

Promoting Peer Debate in Pursuit of Moral Reasoning Competencies Development: Spotlight On Educational Intervention Design

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## ICM 1 : Conventional or herbal products?

### Read the case study:

Alison Aylward works in a community pharmacy that is providing a health promotion day on healthy living. Her contribution involves advising patients on the lifestyle issues that can reduce the risk of developing cardiovascular disease – including reference to healthy diet, regular exercise and the avoidance of smoking. As she finishes the consultation with a middle-aged lady, the patient asks her about a particular herbal product, recently launched to the market, about which Alison has heard mixed reports regarding efficacy. Alison recognises the patient as Ann, a local school teacher, and remembers that Ann has recently completed therapy for breast cancer. Ann tells the Alison that, while on holidays in the country recently, a staff member in the local pharmacy advised her to use this product. On further questioning Alison realises that Ann is considering discontinuation of Tamoxifen<sup>1</sup>, her current prescribed therapy, despite advice from her doctor that all treatment options had been utilised to establish her remission<sup>2</sup>. She does not want to suffer the side effects any more and is convinced, following her own extensive research, that this ‘natural’ product is the way forward for her. Ann makes it clear that she does not intend revisiting her doctor or informing the doctor about her decision to discontinue Tamoxifen. It is her intention to begin taking the herbal product.

What should pharmacist Alison do next?

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<sup>1</sup> Tamoxifen is the active ingredient of a regularly prescribed medicine recommended for women who have been treated for breast cancer. They are typically required to continue taking this medication for several years.

<sup>2</sup> Chaar, B. (2006). Decisions, decisions: ethical dilemmas in practice (or how to pass the ‘Red Face Test’). *Australian Pharmacist*. June. 25(6):444-449.

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Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.

HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible

- a. HD D Q ND : Suggest that Ann see a pharmacist that has a special interest in herbal products for another opinion.
- b. HD D Q ND : Refuse to discuss the matter with Ann.
- c. HD D Q ND : Try to further educate Ann regarding the evidence base of the treatment and give her contact details of the Cancer Society.
- d. HD D Q ND : Respect Ann's wishes and sell her the herbal product.
- e. HD D Q ND : Actively encourage Ann to return to her family doctor or specialist, and offer to phone him/her for Ann.
- f. HD D Q ND : Tell Ann that her right to do whatever she chooses is respected but that changing to the herbal product is more likely to do her harm than good so it would be against professional guidelines to discuss it with her.
- g. HD D Q ND : Report the 'other pharmacy' to the Regulatory Body (the PSI) .
- h. HD D Q ND : Tell Ann that mixed reports are available regarding the efficacy of the herbal product, and that you would like time to research it further before discussing it with her at a time convenient to her in the near future.
- i. HD D Q ND : Have Ann sign a consent form indicating that she has been informed of the consequences of discontinuing Tamoxifen before discussing the matter or selling her the herbal product.
- j. HD D Q ND : Contact the other pharmacy for further information.
- k. HD D Q ND : Phone Ann's family doctor or specialist.
- l. HD D Q ND : Highlight to Ann just how precarious her position probably is, emphasizing that 'all treatment options' were used to put her into remission, and that to discontinue her Tamoxifen could put her at grave risk.

From the list above, choose what you consider to be the 3 best and 3 worst action options.

Rank the two best action options:

- Best Option \_\_\_\_\_
- Second Best \_\_\_\_\_
- Third best \_\_\_\_\_

Rank the three worst action options:

- Worst Option \_\_\_\_\_
- Next Worst \_\_\_\_\_
- Third worst \_\_\_\_\_

Rate the importance of each justification, in coming to your decision, by circling your rating of 'justification' options.

