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Impact of Pharmacists' Religious and Personal Beliefs in Dispensing Contraceptives

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Abstract

Background: *Until recently, pharmacies were not permitted to dispense any emergency contraceptives to women to prevent pregnancy. No legal statutes existed under which pharmacists with religious, moral or ethical objections could refuse to fill a prescription for contraceptives, nor were there direct guidelines describing the pharmacist's professional obligations.*

Objectives: *The purpose of this study is to explore the frequency of cases in which pharmacists have refused, due to their personal beliefs, to provide counsel regarding contraceptives or have refused to refer to a patient to a different pharmacist or healthcare provider. This study will compare and contrast the differences between independent pharmacies and chain pharmacies (i.e. time spent, location, most common recommended contraception). Finally, this study will compare the results evident between male pharmacists and female pharmacists.*

Method: *Quantitative method employed uses two interview questions directed to pharmacists:*

(1) "I am moving in with my fiancée/boyfriend next month and I have never used contraceptives. What are my options?"

(2) "If I use a condom and it breaks, do I have any choices to prevent pregnancy after the fact?"

The survey was conducted in two locations, the greater Philadelphia area and Hershey, PA. The survey was conducted through face-to-face interactions with pharmacists, either employed at independent pharmacy or at a chain pharmacy. Data collected from each pharmacist included number of approximate age/gender; minutes spent in each consultation with a patient; the kind of privacy provided during the consultation; and the referrals given, if any.

Results: *Fifty (50) pharmacists were interviewed. No pharmacist indicated that counseling would be denied, although one (1) pharmacist refused to counsel on Plan B and four (4) pharmacists referred the interviewer to a doctor immediately, indicating that all medications require a prescription. Two (2) pharmacists spent more than 10 minutes providing the best possible counseling.*

Conflicts of Interest: There are no conflicts of interest to report.

Keywords: OC, Plan B, Ethics, EC, APhA

Background

Historically, selling contraceptives was banned for women of all ages. The most popular methods to conceive were withdrawal method and periodic abstinence; though, first birth controls were available from 1893 (condoms) and first oral contraceptives since 1960. Earlier methods were not effective and lead to unwanted pregnancies and eventually abortions. Only in "**1965** The Supreme Court (in Griswold v. Connecticut) gave married couples the right to use birth control, ruling that it was protected in the Constitution as a right to privacy. However, millions of unmarried women in 26 states were still denied birth control."[1] Moreover just before 2000, many health care providers (including pharmacists) still refused to provide birth control pills and emergency contraceptives based on the religious objections they may have held. Many women who did not receive EC in a timely manner decided to get an abortion. In the United States, it has been estimated that 1.7 million unintended pregnancies and 800,000 abortions could have been prevented each year by the widespread use of EC.[2]

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In 1998, the APhA addressed both the rights of the patient and the pharmacist by developing a refusal clause.[3] Pharmacists, based on their personal beliefs, could refer their patients to another pharmacy within 5 miles of their location, thereby allowing women the opportunity obtain EC. However, any pharmacists could continue biased behavior towards these individuals because of their reaction to the request and did not, therefore, provide the best care possible. These pharmacists exercised a degree of professional autonomy, acting on their beliefs and biases that they have a right to refuse dispensing EC, despite any harm that may result to the patient making the request. Based on such beliefs, the pharmacist assumes that should a patient takes EC, it causes an abortion to a newly-conceived life. These pharmacists are not in compliance with their professional code of ethics. They place their personal beliefs over those of the individual, often times ignoring the need to respect personal and cultural differences and to perform in an individual patient's best interest.

Lacking legal constraints and direction from statutes under the Code of Ethics, many pharmacists continue to refuse dispensing OC and EC. These practices have led Boards of Pharmacy to initiate new policies and procedures. In 2007,

the Board of Pharmacy in Pennsylvania introduced through their Code of Ethics a new Statement of Policy regarding pharmacists who have religious, moral or ethical objections. Relevant guidelines under the policy can be reviewed in Appendix B.[4]

Little research has been undertaken studying this aspect of pharmacy practice and few studies have been completed recently or are currently underway. Most studies have concentrated on the patient's religious beliefs and how such beliefs affect the patient's use of different medications.[5,6] There is numerous anecdotal evidence based on personal stories. The CDC has provided limited statistical evidence regarding the dispensing practices of pharmacists, based on a limited number of surveys conducted.

Method

To reiterate, the purpose of this study is to determine the frequency and number of pharmacists refusing to counsel patients regarding their options with respect to contraceptives; to provide clear explanations regarding the use of EC; to compare differences between male and female pharmacists regarding the level of counseling, the suggestion of alternative pharmacy locations, and the time spent counseling; and to compare the differences between local and chain pharmacies.

