ASHP Statement on Pharmacist’s Decision-making on Assisted Suicide

Preamble

Consistent with the intent of the Code of Ethics for Pharmacists “to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists,” the American Society of Health-System Pharmacists issues this Statement on Pharmacist Decision-making on Assisted Suicide. The practice of providing competent patients with pharmaceutical means of ending their lives raises issues of professional obligations to patients and to other professionals involved in patient care. We affirm the ASHP policy (9802) that supports the right of a pharmacist to participate or not in morally, religiously, or ethically troubling therapies.

This Statement establishes a framework for pharmacist participation in the legal and ethical debate about the appropriate care of patients at the end of life. This Statement will help pharmacists resolve the growing questions about the ethical obligations of health care professionals to provide care and alleviate suffering. It is hoped that this framework and its use by pharmacists will virtually eliminate a patient’s request for assisted suicide.

When asked to evaluate and comment on legislative, regulatory, or judicial actions or on organizational policies of health systems regarding pharmaceutical care, pharmacists should use the principles expressed in this Statement in developing their responses.

Guiding Principles

Professional Tradition. The basic tenet of the profession is to provide care and affirm life. The pharmacy profession is founded on a tradition of patient trust. The trust developed between each patient and members of the health care team makes it important for each professional to examine the moral and ethical issues of patients’ requests for assistance in dying. Pharmacists should serve as advocates for the patient throughout the continuum of care.

Respect for Patients. Patient autonomy. Pharmacists should ensure the rights of competent patients to know about all legally available treatment options while communicating to patients and their caregivers (including family members if appropriate) the overall duty of health care professionals to preserve life.

Confidentiality. Pharmacists should maintain the confidentiality of all patient information, regardless of whether they agree with the values underlying the patient’s choice of treatment or decision to forgo any particular treatment.

Decision-making. Patients’ ability to exercise their ethical and legal right to choose or decline treatment is dependent upon pharmacists informing patients and their health care providers about the nature of pharmaceutical options. Those options are constantly changing, given the dynamic aspect of the pharmaceutical marketplace and the evolving nature of hospice care and available palliative treatments.

Health Care Systems. Collaboration. Collaboration among members of the health care team must occur at both the patient care and the public policy levels. It is the pharmacist’s responsibility to educate members of the health care team about the pharmacotherapeutic options available in treating the patient’s condition. Health care team members include the patient, members of the patient’s family, and caregivers.

Confidentiality. The patient’s right of confidentiality and right to determine his or her therapy, including end-of-life decisions, shall be respected, included, and considered in the decision process in health care systems. Pharmacists should maintain the confidentiality of all patient information, regardless of whether they agree with the values underlying the patient’s choice of treatment or decision to forgo any particular treatment.

Covenant with society. Health care is delivered in a system in which each profession makes a contribution on the patient’s behalf. An act in one part of the system has consequences in other parts of that system. Each profession has a covenant with society, founded on a relationship of trust with the patient. The trust developed between each patient and members of the health care team makes it important for each professional to examine the moral and ethical issues of patients’ requests for assistance in dying.

Barriers to care. Health care professionals must address the following barriers to adequate end-of-life care:

1. Inadequate knowledge and use of pain- and symptom-management therapies.
2. The paucity of published data related to the ingestion of lethal drugs and the outcomes thereof.
3. Insufficient education of health care professionals about end-of-life and palliative care issues.
4. Inadequate recognition that end-of-life care is the responsibility of the entire health care team.
5. Legal and regulatory issues that deter appropriate provision of pain and symptom management.

Professional Obligations. Conscientious objection. Pharmacists must retain their right to participate or not in morally, religiously, or ethically troubling therapies. Procedures should be in place to ensure that employers are able to provide care to the patient and provide adequate services to the patient and caregiver. The employer has specific responsibilities, and the employee cannot be a barrier to the employer’s ability to fulfill those obligations. Employers must reasonably accommodate the employee pharmacist’s right to not participate in morally, religiously, or ethically troubling therapies.

Obligation to the patient. Pharmacists should support appropriate drug therapy to ensure that palliative care and aggressive pain management are available for all patients in need. Pharmacists, as part of their professional responsibility, must offer to provide counseling services to the patient and caregivers and be prepared to provide pharmaceutical care to the patient until the end of life.
Obligation to team members. The pharmacist, as a member of a health care team responsible for the care of a patient, is accountable for providing the team members with detailed information concerning efficacious use of pharmacutical and other therapies available that may affect the options open to the patient.

As active members of an interdisciplinary team caring for patients, pharmacists must be central participants in all decisions relating to medication management of the patient. Pharmacists should respect the opinions and specific areas of expertise of the other members of the health care team.

Pharmacist education. Pharmacists are often inadequately trained in the care of dying patients. Therefore, pharmacists’ education at all levels (undergraduate, graduate, continuing education) should be sensitive to these issues and offer the development of skills and knowledge concerning care of the dying. Pharmacists should make a personal, professional commitment to learn more about end-of-life care.

Recommended Readings

Supreme Court Decisions


Professional Organization Position Statements/Policies


Assisted Suicide


End-of-Life Care


Miscellaneous


This statement was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Approved by the ASHP Board of Directors, April 21, 1999, and by the ASHP House of Delegates, June 7, 1999. Developed by the Council on Legal and Professional Affairs.

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Relevant ASHP Policies

**Pharmacist Support for Dying Patients (0307)**
*Source: Council on Professional Affairs*
To support the position that care for dying patients is part of the continuum of care that pharmacists should provide to patients; further,

To support the position that pharmacists have a professional obligation to work in a collaborative and compassionate manner with patients, family members, caregivers, and other professionals to help fulfill the patient care needs, especially the quality-of-life needs, of dying patients of all ages; further,

To support research on the needs of dying patients; further,

To provide education to pharmacists on caring for dying patients, including education on clinical, managerial, professional, and legal issues; further,

To urge the inclusion of such topics in the curricula of colleges of pharmacy.

*This policy was reviewed in 2007 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.*

**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.*

**Use of Drugs in Capital Punishment (8410)**
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 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.*