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DEVELOPING PHARMACY VALUES: STIMULATING THE DEBATE

A DISCUSSION PAPER

May 2000

The views expressed in this discussion paper are those of the authors and are not intended necessarily to reflect the current policies of the Royal Pharmaceutical Society of Great Britain.

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Background and Acknowledgements

The Society Core Values Working Group was established in April 1999. Mr Hemant Patel, the then President, had a particular interest in core values and drew together a group to discuss core values for pharmacy. The group included representatives from the Council together with, Professor Stephen Denyer, Head of School of Pharmacy, Mrs Beth Taylor, who provided an insight into the views of pharmacists in the managed sector of the NHS, and Professor Nick Barber who had previously undertaken work in this area. Professor Barber introduced Dr Alan Cribb, a moral philosopher, who had in the past worked with Professor Barber on pharmacy issues.

Professor Nick Barber and Dr Alan Cribb facilitated the first meeting, which identified the need for a discussion paper and subsequently agreed to provide an outline for comment by the group. This formed the basis for the current paper.

I would like to thank, on behalf of the Chairman of the Working Group, the members of the Group for their time and help in contributing to the various drafts of the paper and also Kerry Crabb (Practice Research Division) for her help in preparing the paper for publication.

Ann Lewis
Secretary and Registrar, Royal Pharmaceutical Society of Great Britain

Members of the Working Group

The Society Core Values Working Group was established in April 1999 following discussions at the 1998 British Pharmaceutical Conference.

As Chairman, Mr Patel would like to thank the members of the group:

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Professor S Denyer	Head of School, University of Brighton
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Foreword

As Chairman of the Society's Core Values Working Party, I am pleased and proud to write the foreword for this important document, to commend it to you and to ask for your contribution to the crucial and ongoing debate about the values that lie at the heart of our profession. When society, and the NHS, is embarking on a period of rapid and deep seated change the timely production of this thoughtful and thought provoking document should add an important, but often neglected, dimension to the debate within pharmacy. It should also open the way, by demonstrating quite clearly that we are a 'value-based' profession, for pharmacy to contribute its unique and valuable perspective to an increasingly pivotal national debate about the uses and risks of medicines in society. It demonstrates that pharmacy is fully engaged with social concerns and public policy and that it can be responsive to, and influential in, public life.

Whether, as a reader, you are a member of my profession or an interested outsider I hope that you will be stimulated by what you read, to want to share your thoughts and perspectives and to contribute to what I hope will be an ongoing and productive process. The authors make it quite clear that, unlike many other documents produced by the Society, this paper offers no solutions, that the journey is more important than the destination – this will present intellectual challenges to some readers and I make no apologies for this. I, and other members of the Working Group, struggled at times to make sensible comments on to the various drafts of this document. We all had to invest time and intellectual effort, to suspend judgement and to think in new and challenging ways. I would like to thank Alan and Nick for bearing with us, for their patience and forbearance as we took the first steps on what I hope will be an exciting journey for my profession. Production of this Discussion Paper represents the beginning of a long and valuable process for pharmacy and I thank the authors, the Working Group members and the external referees for their help in initiating the debate.

I look forward to seeing the debate on Pharmacy Core Values run and run and to work with you, and many others inside pharmacy and beyond, as we take up the challenges presented in this document and confirm what we, as a profession, stand for in healthcare and in society.

Hemant Patel
Chairman, Core Values Working Group

Reading this document

This is a discussion paper. Although it closes with some recommendations for change it is designed to promote discussion and debate rather than to offer definitive solutions. This approach is a deliberate reflection of the nature of the topic (values) which requires an awareness of differences of opinion and an argumentative rather than an authoritative style.

The paper has four sections:

Section 1 – The Need for Value Literacy – Here we argue that, for many good reasons, value issues are gaining prominence in health care debate and that pharmacists need to be equipped to participate fully in these debates. A professional code of ethics, we suggest, is a necessary but not a sufficient response to this need. In this section we also begin to explore the idea that pharmacy is a values based profession.

Section 2 – Core Values for Pharmacy? – Here we spell out the idea that pharmacy is values based more carefully. But the main purpose of this section is to debate the suggestion that the pharmacy profession would benefit from a list of 'core values'. Although this section includes 'a suggested framework of values' for discussion, we leave open the question of whether a list of core values would serve a useful purpose. Identifying a list of core values for pharmacy *may* be a useful process – but we suggest that the process is likely to be of more benefit than the outcome.

Section 3 – Value Literacy and Professional Practice – Here we indicate the range of capabilities we are summarising as 'value literacy' in greater depth. Also we conclude our argument about the importance of value literacy by suggesting that professional ethics, professional performance more generally, and the role of the pharmacy profession in society will all be strengthened by the development of greater value literacy amongst members of the profession.

Section 4 – Recommendations – Here we suggest some concrete steps which could be taken to 'develop pharmacy values'. These recommendations relate to consultation, professional education and research.

In the text as a whole we present a relatively unqualified argument (i.e. that there is a need for greater value literacy in pharmacy). But in some sections (e.g. in the section on core values) we set out a debate and reflect uncertainty. To get a general feel for the overall argument of the paper it is only necessary to read the first few pages and the last few pages. Other people may wish to spend more time working through, and critically reflecting on, the whole paper. We hope that some readers will use passages of text – whether they appear relatively authoritative or relatively tentative – as a prompt for discussion and a stimulus for argument. Finally we would like readers to consider the overall thesis of the paper – the need for greater value literacy in pharmacy – and answer the following questions:

Do you agree with this thesis – why do you agree or not agree?
Do you think the recommendations made are helpful? How could they be revised or improved?

THE NEED FOR VALUE LITERACY

Pharmacists have a unique contribution to make to debates about medicines, values[1] and society. In order for this contribution to be effective it is important that the professional cultures of pharmacy evolve in response to new health policy currents and debates; and that individual pharmacists are able to participate in these debates on an equal footing with other health professionals. It is more important still that the pharmacy profession as a whole is equipped to play a full role in crucial public policy processes relating to medicines. The question, therefore, is how best to ensure that these things happen? The first step, we suggest, is to recognise that there is a need for greater value literacy in pharmacy.

By value literacy we mean a cluster of things - which we will discuss in more detail in section three - but which include an awareness of, interest in, and capability in identifying, discussing and 'handling' value and ethical issues in pharmacy. The focus upon value literacy therefore overlaps with, and complements, the widespread concern for professional standards and professional ethics. Professions, by their very nature, exist to serve certain social ends and are implicated in value systems - and in discussing value literacy we are simply exploring one dimension of professionalism in pharmacy. In this section we will explain the need for value literacy. First we will indicate why the need is a pressing one. Then we will argue that whilst professional systems of accountability and codes of ethics make an important contribution to value literacy they are not, in themselves, sufficient.

Why the need is pressing

At the beginning of the 21st century it is impossible to discuss medicines responsibly whilst ignoring questions about values and society. There are a number of reasons for this:

- There are widespread and fundamental debates and *dilemmas in health policy*. These include discussion about priority setting, the application of new technologies and medicines, changing professional-client relationships, and the appropriate goals of health care.