**G = Great                  M = Much                  S = Some                  L = Little                  N = No**

- a. **G M S L N** : The pharmacist's colleagues will not approve of her recommending herbal products.
- b. **G M S L N** : The practice of pharmacists encouraging the use of herbal products, where efficacy has not been proven, cannot be justified.
- c. **G M S L N** : The pharmacist is responsible for judging the scientific merit of a medicine so must research new therapies where questions arise.
- d. **G M S L N** : To endorse a herbal product in these circumstances could lead to allegations of professional misconduct, and being called before the Regulatory Body's discipline committee.
- e. **G M S L N** : The pharmacist shouldn't let the patient control the treatment decisions.
- f. **G M S L N** : It is the pharmacist's professional duty to alert the family doctor to the patient's behavior.
- g. **G M S L N** : The patient's right to decide what will happen to his/her body needs to be respected when pharmacists assert professional judgment.
- h. **G M S L N** : The pharmacist needs to be open-minded about herbal products as they form a large section of non-prescription sales in the pharmacy.
- i. **G M S L N** : The patient doesn't appear to understand the gravity of the healthcare situation she faces or the implications of the decision she is making.
- j. **G M S L N** : If the patient is adamant about a decision, and has been properly educated and warned of the consequences, then the pharmacist shouldn't interfere.
- k. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think that the pharmacist doesn't have information on a herbal product.
- l. **G M S L N** : The pharmacist's duty of care to his/her patient allows him/her to breach confidentiality.

From the list above, choose what you consider to be the 3 best and 3 worst options.

**Rank the three best options:**

- **Most Important Option** \_\_\_\_\_
- **Second Most Important** \_\_\_\_\_
- **Third Most Important** \_\_\_\_\_

**Rank the three worst options:**

- Worst Option** \_\_\_\_\_
- Next Worst** \_\_\_\_\_
- Third worst** \_\_\_\_\_

## ICM 2 : Caring through carers?

### Read the case study:

Barry Baker is the owner of the pharmacy in which he works as the fulltime pharmacist. A local middle-aged man, whom he knows as Bill, is collecting his mother's 'sleeping tablets'. Barry also knows his mother, Brenda, for many years. She was a regular visitor to the pharmacy and an active participant in the local bridge club and her bridge partner very recently mentioned to Barry that Brenda hoped to be back to bridge as soon as she was sufficiently mobile. Bill's three children are her only, and beloved, grandchildren.

Following a recent fall, in which she broke her hip, Brenda became house-bound and subsequently moved to live with Bill and his family. Post-operative infections had resulted in significant pain and she was having some difficulty sleeping. As a result it was not surprising that she was being prescribed strong 'sleeping tablets' to take before bedtime.

Bill asks Barry for directions as to how to crush tablets and in what foods they can be mixed. Aware that there may be situations where a patient with swallowing difficulties might, on the advice of a speech and language therapist, require medicines to be prepared in liquids of a specific consistency, Barry reviews the patient's medication profile to confirm that the range of other medications currently being taken by his mother indicates that there are no swallowing difficulties.

Barry inquires of Bill as to how Brenda is recovering from her surgery and whether the infection has cleared completely. Bill becomes somewhat agitated as he replies that she is fine but that it's not easy having his family and mother all living together in a small four bedroom house, especially when his mother is up at night disturbing the younger ones. He abruptly takes the bag containing the sleeping tablets from Barry's hand, comments that the last thing he wants '*is to have any more busy-bodies nosing around*' and makes to leave the pharmacy without giving Barry opportunity to comment further.

What should Pharmacist Barry do next?

**Rate the importance of each action, in coming to your decision, by circling your rating of ‘action’ options.**

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. HD D Q ND : Suggest to Bill that his mother sees a speech and language therapist that has a special interest in swallowing difficulties and offer to make contact with the speech and language therapist on behalf of the patient.
- b. HD D Q ND : Refuse to discuss the matter any further with Bill.
- c. HD D Q ND : Having confirmed that Brenda has not requested that her tablets be ‘crushed’, try to further educate Bill regarding the risks of covert administration<sup>3</sup> and give him contact details of local home care support services (e.g. social worker).
- d. HD D Q ND : Respect Bill's wishes and explain how best to crush tablets in appropriate foods.
- e. HD D Q ND : Tell Bill that if his motivation for asking for information on how to crush tablets is so that he can give his mother sleeping tablets without her knowledge, it is very wrong to make that request as it would put a pharmacist at risk of allegations of professional misconduct and being called before the Regulatory Body’s discipline committee.
- f. HD D Q ND : Phone Bill’s family doctor.
- g. HD D Q ND : Report Bill to the police.
- h. HD D Q ND : Tell Bill that you will make direct contact with Brenda to discuss her disturbed sleep pattern and how a sound and regular sleep pattern might be re-established, and to clarify that she is aware that her son is asking for information on how to crush tablets.
- i. HD D Q ND : Have Bill sign an affidavit indicating that you have highlighted the importance of not giving his mother tablets without her knowledge before discussing the matter or showing him how to prepare tablets in foods.
- j. HD D Q ND : Tell Bill that you understand he must be under significant pressure with unexpectedly having three generations in the one house, that to sedate his mother is not necessarily the only way of dealing with the situation, and that you would like to research what other services might be available to him and his family in order to manage the situation.
- k. HD D Q ND : Highlight to Bill that he would be breaking the law if he sedated his mother without her knowledge, and that people have gone to prison for doing just that.
- l. HD D Q ND : Phone Brenda’s family doctor to discuss how best to address the situation.

