



Protection of Conscience Project

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REPORT

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Report: 2001-01

Date: 26 March, 2001 [Revised 24 May, 2001]

**RE: College of Pharmacists of British Columbia
Conduct of the Ethics Advisory Committee**

Abstract

An instruction from the Ethics Advisory Committee of the College of Pharmacists of British Columbia was published in the March/April, 2000 issue of the College newsletter, the *Bulletin*. This instruction included statements that impugned the integrity of conscientious objectors within the profession. The Registrar of the College later acknowledged that she had no evidence to support the statements made in the bulletin, but refused to retract them and apologize.

Similar statements were made in an article by one of the Ethics Advisory Committee members that appeared in the *Canadian Pharmaceutical Journal*. The author of the article has ignored requests that evidence be provided to support the statements.

Publication of unsubstantiated imputations of dishonesty contradicts ethical principles that ought to govern the conduct of an Ethics Advisory Committee, and appears inconsistent with Value VII of the Code of Ethics of the College of Pharmacists of B.C. The subsequent refusal to retract and apologize is troubling for the same reasons. However, Committee members appear to have acted as a result of ignorance rather than malice. This may be related to the nature of the Committee.

The Ethics Advisory Committee is an *ad hoc* group. There is no policy governing selection of its members or appointments to the Committee, and its members lack formal qualifications in ethics, philosophy, or related disciplines. There is no policy governing its operation. This policy vacuum lends itself to ethical nepotism and the exclusion of people whose views differ from those of the College establishment. It has an adverse impact on those who seek to live and work in conformity to transcendent ethical principles, particularly religious believers.

INTRODUCTION

The last decade saw increasing interest in drug-induced abortion and growing pressure - occasionally successful - to legalize euthanasia and assisted suicide. Execution by lethal injection is practised in some jurisdictions, and developing reproductive technologies may require pharmaceutical products.

Pharmacists who have moral or ethical objections to some or all of these procedures have been forced to re-examine their drug distribution practices. Some have concluded that they will not dispense drugs for these purposes, because to do so would constitute participation in an immoral act. For the same reason, others have decided that they will neither dispense the drugs, nor refer patients for them.

The growing concern among some in the profession is illustrated by an increasing number of protection of conscience laws or policies. These provide safeguards against discrimination or retaliation, though the degree of protection depends upon the wording of the conscience clause .

The provision of health care in Canada is within the jurisdiction of provincial governments. Each province has a pharmacy association or college that is legally responsible for the regulation of the profession. These bodies establish and enforce guidelines for competent and ethical pharmacy practice, including conscientious objection.

The Code of Ethics of the College of Pharmacists of British Columbia subordinates freedom of conscience to the delivery of pharmacy products and services. It does so by demanding that conscientious objectors refer patients to another pharmacist to obtain morally controversial products, and supply the product themselves if another pharmacist is unavailable.¹ This problem is beyond the scope of this report.

THE ISSUES

This report is concerned with only two points:

- a) Prejudicial statements made by the Ethics Advisory Committee
- b) Ethics Advisory Committee structure and policy

a) Prejudicial statements made by the Ethics Advisory Committee

The Ethics Advisory Committee published an instruction to secure compliance to its rule on conscientious objection. [Appendix B]. Referring to pharmacists who have moral objections to some pharmacy services, the instruction, purporting to present their argument, included the following passage:

They should be able to dissuade patients requesting these services by denying their availability, or providing information under the guise of patient counselling...

Confirming the imputation of dishonesty, the Bulletin continued:

. . . the profession cannot allow pharmacists to lie about the existence of these services or promote their moral viewpoint in an attempt to persuade patients not to seek recognized pharmacy services they find objectionable.

No evidence was provided to support these statements, which portrayed conscientious objectors as liars or dishonest manipulators. The statements were repeated and amplified - again, without evidence - in an article in a national pharmacy journal in May, 2000:

A third concern is that pharmacists should be able to deny certain legitimate pharmacy services exist . . . or at least to be able to attempt to dissuade such patients, under the guise of patient counselling, by stating religious or moral beliefs as if they were scientific facts. This establishes that lying is justified if pharmacists object to providing contentious services. Denying such services exist is an outright lie, and attempting to dissuade patients by arguments based on personal religious or moral beliefs offered as scientific fact is a dishonest attempt to obtain informed consent . . .

The professional [*sic* - should read *public?*]cannot consider it just bad luck if patients are denied recognized pharmacy services, or receive misleading or incorrect information from pharmacists who object to the services.²

The publication of the *Bulletin* and the article in the *Canadian Pharmaceutical Journal* impugned the integrity of conscientious objectors, exposing them to the contempt of their colleagues and the public. This was reflected at the convention of the Canadian Pharmacy Association in June, 2000, where the *Journal* article was cited; two objectors were told during lunch that they should leave the profession.³

b) Ethics Advisory Committee structure and policy

The publication of unsubstantiated imputations of dishonesty is inconsistent with the *raison d'être* of an ethics committee. When such an anomaly is observed, it is appropriate to determine if it may be the result of attitudes, structures and policies influencing the committee.