- These public debates take place in a cultural environment characterised by diversity, disagreement, scepticism and uncertainty. As well as cultural and religious *pluralism*

[1] In this document we are deliberately using the word 'values' in a very broad sense to refer to all those aspects of pharmacy that are not purely factual or technical. It encompasses a very wide range of things which are valued by individuals, groups and institutions - for example these valued things include 'goals' (e.g. happiness or welfare), or certain types of behaviour (e.g. keeping promises, treating people with respect), or certain qualities of character (e.g. generosity, loyalty). The examples listed here, and many examples discussed in the text, might be labelled 'ethical values' but of course examples of 'values' - many of which have an ethical dimension - could be drawn from a wide set of arenas e.g. religious values, commercial values, academic values etc.

We say a little more about this open-endedness and ambiguity in the sections on 'core values' and 'value literacy'. But we should make it clear here that to say something is valued by someone (and is thus, in our general sense, 'a value') is not necessarily to accept that it is necessarily 'valuable' or a 'good thing' - there is considerable room for disagreement and debate about which things are 'really' of value and about which sets of values should regulate our personal or professional lives.

there is, for many people, an ambivalence about the claims of science and technology which is often accompanied by an acceptance of alternative accounts of reality.

- Within medicine, health care and commerce there is an increasing emphasis upon new forms of institutional and individual *accountability*. This is manifest in the growth of performance review, audit, appraisal, governance and so forth, combined with national and local measures and mechanisms to regulate the delivery of services and the execution of professional roles.

- Established currents in health policy - including increased managerialism, devolved budgets and commissioning, the rise of health promotion and the targeting of social exclusion and inequalities - mean that everyone in the health sector is drawn into (a) managerial and interprofessional working and (b) social and policy matters.

- There are now less clear lines of demarcation between policy makers, professionals and the wider public. The rise of consumerism, along with more recent calls for more active citizenship and greater democratic accountability in health care, means that the clear distinction between 'deciders' and 'users' of services is no longer tenable. The policy language of 'participation' and 'partnership' may often be overstated but it does represent real and sustained change.

In short the world of health care has moved on. In this climate it is no longer acceptable for health professionals, including pharmacists, to assume that what they do is always for the good, or that providing they have good technical expertise and obey the law they will 'do the right thing'. It is essential to recognise that pharmacy is a 'values-based' as well as a knowledge-based profession. Value judgements are inherent in every facet of pharmacy - including accounts of the goals of pharmacy, philosophies of practice, and day-to-day decisions (whether or not these overtly take the form of ethical dilemmas). It is important for pharmacists to be literate about values and ethics, both in order to be able to reflect on, and account for, their own practice, and to be able to participate in broader debates about pharmacy practice, medicines policy, health care and society.

There is no need to re-invent the wheel. There are a number of key value debates already alive within pharmacy which provide a necessary foundation for any further work, and the Royal Pharmaceutical Society has long provided careful and detailed advice about professional standards and ethics - advice properly grounded in the realities of practice. In addition both medicine and nursing have now incorporated reflective, analytic and critical approaches to values and ethics into their professional culture, starting with revisions to pre-service curricula. Much of the spirit and substance of these developments are also applicable to pharmacy, although pharmacy has its own distinctive orientation and needs.

It is not merely that pharmacists and the profession of pharmacy risk being left behind in the area of health care values but, more positively, that pharmacy has a duty to ensure that its unique perspective on the uses and risks of medicines is fully engaged with social concerns and public policy; that pharmacy is responsive to, and influential in, public life.

There are many ingredients to the value-base and contexts of pharmacy. These could be represented as a series of concentric circles with the most concrete and particular concerns at the centre, and the wider societal debates at the margins. Thus particular dilemmas in pharmacy practice can be seen in the context of a very broad range of inter-related value

issues including: the emerging philosophies of pharmacy practice, the changing roles of health professionals, diverse health policy perspectives, responses to technological change, and general social and cultural climates and debates. This 'model' of concentric circles serves as a simple indication of the interdependence of these elements and the need for them to be understood together. Reflective practitioners may start with a desire to improve their day-to-day performance but will inevitably get drawn into reflecting upon the broader picture. Not everyone will be equally interested in exploring each of these ingredients in depth, but there is certainly a need for the profession as a whole to engage with all of them effectively. We will now turn to the most obvious aspect of the 'practical face' of values in pharmacy.

Ethical dilemmas in pharmacy

Ethical dilemmas are the 'sharp end' of values in pharmacy. They are one of the ways in which the value questions inherent in pharmacy policies and practice come to the surface and become conspicuous. There are many occasions on which pharmacists may become aware of value conflicts. What if pharmacists find themselves in disagreement with doctors' judgements? Here they may feel a conflict between their loyalty to the healthcare team and their loyalty to the patient. What if they experience a conflict between the values of a patient and their own personal values (e.g. in the case of 'morning after' contraception)? Ethical dilemmas, however, need not necessarily involve conflict between persons, nor need they be dramatic. They may arise from 'hard choices' that occur in routine practice (e.g. a simple rationing dilemma may arise if a patient cannot afford to pay for all of the drugs listed on a prescription). Here are just a few more examples; followed by a discussion of some of the issues they raise:

> *Confidentiality* - You are a pharmacist who has dealt with a family over a period of time and you are consulted by one family member - Mary - about her concerns over John's (another family member) medication, treatment, and continuing ill-health. You have a good knowledge of the patient's history and treatment and your own views about the case but are uncertain about the nature of the relationship between Mary and John, and about how open John is about his illness experience. What should you do?

Clearly the specific circumstance might make a great deal of difference to this question. Is there some reason why John cannot play a role in the conversation? Is John a child? Is the illness relatively minor or is it life-threatening or emotionally sensitive? It is not sensible to try to produce a definitive answer to such a general question posed in the abstract.

> *Rationing decisions* - You are deciding whether or not to accept a new drug into a hospital, or you are advising a GP about the construction of a formulary. Two colleagues are putting pressure on you to make different judgement about an expensive drug - one wants it included and the other wants it excluded. The first colleague says that although there are few 'extra benefits' of the drug for the majority of people there will be a few patients for whom this drug will be uniquely valuable. Also some of these individuals (as well as some other people) are starting to ask for it by name. The second colleague accepts that there is a potential role, at the margins, for this drug but maintains that everyone can get adequate treatment with various cheaper alternatives. Furthermore it will be difficult to damp down indiscriminate demand and over prescription. Overall, he argues, much more

effective use can be made of the drug budget - to the benefit of the majority - if the drug is left off the list. What should you do?

Again it is, of course, necessary to know more about the specifics before venturing an answer.

Citizenship - You are at a social event and are introduced as a pharmacist. A group of people surround you eager for your opinions about the legalisation of cannabis. One of them asks you to come along to a political discussion group on the subject and asks you to find out about the official position of your professional body. You are not sure if there is any official position and say so - " If not", he says " there ought to be one! Could you not take steps to ensure that there is a wider debate about these issues amongst your professional colleagues and find a way of collectively feeding into the political process? Surely you owe it to the other members of society who are less knowledgeable about drugs and potential medicines?!" What should you do?