It was appropriate to conduct a study to evaluate frequency of the pharmacists who still refuse counseling to provide a patient with his/her contraception needs.

A quantitative interview method, based on two questions, was employed.

(1) "I am moving in with my fiancée/boyfriend next month and I have never used contraceptives. What are my options?"
(2) "If I only use a condoms and it breaks, do I have any choices to prevent pregnancy after the fact? "

The main locations where the survey were conducted were (1) Downtown area of a large Northeastern city; (2) working class of neighborhood; (3) poor minority neighborhood; (4) upper class suburbs; and (5) small town near big city. One mode of data collection was used, namely, face-to-face conversations with pharmacists in independent or chain pharmacies.

The survey was conducted beginning March, 2016 through May, 2016.

Sample

Fifty pharmacists were interviewed face-to-face. They were employed by twenty- six independent pharmacies and twenty four chain pharmacies. They were selected as a convenience sample.

Data Collection

The primary data collected from each pharmacist included (i) approximate age/gender, (ii) amount of minutes spent, (iii) location of the store, (iv) referral sites provided, if any, and (v) first recommended contraception. Secondary data included (i) waiting time, (ii) privacy area provided, (III) counseling on side effects, (IV) use of literature, abbreviation of medical terms, and (V) eye contact.

Data Analysis

Data analysis was based on pharmacists' answers and personal observations of the interviewer. A recorder was used to count minutes each pharmacist spent during the interview.

Findings

Fifty pharmacists were interviewed face-to-face from 26 independent pharmacies and from 24 chain pharmacies locations. Two (2) pharmacists did not provide any counseling, referring patients directly to a doctor. All 50 pharmacists referred patients to a doctor for more information required by the patient if the patient needed a doctor to provide a prescription for contraceptives. One pharmacist (a female) from an independent store acknowledged personal beliefs and refused to discuss Plan B contraception. Yet, she provided counseling on side effects and contraindications of OC.

The chain pharmacies visited included Rite Aid, CVS, and Walgreens; as well as pharmacies affiliated with Giant Foods, ACME, and Shop Rite Grocery stores. The pharmacies visited were located in the Downtown area of large Northeastern city including working class of neighborhood and poor minority neighborhoods.

Among the pharmacists interviewed, 27 pharmacists were males and 22 were female, with 1 female pharmacy technician interviewed. Both female and male pharmacists spent approximately same amount of time counseling patients. However, nearly twice as many females than males (15 vs. 8) were observed working in chain pharmacies. More males were observed working in independent pharmacies (18 vs. 9).

The age of the pharmacists interviewed varied from approximately 20 to 80 years. Younger pharmacists provided more information about a variety of contraception methods, including their uses and respective side effects (table 2).

Older pharmacists spent less time on average; though, only a few were interviewed to make clear conclusion.

The majority of pharmacists spent from 2 to 3 minutes on counseling, averaging 3 minutes per patient. Two (2) male pharmacists, one from an independent store and another from a chain store, reporting spending more than 10 minutes with patients. Four (4) pharmacists spent less than one minute on counseling. Two of them were located in busy stores. Another pharmacist immediately referred the patient to a doctor. In addition, a fourth pharmacist, located at an independent pharmacy, was using the telephone and was not able to counsel. Thus, the pharmacy technician stated during the interview that they were only concerned with elderly patients.

Six (6) female pharmacists (no male pharmacists) referred patients to Planned Parenthood (1 female pharmacist from an independent store; 5 from chain stores). To reiterate, more female pharmacists were interviewed from chain pharmacies. Only pharmacists from chain pharmacies referred to other chain pharmacies containing medical clinics. Pharmacists in pharmacies in which a clinic already existed did not refer to the clinic in that store.

The frequency of contraception methods most frequently recommended by pharmacists included (1) oral contraception, (2), condoms plus Plan B, and (3) condoms without emergency pills.

No differences were observed among pharmacists regarding minutes spent counseling and quality of time spend based on household income levels or ZIP codes. Pharmacists in one neighborhood showing the lowest average household income of $55,501 spent 3.38 min on average, compared to pharmacists in the Philadelphia suburbs with higher average household incomes of $134,362.5 who spent 3.1 minutes with patients on average. Data come from year 2014.

The first question was designed to evaluate average time spent by a pharmacist, based on the gender and age of the pharmacist. There were twenty- seven male and twenty-three female pharmacists interviewed, with ages ranging from the mid-20 years old to 80 years old. The majority of the pharmacists interviewed (48%) were between 30 and 39 years old. Little differences were observed in the minutes spent by younger versus older pharmacists.

