



Ethical cases on professional pharmacy practice in Thailand during A.D. 1995–2015

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ABSTRACT

Background: Code of ethics for the pharmacy profession was established to enforce all pharmacists to abide by the rules for a good professional pharmacy practice. **Objective:** The objective of this study is to investigate the ethical problems, related to the pharmacy practice, and to present recommendations on how to strengthen the compliance of code of ethics among pharmacy practitioners to ensure the safety of drug use in community and society. **Materials and Methods:** The secondary data of ethical cases on professional pharmacy practice were reviewed. In-depth interview with 10 experts in ethical cases and ethical teaching was used to determine solutions for ethical problems. **Results:** Based on the 526 ethical cases during A.D. 1995–2015, 93% of all cases occurred in the drugstores, and 82.9% occurred while the licensed pharmacists were on duty. The accused/alleged pharmacy professionals tended to offend against the Pharmacy Council's Code of Ethics for the Pharmacy Profession, B.E. 2538, No. 6: For the failure in maintaining the standard of pharmacy profession at the highest level (96.8%); No.1: Illegitimacy against country's law (95.1%); and No.2: Behaving or acting to destroy the dignity of profession (90.1%). **Conclusions:** Suggestions for solving ethical problems in pharmacy profession are (1) to cultivate ethical behavior for pharmacy students, (2) to set up the ethics as a regulation and to promote ethics as a main policy of The Pharmacy Council of Thailand, (3) to strictly enforce the use of pharmacy profession ethics, and (4) to develop monitoring and checking systems for the professional practice of pharmacists.

INTRODUCTION

The code of ethics that has been set up by The Pharmacy Council of Thailand for the pharmacy profession provides a benchmark for professional conduct. The code enforces pharmacists to abide rules and regulations to ensure professional pharmacy practice.^[1]

The code is aimed to make pharmacists aware of their roles and responsibilities toward patients, healthcare professionals, and society, thereby ensuring rational drug use. In Australia, the Pharmaceutical Society of Australia (PSA) Code of Ethics for Pharmacists, or known as the PSA Code,^[2] has been adopted as a guideline and framework for pharmacy professional registered under the Pharmacy Board of Australia.

In Thailand, the Pharmacy Council of Thailand, established under the Pharmacy Professional Act, B.E. 2537,

is the main organization, responsible for regulating pharmacy profession. The roles of the Pharmacy Council of Thailand are to register the licensed pharmacists and to regulate the ethics of the pharmacy professionals under the Code of Pharmacy Council on the Ethics of Pharmacy Profession B.E. 2538 and the Amendment.^[3]

Pharmacy ethical litigation process was regulated under The Pharmacy Profession Act, B.E. 2537. When the Pharmacy Council has received the accusation, the ethics subcommittee shall investigate the claims and report it to the board of Pharmacy Council. If the claim has an evidence of fault, the board of Pharmacy Council will forward it to the subcommittee on investigation for further investigation and inquiry before presenting the investigation file along with the comments to the board of Pharmacy Council for judgment.^[4]

There are few studies related to the code of ethics for the pharmacy profession in Thailand. One study conducted by Phanthumetamat and Wongruttanachai^[5] quantified the situational ethics cases of pharmacy professionals during December 2009–February 2010. Another study by Panpud^[6] investigated the characteristics of infringement of pharmacy professional ethics and the consistency of the verdict by the Pharmacy Council. However, both of the studies had limitations due to incomplete data. Since the researchers were outsiders, some details were not accessible to them.

The causes of unethical conduct are various. All accused/alleged pharmacy professionals offended against Drug Act, B.E. 2510, psychotropic substances, B.E. 2518, and Narcotics Act, B.E. 2522 were related to the welfare and safety in using drugs and health products of people in the country. Therefore, it is necessary to explore the nature of pharmacy ethics cases, to investigate the factors influencing the ethical violations, and to present the recommendations to strengthen the compliance to the code of ethics. The objectives of this research are (1) to analyze and present problems related to ethics related to pharmacy profession and (2) to present recommendations on how to strengthen the compliance to the code of ethics among pharmacy practitioners to ensure the safety of drug use in the community and society.