Here you are not being asked to lend support to a particular position (e.g. the limited legalisation of cannabis for specific medical purposes) but simply being challenged to share your expertise, experience and professional network with other people whatever view you take. Is this a reasonable challenge?

It would be possible to multiply these sorts of examples indefinitely - these are only indicative. These dilemmas have a number of things in common. As already noted they all raise value issues overtly and they all need further elaboration before we could answer them - i.e. in each case what *precisely* are you being asked to do? In addition they all raise further questions, and any resolution of the dilemmas depends upon taking some position with regard to these underlying questions.

For example, the first case as well as asking ' What degree of confidentiality do pharmacists owe to clients?' raises questions like 'Who is the client of the pharmacist? ; How far should pharmacists try to achieve a balance between their client's interests and other people's interests? ; When should pharmacists operate independently of doctors, and when should they seek support or collaboration?" The second case raises questions like, " What is the health service for? How far should it serve the greater good if this conflicts with individual well-being? How far should health services respond to patient choice? Who should be responsible for determining the answers to these balancing acts?" The third case raises questions like " Do the professional responsibilities of pharmacists extend into their private and social lives? Is it unprofessional of pharmacists to use their status to engage in political activity? What is the wider society entitled to expect from pharmacists as citizens both individually and collectively?"

Now none of these questions are easily resolved. They involve a wide range of complex practical and philosophical issues. Many of the issues raised above relate to the scope and boundaries of the professional role of pharmacists - what sorts of things ought pharmacists to be concerned with, and what are the limits of their professional legitimacy? But they also relate to wider public policy issues such as the purposes of health professionals and health services in general and more 'personal' issues such as the relationship between our private and professional lives. It is in the nature of ethical dilemmas that they involve conflicts of values that there is no clear or agreed way to settle. Dilemmas do not yield simple 'correct' answers. If there was an easy answer to them they would not qualify as dilemmas in the first place. In order to grapple with this sort of dilemma at all we have to be prepared to embrace

uncertainty, disagreement, and argument; and to handle dilemmas in practice we must be prepared to make and explain our 'best judgements' in the face of uncertainty.

In this section we are not directly concerned with offering practical suggestions for managing ethical dilemmas. (Although we will return to one of the examples – the rationing example – at the end of section 4 to illustrate the usefulness of greater value literacy.) If we wanted to come to practical conclusions we would, of course, have to consider more than the ethical and philosophical issues at stake - we would, in each case, have to look carefully at the facts, at what aspects of law apply, at the official guidance offered by the professional body, and at other possible sources of help or advice. Indeed this is the approach taken by Appelbe, Wingfield and Taylor in their very useful practical exercise book focused on this topic (1997). Anyone wishing to work through realistic scenarios in pharmacy law and ethics would be well advised to consult it.

Here we are simply interested in what ethical dilemmas show us about the value bases of pharmacy:

1. Ethical dilemmas bring some of the value judgements inherent in pharmacy practice to the surface, but below the surface are many other philosophical, ethical and practical uncertainties and questions. In order to make judgements in practice we have to either explicitly or implicitly 'resolve' some of these uncertainties and questions e.g. understand the extent to which it is part of the pharmacist's role to respond to patient demand, and if so, under what conditions.

2. Therefore ethical dilemmas cannot be treated as purely discrete difficulties. They are more correctly seen as the visible face of the many underlying tensions and uncertainties embodied in policy and practice. Pharmacists - like everyone else - are caught up in a shifting network of norms, beliefs, assumptions, pressures and so on. The many values inherent in this network will inevitably conflict sometimes.

3. In considering dilemmas we are thereby cast into a broader consideration of the wider network of value issues - the philosophical and ethical assumptions built into the structures and cultures of practice, the choices that have to be made about professional roles and priorities and the evolving value debates in the wider society.

Personal and professional accountability

It is important to note that individual practitioners do not face these difficult issues and dilemmas entirely alone. In fact there is an important sense in which it would be wrong for them to act as if they did. These value questions are not academic puzzles faced by separate individuals. They are real choices made by people who are occupying specific societal roles and who have obligations to clients and lines of accountability to the law of the land, professional bodies, employers and specific institutions. They are not entirely free to do what they independently 'think best'; and even where they are free to do so this is not always the most responsible way to behave. We cannot make our value judgements in isolation.

Yet there is also a sense in which we all do have to make value judgements for ourselves:

First, in practical terms, we do not often have time to consult with other people or enter into debates about social or philosophical matters. Many decisions will be made more or less habitually by relying upon our experience, many others will have to be made after only a few moments reflection in less than ideal circumstances.

Second, because all situations are unique - some subtly, some dramatically - individual practitioners have to make sense of the specifics of each case, and even if they are relying heavily on rules or guidance they will have to take responsibility for applying these things in practice.

Third, however much we wish to comply with the prevailing norms and expectations of our profession we each, ultimately, have to live with our own choices and priorities and need the opportunity to exercise 'limitations of conscience'.

Fourth, individuals (working together) must take responsibility for determining the professional framework of values - it cannot be regarded as 'someone else's business'. If every individual took the line that they would wait for the professional framework of values to emerge it never would! Arguably all members of a profession have not only a right but also a duty to take responsibility for the professions' value base.

So individual pharmacists do not make value judgements in isolation but they cannot 'offload' responsibility for values to others. Individuals take responsibility for the particular decisions they take but do so with reference to a framework of values determined collectively. Responsibility is thus divided up - we each take full responsibility for certain actions and some responsibility for the system as a whole.

Some parts of the collective framework of values are relatively settled, codified and explicit – they are to be found, for example, in medicines and NHS legislation, and in the Society's Code of Ethics and Statements of Professional Practice. Other parts are more implicit and potentially subject to more rapid and unplanned change - this applies both within the professional culture and in the broader cultures in which the profession operates and practitioners live. For example, philosophies of pharmacy practice (e.g. pharmaceutical care) evolve but are inevitably subject to interpretation and debate in theory and to haphazard realisation in practice. In this fashion the climate and assumptions of practice certainly do shift over time but not always in clearly defined and agreed terms. Likewise the expectations of clients, institutions and the wider society evolve along with broader cultural, technological and public policy change - this directly and indirectly affects the value climate of pharmacy but not necessarily in a way that is clear cut or explicit.

A pharmacist who wants to think about the value bases of the profession must, therefore, not only be informed about what is codified in laws and codes of ethics but also be reflective about what is codified as well as about those influences which are not codified. In the remainder of this section we will say a little about codes - to support possible reflection and debate about their role as resources for pharmacists faced with practical dilemmas. But codes of ethics are not really our principal concern in this discussion document. In the subsequent sections we want to look at the wider question of the value bases and value contexts of pharmacy.