ADDRESSING THE ISSUES

a) Prejudicial statements made by the Ethics Advisory Committee

A spokesperson for Concerned Pharmacists for Conscience protested the College *Bulletin*:

. . . I wish to make several points absolutely clear. CPC's objective is for pharmacists to have the right to refuse to participate in procedures they find morally repugnant, without repercussions. CPC equally respects the freedom of conscience of pharmacists who wish to participate, and those who do not wish to participate, in morally controversial procedures. CPC does not promote blocking access or availability, or prevent other pharmacists from participating.

. . . **Can you provide proof that conscientious objectors are guilty of judging, preaching or dissuading patients?** [emphasis in original]. . . your College has made such accusations . . . by implying conscientious objectors dissuade patients under the guise of patient counselling, lie about the existence of services to patients and attempt to promote their moral viewpoint.⁴

Since the Registrar did not acknowledge receipt of this letter, the spokesperson wrote again, repeating her request that the College provide proof of the statements made in the bulletin. She also referred to the *Canadian Pharmaceutical Journal* article:

Frank Archer's prejudicial and religiously discriminatory article . . . is an erroneous legal analysis of human rights law. . . Am I correct in understanding that the College of Pharmacists of B.C. supports the opinions of Frank Archer?⁵

The letter was not answered, and the College did not modify the statements made in the *Bulletin* in light of the information provided by Concerned Pharmacists for Conscience.

Beginning in April, 2000, the Administrator attempted a dialogue with the College of Pharmacists of British Columbia, focussed on its March/April 2000 *Bulletin*. The Registrar of the College broke off correspondence in July, having written two letters that she believed provided all the necessary information. [Appendix C]

The Administrator acknowledged her position, but pointed out that her letters had not addressed the prejudicial statements made in the *Bulletin*. He requested that the Registrar provide evidence to support them, or retract them and apologize. This request, repeated in two subsequent letters, was ignored. [Appendix C]

In October, 2000 the Administrator filed a request under the *Freedom of Information and Protection of Privacy Act* to obtain access to all documents held by the College on subjects related to protection of conscience issues, dating from 1 January, 1995. The last of over 240 pages was received by the Administrator at the end of January, 2001. None of the documents contained anything to substantiate the offending passages in the *Bulletin* or the *Canadian Pharmaceutical Journal* article.

The Administrator wrote to the Registrar to point this out, and asked her to confirm that the College had no evidence to support the statements made in the *Bulletin*. When the Registrar failed to respond clearly, the Administrator challenged her with the assertion that the College could not justify the statements in the *Bulletin* and that their publication was unethical. He asked if the College would retract them and apologize. The Registrar refused to do so. [Appendix C]

The author of the *Canadian Pharmaceutical Journal* article did not respond to four letters from the Administrator, who, as a matter of courtesy, had sent him a copy of a critique of his *Journal* article. [Appendix D] The editor of the *Journal* did not respond to letters directing his attention to the problem, but later agreed to review the matter. His response was published in an editorial in the April, 2001 issue of the *Journal*. [Appendix E]

b) Ethics Advisory Committee structure and policy

The response to the Administrator's access to information request disclosed that the creation of the Ethics Advisory Committee was mooted during the discussion of a five person task force revising the College's Code of Ethics.⁶ The Council approved the formation of the Committee with the terms of reference suggested by the Registrar, later revised. [Appendix A]

The College has not established the structure of the Ethics Advisory Committee, qualifications for membership, nor set a term of office for its members. There is no policy or process to identify or select members of the Committee, nor a policy requiring that the reasons for rejection of applicants be recorded. There are no bylaws governing its operation. [Appendix C]

It appears that members of the task force revising the College Code of Ethics simply continued as members of the Ethics Advisory Committee, augmented by additional appointments.⁷ There were seven members of the Committee as of November, 2000.

The members of the Ethics Advisory Committee are all registered pharmacists or former pharmacists. They all hold a Bachelor of Science in Pharmacy degree and have extensive experience as pharmacy practitioners.⁸

The Registrar of the College has been unwilling make enquiries about their formal qualifications in ethics, philosophy or related disciplines. When pressed - repeatedly - to provide this information, she would say only that all of them have encountered and responded to a variety of ethical dilemmas in the course of their practice as pharmacists. [Appendix C]. One concludes that none of them have formal qualifications specific to their role as ethics advisors.

