(1):1-3. doi:10.4300/JGME-D-11-00307.1.
29. Lilly CC. Book Review: Creswell, John. (1997). *Qualitative inquiry and research design: Choosing among five traditions*. *Networks: An Online Journal for Teacher Research*. 1998;1:62. doi:10.4148/2470-6353.1252
30. Thomas DR. A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*. 2006;27(2):237-46. doi:10.1177/1098214005283748.
31. Wong L. Data Analysis in Qualitative Research: A Brief Guide to Using Nvivo. *Malaysian Family Physician : the Official Journal of the Academy of Family Physicians of Malaysia*. 2008;3(1):14-20.
32. Sutton J, Austin Z. Qualitative Research: Data Collection, Analysis, and Management. *The Canadian Journal of Hospital Pharmacy*. 2015;68(3):226-31.
33. Bryman A, Burgess RG. Reflections on qualitative data analysis. *Analyzing Qualitative Data*. 1994;216-26. doi:10.4324/9780203413081_chapter_11.
34. Dworkin SL. Sample Size Policy for Qualitative Studies Using In-Depth Interviews. *Archives of Sexual Behavior*. 2012;41:1319-20. doi:10.1007/s10508-012-0016-6.
35. Supper I, Catala O, Lustman M, Chemla C, Bourguet Y, Letrilliart L. Interprofessional collaboration in primary health care: a review of facilitators and barriers perceived by involved actors. *Journal of Public Health*. 2014. doi:10.1093/pubmed/fdu102.
36. Asao S, Lewis B, Harrison J, Glass M, Brock T, Dandu M, *et al*. Ethics Simulation in Global Health Training (ESIGHT). *MedEdPORTAL Publications* 2017. doi:10.15766/mep_2374-8265.10590.
37. Zuzana D. Ethics in pharmacy practice. Centre for Ethics in Medicine 2010. https://pharmacyresearchuk.org/wpcontent/uploads/2012/11/Ethics_in_pharmacy_practice_200910.pdf [accessed 13 March 2018].
38. Hindi AMK, Schafheutle EI, Jacobs S. Patient and public perspectives of community pharmacies in the United Kingdom: A systematic review. *Health Expectations* 2017. doi:10.1111/hex.12639.
39. Doctors who take gifts from pharma firms to be punished: MCI guidelines <http://indianexpress.com/article/india/india-news-india/doctors-who-take-gifts-from-pharma-firms-to-be-punished-mci-guidelines/> [accessed 13 March 2018].
40. Ngorsuraches S, Lerkiatbundit S, Li SC, Treesak C, Sirithorn R, Korwiwattanakarn M. Development and validation of the patient trust in community pharmacists (TRUST-Ph) scale: Results from a study conducted in Thailand. *Research in Social and Administrative Pharmacy*. 2008;4(3):272-83. doi:10.1016/j.sapharm.2007.10.002.
41. Abdalrahman IB, Osman AMA, Ali BMA, Ellmam ESMM, Ali EEH, Muneer MSE. Autonomy and confidentiality: patients' perspectives. *Tropical Doctor*. 2014;45(2):79-83. doi:10.1177/0049475514564641.
42. Basak SC, Sathyanarayana D. Pharmacy Education in India. *American Journal of Pharmaceutical Education*. 2010;74(4):68. doi:10.5688/aj740468.
43. Rajiah K, Maharajan M. Framework for Action to Implement Interprofessional Education and Collaborative Practice in Pharmacy and Allied health Sciences Programs in India. *Indian Journal of Pharmaceutical Education and Research*. 2016;50(2):238-45. doi:10.5530/ijper.50.2.3
44. Hughes CM, Mccann S. A qualitative assessment of perceived barriers to inter-professional working between community pharmacists and general practitioners. *International Journal of Pharmacy Practice*. 2002;10(S1):R36. doi:10.1111/j.2042-7174.2002.tb00638.x.
45. Veetil SK, Rajiah K. Use of simulation in pharmacy practice and implementation in undergraduate pharmacy curriculum in India. *International Journal of Pharmacy and Pharmaceutical Sciences*. 2016;8(7):1-5.
46. Curley LE, Mcdonald M, Aspden T. Use of a fictitious community-based virtual teaching platform to aid in the teaching of pharmacy practice skills: Student perspectives after initial implementation. *Journal of Pharmaceutical Policy and Practice*. 2016;9(1):24. doi:10.1186/s40545-016-0077-3.

PICTORIAL ABSTRACT



Summary

- This study was designed to find out the ethical dilemmas' faced by community pharmacists that affect the community pharmacists' values and decision-making skills
- Study revealed that community pharmacists' confidentiality, patient autonomy, trustworthiness and reliability may affect community pharmacists' values and their decision making
- Intern professional education and simulated patient oriented ethics practical sessions embedded into the existing ethics education may further help to equip the community pharmacists.
- **Recommendations**
- Intern professional education and simulated patient oriented ethics practical sessions embedded into the existing ethics education may further help to equip the community pharmacists.

About Authors



Kingston Rajiah is a research scholar at Jagdishprasad Jhabarmal Tibrewala University. He is attached to Institute of pharmacy. His research area is Community Pharmacy and Social pharmacy.



Rajesh Venkataraman is an Associate Professor and Head of Department of Pharmacy Practice, Adichunchanagiri Hospital and Research Centre. His research area is clinical Pharmacy and Therapeutics, Drug utilization and Review.

Cite this article: Rajiah K, Venaktaraman R. Community Pharmacists' Perceptions and Experiences towards Values, Ethics and Decision-making: A Qualitative Study. Indian J of Pharmaceutical Education and Research. 2018;52 (4 Suppl 2):S164-S173.