The role of a code of ethics - necessary but not sufficient

Professional codes of ethics can and do serve a variety of functions, for example:

1. They can indicate forms of behaviour which are completely unacceptable in members of a professional group.

2. They can indicate standards of satisfactory, good and/or 'best' practice in the performance of professional duties.

3. They can summarise the societal 'mission' and/or aspirational 'vision' for the professional group.

Each of these is connected to yet more general goals - is the code of ethics (or its component parts) meant to be regulatory, educational, motivational, aspirational, solidarity building? Each of these functions can in turn be fulfilled in a number of different styles and formats. For example codes of ethics can be constructed so as to give detailed guidance on a range of practical matters; or so as to provide a general framework of rules or principles which practitioners should take into account. In short there is a lot of scope for variation in the construction of a code of ethics.

There is no reason why a profession's code of ethics cannot serve a number of different functions and combine a number of different styles and formats, but - it follows from the variety reviewed above - *a code of ethics cannot do and be everything at once*. Its primary roles and goals need to be decided upon and its 'constitutional' role needs to be communicated to members - e.g. which parts, if any, are 'merely' advisory; which parts, if any, are mandatory?

The Society is currently engaged in a process of clarification, consultation and communication about these very matters. The scope of the proposed new code of ethics has been defined and its function clarified. The current consultation document (Royal Pharmaceutical Society, 1999) combines a general overview of the roles and principles of pharmacy with separate sections offering much more detailed guidance on standards of professional performance and service provision. As well as serving an advisory and educational function this document serves an essential regulatory function. It provides a public framework against which breaches of professional conduct can be judged. Pharmacists *must* take it into account if they wish to maintain that their practice is acceptable (this is not to say that a pharmacist cannot argue with elements of it - the point is that they have to *engage* with it. *Ignoring* it is not an option).

Hence the ethics and professional performance document serves a number of essential functions. In its more detailed sections it provides guidance about the line between satisfactory and unsatisfactory practice. In its more general sections it provides a broad picture of the rationale for, and the principles which underpin, the practice of pharmacy. In particular Part 1 sets out the fundamental principle of individual accountability:

> "....pharmacists are expected to use their professional judgement in deciding on the most appropriate course of action and to be able to justify their decision to individual patients, the public in general and to their peers. The pharmacist should ensure that the judgement reflects the fundamental accountabilities applying to all

> members of the profession. They are expected to accept responsibility for their actions and the consequences of them ..... On occasions there may not be a right or wrong answer; each situation must be judged on its merits. Different people may reach different decisions on a single set of circumstances and each may be justifiable"

Part 1 goes on to discuss the possibility of professional misconduct complaints and adds,

> " The Council and the Statutory Committee, in considering whether or not action should follow, takes into consideration the circumstances of an individual case and does not regard itself as being limited to those matters which are mentioned in this document"

In other words the code of ethics document carefully and clearly acknowledges its own limitations. Such a document can provide more or less detailed guidance but what it cannot offer is a comprehensive and determinate set of 'formulae' for action. Only individuals can decide how to act. The document does not and cannot even aspire to provide an exhaustive list of considerations - because what is of relevance will sometimes only emerge in relation to a particular set of circumstances. In any case - as the current consultation process indicates - even codified aspects of professional ethics need to be reconsidered as times and circumstances change.

These are some of the ways in which any code of ethics can be seen as 'necessary but not sufficient'. Any code of ethics - as the drafters of the RPS document are well aware - can only play its role as one element of a compound of considerations including a professional culture of individual responsibility and accountability. It is suggested here that another necessary element in this compound is the development of greater value literacy amongst professional pharmacists. Value literacy and a culture of accountability are arguably mutually supportive features of professional practice. We will return to this idea in Section 3. In Section 2 we want to consider another element which it is sometimes suggested may contribute to developing pharmacy values. Namely the idea of producing a list of ‘core values’ for pharmacy.

CORE VALUES FOR PHARMACY?

In this section we ask whether or not the idea of 'core values' is a helpful one for pharmacy and we suggest a broad framework of values which are central to pharmacy. In it we argue:

- Values definitely are at the core, or at the heart, of pharmacy.
- There may be a role for producing a specific list of 'core values' for pharmacy - but there are also significant distractions and dangers inherent in such lists.
- Exploring the idea of 'core values' is worthwhile as long as it is seen as part of a dynamic process - as a process of continuing reflection, interpretation and debate - and not merely as the production of a definitive list.

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Two views of the place of values in pharmacy

Throughout this document we have maintained that value issues are central to pharmacy. We might well be accused of overstressing this point. However we believe that it is worth repeating it because the 'mind sets' which treat value issues as of relatively marginal interest are deeply embedded in the profession for a very good reason. In many respects the knowledge base of pharmacy is a scientific one and scientific approaches to knowledge provide an essential foundation to the discipline. In many instances this means deliberately and systematically marginalising certain value questions in pursuit of 'the scientific facts' - the clear danger is that this habit of thought may sometimes be carried into areas where it is less appropriate. Hence one possible mental picture of the role of values in pharmacy places them at the margins. We will explore this picture, and then a much broader one.

Values at the margin

According to this picture pharmacy is essentially a technical activity guided by scientific evidence and technically defined goals. As a consequence there are many circumstances in which value questions simply do not arise, although there will be some occasions where pharmacists face dilemmas. There may be many reasons for these dilemmas: Perhaps the scientific evidence is inconclusive and there are countervailing opinions as to the validity of some claim; perhaps the pharmacist feels there is a conflict between what the law requires and what they believe is in the best interest of the patient; perhaps they experience a conflict of loyalty between the patient and their employer etc. None of these dilemmas is trivial or easily resolved but - according to an extreme technicist view - only the first example is strictly a dilemma *within* pharmacy. The professional and ethical judgements required by the second and third examples are - according to this view - *overlaid* on pharmacy; at most they are at the margins of pharmacy.

Although this is a possible mental picture it does not really bear examination. It is one thing for pure scientists to maintain that value questions fall outside their domain (and this would be a hotly contested claim) but it is quite another thing for members of a health professional group to take this line. In reality pharmacy exists to serve certain human values, and this should be obvious to anyone who thinks about it. Firstly, technical accounts of 'what works' or 'what is efficacious' are entirely tied up with accounts of what is valuable to human beings

or other animals. The many values connected with health and safety, for example, are constitutive of what counts as good pharmacy. Secondly, pharmacists could not seriously argue - and in practice would not - that the ways in which they treat people are incidental to pharmacy. Although a good mathematician could be rude, insensitive and antisocial without its detracting from his prowess at mathematics the same could not be true of a pharmacist. This is, in part, because pharmacists work *through* the patients to 'get results', and therefore depend upon consent and cooperation. But it is fundamentally because patients and clients are entitled to respect. Certain sorts of relationships between professionals and clients are intrinsic to our idea of a profession. They are not an add on.