COMMENT

This report has a narrow focus: the publication of unsubstantiated imputations of dishonesty. These are liable to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment. The statements offend against ethical notions of justice, non-maleficence and beneficence, and appear contrary to Value VII of the Code of Ethics of the College of Pharmacists of British Columbia.⁹

The injustice visited upon conscientious objectors by the Ethics Advisory Committee becomes more evident if one re-reads the offending passages as if they had been directed at an identifiable group. For example, similar accusations against Asians in the profession would have generated widespread criticism of the College, even if it had some evidence that this or that Asian pharmacist had been found to be dishonest. Negative stereotyping of groups on the basis of isolated incidents is no more acceptable than blind prejudice.

While the misrepresentations of the Committee were unjust, offensive and harmful, it would go beyond the evidence to suggest that they were deliberate. Committee members appear to have acted from ignorance rather than malice. This is indicated by two reviews of the *Journal* article, one by a constitutional lawyer, that found serious errors in explanations of human rights and labour law, as well as unfamiliarity with basic philosophical concepts that impact ethical reasoning.¹⁰

Moreover, one laments the emphasis in the *Bulletin* and *Journal* article on the paradigm of the law of contract, to the exclusion of ethical reflection on freedom of conscience. The authors seem completely unaware of ethical traditions that see freedom of conscience - always understood as a properly formed conscience - as constituent of the nature and dignity of the human person. Nor do they seem to grasp that a pharmacist has only one conscience, by which he must be guided in both private and professional affairs.

Thus, the misrepresentations of the Committee, while damaging, are just a symptom of the underlying problem: the hegemony of establishment ethics, and the resulting tendency to suppress all other ethical traditions.¹¹

The absence of College policy governing the Ethics Advisory Committee encourages the development of this ethical nepotism - old boys networking that ensures the *de facto* exclusion from the Committee of anyone who would seriously challenge its understanding of ethics. Among the excluded classes of people are those who adhere to transcendent ethical or moral principles and apply them in daily life and work- precisely those people, in other words, for whom freedom of conscience is a most fundamental good. This is likely to have a disproportionate impact on religious believers.

SUMMARY

1. The Ethics Advisory Committee of the College of Pharmacists of British Columbia impugned the integrity of conscientious objectors within the profession in statements made in an instruction published in the March/April, 2000 issue of the College newsletter, the *Bulletin*.
2. In an article published in the *Canadian Pharmaceutical Journal*, a member of the Committee expanded upon and amplified these statements.
3. The College has not produced evidence to support the statements made in the *Bulletin*. The Registrar of the College of Pharmacists of British Columbia has refused to retract the offending statements or apologize for their publication.
4. The author of the *Canadian Pharmaceutical Journal* article has not substantiated the statements made in that publication, and has ignored repeated requests that he provide evidence to support the statements made.
5. The statements made in the *Bulletin* are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment. There is evidence that this has occurred.
6. Publication of unsubstantiated imputations of dishonesty contradicts ethical principles that ought to govern the conduct of an Ethics Advisory Committee, and appears contrary to Value VII of the Code of Ethics of the College of Pharmacists of British Columbia. The subsequent refusal to retract and apologize is troubling for the same reasons. Nonetheless, the objectionable statements appear to have resulted from ignorance rather than malice.
7. The Ethics Advisory Committee is an *ad hoc* group. There is no policy governing selection of its members or appointments to the Committee, and its members lack formal qualifications in ethics, philosophy, or related disciplines. There is no policy governing its operation.
8. The policy vacuum in which the Ethics Advisory Committee operates is conducive to ethical nepotism and exclusion of diverse ethical viewpoints, with a disproportionate and adverse impact on religious believers.

RECOMMENDATIONS

1. The Council of the College of Pharmacists should require the Registrar to retract the offending passages in the *Bulletin* of March/April, 2000, and apologize for their publication.
2. The Council of the College of Pharmacists should require the author of the article *Emergency Contraceptives and Professional Ethics A Critical Review*, *Canadian Pharmaceutical Journal*, Vol. 133, No. 4, May, 2000, to retract the offending passages in the article and apologize for their publication.
3. The Council of the College of Pharmacists should enact policies governing the operation of the Ethics Advisory Committee. These policies should include reference to:
 - a) Qualifications for membership
 - b) Reflection of true ethical diversity in the appointment of Committee members, so that religious believers and others adhering to transcendent ethical or moral norms are not excluded from membership
 - c) Procedures for selection and rejection of applicants
 - d) Keeping record of formal qualifications of sitting members in ethics, philosophy or related disciplines, or the absence thereof
 - e) Terms of office
 - f) Formal consultation with religious and other ethical authorities
 - g) Accommodation of diverse ethical viewpoints within the profession, so that religious believers are not excluded from the profession
4. The Council of the College of Pharmacists should review procedures governing admission to faculties or schools of pharmacy and enact policies to ensure that religious believers and others adhering to transcendent ethical or moral norms are not excluded from teaching or education.
5. The Council of the College of Pharmacists should direct that the Registrar and members of the Ethics Advisory Committee responsible for the publication of the offending passages in the *Bulletin* and *Canadian Pharmaceutical Journal* be recused from participation in disciplinary hearings or commentary involving Value IX of the Code of Ethics.