MATERIALS AND METHODS

This research used a mixed method, composing of quantitative and qualitative methods. For the quantitative part of the research, the data of ethical cases for pharmacy profession were collected from 526 cases compiled by the Pharmacy Council of Thailand. These cases were examined by the Pharmacy Council during A.D. 1995–2015. For the qualitative part of the research, the in-depth interview on experts in ethics of pharmacy profession was performed to explore the problems related to ethics for the pharmacy profession and to provide recommendations on how to strengthen the compliance to the code of ethics among pharmacy practitioners. The study was approved by the Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University, Thailand (COA No. 198/2016).

Ten experts on ethics for the pharmacy profession were interviewed including the chair of the Pharmacy Council, chair of Subcommittee on Investigation, chair of Ethics Subcommittee, secretary of Subcommittee on Investigation, experts on Morality and Ethics, chair of the Pharmacy Education Consortium of Thailand, experts on drugs from Thai Food and Drug Administration (FDA), chair of Community Pharmacy Association (Thailand), the representative, assigned by the director of the College of Pharmaceutical and Health Consumer Protection of Thailand, and the head of Consumer Protection group in Songkhla Provincial Public Health Office. The experts were purposively selected for the study. The tools used for data collection include:

1. The data collection form to compile Ethical cases on Pharmacy Profession during A.D. 1995–2015 was developed from the Pharmacy Council Committee reports. These reports are confidential for those involved in the case only.

2. The interview guide for the in-depth interview was developed by the researchers and approved by three experts.

Statistics

Descriptive statistics including frequency, percentage, average values, and standard deviation were used for presenting data and statistical analysis on ethical cases occurring during A.D. 1995–2015.

RESULTS

Characteristics of the Prosecutors

Drug Act B.E. 2510 and the Amendment mandated the pharmacists on duty responsible to control the pharmaceutical production and pharmaceutical importation in pharmaceutical companies and also to dispense the medicines in drugstores.^[7] If the pharmacists do not comply these laws, they will be considered as violating the ethical standards.

From the evaluation of 526 ethical cases on pharmacy profession occurring during 1994–2015, the top three prosecutors, ranked by the number of cases, were Thai FDA (352 cases, 66.9%), the Pharmacy Council of Thailand (79 cases, 15.0%), and Provincial Public Health Office (68 cases, 12.9%), respectively [Table 1].

Characteristics of Offenses against the Code of Ethics for the Pharmacy Profession

From the case examination, it was found that the accused/alleged pharmacy practitioners offended against the Pharmacy Council's Code of Ethics for the Pharmacy Profession, B.E. 2538, and the Amendment. Most offenses fell under the code No. 6: Failure in maintaining the standard of pharmacy profession at the highest level (509 cases, 96.8%); the code No. 1: Illegitimacy against country's law (500 cases, 95.1%); the code No. 2: Behaving or acting to destroy the dignity of profession (474 cases, 90.1%); and the combination of three offenses (460 cases, 87.4%) [Table 2].

Characteristics of Accused/Alleged Pharmacy Practitioners

The accused/alleged pharmacy practitioners were 338 females (64.3%), and 188 males (35.7%), respectively. The pharmacists' license numbers of P5001–10000, P10001–15000, and P15001–20000 were found to involve in 137 cases (26.0%), 125 cases (23.8%), and 111 cases (21.1%), respectively. The accused/alleged pharmacy practitioners graduating from the public universities in Bangkok, private universities, and public universities in the northern region were involved in 272 cases (51.1%), 80 cases (15.2%), and 56 cases (10.6%), respectively. The scene, where the accused/alleged pharmacy practitioners mostly offended, were drugstores, accounted for 489 cases (93.0%). The pharmacy practitioners who were working while on duty were accused/alleged for 436 cases (82.9%). The pharmacy practitioners, who were the licensees of the drugstores and who were the drugstore pharmacists, were accused/alleged for 48 cases (9.1%). Most accused/

Table 1: Information of the prosecutors in ethical cases on pharmacy profession

| Case data | n (%) |
|--|------------|
| Provincial Public Health Office | 68 (12.9) |
| Thai FDA | 352 (66.9) |
| The Pharmacy Council of Thailand | 79 (15.0) |
| Individuals | 16 (3.1) |
| Others (other pharmacists, consumer network, etc.) | 11 (2.1) |