Table 1.
Data of Pharmacists Surveyed

Characteristics		Frequency	Frequency %	Average Time Spent by Category
Gender	Male	27	54%	3.01 min
	Female	23	46%	3.24 min
Age Range	20s	9	18%	3.55 min
	30s	24	48%	5.18 min
	40s	10	20%	5.25 min
	50s	2	4%	4.50 min
	60s	2	4%	4.00 min
	70s	2	4%	2.25 min
	80s	1	2%	2.25 min

The second question was designed to evaluate amount of time spent by each pharmacist and to ascertain an average time spent by a pharmacist. The largest group (32%) of pharmacists spent around 2-3 minutes on counseling. However, in the aggregate 48% of all pharmacists spent more than 3 minutes on counseling (two of fifty pharmacists provided high quality of counseling and spent more than 10 minutes of their time). One did not counsel at all, but a pharmacy technician provided answers and 2 pharmacists referred to a doctor right away and one pharmacist spent less than 1 minute of his time.

Table 2.
Frequency of Time Spent by Each Pharmacist

Time Spent by Each Pharmacist	Number of Pharmacists	% of Total Pharmacists
< 1 min	4	8%
1-2 min	8	16%
2-3 min	16	32%
3-4 min	7	14%
4-5 min	5	10%
5-6 min	4	8%
6-7 min	2	4%
7-8 min	2	4%
8-9 min	0	0%
> 10 min	2	4%

A third question was designed to determine the contraceptive most frequently suggested as a first choice to the patient. This question indicated that half of the pharmacists interviewed indicated that OCs are the most effective contraceptive and was recommended as a first choice. However, 24% of pharmacists recommended condom use as a first choice, along with morning after pill (Plan B) if a condom breaks or in the event of unprotected sex. One female pharmacist from an independent pharmacy

recommended obtaining an IUD as a first choice, giving her own experience as an example. In addition, there was one pharmacist who recommended OC plus condoms plus Plan B in case of unprotected sex combination as a first choice.

Table 3.
Most Recommended Contraceptive

First Choice Recommended	Frequency (Total)	% Frequency	Chain Stores	Independent Stores
OC	25	50%	11	14
Depot injection	0	0%	0	0
Patch	1	2%	0	1
IUD	1	2%	0	1
Implant	0	0%	0	0
Condoms	6	12%	2	4
Condoms + spermicides	4	8%	3	1
Condoms + Plan B	12	24%	7	5
Vaginal suppositories	1	2%	0	1
OC + condoms	1	2%	1	0
OC + condoms +Plan B	1	2%	1	0
Referral to MD without counseling	2	4%	1	1

A fourth question was designed to compare responses obtained from independent pharmacies versus chain pharmacies. Characteristics, such as average time spent by female or male pharmacists in independent versus chain pharmacies were collected. On average, pharmacists in independent and chain pharmacies spent the same amount of time counseling patients (approximately 3 min on average). Similarly, there were no significant differences observed between male versus female pharmacists in counseling time. In addition, referrals were collected and recorded according to chain versus independent pharmacists. On average, chain pharmacies provided the most referrals. Five referrals to Planned Parenthood were made by female pharmacists in chain store and by one female pharmacist in an independent store. However, three pharmacists in chain pharmacies referred patients to another store which contained an in-store medical clinic.

Table 4.
Comparison and Contrast of Local Pharmacies vs. Chain Pharmacies

Characteristics	Independent Pharmacies	Chain Pharmacies
Average Time Spent	3.03 min	3.1 min
Time Spent (Male Pharmacist)	2.86 min	3.94 min
Time Spent (Female Pharmacist)	3.44 min	2.8 min
Males Interviewed	18	9
Female Interviewed	8	15
Referral to Planned Parenthood	1	5
Referral to Another Store with In-Store	0	3

A fifth question was designed to discover differences between the Average Median Household Income of a particular location and Average Time Spent by Pharmacists. No significant difference based on Average Household income by location was observed. Independent and chain pharmacies in the downtown area of a large city spent less time, on average, regardless of whether they may have been busy or not. Pharmacies in working class neighborhoods (with income Average Household Income of $65,266) spent the most time on counseling (4.25 minutes).

Table 5.
Comparison and Contrast of Location, Average of Median Household Income and Average Time Spent by Pharmacists.