APPENDIX A LEGAL FRAMEWORK

Governing statute, regulations and bylaws

The College of Pharmacists of British Columbia regulates the practice of pharmacy in the province under the authority of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* (RSBC 1996). Section 2 of the Act imposes upon the College a duty to serve and protect the public and exercise its powers in the public interest [2(2)a,b]. Section 2 also authorizes the College

(e) to govern registrants according to this Act and the bylaws;

(g) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice among registrants;

(k) to establish, maintain and enforce standards of professional ethics among registrants;

Anyone who practises pharmacy in British Columbia must register with the College [Section 15, 21], and all registered pharmacists are members of the College [Section 3]. The affairs of the College are overseen by a Council comprised of pharmacists elected by their colleagues, and non-pharmacists appointed by the Lieutenant Governor in Council [Section 7]. Bylaws made by the council and approved by the Lieutenant Governor in Council govern the profession [Section 61]. The bylaws may include standards of practice and conduct to be adhered to by a registrant [61(2)e] and establish committees the council determines are necessary or advisable [61(2)q].

Resolutions passed at annual general meetings of the members of the College are considered to be of an advisory nature, and are not binding on the Council.¹²

Committees required by statute

An **inquiry committee** established under the Act is responsible for investigating complaints of professional misconduct, and may initiate such investigations [Section 48(1)]. It may refer the matter under investigation to another committee of the College, such as the Ethics Advisory Committee, for a review and report [Section 48(3)]. If the inquiry committee has reasonable and probably grounds to believe that a pharmacist has been or is negligent or incompetent ,[48(8)c] or has committed professional misconduct or conduct unbecoming a registrant [48(8)d] it must direct that a disciplinary hearing be held.

Disciplinary hearings are conducted by a panel of three, drawn from a **discipline committee** of at seven or more persons, at least one of whom must not be a pharmacist [Section 52, 53; Bylaw 4, paragraph 18]. Penalties for conviction range from reprimand through fines and assessment of costs to the cancellation of registration (i.e., dismissal from pharmacy practice) [Section 54]. There is a right of appeal to the Supreme Court by the College council or any person aggrieved or adversely affected by the decision of the disciplinary committee [Section 59].

Committees established by the council

The Council may approve the formation of committees in addition to those required by statute. One of these, the **Ethics Advisory Committee**, was approved on 14 June, 1997, after the Registrar of the College advised the council of the need for a group to assist College members and staff, as well as the members of the public, in the interpretation and application of the revised Code of Ethics, with the responsibility of reviewing the Code on an ongoing basis to ensure its continuing applicability and timeliness.¹³

Ethics Advisory Committee: structure and policy

The original terms of reference for the Committee consisted only of these brief statements by the Registrar. The following year, the original terms of reference were rescinded by the council and replaced with the following:

1. Provide advice and guidance to members of the College (either individually or as a group) regarding ethical questions and dilemmas.
2. Review and recommend updates to the Code of Ethics as necessary.
3. Consult on education program proposals relating to ethics issues.
4. Serve a liaison function with the Faculty of Pharmaceutical Sciences on matters concerning the ethics education of students.¹⁴

Unprofessional conduct

Bylaw 9 of the council defines unprofessional conduct, including within the term failing to comply with the Code of Ethics of the College of Pharmacists of British Columbia.¹⁵ It is reasonable to suppose that the Ethics Advisory Committee would have a role to play in disciplinary matters involving Value IX of the Code of Ethics, which concerns conscientious objection. [See n. 1]

APPENDIX B
COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
BULLETIN MARCH/APRIL 2000 Vol. 25, No. 2

Note: *This bulletin was prepared by the Ethics Advisory Committee.¹⁶ No minutes were kept of the drafting of the document; the final (published) version is the only record that exists.¹⁷ The sections relevant to this report are underlined.*

Ethics in Practice

Moral Conflicts in Pharmacy Practice

The Code of Ethics adopted by the College of Pharmacists of British Columbia acknowledges that some pharmacists have moral objections to providing certain recognized pharmacy services. As a compromise, the Code recognizes conscientious objection as long as patients are not denied legitimate services. These pharmacists must refer patients to colleagues who will provide such services, and in the end deliver these services themselves if it is impractical or impossible for patients to otherwise receive them.

Pharmacy, like all professions, has been granted a monopoly right to provide services to the public. And professions have an obligation to provide recognized services to the public, because the public has no alternative. For this, professions receive prestige and financial reward. In the case of pharmacy some might argue we received one without the other, but this is another subject.

