



CODE OF ETHICS

2026

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ACKNOWLEDGEMENTS & DEVELOPMENT

The following Code of Ethics for Newfoundland and Labrador's pharmacy professionals was authored by Katrina Mulherin, BSc Pharm, Pharm D of Windpharm Consulting and Kyle Barbour, PhD (philosophy), ethicist. Ana Komparic, PhD, University of British Columbia kindly performed an independent ethicist review.

Thank you to the pharmacists, pharmacy technicians, and other interested parties who provided invaluable perspective and feedback on ethics in Newfoundland and Labrador pharmacy practice and draft versions of the document.

The development of this Code of Ethics included a comprehensive, evidence-informed, needs assessment that identified:

- relevant ethical practice issues within NL and other jurisdictions
- state of the art in professions' code of ethics design and expression
- features and strategies aimed at uptake and application of the Code of Ethics

Appendix A provides further information regarding the development context for this Code of Ethics.

1. INTRODUCTION

Regulatory Framework for the Code of Ethics

The CPNL Code of Ethics is established under the authority of section 15(g) of the *Pharmacy Act, 2024* as part of the legislative framework that governs the practice of pharmacy in Newfoundland and Labrador (NL). The Code of Ethics should be applied alongside the laws, regulations, standards, guidelines, and policies that aim to protect the public and promote quality care, including but not limited to the:

- [Pharmacy Act, 2024](#);
- [Pharmacy Regulations, 2024](#);
- [CPNL Bylaws](#);
- [CPNL standards of practice](#) and [Standards of Pharmacy Operation](#), and
- [CPNL guidelines and policies](#).

Code of Ethics Application

The Code of Ethics is intended to guide pharmacy professionals when addressing ethical issues and dilemmas encountered during pharmacy practice.

- An **ethical issue** is a circumstance in which a pharmacy professional encounters challenges in identifying ethically justifiable plans of action or in enacting those plans, for any number of reasons.
- An **ethical dilemma** arises when there are equally compelling reasons for and against two or more courses of action and choosing either course of action means that something is relinquished or let go.

Ethical issues and ethical dilemmas can arise in all aspects of pharmacy practice, including:

- patient care activities;
- care/service delivery planning;
- conversations about ethical practice;
- reflection on one's personal qualities, values, and professional duty; and
- education and training.

The Code of Ethics is designed to assist pharmacy professionals in all practice environments with developing sound ethical reasoning when they face ethical issues or ethical dilemmas in their practice. **Ethical reasoning** is a structured process used to make reasonable, rational, and

justifiable ethical decisions rather than making decisions purely on intuition. Pharmacy professionals are encouraged to refer to the Ethical Decision-Making Framework in Section 6 of this document when faced with an ethical issue or ethical dilemma.

All pharmacy professionals must adhere to both the content and spirit of the Code of Ethics and declare they will abide by it at initial registration and annually. Additionally, the Code of Ethics applies to anyone in the province who is involved in the delivery of pharmacy services and who has an impact on how pharmacy services are provided or on the quality of pharmacy care received by the public. This includes:

- pharmacy owners;
- pharmacy managers (individuals and teams);
- leaders of organizations impacting the pharmacy profession; and
- others who shape the pharmacy profession and pharmacy practice (e.g., educators, policymakers, researchers).

As such, the Code of Ethics also sets expectations for pharmacy owners, managers, leaders, and others to support pharmacy professionals' in fulfilling their professional duties to patients.

Organization of the Code of Ethics

The Code of Ethics is divided into several sections:

- **Background:** Foundational information about the integral role that codes of ethics play in health professions, including pharmacy.
- **Professional Duties:** The duties of professionals to patients, communities, society, the planet, the profession, and themselves.
- **Subjective Influences:** The human qualities and values that exist in all people and their influence on ethical reasoning and decision-making.
- **Ethical Principles:** The seven core ethical principles, including related general obligations and examples of specific expectations for pharmacy professionals as well as pharmacy owners, managers, leaders, and others.
- **Ethical Decision-Making Framework:** An ethical decision-making framework (EDMF) that promotes a systematic process to assist with ethical reasoning and decision-making.
- **Glossary:** A glossary of relevant terms that should be reviewed before reading the Code of Ethics, and referenced as needed while reading, to help with interpretation.