**From the list above, choose what you consider to be the 3 best and 3 worst action options.**

**Rank the three best action options:**

- **Best Option** \_\_\_\_\_
- **Second Best** \_\_\_\_\_
- **Third best** \_\_\_\_\_

**Rank the three worst action options:**

- Worst Option** \_\_\_\_\_
- Next Worst** \_\_\_\_\_
- Third worst** \_\_\_\_\_

<sup>3</sup> ‘Covert administration: *‘in a disguised form’*’.

Rate the importance of each justification, in coming to your decision, by circling your rating of 'justification' options.

**G = Great                      M = Much                      S = Some                      L = Little                      N = No**

- a. **G M S L N** : A pharmacist can't judge a family's actions if he/she doesn't have to live in the situation him/herself.
- b. **G M S L N** : Covert administration of medicines is against the law and anyone guilty of such behavior must be reported to the police.
- c. **G M S L N** : The pharmacist needs to be open-minded about sedation of elderly patients at night-time and the patient's own contribution to the family tensions must be taken into account.
- d. **G M S L N** : The pharmacist is responsible for judging the scientific basis of medicines' formulation so must be the one to crush tablets for administration to patients.
- e. **G M S L N** : The practice of pharmacists turning a 'blind eye' to instances of potential 'covert administration' cannot be justified as the patient's right to consent to or refuse the consumption of medication must be respected.
- f. **G M S L N** : If pharmacists discuss how to crush tablets in these circumstances they may fear allegations of professional misconduct, and being called before the Regulatory Body's discipline committee..
- g. **G M S L N** : A pharmacist should not knowingly permit a family member to covertly administer medicines dispensed to a patient under his/her care.
- h. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think you are interfering in family matters and the family's right to sedate the mother for the greater good of the family must be acknowledged and respected.
- i. **G M S L N** : It is the pharmacist's professional duty to alert the family doctor to the potentially unethical behavior by family members where it affects a patient under his/her care.
- j. **G M S L N** : As the patient's carer (son) appears to be under great stress, the pharmacist has a duty of care to get help for him and to also avoid alienation of the family as it struggles to care for the patient.
- k. **G M S L N** : Bill doesn't appear to understand the gravity of the situation faced or the legal implications of covertly administering medicines, so for a pharmacist to phone his family doctor to say that he/she perceives that the pressure of caring for his mother may be making him unstable would be a reasonable option to take.
- l. **G M S L N** : The pharmacist's duty of care to his/her patient allows him/her to breach confidentiality.

From the list above, choose what you consider to be the 3 best and 3 worst options.

**Rank the three best options:**

- **Most Important Option** \_\_\_\_\_
- **Second Most Important** \_\_\_\_\_
- **Third Most Important** \_\_\_\_\_

**Rank the three worst options:**

- Worst Option** \_\_\_\_\_
- Next Worst** \_\_\_\_\_
- Third worst** \_\_\_\_\_

### ICM 3 : Duty of Care amidst interprofessional relationships?

#### Read the case study:

Celine Condon is a staff pharmacist at a pharmacy in a large rural town. She recognises Charlie, the orthopedic surgeon from the nearby hospital, as he arrives on a Sunday morning. He requests Glytrin<sup>4</sup> spray. On review of his medication record she sees that he had two sprays dispensed three weeks previously. As Charlie observes the pharmacist reviewing his prescription history file, he cheerfully comments that he'll write another prescription to cover the paperwork requirements and quickly does so at the counter.

Celine approaches him at the counter, thankful that there are no other customers in the pharmacy, and raises the issue of such frequent use of Glytrin spray. Charlie replies that *'its been a busy few weeks so they are both just about empty, but don't be worrying – I'd know if I needed to get anything checked out'*. He continues by saying that he is restocking the medicines cabinets at both his home and the holiday cottage – and will also need 2 packets of 24 soluble Solpadeine<sup>5</sup>. He hands Celine the prescription and she notes that it is written for both the 2 packets of Solpadeine and the 2 Glytrin sprays. The format of prescription is as per regulatory requirements and both items are in stock in the pharmacy.