Individual pharmacists may experience conscience problems when requested to provide services to which they have a moral objection. At present these services might include provision of contraceptives, syringes and needles for drug addicts, emergency contraceptives, high doses of narcotics to control intractable pain that might hasten death in the terminally ill, and medications for terminal sedation. In future these services might expand to include preparation of drugs to assist voluntary or involuntary suicide, cloning, genetic manipulation, or even execution.

Some pharmacists have argued that if they have a moral objection to providing certain pharmacy services, neither they nor the profession has an obligation to see that patients are provided with these services, and patients should not receive them. They should be able to dissuade patients requesting these services by denying their availability, or providing information under the guise of patient counselling. In some jurisdictions so-called conscience clauses have recognized these arguments.

The moral position of an individual pharmacist, if it differs from the ethics of the profession, cannot take precedence over that of the profession as a whole. The public cannot be expected to consider it to be just bad luck if patients are refused recognized pharmacy services because their pharmacists have moral objections to providing them. And the profession cannot allow pharmacists to lie about the existence of these services or promote their moral viewpoint in an attempt to persuade patients not to seek recognized pharmacy services they find objectionable.

APPENDIX C
CORRESPONDENCE with COLLEGE OF PHARMACISTS

Note: *Project correspondence with the College of Pharmacists dealt with several issues raised by the Ethics in Practice column in the College's March/April Bulletin (reproduced in Appendix B). The following extracts concern only the subject of this report.*

3 April, 2000

To: College of Pharmacists of British Columbia
From: Administrator, Protection of Conscience Project

. . . your bulletin seriously misrepresents the position of most conscientious objectors when it claims that their primary concern is to deny patients recognized pharmacy services . It also misrepresents the purpose of protection of conscience legislation.

I invite you to visit the Project website to become more familiar with some of the issues involved. More important, I look forward to an early retraction of some of the statements made in this bulletin, and a significant clarification of others.

15 July, 2000

To: College of Pharmacists of British Columbia
From: Administrator, Protection of Conscience Project

Enclosed is a copy of an article that has been submitted for publication to the Canadian Pharmaceutical Journal. I would appreciate it if you would pass it on to Frank Archer.

I believe that you have been busy over the past few weeks, as have I, and I look forward to continuing our dialogue after receiving your response to my letter of 24 May.

24 July, 2000

To: Administrator, Protection of Conscience Project
From: Registrar, College of Pharmacists of B.C.

I have forwarded the proposed Canadian Pharmaceutical Journal article to Frank Archer, as you requested.

I will not be responding to your 24 May 2000 correspondence because I believe that I have provided all the necessary information in my previous two letters to you.

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

27 July, 2000

To: College of Pharmacists of British Columbia
From: Administrator, Protection of Conscience Project

Thank you for passing on the article to Frank Archer.

While I understand that you do not see a reason to continue our correspondence, there is an important issue that has not been resolved by your letters.

In my first letter I referred to the College Bulletin (March/April 2000, Vol. 25, No. 2: Ethics in Practice), stating that it seriously misrepresents the position of most conscientious objectors. Referring to pharmacists who have moral objections to some pharmacy services, the Bulletin, purporting to present their argument, includes the following passage:

They should be able to dissuade patients requesting these services by denying their availability, or providing information under the guise of patient counselling...

Confirming the imputation of dishonesty, the Bulletin continues:

...the profession cannot allow pharmacists to lie about the existence of these services or promote their moral viewpoint in an attempt to persuade patients not to seek recognized pharmacy services they find objectionable.

You will appreciate that unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

Accordingly, I request that you provide evidence to show that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint under the guise of patient counselling , or that their primary goal is to dissuade patients from seeking pharmacy services.

In the absence of such evidence, the College should retract the offending passages in the Bulletin and apologize for having made prejudicial statements.

17 August, 2000

To: College of Pharmacists of British Columbia
From: Administrator, Protection of Conscience Project

I have not yet had a reply to my letter of 27 July referring to the College Bulletin for March/April 2000, Vol. 25, No. 2: Ethics in Practice .

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

I noted then that unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

You have not provided evidence to show that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint under the guise of patient counselling, or that their primary goal is to dissuade patients from seeking pharmacy services.

Will the College now retract the offending passages in the Bulletin and apologize for having made prejudicial statements?

8 September, 2000

To: College of Pharmacists of British Columbia

From: Administrator, Protection of Conscience Project

I have not yet had a reply to my letters of 27 July and 17 August referring to the College Bulletin for March/April 2000, Vol. 25, No. 2: Ethics in Practice .

I noted then that unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

You have not provided evidence to show that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint under the guise of patient counselling, or that their primary goal is to dissuade patients from seeking pharmacy services.

Please retract the offending passages in the Bulletin and apologize for having made prejudicial statements.

11 October, 2000

To: College of Pharmacists of British Columbia

From: Administrator, Protection of Conscience Project

Enclosed is an Access to Information Request made under the *Freedom of Information and Protection of Privacy Act* . . .

