



New Brunswick College of Pharmacists

Ordre des pharmaciens du Nouveau-Brunswick

*Governing the practice of pharmacy for a healthier New Brunswick
Régir l'exercice de la pharmacie pour un Nouveau-Brunswick en meilleure santé*

Publication of Complaint Decision

Title of Incident	Prescribing of medications for family, friends and close colleagues.
Incident Description	During a routine visit to a pharmacy, the New Brunswick College of Pharmacists (the College) identified an ongoing pattern of pharmacists prescribing for pharmacist colleagues. When the issue was brought to the attention of those involved, the practice of prescribing for colleagues and family members ceased.
Summary of Findings	<p>On interviewing the three pharmacists involved, it was established there had been no consideration during the act of prescribing for one another (close contacts) that the activity was considered unethical and unprofessional. The motivation for prescribing appeared to be predicated on time and effort savings through avoidance of receiving usual care from the pharmacists' healthcare team. The medications prescribed were not controlled substances.</p> <p>The College found:</p> <ul style="list-style-type: none">• Each pharmacist involved took responsibility for their lapse in judgement• The members' files with the College do not reveal a known pattern of questionable conduct
Analysis	<p>The prescribing pattern was concerning for the College as it contravenes sections within the following documents:</p> <ol style="list-style-type: none">1. <i>New Brunswick College of Pharmacists' Code of Ethics</i>2. <i>Regulations of the New Brunswick College of Pharmacists (2015)</i>3. <i>Pharmacists' Expanded Scope: Minor Ailments (2014)</i>4. <i>Standards of Practice NAPRA (2009)</i> <p>The colleagues engaged in dual relationships; Healthcare provider and Employee/Employer/Manager with the patient they prescribed for. In this case, there would have been a risk of the emotional connection and/or power imbalance between coworkers resulting in:</p> <ul style="list-style-type: none">• a lack of objectivity and thoroughness in assessing the patient• potentially a conflict of interest between the prescriber and the patient where there would be benefit to the manager/employer in



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minimizing the employee's/patient's time away from work

In addition, the perception of a pharmacist circumventing usual access to healthcare may result in a negative impact on the public's perception of the profession.

Orders

Sanctions on the three pharmacists were developed with the goals of:

1. Sensitising the pharmacists to the ethical principles and unprofessional behavior that may be in contravention of these principles.
2. Facilitating strategies for working within the confines of these principles

To that end, the pharmacists completed short, intermediate and long-term remediation over the span of a year (reading, reflection and writing) involving:

- *Cipolle, RJ, Strand LM et al. Chapter 3: Toward a Philosophy of Pharmaceutical Care Practice in Pharmaceutical Care Practice. 3rd ed, 2012.*
- Implementation of quarterly "Ethical/Professional challenges/dilemmas" rounds where professional staff have opportunity to bring scenarios to the table for discussion and receive/provide peer feedback on the challenges presented.
- At the conclusion of the year of rounds, maintenance of an agenda item in professional staff meetings for "Ethical/Professional challenges/dilemmas" so that staff are prompted to share and inform others of issues arising.
- Development of pharmacy technician education materials on professionalism and ethics. This includes a presentation and/or assisting in small group workshops/role play scenarios & engaging in academic, association or corporate continuing professional development offerings on this topic
- Encouragement to enter into discussions on the topic with peers so that professional awareness is increased regarding this unacceptable practice

A letter of caution was maintained in each member's file for a period of one year.

Messages for Pharmacy Professionals

- Dual relationships:
 - exist when family members or colleagues enter into patient-healthcare provider relationships with each other
 - exist when patient-healthcare provider relationships take on other characteristics such as landlord, romantic or otherwise
 - may result in negative outcomes to the patient and possibly healthcare provider



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- should be avoided in all but emergency scenarios
- Consider how family members and close contacts should be informed regarding better sources (not close contacts) of care
- In cases where professionals provide care to a close contact, the justification and situation should be documented as well as what discounted alternatives existed for the patient
- Self-declaring dual relationships to superiors or peers may support practitioners in eliminating dual relationships thereby preventing issues

Posted February 15 2018

**Removal
Date** Indefinite