FDA: Food and drug administration

Table 2: Offenses against the Pharmacy Council's Code of Ethics for the Pharmacy Profession

| Unethical conducts | n (%) |
|--|------------|
| Illegitimacy against country's law (No. 1) | 500 (95.1) |
| Behaving or acting to destroy the dignity of profession (No. 2) | 474 (90.1) |
| Failing to maintain the standard of pharmacy profession at the highest level (No. 6) | 509 (96.8) |
| Giving false statement or dishonest comment for their own benefit (No. 9) | 8 (1.5) |
| Supporting illegal pharmacy practice (No. 13) | 13 (2.5) |
| Combination of No. 1, 2, and 6 | 460 (87.4) |

alleged pharmacy practitioners, who were offended against the pharmacy professions' code of ethics, were convicted to license suspension (459 cases, 87.3%). Most of them were convicted to 3 months of license suspension (315 cases, 59.9%), 12 months of license suspension (65 cases, 12.4%), and 6 months of license suspension (38 cases, 7.2%), respectively. Others were convicted to probation (40 cases, 7.6%) and warning (24 cases, 4.6%). Only three cases (0.6%) were convicted to license withdrawal [Table 3].

Ethical Problems in Pharmacy Professionals and Guideline for Solving the Problems

The main ethical problem of pharmacy professionals

From the in-depth interview with the 10 experts about ethical or moral case prosecution, all experts agreed that the main ethical problem for the pharmacy professionals at present was the absence of pharmacists at the drugstores which known as "ghost pharmacists" or described in the literature as "officially employed, but physically absent pharmacists." This issue has been identified as an on-going problem related to the pharmacy profession in Thailand.

The main causes of the unethical conducts

The main causes of the unethical conducts were as follows: (1) The need for income or other benefits, without the concern of morality, and legal consideration was the main cause of individuals to perform unethical conduct. (2) In terms of law as well as regulation system, especially the practice in drugstores, there were conflicts between the Drug Act B.E. 2510 and the Amendment and the Pharmacy Profession Act

Table 3: Characteristics of accused/alleged pharmacy practitioners for ethical cases on pharmacy profession during 1995–2015

| General information | n (%) |
|--|------------|
| Gender | |
| Male | 188 (35.7) |
| Female | 338 (64.3) |
| Pharmacist's license number | |
| <P 5001 | 88 (16.7) |
| P 5001–P 10000 | 137 (26.0) |
| P 10001–P 15000 | 125 (23.8) |
| P 15001–P 20000 | 111 (21.1) |
| P 20001–P 25000 | 40 (7.6) |
| P 25001–P 30000 | 23 (4.4) |
| P 30001–P 35000 | 2 (0.4) |
| Alma mater | |
| Public universities in Bangkok | 272 (51.1) |
| Public universities in central region | 29 (5.5) |
| Public universities in northern region | 56 (10.6) |
| Public universities in north eastern region | 21 (4.0) |
| Public universities in southern region | 35 (6.7) |
| Private universities | 80 (15.2) |
| Abroad universities | 16 (3.0) |
| Data are not available | 33 (6.3) |
| The scene | |
| Drugstores | 489 (93.0) |
| Hospitals | 18 (3.4) |
| Websites | 5 (1.0) |
| Others | 3 (0.6) |
| Role of accused/alleged pharmacy practitioners at the scenes | |
| Drugstore pharmacists | 436 (82.9) |
| Licensees of the drugstores | 4 (0.8) |
| Licensees of the drugstores and pharmacists | 48 (9.1) |
| Pharmaceutical sales representative | 10 (1.9) |
| Hospital pharmacists | 18 (3.4) |
| Industrial pharmacists | 4 (0.8) |
| Others | 6 (1.2) |
| Penalty | |
| Warning | 24 (4.6) |
| Probation | 40 (7.6) |
| License suspension | 459 (87.3) |
| 3 months | 315 (59.9) |
| 6 months | 38 (7.2) |
| 12 months | 65 (12.4) |
| 18 months | 8 (1.5) |
| 24 months | 17 (3.2) |
| License withdrawal | 3 (0.6) |

B.E. 2537. This made drugstores be a place to sell drugs only not a place for professional practice of pharmacists. In addition, it was found that there was no accessible and up-to-date database for checking the name of pharmacist on duty in each drugstore. Some pharmacists took advantage of system by being illegally pharmacist on duty in two or more drugstores.