I look forward to hearing from you within the time specified by the statute.

[Among other things, the access request sought all documents pertaining to the following.]

- a) policy on qualifications for appointment to the ethics committee of the College of Pharmacists of British Columbia;

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

- b) policy on the process to be followed in applying for membership in the ethics committee of the College of Pharmacists of British Columbia;
- c) policy on the process to be followed in appointing members of the ethics committee of the College of Pharmacists of British Columbia;
- d) the number of current members of the ethics committee of the College of Pharmacists of British Columbia, and their academic and professional qualifications and experience relevant to their role as ethics committee members;
- e) the number of rejected applications for membership on the ethics committee of the College of Pharmacists of British Columbia received by the College since 1 January, 1995, and the reasons for rejection.

14 November, 2000 (date received by courier)

To: Administrator, Protection of Conscience Project

From: Registrar, College of Pharmacists of British Columbia

. . . There are no formal policy statements relating to the qualifications or application process for appointment to the Ethics Advisory Committee.

The members of the Ethics Advisory Committee are all registered pharmacists or former pharmacists. They all hold a Bachelor of Science in Pharmacy degree and have extensive experience as pharmacy practitioners.

There are no records relating to the rejection of applications of Ethics Advisory Committee membership. . .

15 November, 2000

To: College of Pharmacists of British Columbia

From: Administrator, Protection of Conscience Project

. . . It appears that some documents and information that were covered by the request were overlooked. Attached to this letter is a list of the documents that appear to be missing. . .

Academic and professional qualifications and experience of current members of the Ethics Advisory Committee, relevant to their role as ethics committee members.

The following information, provided by the Registrar, includes no information about professional qualifications and experience in ethics or related disciplines (such as philosophy, theology, or law).

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

The members of the Ethics Advisory Committee are all registered pharmacists or former pharmacists. They all hold a Bachelor of Science in Pharmacy degree and have extensive experience as pharmacy practitioners.

30 November, 2001

To: Administrator, Protection of Conscience Project

From: Registrar, College of Pharmacists of British Columbia

... Academic and professional qualifications and experience of current members of the Ethics Advisory Committee: There are no written or other records relating to this topic in our records system.

31 January, 2001

To: College of Pharmacists of British Columbia

From: Administrator, Protection of Conscience Project

... It appears from the material supplied and from your letters that the College has no evidence to support statements made in its Bulletin for March/April 2000, Vol. 25, No. 2: Ethics in Practice (i.e, that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint under the guise of patient counselling, or that their primary goal is to dissuade patients from seeking pharmacy services). Please confirm that this is the case.

It also appears that none of the members of the Ethics Advisory Committee have academic or professional qualifications in ethics, philosophy or related disciplines. I would appreciate it if you would confirm whether or not this is the case by making the appropriate enquiries, and provide the details of any such qualifications held by Ethics Advisory Committee members.

12 February, 2001

To: Administrator, Protection of Conscience Project

From: Registrar, College of Pharmacists of British Columbia

... I wish to confirm that I have provided you with all existing records in my custody pertaining to the Ethics in Practice column in the March/April issue of the *Bulletin*.

I also wish to confirm that I have no records in my custody pertaining to the Ethics Advisory Committee members' academic or professional qualifications in ethics, philosophy or related disciplines. Under the provisions of the *Freedom of Information and Protection of Privacy Act*,

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

I am not obligated to create records in order to respond to your request under the Act . . .

14 February, 2001

To: College of Pharmacists of British Columbia

From: Administrator, Protection of Conscience Project

. . . It is now clear that the College cannot justify the statements made by its Ethics Advisory Committee in the College Bulletin for March/April 2000, Vol. 25, No. 2: Ethics in Practice (quoted in my letter of 31 January and in earlier correspondence.) These unsubstantiated imputations of dishonesty offend against justice, beneficence, and non-maleficence, and appear to contradict Value VII of the College's Code of Ethics, the very Code that the authors of the bulletin are, by their terms of reference, supposed to interpret and apply.

Will you now retract the statements made in the bulletin and apologize for having published them?

Quite apart from my Access to Information requests, and in view of the foregoing, I ask that you explain what academic or professional qualifications Ethics Advisory Committee members have in ethics, philosophy or related disciplines. Their qualifications are of interest not only to your members, but members of the public.

1 March 2001

To: Administrator, Protection of Conscience Project

From: College of Pharmacists of British Columbia

I have your letter . . . in which you request a retraction and apology for statements made in the Ethics in Practice column in the March/April 2000 issue of our newsletter, the *Bulletin*. I will not be retracting the comments, nor offering an apology.

As I have indicated in previous correspondence, the members of the College's Ethics Advisory Committee are experienced pharmacists and former pharmacists, all of whom have encountered and responded to a variety of ethical dilemmas in the course of their practice as pharmacists.