What should pharmacist Celine do next?

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<sup>4</sup> Glytrin spray contains Glyceryl Trinitrate 0.4mg per metered dose, generally supplied in cases of angina. It is sprayed under the tongue.

<sup>5</sup> Solpadeine contains Paracetamol 500mg, Codeine phosphate 8mg and Caffeine 30mg per tablet. If supplied, it must be sold by the pharmacist, having satisfied him/herself that it is in the patient's best interests to do so.

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**Rate the importance of each action, in coming to your decision, by circling your rating of ‘action’ options.**

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : A correctly written prescription has been presented. Dispense without further discussion.
- b. **HD D Q ND** : Refuse to supply or to discuss the matter with Charlie as to do so would put a pharmacist at risk of allegations of professional misconduct.
- c. **HD D Q ND** : Attempt to further educate Charlie regarding the evidence base related to the use of Glytrin spray for angina, and the use of Codeine containing products, and give him contact details for the Heart Foundation.
- d. **HD D Q ND** : Supply , as per normal dispensing practice, one each of Glytrin spray and Solpadeine tablets.
- e. **HD D Q ND** : Actively encourage Charlie to return to his family doctor or specialist, and offer to phone him/her, the next morning, on behalf of Charlie.
- f. **HD D Q ND** : Tell Charlie his right to do whatever he chooses is respected but that continued use of the Glytrin spray, and providing Solpadeine rather than paracetamol, will be more likely to do harm than good so it would be against the professional Code of Conduct to supply them to him.
- g. **HD D Q ND** : Report Charlie to the Regulatory Body.
- h. **HD D Q ND** : Having confirmed that there is a very small amount of spray in one canister, tell Charlie that his self-prescribing of treatment for angina is of concern and that he needs to visit his family doctor or cardiologist before any further supplies would be dispensed. Offer to supply paracetamol.
- i. **HD D Q ND** : Having confirmed that there is a very small amount of spray in one canister, tell Charlie that neither product is in stock.
- j. **HD D Q ND** : Phone Charlie’s family doctor or specialist to discuss his/her colleague’s behaviour.
- k. **HD D Q ND** : Contact the pharmacist that dispensed the Glytrin spray on the previous occasion for further information, noting that she is the member of staff with most interest and expertise in matters related to heart disease.
- l. **HD D Q ND** : Highlight to Charlie that his excess use of Glytrin spray may indicate worsening of his underlying condition, that self-prescribing by doctors is not generally in their best interests and therefore not advised, and that to not insist on getting a prescription from his family doctor or cardiologist before supplying could put him at significant risk. Also offer to supply paracetamol.

**From the list above, choose what you consider to be the 3 best and 3 worst action options.**

**Rank the three best action options:**

- **Best Option** \_\_\_\_\_
- **Second Best** \_\_\_\_\_
- **Third best** \_\_\_\_\_

**Rank the three worst action options:**

- Worst Option** \_\_\_\_\_
- Next Worst** \_\_\_\_\_
- Third worst** \_\_\_\_\_

Rate the importance of each justification, in coming to your decision, by circling your rating of 'justification' options.

**G = Great                  M = Much                  S = Some                  L = Little                  N = No**

- a. **G M S L N** : The pharmacist's colleagues will not approve of her refusal to dispense a prescription written by a specialist.
- b. **G M S L N** : The practice of pharmacists subordinating their decision-making to demands of other healthcare professionals in matters related to the supply of medicines should be resisted.
- c. **G M S L N** : The pharmacist is responsible for judging the scientific merit of a medicine so must refuse to supply where questions arise.
- d. **G M S L N** : The supply of medicines as per written on the prescription in these circumstances could lead to allegations of professional misconduct, and being called before the Regulatory Body's discipline committee.
- e. **G M S L N** : The pharmacist shouldn't let the patient control decisions to supply medicines under the pharmacist's control.
- f. **G M S L N** : It is the pharmacist's professional duty to alert the Regulatory Body (Irish Medical Council) to the doctor's behavior.
- g. **G M S L N** : The patient's right to decide what will happen to his/her body needs to be respected when pharmacists assert professional judgment.
- h. **G M S L N** : The pharmacist needs to be open-minded about Codeine containing products as they form a large section of non-prescription sales in the pharmacy.
- i. **G M S L N** : The patient doesn't appear to understand the gravity of the healthcare situation he faces or the implications of failing to access specialist advice.
- j. **G M S L N** : If the patient is adamant about a decision, and has been properly educated and warned of the consequences, then the pharmacist shouldn't interfere.
- k. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the doctor complain about what he considers to be unreasonable behavior.
- l. **G M S L N** : The pharmacist's duty of care to his/her patient allows him/her to breach confidentiality.