Values as pervasive

A more accurate picture sees values as pervasive. Values do not only define the *framework* of what matters in pharmacy, by determining the goals and the relationships inherent in the profession, they also make up its warp and woof . The alternative is to suppose that the 'skeleton' is value-laden but the 'body' of work is value-free. But once again if we examine this picture we see that it is unsustainable. The philosophy and practice of pharmacy are not separate. All of the many day-to-day judgements and actions of pharmacists embody values. It may be, of course, that many such value judgements are largely uncontroversial. There is no need to look for ethical dilemmas in every nook and cranny of practice. But the point is that these judgements are not value-free; one way or another they connect with the web of values which make up pharmacy's *raison d'etre*. This is one sense in which it is necessary to speak of 'core values': value issues are not merely marginal, or occasional, or optional. *Values are at the 'core' of pharmacy.*

A list of core values for pharmacy - for and against.

We have been arguing that pharmacy is a values based profession. Given this it seems natural to ask 'What exactly are the values on which pharmacy is based?' And, if it seems too tall an order to specify *all* of the values which might contribute to the discipline and practice of pharmacy we could at least ask about the main values of pharmacy. It is in this spirit that many organisations (and certain professions) set out to specify a list of 'core values'. In the next but one section we will make an attempt at indicating some central values for pharmacy but we want to begin by looking at what lies behind the quest for core values, and also at some of the problems and limitations of listing core values.

There are a number of reasons why we might be inclined to ask for core values but we will summarise these by referring to the ideas of 'standards', 'coherence', 'shared professional identity' and 'shared purpose'. First, there is a need to circumscribe the kind of values which enter into the fabric of the profession. It is clear that not any values will do – the Mafia represent a set of values but not ones which set minimal, let alone optimal standards for a professional group! We want to be able to articulate the 'good things' that pharmacy stands for - what valued goals ought pharmacists to be working towards, and what valuable qualities (of conduct or character) ought they to manifest in the way they work? A list of these goals and qualities would represent the ideals of pharmacy and would provide the broad framework within which standards are set. Lists of core values also serve to demonstrate that there are some things which apply to all pharmacists regardless of their individual personality, or of the sector in which they work, or their employment status, or their precise job description. A list of core values could contribute a measure of coherence to a complex picture including hospital pharmacists, community pharmacists, primary care groups, health authority advisers,

industry and higher education settings and roles. A list could suggest that whereas *on the surface* pharmacists are engaged in very different day-to-day activities, and have different personal styles, if we look *beneath the surface* we can see certain unifying principles. This unifying tendency is also useful if pharmacists are themselves to share a sense of group identity - in this case a sense of the values that bind them together as a professional group. Finally a shared identity and a shared purpose reinforce one another, and a list of core values may help a professional group to articulate its aspirations and its sense of direction.

Other groups within health care have gone through the process of identifying a list of core values. A notable example is the British Medical Association who recently, in conjunction with other medical organisations, produced a report (BMA, 1995) on the role and core values of the medical profession in the 21st Century. The list of core values (first drawn up at a conference on this theme) was as follows*: commitment, caring, compassion, integrity, competence, spirit of enquiry, confidentiality, responsibility and advocacy*. Further work was done in order to get doctors to develop these core values by commenting upon, adding to, and ranking them, and in order to disseminate them to the profession (e.g. BMA, 1996).

Limitations of lists of core values

Although standards, coherence and shared identity are all important there are a number of problems and limitations inherent in the quest for a list of core pharmacy values which also need to be acknowledged. Indeed the limitations of such lists are a mirror image of their strengths. In order to capture the very broad range of goals and qualities embodied in a very broad range of particular roles and activities any list of core values has to involve substantial generalisation and to be expressed in rather abstract terms. The danger is that in order to succeed in simplifying a complex reality a statement of core values will oversimplify it - that (a) it will mask complications and contradictions, and (b) it will be too detached from any concrete role to help with either understanding or motivation.

An illustration may be useful here. Suppose we are asked to identify the core qualities of track and field athletes. We might come up with a list which includes examples like physical strength, fitness, flexibility, co-ordination, determination. Now a list along these lines is useful up to a point and for certain purposes. But - as we all know - it conceals at least as much as it reveals. Exactly what qualities are needed will be determined only by looking more closely at specific events. Furthermore it is possible that more specific qualities which are an advantage in one event may be a disadvantage in another one. The same problem can be highlighted by imagining yourself as a young athlete being coached. To what extent would you be assisted by a list of qualities like this? How far would it get you? Perhaps it would be helpful as a starting point - as a reminder of the overarching dimensions you would need to bear in mind when planning your training. But it is most likely that none of the words in this list would crop up in the coaching process; they are too general and abstract to 'drive practice' routinely.

Similarly if we, for example, take the first three words in the BMA list above – '*commitment, caring and compassion'* – these do seem to be important values for medicine. They are equally arguably central values for nursing. They also, as with the other words on the list, are reasonable candidates to be 'core values' in pharmacy. In fact they are of sufficient generality to have a very broad relevance indeed. This is both a strength and a weakness. If we imagine a particular health care scenario in which a doctor, a nurse, and a pharmacist are working together we might reasonably expect them all to show commitment, care and compassion – and there is some merit in emphasising this commonality. But exactly how each professional

acts, exactly how these ideas apply to them, depends upon an understanding of their specific role in that scenario.

One important question, therefore, is whether pharmacists should even be looking for their own distinctive set of core values or whether they would be better served by joining forces with other relevant groups to help agree a shared list of core values for all health care professionals. We will not consider the pros and cons of this issue here; but those inclined to the 'common values' approach might like to consider the recent suggestions drawn up by the Tavistock Group (Smith et al, 1999).

An important example: the four principles of health care ethics

A plausible case can be made for naming the famous four principles of health care ethics - the principles relating to autonomy, beneficence, non-maleficence and justice respectively – as the core values of pharmacy. This list of four values is often taken to be a statement of *the* core values of all health care including pharmacy. Pharmacists, whatever specific thing they are doing, should 'check' their actions against this list: "Am I respecting the autonomy of the individuals with whom I'm dealing?"; "Am I benefiting others?"; "Am I refraining from causing harm to them?"; "Am I considering the interests of those affected in a fair or equitable manner?" A consideration of these core values will act as a reminder of the framework within which we should act. If we are failing to consider the implications of any one of these four there is a *prima facie* cause for concern. These values apply to all pharmacists irrespective of setting or function. Satisfying these values is a necessary condition of practising good pharmacy. (Indeed according to some accounts satisfying these values is a sufficient condition of good (ethical) pharmacy because all morally relevant considerations can be accommodated under these headings).

This list of values is certainly useful. It provides a general map of salient concerns and a language to talk about these concerns which many people find valuable. These four principles each open up an agenda of considerations which remind us of important dimensions of ethical thinking. But this list also has important limitations. (For a full account of the advocacy and criticism of the four principles approach see Gillon and Lloyd, 1994)

First, the generality of the four principles means that they are not only of possible relevance to all health professionals but to all professionals and even, arguably, to everyone in their private life. They may therefore provide a broad common framework for pharmacy, and a measure of coherence but they certainly do not - on their own - provide a *distinctive* identity for pharmacists or for any other professional group. (Although, as we have seen, some people may view this level of generality as a positive advantage.) Second, many different people might be happy to 'sign up to' these values but they may understand rather different things by them - and these interpretations are influenced by culture, setting and historical perspective. Once these interpretations are brought out into the open what had appeared to be a consensus might dissolve. Finally, another inherent limitation is that a list in itself gives us no indication of what to do when the four values come into conflict. So, even supposing that you and I share a common understanding of the meaning of these values we may conscientiously disagree about how to apply them in any particular case. At best these values provide some broad parameters for debate but within these parameters there is substantial scope for controversy and uncertainty.

