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# Code of Ethics

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## Introduction

*The New Brunswick Pharmacy Act, 2014* (the Act) establishes the New Brunswick College of Pharmacists (the “College”) as the professional body responsible for regulating the practice of pharmacy in New Brunswick. This model, where professionals regulate professionals, is called self-regulation. This authority is expressed in the College’s mission statement:

*“Governing the practice of pharmacy for a healthier New Brunswick.”*

[Self-regulation](#) is a privilege granted by government on the condition that the self-regulating profession agrees to put the interests of the public above its own interests collectively, and above [members’](#) interests individually. The alternative to self-regulation is unilaterally-imposed government regulation.

*The Act* requires that all decisions and activities of the College be made in the public interest. Acting in the public interest broadly encompasses:

1. Duties to the public - to promote and protect the health, well-being, safety and interest of the public (i.e. individuals who utilize pharmacy services or [“patients”](#)).
2. Duties of conduct – to hold forth the independence, integrity and honour of the profession.

## Purpose

The College is responsible for ensuring that every pharmacy professional in the province is **competent** and **practices ethically**; this is in essence the duty to promote the public interest. Competence is certified by activities of the College such as licensing of members, maintaining standards of practice, investigating complaints and ensuring continuing professional development (CPD). The governance of ethical practice is accomplished through the adoption, enforcement and dissemination of this Code of Ethics (CoE).

Competency and ethics are tightly intertwined and the CoE is applicable to all pharmacy practice whether direct patient care or otherwise. All members are responsible to the College and therefore the public for application of the CoE in the context of their professional environment. This document is a foundation for practice that interlinks with standards of practice; provincial and federal legislation; and College regulation; as such, the CoE should be considered in conjunction with these documents.

The Public, members and the College use the CoE to:

1. Articulate the ethical principles for Pharmacy Professionals
2. Serve as an educational resource

3. Self-evaluate knowledge, skills and attitudes pertaining to ethics in the course of Continued Professional Development (CPD)
4. Establish a basis for the evaluation of members' conduct in the course of complaints and discipline proceedings

This CoE purposefully provides a conceptual rather than a granular approach to codifying Pharmacy Professionals' ethical practice. Members may not justify unethical behaviour by rationalizing that a given behaviour is not expressly prohibited by this CoE. Authoring an exhaustive list of ethical rules is unrealistic given the infinite number of situations and scenarios potentially presenting in practice. This document brings together two paradigms to assist practitioners in their everyday practice as well as when navigating ethical dilemmas:

1. Values-Based Decision Making (VBDM)
2. Bioethical Principles

Upon registration with the College, and on an annual basis, the member is required to affirm their commitment to ethical conduct by signing a *Declaration of Commitment*. A version of the Code of Ethics is to be publicly displayed in each pharmacy<sup>1</sup>.

## Values-Based Decision Making

Promoting and protecting the public interest is the core value of pharmacy practice in New Brunswick. Members have a duty to embody this value and incorporate it in every aspect of their daily practice, not just when faced with a difficult ethical dilemma. Members should habitually ask themselves:

1. *Will what I am about to do result in promoting and protecting the health, well-being, safety and interests of the public and/or patient?*
2. *Will what I am about to do hold forth the independence, integrity and honour of the profession?*

Identifying the most important value and using it to direct behavior is a methodology known as Values-Based Decision Making. VBDM skills can be developed and improved with practice. In addition to determining the correct action, it emphasizes performing that action **in the correct manner, at the correct time, with the correct people and for the correct reasons**. It is a methodology that results in the application of good judgment. In other words, judgment that is consistently motivated by a duty to promote and protect the public interest, as well as judgment that holds forth the independence, integrity and honour of the profession.

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<sup>1</sup> New Brunswick College of Pharmacists. Regulations of the New Brunswick College of Pharmacists Section 6.6(2). 2014.

In VBDM the objective is to maintain a view of a common value rather than a list of ethical rules which instruct members about what to do in particular circumstances. If everyone acts according to a common value then a “rule book” will no longer be necessary.

<b>Table 1: The Process of Values-Based Decision-Making</b>	
Step 1	Establish the facts.
Step 2	Ensure that everyone agrees on the facts.
Step 3	Identify the conflicting or competing values of the parties involved.
Step 4	Prioritize the core value of promoting and protecting the public interest.
Step 5	Make a decision.

**Step 1: Establish the facts**

Understand the facts as completely and objectively as possible. The focus is to assemble the relevant factual information without judgment. This is known as identifying the context within which a decision is made. Although the contextual facts are essential to VBDM, it is crucial to understand that the facts alone will not determine what should be done. Values ultimately determine the result of a given decision.