From the list above, choose what you consider to be the 3 best and 3 worst options.

**Rank the three best options:**

- **Most Important Option** \_\_\_\_\_
- **Second Most Important** \_\_\_\_\_
- **Third Most Important** \_\_\_\_\_

**Rank the three worst options:**

- Worst Option** \_\_\_\_\_
- Next Worst** \_\_\_\_\_
- Third worst** \_\_\_\_\_

## ICM 5: Criminal offence or pain relief in palliative care?

### Read the case study:

Elaine Eakin is the pharmacist on duty in a rural town at closing time on a Saturday evening when she answers the pharmacy phone to the palliative care team nurse - Ester. Ester refers to Edward Evans, a long standing customer at the pharmacy, who is suffering from cancer. Edward was brought home by ambulance, from a large hospital an hour's journey away, the day before. Elaine remembers him telling her that he would prefer to be at home when the *'cancer finally took him'* but was concerned that the local hospice/palliative care team would not be able to control the pain. She had tried to reassure him that the team was well experienced in dealing with home-care.

Ester tells pharmacist Elaine that she believes that Edward is suffering from 'break-through' pain, and she has spoken by phone to his family doctor. The family doctor, currently on an overnight stay out of town, is well known to the pharmacy staff. Ester says that he has agreed to her suggestion that they add morphine sulphate immediate release (Sevredol)<sup>6</sup> 10mg tablets to Edward's regime immediately, to be given at 4 hourly intervals, to manage the breakthrough pain. This addition of Sevredol 10mg to the patient's therapy is consistent with local protocols for palliative care. She asks Elaine to supply 10 tablets to cover the doses until Monday morning, at which stage the family doctor will provide a prescription for these 10 tablets and for any further supplies as required. Sevredol 10mg tablets are in stock in the pharmacy.

Elaine knows that Ester does not have prescribing rights, but that she has worked as part of the palliative care team, with this particular family doctor, for the last 5 years. Ester finishes by saying that Edward's son is on his way to the pharmacy and should be there within minutes. Elaine is acutely aware that it is considered a serious offence for a pharmacist to dispense narcotics unless in possession of an original handwritten prescription. After Ester hangs up, Elaine tries the family doctor's mobile phone number to hear the message *'the user must be out of coverage or have their unit powered off.. please try again later.'*

What should pharmacist Elaine do next?

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<sup>6</sup> Sevredol 10 tablets contain morphine sulphate 10mg (immediate release). They are controlled under the Misuse of Drugs Act, meaning that a pharmacist must have a handwritten prescription, signed by a medical doctor, before supplying such medication. It is a serious offence for a pharmacist to supply Sevredol without a prescription.

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Rate the importance of each action, in coming to your decision, by circling your rating of 'action' options.

**HD = Highly Defensible; D = Defensible; Q = Questionable; ND = Not Defensible**

- a. **HD D Q ND** : Suggest that Ester contact the other pharmacy in town as the pharmacist there has a special interest and expertise in palliative care.
- b. **HD D Q ND** : Tell Edward's son that Sevredol cannot be supplied without a prescription.
- c. **HD D Q ND** : Recommend that Ester call an ambulance to bring Edward back to the Emergency department of the hospital where he had been an in-patient until the day before.
- d. **HD D Q ND** : Report Ester to the Regulatory Body governing the (nursing) profession on the basis that she is behaving unprofessionally and trying to pressurize a pharmacist to commit a criminal offence.
- e. **HD D Q ND** : Tell Ester that her request for quick access to the Sevredol is understood but that the existence of a 'doctor on-call' system means that pharmacists must try and contact the 'on-call service', wait for them to phone back and request whatever doctor is on call to write a prescription. Give one tablet for immediate administration to the patient and commit to delivering the remaining Sevredol to the family once the prescription is received.
- f. **HD D Q ND** : Have Ester sign a letter committing to provide the prescription by 10am on Monday morning.
- g. **HD D Q ND** : Explain to Ester that a prescription is required before Sevredol can be dispensed and offer to provide a personal mobile phone number so that she can make contact when she has the prescription. Commit to returning to the pharmacy to dispense the prescription.
- h. **HD D Q ND** : Give the Sevredol to Edward's son.
- i. **HD D Q ND** : Tell Ester that there is no Sevredol in stock in the pharmacy but suggest that the other pharmacy in town could be contacted to check if the pharmacist there could supply the Sevredol to Ester.
- j. **HD D Q ND** : Tell Edward's son that he must wait until the family doctor can be contacted before Sevredol can be supplied and offer to supply Nurofen Plus<sup>7</sup> tablets in the meantime.
- k. **HD D Q ND** : Tell Ester that what she is trying to do is respected but that, with family members or agency nurses covering the night shift, there is no guarantee that the medication will be given to Edward in appropriate doses. The possibility that dispensing the Sevredol might lead, deliberately or accidentally, to overdosing or misuse has to be considered.
- l. **HD D Q ND** : Highlight to Ester that to supply Sevredol in this manner could lead to allegations of professional misconduct for a pharmacist, so Sevredol cannot be dispensed without a valid prescription.