2. BACKGROUND

Importance of a Code of Ethics to the Pharmacy Profession

Codes of ethics have a historic and prominent place in professions; in particular, health professions such as pharmacy. Codes of ethics anchor the unique characteristics and professional duties that define a profession in an ethical framework.

Unique Characteristics of Professions

Power Imbalance

Professionals' specialized knowledge and skills place them in positions of power over patients. A code of ethics recognizes this power imbalance and insists that professionals use their power to improve the health and wellbeing of patients, community, and society.

Trust Within Therapeutic Relationships

Patients' relationships with pharmacy professionals are built on trust. For trust to develop, the public must be confident that their interests are considered over the personal interests of the professional. Trust is built one interaction at a time, and is the basis for patients' willingness to provide pharmacy professionals with complete and sensitive information, rely on the professional's judgement, and adhere to treatment plans. (1) A code of ethics defines the ethical principles and values that guide professionals' conduct and build trust in the profession.

Professional Autonomy

Professional autonomy is a professional's capacity to determine their own actions. It is a form of power and is central to a professional's practice. Society generally values and permits significant levels of autonomy in health professions because it allows for independent decision-making by professionals. A code of ethics clarifies that professionals must use their autonomy intentionally to fulfill their duty to patients, the community, and society. When autonomy is used in the patient and public interest, it also helps build trusting relationships between patients and professionals (See above, Trust within Therapeutic Relationships).

Limitations of Rule-Based Guidance

The complexity and variability of patient-oriented¹ care makes it difficult to have legal or regulatory rules that apply in all situations. Codes of ethics are especially useful when rules do not

¹ 'Patient-oriented' is used purposefully rather than 'patient-centered' to indicate that patient autonomy, while important, is not absolute. There can be multiple considerations at the centre of patient care decisions. For example, providing a medication that a patient wants may conflict with evidence that it offers no benefit or may cause harm.

exist or provide insufficient guidance for an ethical issue, or when rules, ethical principles, and values are in tension.

Professional Norms

Professional norms are shared behaviours, values, beliefs, and attitudes within a profession. They are generally agreed upon, either explicitly or implicitly, by the profession, society, and the public they serve. (2) A code of ethics focuses on the professional norms that professionals are expected to internalize and apply to ethically serve patients, communities, and society.

PLEASE NOTE:

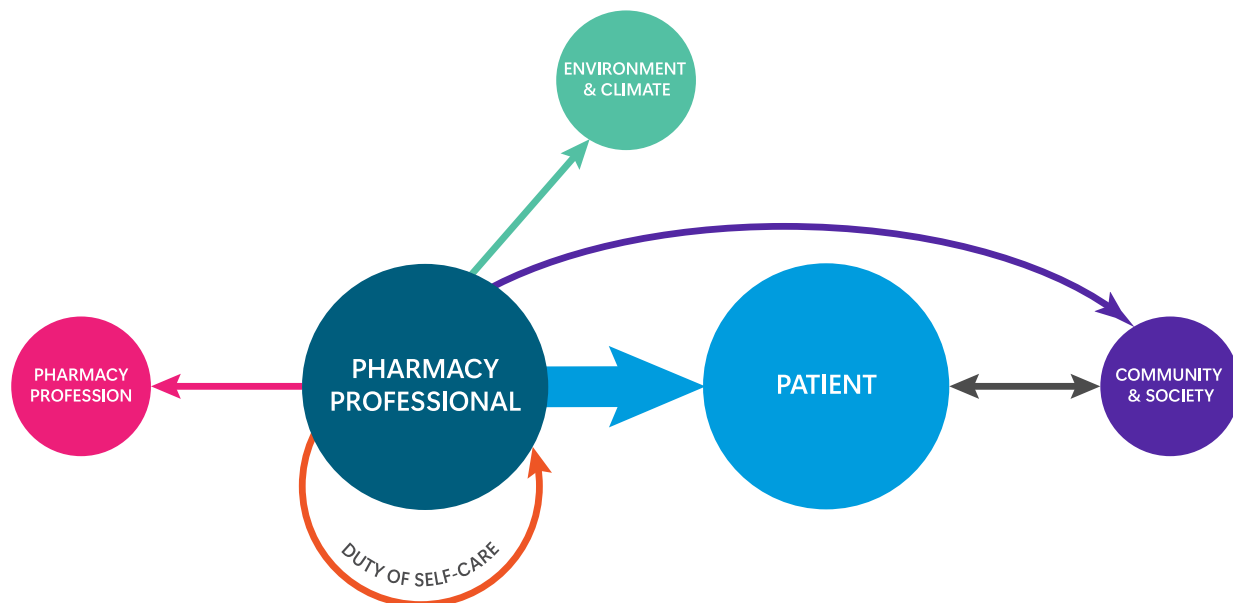
The concept of professionalism also conveys professional norms. Professionalism overlaps with, but is different from, ethics. For further information on professionalism, please refer to the National Association of Pharmacy Regulatory Authority's *"Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada"* (3) and *"Principles of Professionalism for the Profession of Pharmacy"*. (4)