However, as we have tried to indicate, these problems and limitations are not specific to the four principles approach - any list of core values will be susceptible to them. A more positive way of expressing these limitations is to say that the 'four principles' are useful *when* they are being used as a gateway to broader thought and debate. They are less useful merely as a list; they are not particularly helpful if they are treated as a 'closed system' of ideas; but as an engine to get thought and debate started they may be very helpful indeed. This is what we would wish to assert about any equivalent list of values.

For and against core values: concluding comments.

Is there any point then in talking about core values? There are considerations which point in both directions:

On the one hand there are some reasons to avoid talking about core values. First, as we have seen, lists can suggest a definitiveness which is inappropriate - closure at times where controversy is appropriate. Also - and this is perhaps only 'guilt by association' - there is always a danger that lists of core values will be seen merely as an exercise in public relations. This is always a danger with values and ethics - that talking about them and publicising them is a substitute for acting upon them! And this public relations trap is a particular problem with the expression 'core values' which has been used all too often simply as a way of jazzing up mission statements, with much less regard to their implications for real change.

On the other hand it seems to us that there might well be a point in talking about core values providing that it marks the beginning of a process rather than the end of one. There will never be a list of core values without any ambiguity or controversy, and there will not always be a clear consensus as to how values apply to practice. But attempts to map the broad framework of ideals and qualities demanded by 'good' pharmacy serves a purpose if it stimulates reflection and debate about these questions. Furthermore, as we have already indicated, core values may also contribute to a simple and clear message about the identity and purpose of pharmacy. In this spirit we now go on to suggest a framework of values for pharmacy.

A suggested framework of values

In this section we will talk about 'central values' rather than core values - partly to avoid some of the negative associations mentioned above, and partly to set aside some of the controversy about what precisely is core or ‘not core’. It is most important that our account is not seen as anything other than indicative. Our intention is to start a process rather than to be prescriptive, to prompt further thought and debate. In the end an account of pharmacy values will only have real significance if it is 'owned' by the profession broadly. It would require a process of discussion, debate and evolution.

We will proceed by making distinctions between three different kinds of values which we will call, just for the sake of discussion, *general professional values* – i.e. values common to professional roles; *vocational values* – i.e. values inherent in the vocation of pharmacy; and *institutional values* – i.e. values embodied in the institutional contexts of pharmacy. And we will present our account of pharmacy values under these three headings.

When we talk about pharmacy values which of these things do we mean? It seems sensible to say that all of them have a place. General professional, vocational and institutional values all

co-exist and inform one another, and they can only really be separated out by an act of abstraction. Again we can illustrate this through the question of the qualities needed to be an athlete. A shot putter competing in the Olympic Games will need some general qualities such as the ones listed above (physical strength, fitness, flexibility, co-ordination, determination). They will also need a set of specific qualities which derive from the nature of shot putting. These qualities may be summarised to a degree by terms such as strength and co-ordination but to understand what these mean *in this particular case* we need to study the specifics of shot putting. Finally they will need to understand and respect the general norms and rules of the Olympics (e.g. to listen to the officials and not to verbally abuse them.) We can apply broadly the same approach in attempting to sketch in the central values of pharmacy under the three headings we have chosen.

General professional values - Pharmacy will necessarily share many fundamental values with many other fields of activities which are intended to serve human interests in one way or another. Some of these are associated with the idea of a profession and professional ethics. Others will derive from the widespread professional interest in human welfare. As we have already seen in the four principles approach many of these values can be summarised under a few headings so as to be of general relevance to, for example, all the health professions.

Many of the values inherent in pharmacy can be summarised in general accounts of professional roles in society - e.g. professionals are concerned with, and held accountable for, developing and applying specialist knowledge in order to serve the public and respond to the needs of individuals in a manner which is worthy of trust. *Accountability, knowledge promotion, public service, respecting and responding to individuals, trustworthiness* - these are all central values for pharmacy. But in order to understand the implications of these general values for pharmacy we also need to consider (i) the range of specific roles and relationships in which pharmacists are engaged, along with (ii) the variety of institutional contexts in which they work.

'Vocational' values - Are there any valuable goals and qualities that are more specific to pharmacy as a field or vocation, or which have a particular relevance to pharmacists? Or can we describe the distinctiveness of pharmacy in purely practical and technical terms? If it is what pharmacists *do* that gives them their shared identity perhaps there is no need to talk in terms of distinctive pharmacy values. On the other hand proponents of movements within pharmacy, such as pharmaceutical care, do want to give an account of the purposes and orientation of pharmacy in a way which stresses certain values as (ideally) constitutive of pharmacy. The identity of pharmacy can only be understood by seeing the profession and its practitioners socio-historically. How have the roles of pharmacy come about, how have they evolved, how are they legally and institutionally defined? This is not the place to rehearse all of these analyses. But we can say, in short, that the core identity of pharmacists comes out of their unique role in society, and in particular their expertise and societal 'powers' with regard to the development, management and use of medicines and related technologies. They are unique amongst the health professionals in having a primary expertise that relates directly to the physical world. They are experts in the properties and uses of certain sorts of physical substances and this fact illuminates some of the vocational values of pharmacy.

The stewardship of medicines demands a particular compound of qualities. Substances which in comparatively small quantities can seriously affect the health and lives of people need to be handled and managed with great care. This 'care-taking' necessarily extends in two main directions: (a) to constructing and implementing systems and procedures to physically

manage the creation, storage, dissemination and use of medicines (b) to developing and providing systems and procedures to share pharmaceutical expertise with others - i.e. educational, advisory, and consultative procedures. Pharmacists need to exercise 'care' in these two different ways. They need to be very careful in the way they organise their physical environment - to practice *meticulousness*. But they also need to be alert to, and concerned about, the needs of other people (at least in relation to their health or drug education needs) - to practice personal *attentiveness* and *responsiveness*. These qualities of conduct and character also count as central values for pharmacy although the interpretation of, and to some extent also the balance between, these values vary as different pharmacy roles develop. These qualities apply first and foremost to interactions between particular pharmacists and their clients, but they also apply to the larger picture, i.e. to be responsive to the changing needs of populations pharmacists need to continuously develop knowledge of relevant science and technology.