**Step 2: Ensure everyone agrees on the facts**

Determine whether the relevant stakeholders agree on the facts or if there are any factual disagreements. This is important because the VBDM methodology cannot function unless there is agreement on the facts. At this point it is possible to have total agreement on the facts but to disagree about the appropriate course of action. This is a values conflict.

**Step 3: Identify the conflicting or competing values of the parties involved**

Identify and understand the values that are at play in the particular fact situation. The decisive factor in every decision, whether realized or not, is a “judgment” based on “a value”, i.e. a value judgment. Sometimes these ‘value judgments’ are made instinctively, or intuitively, or are the result of our beliefs and/or assumptions. Nevertheless, values are present in every decision and they ultimately determine what course of action will be pursued. Therefore, this step in the process is to understand and identify the values that are “in play” within the context of the decision to be made.

**Step 4: Prioritize the core value of promoting and protecting the public interest, i.e., duties to the public and/or duties of conduct.**

Analyze the values that are in conflict and then determine how to implement the value of promoting and protecting the public interest, in other words, prioritize the duties to the public and/or duties of conduct. All “values conflicts” should be resolved in favour of promoting and protecting the public interest and *hold forth the independence, integrity and honour of the profession*. After determining the action that will promote and protect the public interest, **the action must be performed in a contextually appropriate manner; that is**, in the correct manner,

at the correct time, with the correct people, and for the correct reasons. The exercise of good judgment is paramount.

## **Bioethical Principles**

The principles of bioethics will be useful considerations for steps 3 and 4 of the analysis. The core value of promoting and protecting the public interest can be further analysed using the bioethical principles. Carrying out Duties to the Public and Duties of Conduct can be predicated on the four conceptual ethical principles described below.

### **1. Beneficence and 2. Non-Maleficence**

The terms beneficence and non-maleficence mean 1) “do good” and 2) “do no harm”, respectively. In realizing the value of promoting and protecting the public interest, members might face circumstances where this value is threatened. These two principles encourage members to explicitly consider the consequences that any decision would have on the public interest, i.e. would the consequences of the act “do good” and/or would the consequences “do no harm”? Components of practice that may be ethically fraught include stakeholder’s financial interests influencing patient care, scope of practice boundaries, disclosing and documenting medication errors and near-misses, transitioning of care between providers or environments, [conscientious objection](#) and allocating sufficient resources to provide comprehensive patient-centred pharmaceutical care/medication management.

### **3. Respect for Persons**

Respect for persons is generally understood as the requirement that all patients be treated with dignity. There is an inherent vulnerability associated with being a patient and therefore patients must be able to trust that the health care professional is motivated primarily by the core value of what is best for the patient. The member should consider the impact on the dignity of the patient. Would the potential action respect the inherent dignity of the patient or would it be an example of using the patient as a means to achieve an alternative goal? The focus should be on [patient-centred care](#). Particularly challenging aspects of practice that this principle applies to include managing professional-patient relationships, [informed consent/refusal](#), [substitute decision makers](#), advanced health directives, freedom of patient choice of pharmacy, and [fiduciary](#) duties of the professional.

### **4. Justice**

The social aspect of the principle of justice is paramount. Justice includes the broader social obligations to protect the public interest and includes facilitating equitable access to services and conducting business ethically. Particularly challenging aspects of practice that justice impacts upon include allocation of rationed medication, patient incentives strategies, gifts, documentation, assumption and abrogation of responsibility, [conflict of interest](#), dual relationships, advertising and referrals.

The four bioethical principles can be brought together with the VBDM methodology. As the professional answers yes or no to the two VBDM questions above regarding duty to the patient and duty to the profession, the principles provide the 'how' to the answer. If the answer is 'no' then a statement can be made, "The individual value held by party X does not adhere to Y bioethical principle". This is analogous to the statement of a drug-related problem within the Pharmaceutical Care Process.

## **Conclusion**

New Brunswick Pharmacy Professionals practise in a context where they routinely face competing values (business interests, financial interests, the interests of an employer or of a pharmaceutical company, etc.) and any of those values may conflict with promoting and protecting the public interest and/or upholding the independence, integrity and honour of the profession. Also, there will be circumstances where the member is acting in a dual role as a business person as well as a Pharmacy Professional. To a business person, considerations of profitability are extremely important. In fact, it is so important that finances might determine whether or not the person can continue to operate the pharmacy practice. These realities might mistakenly appear to necessitate that the member prioritize profitability, or the interests of other stakeholders, over the public interest. However, adherence to a VBDM process will not only reduce the frequency of these conflicts, it will help resolve them in an ethical manner. A VBDM process would never prioritize profitability over protecting and promoting the public interest.

This CoE has presented a VBDM framework to assist members in reducing the frequency of values conflicts, and/or when conflicts occur, resolving them in an ethical manner by maintaining the central values of promoting and protecting the public interest and upholding the independence, integrity and honour of the profession. The manner in which a values conflict is resolved is of the utmost important.