3. PROFESSIONAL DUTIES

Professional duties describe the expectations that patients, communities, and society may reasonably have of professionals. These duties differentiate professions from other occupations and guide ethical pharmacy practice. This Code of Ethics considers pharmacy professional's duty to patients as well as other beneficiaries. Figure 1 depicts those who pharmacy professionals' have a duty to and the complexity and interdependence of those duties.

- The direct duty to patients is at the core of the pharmacy profession and so, it is centrally located within Figure 1 (indicated by the **prominent blue arrow**). This duty generally consists of meeting the patient's health-related needs and fulfilling the duty of care and fiduciary duty (See more on Duty of Care and Fiduciary Duty below). By fulfilling these duties, pharmacy professionals also impact communities and society (denoted by the **dark grey arrow**).
- Pharmacy professionals also have a direct duty to communities and society, including the healthcare system (signified by a **purple arrow**); to the environment and climate (denoted by a **green arrow**); and to the wider pharmacy profession (represented by a **pink arrow**).
- The duty of self-care (represented by an **orange arrow**) supports a pharmacy professional's fitness-to-practice and maintains their capacity for carrying out all other duties.

Figure 1: Duties of Pharmacy Professionals



Distinct Concepts of Duty

'Duty' is also used to convey precise legal and ethical meanings such as:

- **Duty of Care:** Duty of care is a legal and ethical obligation for professionals to engage in a reasonable standard of care with their patients. What constitutes a reasonable standard of care is established through relevant laws, standards, evidence and codes of ethics.
- **Fiduciary Duty:** Fiduciary duty is the legal and ethical obligation for professionals to place their patient's interests before their own. (5) Fiduciary duty protects the more vulnerable party, in this case, the patient.
- **Duty to Report:** Pharmacy professionals have a duty to report to CPNL or other appropriate authorities when they become aware of a professional's actions that present actual or potential harm to patients.

4. SUBJECTIVE INFLUENCES

A profession is shaped not only by the specialized knowledge and skills associated with it, but by the people who are part of the profession and how they choose to conduct themselves.

While this Code of Ethics applies equally to all pharmacy professionals and individuals who have an impact on how pharmacy services are provided, its expectations will not be achieved in the same way in every instance. Subjective influences – human qualities and values – will shape how pharmacy professionals and other relevant individuals carry out their professional and ethical responsibilities.

Additionally, when multiple people (e.g., patients, family members, other healthcare professionals) are involved, each person's perspectives will influence their preferences and attitudes, requiring ethical decisions and actions to be unique to each circumstance.

To navigate the complex interplay between subjective influences and the ethical principles of the Code of Ethics, pharmacy professionals must be self-aware of their own subjective influences during ethical reasoning.