Location	Average Household Income by Location	Average Time Spent by Each Pharmacist
Urban Downtown - Large NE City	$97,195	2.62 min
Minority Neighborhood	$55,401	3.38 min
Working Class Neighborhood	$65,266	4.25 min
Upper Class Suburb	$134,362	3.10 min
Small Town – Near Big City	$98,805	2.30 min

A final question was designed to observe positive /negative responses by pharmacists based background information (stating the patient intended cohabitate with a boyfriend rather than with a fiancé). Overall, all responses from all pharmacies were positive (namely, a pharmacist did not have judgment based on a personal belief, hence, refused counseling and did not provide appropriate care). There was

one exception, observed at an independent pharmacy. For example, the interviewer may have stated, "I am moving in with my fiancée next month and I have never used contraceptives. What are my options?" When asked this question, thirteen (13) pharmacists from independent pharmacies and 14 from chain pharmacies exhibited a positive attitude (smile and eye contact was observed) and provided responsive counseling. When the interviewer stated, "I am moving in with my boyfriend next month and I have never used contraceptives. What are my options?" every pharmacist from 11 independent and 12 chain stores showed a positive attitude and provided responsive counseling. However, two pharmacists did refer the interviewer to a doctor immediately. Because both stores were overwhelmed with customers, it is not possible to accurately assess whether these pharmacists may have made judgments based on their personal beliefs regarding contraceptive use and therefore failed to offer appropriate counseling.

Table 6.
Assessment of Positive versus Negative Responses

Statement	Responses		Pharmacies	
	Positive	Negative	Independent	Chain
Boyfriend	24	0	11	12
Fiancée	25	1	13	14

Discussion

The hypothesis of this study is that that personal religious and ethical beliefs of pharmacists interfere with providing counseling and best care recommendations to patients.

According to the survey conducted, only one pharmacist refused to counsel based on personal and religious beliefs, yet counseling was provided. This pharmacist was female, from Hershey, and from an independent pharmacy, choosing to refuse to counsel regarding OC or EC. She commented that Nature created a person to have babies. The question was asked: "I am moving in with my *fiancée* next month and I have never used contraceptives. What are my options?" The pharmacist interviewed presented information regarding different types of condoms and counseled regarding the side effects of OC. Despite personal beliefs, the pharmacist interviewed were aware legal restrictions regarding their counseling and, as a result, provided minimum counseling and referred to physicians for any additional questions.

Three (3) other pharmacists did not have time or were unwilling to answer all of the Interviewer's questions and referred to a doctor. Based on the Interviewer's judgment, these pharmacists used the excuse of being very busy to avoid answering questions. This type of behavior is unprofessional and illegal.

One of the primary endpoints was to find out if pharmacists would spend less time and/or have personal attitude if they know a patient moving in with boyfriend versus fiancé. Though, no significant differences were found.

Based on these data points, male pharmacists in chain pharmacies spent on average slightly more time than female pharmacists in chain or local pharmacies or males in local pharmacies. This discrepancy may exist due to the unequal number male versus female pharmacists interviewed in independent versus chain pharmacies.

It is noteworthy that of all pharmacists interviewed, two male pharmacists spent more than 10 minutes on counseling (one from independent pharmacy and one from a chain pharmacy). The pharmacist from the local store was also its owner. It seemed reasonable that it was his responsibility to provide the best counseling. He explained not only contraception options, but also provided details regarding the action mechanisms, the type of OC (monophasic and biphasic), as well as the hormones at play and how the contraceptives affect the body. He gave examples of a personal relative who works in his store, explaining that it takes time to find a right OC and doctors usually are helpful with this process. He showed several types of contraception including pills, rings, and condoms. The interview was productive and the counseling impressive. This pharmacist handed out a business card and encouraged to contact him with any additional questions. He also told to come to his pharmacy to fill any future prescriptions. This was the most noteworthy counseling obtained from any of the 50 pharmacists interviewed.

Another male pharmacist spent more than 10 minutes. This individual was from a chain pharmacy. This pharmacist was not busy and he did not recall much about contraception, despite the fact that he provided counseling on side effects and contraindications of OC. Useful information was printed and handed on most popular OC. There appears to be no apparent connection or correlation suggested regarding a propensity of female pharmacists to provide more counseling, spend more time, or describe more contraception alternatives than male pharmacists. The survey results do not support this hypothesis.

The purpose of comparing individuals based on income levels is to examine differences based on the type of store, the pharmacists involved, and the pharmacists at designated locations. People with higher incomes typically are healthier, more highly educated, and tend to visit pharmacies less frequently. The result is pharmacists who are less busy at

these locations, and therefore, have more time to devote to counseling. Stores at locations in higher income locations (such as Downtown area near the large city and upper class suburbs) did not appear as busy, although the average time spent by pharmacists in these locations was not shown to be higher.

