



Three Discipline Hearings Conducted

Value V of the Code of Ethics states that “A pharmacist protects the patient’s right of confidentiality.” Bylaws 40(4)* and 40(14)* describe the only purposes for which a pharmacist may use PharmaNet patient record information: dispensing a prescription, counselling a patient with regard to the patient’s drug therapy, drug usage evaluation, or claims adjudication and payment by any insurer providing drug coverage.

Recent discipline hearings have inquired into the practice of three pharmacists as a result of allegations that they inappropriately accessed patient information in the PharmaNet database.

Danielle Chong (Diploma #7510)

At a Discipline Hearing held 14 December 1999, Danielle Chong pled guilty to professional misconduct related to a number of inappropriate accesses made to PharmaNet patient records.

The College received a complaint that Danielle Chong had accessed a PharmaNet patient record for reasons unrelated to health care. In investigating this complaint, it was determined that between July 1996 and December 1998, Ms. Chong made a number of PharmaNet accesses while working at one community pharmacy.

Ms. Chong acknowledged that many of those accesses were not related to the provision of health care. The accesses demonstrated a pattern rather than an isolated incident. Ms. Chong could not provide an explanation for the accesses.

Although there was a PharmaNet access log kept in the pharmacy, Ms. Chong stated that she was not aware of the existence of this log. The Panel indicated it was Ms. Chong’s responsibility to be aware of and to follow procedures within the pharmacy for recording PharmaNet patient profile accesses when a prescription is not dispensed.

Ms. Chong’s actions were in contravention of Bylaw 40 and Value V of the Code of Ethics. She was assessed a fine and required to pay the costs of the hearing and the investigation. The penalty assessment totalled approximately \$6,500.



Sandford Leung (Diploma #7596)

At a Discipline Hearing held 16 December 1999, Sandford Leung pled guilty to professional misconduct related to a number of inappropriate accesses made to PharmaNet patient records.

The College received a complaint that Sandford Leung had accessed a PharmaNet patient record for reasons unrelated to health care. In investigating this complaint, it was determined that between September 1996 and December 1998, Mr. Leung made a number of PharmaNet accesses while working at two community pharmacies.

Mr. Leung acknowledged that many of those accesses were not related to the provision of health care. Although the accesses demonstrated a pattern rather than an isolated incident he could not provide an explanation for the accesses.

Mr. Leung expressed remorse over his actions. The Discipline Panel, nonetheless, considered his actions to be a most serious offence. His actions violated the Code of Ethics of the College of Pharmacists of British Columbia and compromised the position of trust held by the profession.

Mr. Leung’s actions were in contravention of Bylaw 40 and Value V of the Code of Ethics. He was assessed a fine and required to pay the costs of the hearing and the investigation. The penalty assessment totalled approximately \$6,500.

Stephen Mar (Diploma #7490)

At a Discipline Hearing held 6 January 2000, Stephen Mar pled guilty to professional misconduct related to a number of inappropriate accesses made to PharmaNet patient records.

The College received a complaint that Stephen Mar had accessed a PharmaNet patient record for reasons unrelated to health care. In investigating this complaint, it was determined that between September 1995 and December 1998, Mr. Mar made a number of PharmaNet accesses while working at three community pharmacies.

Mr. Mar acknowledged that many of those accesses were not related to the provision of health care. Although the accesses demonstrated a pattern rather than an isolated incident he could not provide an explanation for the accesses.

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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.

Discipline Hearings

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The Discipline Panel noted that Mr. Mar's actions did not appear to be malicious and no individual appeared to have suffered from his actions, and he did express remorse over his actions. Nonetheless, the Panel found that this was a significant breach of privacy and confidentiality which jeopardized the public's trust in pharmacists.

Mr. Mar's actions were in contravention of Bylaw 40 and Value V of the Code of Ethics. He was assessed a fine and required to pay the costs of the hearing and the investigation. The penalty assessment totalled approximately \$6,500.

** These cases occurred and were heard before the approval of the December 1999 Bylaws. The bylaw numbers in this article relate to the bylaws that were in effect before December 1999.*