**From the list above, choose what you consider to be the 3 best and 3 worst action options.**

**Rank the three best action options:**

- **Best Option** \_\_\_\_\_
- **Second Best** \_\_\_\_\_
- **Third best** \_\_\_\_\_

**Rank the three worst action options:**

- Worst Option** \_\_\_\_\_
- Next Worst** \_\_\_\_\_
- Third worst** \_\_\_\_\_

<sup>7</sup> Nurofen Plus tablets each contain ibuprofen 200mg and codeine phosphate 12.8mg. They are available for supply, by a pharmacist, without prescription.

Rate the importance of each justification, in coming to your decision, by circling your rating of 'justification' options.

**G = Great                  M = Much                  S = Some                  L = Little                  N = No**

- a. **G M S L N** : The Regulatory Body will not approve of a pharmacist supplying Narcotics without a written prescription.
- b. **G M S L N** : The pharmacist shouldn't let a nurse control treatment decisions.
- c. **G M S L N** : It is up to the patient or patients' representatives to present with a validly written prescription for Sevredol and where they fail to do so it is unreasonable to be expected to pay extra staff time just in order to get a handwritten prescription.
- d. **G M S L N** : The practice of pharmacists supplying Narcotics without a prescription cannot be justified in any circumstances.
- e. **G M S L N** : A dying patient should not be left in pain just because the letter of the law requires a written prescription to be provided before Narcotics can be dispensed.
- f. **G M S L N** : The pharmacist is responsible for judging whether a medicine is truly urgently required and must interview patients where questions arise.
- g. **G M S L N** : The Shipman<sup>8</sup> Inquiry has highlighted that where a patient is in a vulnerable position the pharmacist must exercise caution when making decisions regarding the supply of medicines with particular potential to do harm.
- h. **G M S L N** : If Narcotics are provided in these circumstances it could potentially lead to allegations of professional misconduct, and the pharmacist being called before the Regulatory Body's discipline committee.
- i. **G M S L N** : It is the pharmacist's professional duty to deal directly with the family doctor in matters related to patient care.
- j. **G M S L N** : The pharmacist needs to be open-minded about opiates in use at end of life when patients may want to end their suffering and an individual pharmacist's conscientious objection must not lead to obstruction of a patient's right to access prescription medicines.
- k. **G M S L N** : In the long run, it's better to give up a little on your professional standards than to have the local community think you don't have any compassion.
- l. **G M S L N** : The pharmacist's duty of care to his/her patient permits him/her to break the law.

From the list above, choose what you consider to be the 3 best and 3 worst options.

**Rank the three best options:**

- **Most Important Option** \_\_\_\_\_
- **Second Most Important** \_\_\_\_\_
- **Third Most Important** \_\_\_\_\_

**Rank the three worst options:**

- Worst Option** \_\_\_\_\_
- Next Worst** \_\_\_\_\_
- Third worst** \_\_\_\_\_

<sup>8</sup> Dr Harold Shipman killed patients by injecting Morphine Sulphate 15mg. The Shipman Inquiry was a Public Inquiry into the activities of Harold Shipman and related healthcare systems in Britain at the time. Roche C, Thoma SJ, Grimes T, Radomski M. Promoting Peer Debate in Pursuit of Moral Reasoning Competencies Development: Spotlight on Educational Intervention Design. *Inov Pharm* 2017;8(4):Article 2.