Another factor that was not included as a primary or secondary data point gathered by the study concerned counseling on the subject of insurance coverage. Many pharmacists mentioned that OC can be the cheapest option available to patients since most insurance plans cover oral contraception. Condoms and Plan B contraception will, therefore, be a more expensive option. It is relevant to observe the manner in which pharmacists exhibit interest and provide counseling with respect to the financial situation facing patients.

Limits of the study

The sample size was small and results, therefore, cannot be generalized. Larger studies are, of course, necessary. Other locations in the State of Pennsylvania, as well as in other states, may certainly show different results.

Conclusion

Based on this study, one can still see a big transition taking place since 2000 when pharmacists and other health care providers could refuse to dispense/prescribe EC, such as Plan B, or refuse to provide counsel regarding other types of contraception. Numerous legal statutes and regulations have been implemented since 2000. Marital status does not play nearly as large a role for the health care provider in 2016 as it did in the decade ending in 1959, when it was extremely difficult, if not impossible, for an unmarried woman to obtain birth control pills. This problem was both an issue of social taboos as well as the availability of reliable birth control pharmaceuticals. Today, pharmacists generally cannot, by law, refuse to provide counseling. Yet, it is sad to observe that there remain a few health care providers who consciously resist to provide counseling because of their personal beliefs on the subject. Furthermore, it is unfortunate to observe that because some retail pharmacists are extremely busy and lack the time to provide counseling, they merely refer individuals to a doctor without making their best effort to assist their customer. Pharmacists have become one of the most important health care professionals in a key position to educate patients. In such cases, the pharmacist is in a position to explain that an emergency pill is not abortive medication, despite the fact that the media often times bullies people into conclusions by providing non-scientific data. One such example of the media influence on the subject was a story appearing about the Storman Family, who believed EC to be an abortive pill.[7] This type of story can influence the thinking and the attitudes assumed by others and can prevent a patient from getting appropriate contraception on timely basis, thereby preventing unwanted pregnancies, often times leading to other undesired issues including financial, abortions, medical disorders, or and diseases.[8]

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Appendix A.
Comparison and Contrast by ZIP Code, Median Household Income and Time Spent by Each Pharmacist.
(Based on 2014 data)[9]

Zip Code	Average Household Income	Stores Visited per ZIP Code	Avg. Time Spent by Each Pharmacist
19121	$27,306	1	Less than 1 min
19122	$65,609	2	3.5 min
19123	$71,472	3	1.8 min
19125	$55,279	1	10 min
19128	$78,614	4	5.1 min
19130	$93,843	1	2.5 min
19132	$18,777	1	3 min
19116	$48,534	4	2.25 min
19103	$109,016	6	2.6 min
19152	$58,848	2	6.25 min
19147	$86,419	2	3.5 min
19146	$73,963	1	2 min
19144	$43,560	2	1.25 min
19106	$153,164	2	3 min
19107	$63,416	2	2 min
17033	$88,470	5	2.6 min
17036	$109,141	1	2 min
19031	$ 105,523	2	4.25 min
19038	$103,996	2	3.25 min
19087	$155,980	4	4 min
19010	$171,951	1	1.5 min
19053	$88,417	1	2.5 min

Appendix B.
Code of Ethics Guidelines.[4]

1. When a pharmacist begins practicing in a professional setting, the pharmacist should take steps that may include notification to the owner and pharmacist-manager if the pharmacist's beliefs will limit the drug products the pharmacist will dispense.
2. If a pharmacy employs a pharmacist that has identified circumstances that would preclude the filling of prescriptions for particular products, the owner and pharmacist-manager should devise reasonable accommodations that will respect the pharmacist's choice while assuring delivery of services to patients in need. This may include the scheduling of pharmacists to allow a pharmacist who has a religious, moral or ethical objection to practice simultaneously with another pharmacist who will fill the requested prescription, entering into collaborative arrangements with pharmacies in close proximity, or other accommodations designed to protect the public.
3. When a pharmacist has a religious, moral or ethical objection to filling a prescription, the pharmacist should not interfere with another pharmacist responding to the professional needs of a patient. The objecting pharmacist should refrain from engaging in non-health related judgmental or confrontational activities with the patient.
4. In the case of a pharmacy staffed by only one licensed pharmacist who conscientiously objects to performing certain pharmacy practices and providing services customarily and ordinarily performed by a licensed pharmacist at a pharmacy, the pharmacist should ensure that protocols are in place that will avoid results that cause harm or potential harm to any patients/customers as a consequence of any action or inaction by the pharmacist based upon any such conscientious objections, including, but not limited to, the denial of access to prescribed medications and disruptions in the continuity of care.