APPENDIX D
CORRESPONDENCE with FRANK ARCHER

17 August, 2000

To: Mr. Frank Archer
From: Administrator, Protection of Conscience Project

I understand that Ms. Lytle has given you my response to your column in the May issue of the Canadian Pharmaceutical Journal. Enclosed is a copy of a self-explanatory letter to the CPJ.

I am making the same request of you that I have made to the editor of the CPJ: that you provide evidence to support the allegations you have made, or issue a retraction and apology.

8 September, 2000

To: Mr. Frank Archer
From: Administrator, Protection of Conscience Project

I await your reply to my letter of 17 August, 2000.

Unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

Accordingly, I request that you retract the offending passages in the your article in the Canadian Pharmaceutical Journal and apologize for having made prejudicial statements.

15 November, 2000

To: Mr. Frank Archer
From: Administrator, Protection of Conscience Project

I await a reply to my letters of 17 August and 8 September, and reiterate my request that you retract the offending passages in the your article in the Canadian Pharmaceutical Journal, and apologize for having made prejudicial statements.

20 February, 2001

To: Mr. Frank Archer
From: Administrator, Protection of Conscience Project

As a result of an access to information request, I am now aware that the College of Pharmacists of British Columbia has no evidence to support imputations of dishonesty directed at

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

conscientious objectors. Almost identical statements appeared later in an article you wrote for the Canadian Pharmaceutical Journal.

You have ignored my letters of 17 August, 8 September and 15 November, in which I asked you to provide evidence to support your allegations, or retract them and apologize. I do not anticipate the courtesy of a reply to this letter.

However, if your conduct in this matter exemplifies what you consider to be the ethics of the profession, I question your continued involvement with the Ethics Advisory Committee of the College.



APPENDIX E
CORRESPONDENCE with CANADIAN PHARMACEUTICAL JOURNAL

17 July, 2000

To: The Editor, Canadian Pharmaceutical Journal
From: Administrator, Protection of Conscience Project

Enclosed is an article written in response to a column by Frank Archer that appeared in the May issue of the Journal . . .

17 August, 2000

To: The Editor, Canadian Pharmaceutical Journal
From: Administrator, Protection of Conscience Project

On 17 July, 2000, I forwarded a manuscript and computer disk with the submission *In Defence of the New Heretics: A Response to Frank Archer* . . .

I have enclosed a stamped, self-addressed envelope for the return of the manuscript if it is not your intention to publish it.

However, I draw your attention to Mr. Archer s accusations, published in the CPJ in his May column, that conscientious objectors believe that they are entitled to lie to and mislead patients, and that they wish to obtain patient consent by dishonest means. No evidence was provided to support these statements.

Publication of unsubstantiated and prejudicial generalizations is known in some forums as poisoning the workplace environment. I request that the Canadian Pharmaceutical Journal provide evidence to substantiate the accusations, or print a retraction and apology for having published them.

15 November, 2000

To: The Editor, Canadian Pharmaceutical Journal
From: Administrator, Protection of Conscience Project

. . . On 17 August I forwarded a stamped, self-addressed envelope for the return of the manuscript. An e-mail response to this letter stated that the article was currently under review for an upcoming issue of the CPJ.

In my letter of 17 August, I also drew your attention to Mr. Archer s accusations, published in the CPJ in his May column, that conscientious objectors believe that they are entitled to lie to and mislead patients, and that they wish to obtain patient consent by dishonest means. No evidence was provided to support these statements, and I asked that the Journal provide evidence

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

to substantiate the accusations, or print a retraction and apology for having published them.

Please advise what you intend to do with the article, and when you will provide evidence to support the accusations, or publish a retraction and apology.

20 February, 2001

To: The Editor, Canadian Pharmaceutical Journal

From: Administrator, Protection of Conscience Project

. . . In my letter of 17 August, I also drew your attention to Mr. Archer's accusations, published in the CPJ in his May column, that conscientious objectors believe that they are entitled to lie to and mislead patients, and that they wish to obtain patient consent by dishonest means. I asked that the Journal provide evidence to substantiate the accusations, or print a retraction and apology for having published them.

As a result of an access to information request, I am now aware that the College of Pharmacists of BC has no evidence to support almost identical statements that appeared in one of its bulletins last year. The publication of unsubstantiated imputations of dishonesty by a regulatory authority is reprehensible. I am concerned that their re-publication by a professional journal has further prejudiced the profession against conscientious objectors. Please advise whether or not you intend to publish a retraction and apology for having published them.

Editorial- April 2001

Canadian Pharmaceutical Journal

(Reproduced with permission 24 May, 2001)

Back in August, in the thick of our series on emergency contraception, Sean Murphy, administrator of a group called the Protection of Conscience Project, sent us a letter criticizing a column we published by Frank Archer, a member of the BC College of Pharmacists ethics committee. Said Mr. Murphy: "In his May column (Mr. Archer said) that conscientious objectors believe they are entitled to lie to mislead patients, and that they wish to obtain patient consent by dishonest means." He asked us "to provide evidence to substantiate the accusations, or print a retraction and apology for having published them.."