Human Qualities

Individuals possess personal human qualities that ground their values. Human qualities that align with the profession's established values and the ethical principles expressed in this Code of Ethics (e.g., responsible, caring, attentive, non-judgemental) are generally supportive of ethical pharmacy practice. Likewise, if not recognized and addressed, qualities that are misaligned with the profession's established values and ethical principles (e.g., insensitive, unkind, selfish, discriminatory) can potentially contribute to flawed reasoning and unethical actions or behaviour.

Values

Values motivate ethical decisions, actions, and inactions, and interact with ethical principles in unique and fluid ways during ethical decision-making. While a pharmacy professional, other individual, or organization may hold their own values, pharmacy professionals must subscribe to the values of the profession and society. Examples of values that are considered to be collectively held by the profession and society and conducive to ethical behaviour include (3, 4, 6–12):

- Accountability
- Compassion (for self, peers, patient, & community)
- Conscientiousness
- Curiosity
- Honesty
- Humbleness
- Integrity
- Wisdom

5. ETHICAL PRINCIPLES

Ethical principles are steadfast concepts that pharmacy professionals are obligated to uphold and balance in all aspects of their practice. They provide a shared foundation for describing, applying, and communicating ethical expectations and decisions.

This section describes seven core ethical principles (depicted in Figure 2), including related general obligations and examples of specific ethical practice expectations.

Pharmacy professionals are expected to practice in alignment with these principles, and pharmacy owners, managers, leaders, and others are expected to act in a manner that supports them in doing so.

Figure 2: Ethical Principles



In practice, situations often involve multiple ethical principles that may be in tension with one another. Pharmacy professionals must use ethical reasoning (see Section 6: Ethical Reasoning in Your Practice) to balance the applicable principles to achieve decisions and actions that:

- are justifiable, rational, and preferable to other options;
- minimize negative effects; and
- effectively achieve ethical outcomes.

PRINCIPLE 1

**BENEVICENCE**

The intent to care and advocate for patients through applying knowledge, skills, and attitudes to achieve and maintain optimal health and well-being.

“When we care for others our own strength to live increases. When we help people expand their state of life, our lives also expand.” – Wisdom of the Lotus Sutra (13)

1.1 General Obligations

- a) Assess the impact that a decision or action would have on patient outcomes.
- b) Prioritize patient interest above other interests.

1.2 Examples of Specific Ethical Expectations

- a) Identify, establish, and maintain the conditions, environment, and human and technological systems necessary for quality patient care.
- b) Enable optimal health outcomes through inter- and intra-professional collaboration.
- c) Provide the pharmacy services that are necessary to meet patient and community needs, to the extent possible.
- d) Address gaps in competence (e.g., therapeutic knowledge, cultural safety, communication, leadership) to optimize practice in the best interests of the patient, community and society.
- e) Avoid actual and potential conflicts of interest (e.g., financial rewards or programs that affect professional judgement).
- f) Where conflicts of interest exist, declare these interests to any patient who may be affected and prioritize the patient’s best interest above other interests such as:
 - the professional’s personal benefit (e.g., financial, social, psychological); and
 - the organization’s economic benefit (e.g., time, revenue, expertise); and
 - the organization’s philosophic interests (e.g., values, beliefs).
- g) To maintain objectivity, avoid dual relationships where possible. Treatment of oneself, family, or close personal contacts may be justifiable in emergencies, or when timely access to another appropriate health professional is not available.

PRINCIPLE 1



BENEFACTENCE

- h) Where a pharmacy professional has a conscientious objection to a pharmacy practice activity,
- Plan, in advance where possible, how specific instances will be managed, in collaboration with pharmacy management, as appropriate.
 - Ensure patients receive timely referrals to other appropriate professionals so that the service or medication can be accessed within a timeframe that meets the patient's needs.
- i) Identify the anticipated positive outcomes for patients, groups, and populations prior to implementing new technology (e.g., artificial intelligence applications, robotics, electronic prescribing, communication technology, counting and measuring equipment).
- j) Monitor and assess the actual positive outcomes for patients, groups, and populations related to new technology.