Institutional values - Pharmacists work in settings and contexts which are themselves value laden. In particular pharmacists work in the arenas of health care, science, and commerce. Each of these arenas necessarily bring their own agendas, priorities and standards of behaviour, and insofar as pharmacists' work is defined through these agendas these arenas inevitably shape the value-bases of pharmacy. Even where some of these norms and priorities are 'external' to pharmacy itself it is necessary for pharmacists to understand them and take them into account. When we consider the diversity and complexity of these institutional arenas - and, of course, pharmacists work in a wide range of different public sector and private sector institutions - it is more difficult to say which institutional values are central to pharmacy and which are better seen as part of its environment. Certainly some of the values of health care and science help to define the goals of pharmacy - e.g. *health* and *knowledge*. Similarly some of the values of good scientific and good business practice, such as 'honesty' or 'customer awareness', are certainly of central relevance to pharmacy. But if we look at other values, such as 'collegiality' or 'profit-making' these, although important to many, are arguably environmental rather than central pharmacy values. What does seem to be important is that pharmacists have a clear-sighted reflective awareness of the value environments in which they work, and understand how their own work and priorities are shaped by these environments. (We will come back to this matter in the next section of the document.)

In this fashion it is possible to start to build up a picture of central values for pharmacy which will complement the 'four principles approach'. **This can be presented as a partial list which would include some values which relate more to goals such as *the promotion of health, the promotion of certain forms of knowledge, public service,* and some values which relate more to good qualities of conduct or character such as *accountability, respect for individuals, trustworthiness, attentiveness, responsiveness, and meticulousness.***

It might be worth noting - although it is not surprising - that this list overlaps considerably with those values mentioned in Part 1 of the Code of Ethics document.

But as we have already stressed a list such as this does not, on its own, get us very far. For a start other words and phrases could easily be substituted for, or added to, these ones, and in any case many of these words and phrases need further 'unpacking'. What is meant, for example, by 'public service'? Does it suggest that pharmacists should always aim to be maximally 'efficient' or does 'public service' require a degree of equity - the potential tension between equity and efficiency is a central problem of resource allocation decision making with which pharmacists should be familiar; similarly they should be aware of the meaning

and role that they attach to ideas like public service or the public interest. How much is demanded by 'respect for individuals'? Perhaps this is covered by a measure of 'honesty' and 'confidentiality', or should pharmacists always try to provide individuals with what they want, and if not, how should they draw the line? Similarly 'trustworthiness' is but a place marker for a whole lot of expressions which refer to ideals of character, some of which are suggested by other items in the list - but what other qualities should be made explicit? These complications and questions will inevitably go on and on.

So our search for possible core values has ended with a contestable list, but we have learned something about the values of pharmacy in the process of constructing the list. In the next section we will complete our argument for the benefits of this sort of value literacy for the profession.

VALUE LITERACY AND PROFESSIONAL PRACTICE

Throughout this discussion, and indeed any discussion of values, there is a tension between 'controversy' and 'closure' - i.e. on the one hand we have played up the potential for open-ended debate (for the questions to 'go on and on'), but on the other hand we have emphasised the need for personal and professional judgement and action. Professional practice and professional ethics demands practical judgement and action, and of course these things are not always supported by wide ranging discussion and philosophical exploration. There is no point trying to 'develop pharmacy values' through exploration and debate if this serves, in practice, to undermine personal and professional accountability in the real world. On the other hand accountability in its fullest sense refers to the requirement and capacity to give a *defensible account* of *one's own* actions - not simply to follow instructions or guidance blindly. There is a need to combine professional training in good practice with education about values. A variety of different experiences of ethics and values are needed - practice, information and understanding, reflection and finally opportunities for debate and argument.

Let us begin, therefore, by stressing that the foundation of professional practice and professional ethics (as with all practical and moral education) is the development of good habits through an initiation into approved professional practices and cultures. This is a practical rather than a theoretical process but it will include being properly informed about, and understanding the rationale behind, professional and legal requirements and standards. However, granted the central importance of this process of professional induction, there is also an important place for increasing general literacy about values - and this is arguably a relatively neglected area. Value literacy includes (a) a facility for the ‘languages’ of values, (b) reflective awareness of value and ethical contexts and issues, (c) ethical sensitivity, judgement and mediation skills and (d) some acceptance of uncertainty and indeterminacy.

Up to this point we have been using the all-encompassing expression 'values' to pick out all of those aspects of pharmacy practice which are not purely factual or technical. But in our examples we have tended to put most emphasis on what might loosely be called 'ethical values'. A more extended discussion of values would cover a range of concerns which could - on many accounts - be distinguished from ethical values. For example, religious values, social values, political values, cultural values and so on. All of these things - along with the more 'local' institutional values discussed above - shape the cultures and contexts of

pharmacy, and would have to be considered in any programme to develop literacy about values.

An opportunity to consider and explore these multiple factors, and their impact upon the contexts of pharmacy, is an important ingredient of any wider process of professional reflection on values. This clearly requires a willingness to think about and talk about values and a vocabulary of 'value talk' in which to do so. Ideas like the four principles of health care ethics, or the various approaches to, or examples of, 'core values' discussed in the last section - as well as professional codes and standards - have a role here. In addition pharmacists will often have their own 'natural language' of values deriving from their own cultural or religious traditions and/ or from their own social and ethical commitments. One of the functions of a professional community is to build an understanding of the intersections and interactions between 'pharmacy values' and personal values, and how to manage tensions between these things. But in order to do this it is clearly necessary to have some familiarity with, if not necessarily fluency in, the 'plurality' of value talk.

As we said in the last section pharmacists are in special need of a reflective awareness of the value environments in which they work, and need to understand how their own values and priorities are shaped by these environments. Furthermore they need to be able to understand and manage the ways in which their environment may, on occasions, place constraints and pressures upon them which challenge their own values and their conception of professional practice. Pharmacists often find themselves 'in the middle' - between other professionals and patients, between managers and others, between different sectors and interests - and must develop the understanding and skills to move, with integrity, between different norms and demands. This calls for a sensitivity to other peoples' agendas and feelings, and a critical awareness of institutional pressures. It also calls for a certain degree of tolerance, diplomacy and some 'mediation skills'. Without reflective awareness and mediation skills other values can get buried under the pressure of external norms. These qualities are needed to exercise personal and professional accountability. They are necessary for managing value conflicts, and are increasingly understood to be of fundamental importance right across the health care sector as the complex interconnections between, for example, health care, science and economics become increasingly visible.

It is the existence of these interconnections and interactions between values which makes what we are calling value literacy so important. As indicated above the value bases and value contexts of pharmacy are multi-layered and multi-faceted. If we simply take four layers - professional ethics, philosophies of practice, institutional contexts (including changing health care agendas) and the general social and cultural climate - we can see multiple interactions between them. The point is not only that all of these layers have to be taken into account but also that *none of them can be understood except in relation to the others.* Professional ethics cannot be considered in isolation from the other factors, neither can practice philosophies be appraised 'out of context' ; nor can institutional or social climates be regarded as existing independently from professional traditions and the expectations to which they give rise. The 'world of pharmacy values' needs to be studied and understood holistically.