At the risk of revisiting an offending passage -- but in the interest of fairness here's what Mr. Archer wrote in May: "A third concern is that pharmacists should be able to deny certain legitimate pharmacy services exist, if requested to provide them, or at least to be able to attempt to dissuade such patients, under the guise of patient counselling, by stating religious or moral beliefs as if they were scientific facts. This establishes that lying is justified if pharmacists object to providing contentious services."

To me, Mr. Archer's comments are not the stuff of apologies and retractions.

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

Important in this example, the article -- an opinion piece -- appeared early in the EC debate and was meant to establish and comment on possible scenarios in the pharmacy. That's shown when Mr. Archer writes that "pharmacists should be able to" deny services, or "be able to attempt" to dissuade patients from trying EC. He does not claim that some pharmacists "do" deny that EC exists, or "do" counsel patients by stating religious or moral beliefs. Instead, he was covering the bases in what was a fairly exhaustive review.

Having said all that, proofreaders will argue that the CPJ confused matters by neglecting the sentence, "this establishes that lying is justified...!". And they would be right. It should have read "this would establish," to agree with the rest of the paragraph.

For some, that explanation probably won't do. Emergency contraception is an emotional subject, and pharmacists on both sides have been rigorous in defending their arguments. Mr. Murphy will have to decide if our response is fair, and I suspect he will share his conclusions.

Which leads us to another article -a letter, actually - that might offer some perspective. Consider this passage from our May, 2000, issue: "I am very sorry, but just because a treatment is legal, it does not therefore automatically make it moral. Hitler also legalized mercy killing." By publishing that argument, is the CPJ equating some health professionals with amoral Nazi butchers? No, of course not.

But we won't apologize or retract that comment either.

NOTES

1. *Code of Ethics, College of Pharmacists of British Columbia, Value IX: A pharmacist ensures continuity of care in the event of job action, pharmacy closure or conflict with moral beliefs. Obligations: . . . A pharmacist is not ethically obliged to provide requested pharmacy care when compliance would involve a violation of his or her moral beliefs. When that request falls within recognized forms of pharmacy care, however, there is a professional obligation to refer the patient to a pharmacist who is willing to provide the service. The pharmacist shall provide the requested pharmacy care if there is no other pharmacist within a reasonable distance or available within a reasonable time willing to provide the service.*
2. Archer, Frank M., Emergency Contraceptives and Professional Ethics A Critical Review , *Canadian Pharmaceutical Journal*, Vol. 133, No. 4, May, 2000
3. E-mail from Maria Bizecki (Concerned Pharmacists for Conscience) to the Administrator, 3 July, 2000
4. Letter from Maria Bizecki to the Registrar, 2 August, 2000.
5. Letter from Maria Bizecki to the Registrar, 7 September, 2000
6. Minutes of the Code of Ethics Task Force, 22 October, 1996 1 April, 1997
7. Minutes of the Code of Ethics Task Force, 1 April, 1997
8. Letter from the Registrar to the Administrator (undated), received 14 November, 2000
9. *Code of Ethics, College of Pharmacists of British Columbia, Value VII: A pharmacist respects the values and abilities of colleagues and other health professionals.*
10. Murphy, Sean, *In Defence of the New Heretics: A Response to Frank Archer.*
www.consciencelaws.org/Conscience-Archive/Conscience-Project-Documents/New-Heretics-Conscience.html
- Benson, Iain, "*Autonomy*", "*Justice*" and the Legal Requirement to Accommodate the Conscience and Religious Beliefs of Professionals in Health Care
www.consciencelaws.org/Examining-Conscience-Issues/Legal/Articles/Legal04.html
11. Murphy, Sean, *Establishment Bioethics.*
www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical16.html
- Shalit, Ruth, When we Were Philosopher Kings . *The New Republic* April 28, 1997
www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical09.html
12. College of Pharmacists of British Columbia *Bulletin*, Vol. 35, No. 6, November/December, 2000

PROTECTION OF CONSCIENCE PROJECT

REPORT

2001-01

13. Minutes of the Meeting of the Council of the College of Pharmacists of British Columbia, 14 June, 1997, Page 2
14. Minutes of the Meeting of the Council of the College of Pharmacists of British Columbia, 27 March, 1998, Page 15, Appendix 3
15. Bylaws of the Council of the College of Pharmacists of British Columbia, December, 1999: Bylaw 9, paragraph 90(1)
16. College of Pharmacists of British Columbia *Bulletin*, May/June 2000, Vol. 25, No. 3, P. 4
17. Letter from the Registrar to the Administrator, 30 November, 2000