There are particular ethical dilemmas that, due to their complexity, controversy or breadth and/or magnitude of risk to stakeholders, may require expansion and commentary from the College, stakeholders and consultants. Ethical commentaries will be authored on an ad hoc basis and will be published on the College website and via regular newsletters.

The profession of pharmacy in New Brunswick is committed to prioritizing the public interest over all others including the self-interest of the profession or of individual members. Therefore, promoting and protecting the public interest is the guiding ethical value according to which all members are held accountable.

## **Concepts and Definitions**

### **Conflict of Interest**

A conflict of interest can be defined as any situation, interaction, or decision in which the professional's personal and/or financial values (or the personal and/or financial values of another person) have the potential to influence or compromise the professional's judgment. For the purposes of this CoE, there is no meaningful difference between an actual conflict of interest and a perceived conflict of interest. The ethical management of the two is identical and typically starts with a "disclosure" to the relevant body, e.g., management or the College.

### **Conscientious Objection**

A conscientious objection is an opinion held by a professional that precludes participation in the delivery of an aspect of patient care. Pharmacy Professionals may hold sincere beliefs of a conscientious nature that prevent the member from performing certain actions. If the service is permitted legally and prescribed by an authorized prescriber, then a claim to conscientious objection means that, "but for", the conscientious objection the member would normally have a duty to provide the service.

### **Fiduciary Relationship, Best Interest of the Patient, and Professional Boundaries**

The health professional and the patient are engaged in a therapeutic relationship. This relationship is characterized by a power imbalance. The professional is in a power position as a result of possessing specialized knowledge that the patient requires and the patient is vulnerable by virtue of being in need of that knowledge. A consequence of this power imbalance is that the professional owes the patient a fiduciary duty, in other words, the professional has a duty to act in the patient's best interest. This will require, amongst other considerations, the establishment of professional boundaries.

### **Informed Consent**

Informed consent requires the health professional to disclose the amount of information that a reasonable person in the patient's position would want to know. Informed patient consent can be garnered only if the patient understands treatment benefits and risks. Consent can be implied or expressed. For a discussion of Patient Consent, please see Appendix 1 of "Pharmacists' Expanded Scope: Minor Ailments" [[LINK](#)]

### **Member**

This *Code of Ethics* uses the term **member** to refer to Pharmacists, Pharmacist Students, Pharmacy Residents, Pharmacy Technicians, Pharmacy Technician Student, or Apprentice as defined in the *New Brunswick Pharmacy Act and Regulations*.

## **Mental Competency, Proxy and Substitute Decision Makers, and Advanced Health Care Directives**

On December 16<sup>th</sup> 2016, the New Brunswick *Advanced Health Care Directives Act*<sup>2</sup> received Royal Assent. This *Act* allows anyone, who has the capacity, to make an advanced health care directive that would come into effect should that person lose his or her capacity to make health care decisions. In addition to permitting advanced health care directives, this *Act* allows the patient to appoint a proxy to make decisions on behalf of the patient. The term proxy is used in this legislation; however, the term substitute decision maker is used in a parallel way in other Acts.

### **Patient**

This *Code of Ethics* uses the term **patient** to refer to any individual, or group, which either accesses or that is affected by the services of a member. This term should be interpreted broadly enough to capture those who are traditionally considered to be patients, customers, clients, patrons, etc. The term is used deliberately in the CoE as it denotes the vulnerability of the individual in contrast with the power imbalance in favour of the member.

### **Patient-centred Care**

Patient-centred care is an approach where health professionals and patients work together to meet the individual health-care needs of the patient. Patient-centred care is a continual effort to ensure the needs and choices of the patient are being met. The concept of patient-centred care is often expanded to include families as well; hence the term “patient and family-centred care.” Regardless of the label, the insight of this approach is the meaningful inclusion of patients (and often families) in the health care decision making process.

### **Self-Regulation**

*The New Brunswick Pharmacy Act 2014* gives pharmacy health professionals the authority to regulate their profession through licensing, standards of practice, disciplinary mechanisms, and continuing education requirements. In contrast, a professional association protects the interests of its members. The importance of this distinction cannot be understated. The privilege of self-regulation is accompanied with the mandate to protect the public interest, even if this conflicts with the interest of the profession as a whole or with the interests of individual members. In addition to the duties that arise from self-regulation, members are recognized as health professionals. This is a professional designation that entails specific professional duties to patients, namely, acting in the best interest of the patient. This is known as a fiduciary relationship (see above). The alternative to self-regulation is government regulation.

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<sup>2</sup> Advance Health Care Directives Act, SNB 2016, c 46, <<http://canlii.ca/t/52wbb>> retrieved on 2017-11-06

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