To solve the ethical issue of pharmacy profession

To solve the ethical issue of pharmacy profession, the experts recommended that the cooperation of all parties is necessary. These parties include the Pharmacy Council, the FDA, the Provincial Public Health Offices, universities, and profession organizations. All parties have to be aware of the issues that must be solved together and not by any single organization. In addition, the experts suggested four solutions. First, there should be a cultivation of ethics among pharmacy students so that they will become the pharmacists, who really have knowledge and learn with determination and have a mindset to devote themselves to public. Second, the Pharmacy Council must determine the Code of Pharmacy Council on the Ethics of Pharmacy Profession and promote ethics as a main policy by having appropriate measures to punish culprits and having mechanisms to offer reward to benefactors. Third, the law must be enforced strictly, especially the codes that are related to ethics. Forth, a monitoring system should be developed to follow and to monitor the professional practices of pharmacists using information technology. The database of pharmacist on duty under the Thai FDA should be linked to the provincial public health office's database to monitor the pharmacy profession practice in drugstores.

DISCUSSION

The FDA filed ethical cases to the council more often than the organizations possibly due to the fact that the FDA has more experience on prosecution. In addition, the FDA is located in Bangkok that has a high population of pharmacists. In addition, the FDA has more resources such as lawyers.

The pharmacists, who acted unethically, mostly had a pharmacist's license number that fell in the range of P5001–20000. The lower digit license number indicated that the owner belonged to the older generation of pharmacists who were more likely to work in a community pharmacy. On the other hand, the younger generation pharmacists with higher digit license numbers were more likely to work in hospital settings. Those who were accused/alleged and working in drugstores were more likely to be convicted.

Considering the Alma Mater, the pharmacists, who acted unethically, were mostly graduated from private universities and public universities in the central region. Perhaps, the reason for this is related to the fact that the central region has many universities, from which many pharmacists graduated.

The hospitals are institutions with systematic work organization with multidisciplinary teams leading to fewer medical errors or malpractice, while most drugstores are small businesses with one or two pharmacists that receive less stringent monitoring from others. Moreover, the database of pharmacist on duty under the Thai FDA does not linked to the provincial public health office's database. This causes the

illegally pharmacist on duty in two or more drugstores and the absence of pharmacists at the drugstores.

Being absent from a drugstore, or known as “ghost pharmacist,” has been an important ethical issue for the pharmacy profession for a long time. This is resulted from the ineffectiveness of the Pharmacy Council and the provincial regulators in monitoring the pharmacists' practice. In addition, there are also too few penalties. According to the Drug Act B.E. 2510 and the Amendment,^[7] the punishment is only 1000–5000 baht fine, which is not severe. The Pharmacy Council, which regulates the ethics of profession, imposes strict policy on monitoring the unethical behaviors of pharmacy professionals by issuing the Code of Pharmacy Council on the Limits and Conditions of Pharmacy Professional Practice, B.E. 2538.^[8] In addition, the Pharmacy Council cooperates with the Thai FDA to monitor the professional pharmacy practice in drugstores, and introduces a measure to strengthen the punishment for “ghost pharmacist” by suspending license for at least 1 year for the illegitimacy since January B.E. 2554.^[9,10]

To solve the ethics of profession issues, the experts in the ethics of profession suggested that the cooperation of all parties, including the Pharmacy Council, the FDA all Provincial Public Health Offices, and the universities offering pharmacy education, is necessary. First, the universities must earnestly cultivate ethics in pharmacy students according to the letter of cooperation of the Pharmacy Council^[11] using the case study-based learning from real ethical cases so that students understand legal points and are aware of the negative effects of ethical illegitimacy.^[12] Second, the Pharmacy Council must introduce the regulation and promotion of ethics as a main policy as well as the punishment measure for culprits, together with the reward for benefactor. Third, the Pharmacy Council must strictly enforce the Pharmacy Professional Act. Forth, the Pharmacy Council must develop the system for monitoring professional pharmacy practice using information technology.

CONCLUSIONS

Most ethical cases related to the professional pharmacy practice were related to illegitimacy about drug in drugstore, where pharmacists were the person in charge. The cases fell under the Code of Pharmacy Council on the Ethics of Pharmacy Profession in three main aspects. First, pharmacy professionals do not abide by the law. Second, pharmacy professionals behave or act in the way that destroys the dignity of profession. Third, pharmacy professionals do not maintain the standard of professional pharmacy practice at the highest level. The factors which influence such unethical behavior included the pharmacist's license number, alma mater, scene, and the role of defendant at the scene. Some limitations of this study are the lack of some data that could influence the ethical judgment such as the detail of prosecutors, the variation of committees and subcommittees, the policy of Pharmacy Council, and the ethical case examination period.

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