Finally, many of the value issues that arise in pharmacy and health care are profoundly difficult to resolve. Although professional accountability demands some practical resolution of professional choices, it is a mistake not to acknowledge this uncertainty and indeterminacy that lies in the background. Space has to be found for practitioners to be able to debate, and disagree about, matters which merit debate. In turn this requires a learning or working environment which can tolerate a measure of uncertainty and argument, and the skills and

intellectual resources to support debate. Not everyone will have the inclination to engage with philosophical concepts and modes of working, but no-one should be excluded from opportunities for critical reflection and argument about the value-bases and value contexts of their work.

We suggest that value literacy, professional ethics and professional practice are inseparable. We can illustrate this by returning briefly to the rationing dilemma discussed earlier:

> Dilemma - You are deciding whether or not to accept a new drug into a hospital, or you are advising a GP about the construction of a formulary. Two colleagues are putting pressure on you to make different judgement about an expensive drug - one wants it included and the other wants it excluded. The first colleague says that although there are few 'extra benefits' of the drug for the majority of people there will be a few patients for whom this drug will be uniquely valuable. Also some of these individuals (as well as some other people) are starting to ask for it by name. The second colleague accepts that there is a potential role, at the margins, for this drug but maintains that everyone can get adequate treatment with various cheaper alternatives. Furthermore it will be difficult to damp down indiscriminate demand and over prescription. Overall, he argues, much more effective use can be made of the drug budget - to the benefit of the majority - if the drug is left off the list. What should you do?

As we noted before this dilemma raises a lot of complex questions and its practical resolution would depend largely on the exact circumstances and details of the case. It is certainly not a straightforward case of applying 'best practice' in a technical sense - it is a case in which professional practice and professional ethics are combined because a number of value issues are embedded in the dilemma. A code of ethics (or a list of core values) is likely to be of relatively little help because the dilemma involves a choice between 'competing goods' (i.e. two things, or more, which are good in themselves are in competition with one another). On the one hand we wish to be responsive to the individuals who may benefit and to increase the scope of choice of prescribers. On the other hand we wish to promote cost-effective prescribing for the benefit of the population as a whole and to discourage potential waste.

How does value literacy help here? Well, of course, in one sense it does not solve the problem; it does not 'dissolve' the dilemma. In each case a judgement has to be made and someone has to make it. But we suggest that increased value literacy increases the likelihood of sound, reasonable and defensible judgements being made. It enables us to make a fuller, and more clearly defined, appraisal of what is at stake. It increases our facility to recognise and articulate recurring issues (e.g. patient choice versus patient interests; individual versus the public good). It sensitises us to a lot of 'particulars' - for example, do the individuals who may benefit belong predominantly to a particular cultural group; are there questions of cultural sensitivity or social justice at stake? It helps us to discriminate between different sorts of reasons and influences - for example whether pressures for cost containment are based on health care or commercial considerations (both may be relevant but they are different).

What we have called value literacy cannot replace the need for practical judgement but it can support practical judgement. Without it professional ethics and professional practice is on weak foundations.

RECOMMENDATIONS

Consultation

Our key recommendation is that the case for developing pharmacy values and value literacy, and the other issues set out in this discussion document, be subject to debate and consultation within the profession as a whole. There is a wealth of practical experience to draw upon, and there are other people who have given thought to these issues. Some other people may also wish to produce specific recommendations. However in order to be constructive and to help stimulate this process we set out a number of specific recommendations below which we hope will be worth serious consideration.

Professional Education

(i) *Undergraduate course in medicines, values and society*

In addition to understanding that there are defined standards of behaviour which they will be required to meet, students must be equipped to understand the wider value debates that surround their professional lives. Pharmacists in training need to be given the opportunity to develop a reflective awareness of the role of pharmacy in society, and the skills to contribute fully to public policy debate about medicines and health care. More specifically they need to be participants in the more reflective, analytical, and critical approaches to health care ethics which are now well established in UK university and policy sectors. This means:

As well as learning the significant themes and specifics of pharmacy law and ethics students should have the opportunity to learn about and debate a range of themes relating to medicines, values and society - such courses might, for example, draw upon and connect work in bioethics, social theory and policy analysis. They should be aimed and designed to encourage social literacy and personal engagement with social issues rather than pure academic knowledge. Such courses would support breadth and balance in undergraduate curricula not only in content but also in teaching and learning styles and conceptions of knowledge.

(ii) *Fostering humanities and social science inter-disciplinary postgraduate study and academic work*

New undergraduate curricula will obviously have implications for postgraduate study and for teachers and lecturers. The practical and cultural resources needed to support these changes will only come about through support for postgraduate innovation. Such innovation has two aspects: (a) broadening the range of academic skills and research styles within academic pharmacy and (b) greater integration between academic pharmacy and other academics in humanities and social science based disciplines. Specific mechanisms to meet these aims would have to be developed, debated and trialled.

(iii) *Enhancement of continuing professional development*

Supporting these changes in professional culture would also require the integration of relevant and practical issues relating to medicines, values and society into continuing professional development programmes. These themes could be integrated into a broad range

of programmes, and in many instances (e.g. courses looking at managerial issues, health service change, health promotion) are of immediate relevance. The aim would be to ensure that value issues form a recognised theme in CPD, and not just some limited 'stand-alone' provision (although there may also be a case for some separate provision). The dissemination of a revised code of ethics also provides an excellent opportunity for continuing education work on values and pharmacy. Finally it might be advisable to provide in-service support for RPS inspectors on how they can support reflective practice about pharmaceutical values whilst not neglecting individual and institutional accountability.

Research

Research is necessary if pharmacy values are to be understood and developed. Ideally any new initiative in professional education or policy would be underpinned by research because: (a) it is vital to understand how these issues are experienced, understood and acted upon 'on the ground' and (b) strategies for change, including educational change, require the best possible picture of the status quo and the opportunities for, and barriers to, change. Such benchmarking and exploration is needed in relation to:

- Students and practitioners perceptions of, and experiences of values and ethics in pharmacy.
- The institutions and cultures of pharmacy education.
- The current place, and future potential, of pharmacy in public policy.

There is opportunity here for a wide range of studies in terms of both scope and style. In these circumstances it would be advisable to foster a coordinated programme of interdisciplinary research studies in the field. This would allow for the benefits of multiple perspectives whilst avoiding some of the problems of repetition or fragmentation.

Conclusion- an agenda for change?

We have argued in this document that there is a need for change; that there is a need for members of the pharmacy profession to become more literate about, and engaged with, value issues. This will require a cultural change for the profession. In particular it requires a climate which can embrace a consideration of some uncertainties and open-ended debate alongside a continued commitment to the highest possible standards of professional practice and scientific research.

The recommendations we have made are intended to suggest an agenda for change, but the final agenda has to be set by the profession itself. How can we best equip pharmacists to participate confidently in the complex new world of health care both as individual practitioners and at a policy level? How can we ensure that the pharmacy profession is not disenfranchised from public policy processes about values, medicines and health? Many people are already seriously thinking about these questions. We hope that this discussion paper, and the focus on value literacy, are a contribution to answering them.

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