PRINCIPLE 2

**NON-MALEFICENCE**

The intent to avoid or reduce harm to patients. Purposefully acting to avoid patient harm when providing direct care, and upstream actions that support population safety, align with this principle.

"A person may cause evil to others not only by his actions but by his inaction" -John Stuart Mill (14)

2.1 General Obligations

- a) Assess the impact that a decision or action would have on patient outcomes.
- b) Take action to prevent or mitigate harm.

2.2 Examples of Specific Ethical Expectations

- a) Engage in continuous quality improvement, including reporting medication incidents.
- b) Establish and implement processes that promote safe, accurate, and effective patient care and medication use.
- c) Determine and assign adequate human resources with an appropriate expertise mix to support safe, accurate, and effective patient care and medication use.
- d) Determine and implement procedures for identifying and addressing fitness-to-practice concerns in oneself, professional colleagues, and/or the patient care team.
- e) Challenge unsafe decisions made by inter- and intra-professional colleagues.
- f) Prevent, and effectively respond to, diversion of controlled drugs and substances.
- g) Seek fair and reasonable remuneration for pharmaceuticals and services.
- h) When terminating a therapeutic patient relationship, continue service until care has been transferred to another provider or a reasonable notice of termination has elapsed.
- i) Identify and mitigate real or potential risks to patients prior to implementing new technology (e.g., artificial intelligence applications, robotics, electronic prescribing, communication technology, counting and measuring equipment).
- j) Monitor and respond to unintended consequences related to new and existing technology (e.g., negative health outcomes and privacy or safety-related incidents).

PRINCIPLE 2



NON-MALEFICENCE

- k) Only contribute to health research involving human subjects that has received approval from an appropriate health research ethics board, such as NL's Health Research Ethics Authority (HREA), the Interdisciplinary Committee on Ethics in Human Research (ICEHR), or another Canadian health research ethics board.

PRINCIPLE 3

**RESPECT FOR PERSONS**

Conveys the requirement that all patients be treated with dignity. Central to dignity is autonomy or the right of patients to make their own choices.

"A person's a person, no matter how small." -Dr. Seuss, Horton Hears a Who! (15)

3.1 General Obligations

- a) Listen and communicate in a way that is sensitive to patient needs, beliefs, values, experiences, preferences, health goals, and capacity.
- b) Foster patient relationships that convey inherent worth of persons, regardless of culture, background, orientation, socioeconomic circumstance, or capacity.
- c) Promote meaningfully informed health decisions on the part of the patient and discourage paternalistic forms of patient care.

3.2 Examples of Specific Ethical Expectations

- a) Provide patients with, and confirm their understanding of, the information required to make meaningfully-informed healthcare decisions.
- b) Identify and respond to quality risks resulting from personal biases or moral beliefs pertaining to specific clinical services or patient characteristics.
- c) Respect the right of a competent patient to accept or reject any treatment, care, or professional service.
- d) Maintain patient privacy and ensure confidentiality of patient information.
- e) Inform patients about the purpose, use, control, storage, and security of information collected.
- f) Use or disclose patient information only for the purposes it was collected, except pursuant to patient consent, or as otherwise required by law.
- g) Recognize substitute decision makers and mature minors.
- h) Recognize and act on advance health care directives.

PRINCIPLE 3



RESPECT FOR PERSONS

- i) Balance evidenced-based health care with patient needs and expectations around traditional², complimentary or combined integrative health practices³.
- j) Uphold the patient's free, unpressured choice of pharmacy and service providers by:
 - Refraining from providing inducements to patients, or organizations, which are conditional on, or related to, a patient obtaining medications or services from the pharmacy.
 - Ensuring advertising and promotional communications do not diminish patient trust in specific pharmacy professionals, pharmacies, or the pharmacy profession as a whole.

² Traditional health and wellbeing practices originate in different historical and cultural contexts that are distinct from and predate society's dominant biomedical approach to medicine. (16)

³ Integrative health practices: Traditional or complementary healthcare combined with society's dominant biomedical model of disease and health. (9)

PRINCIPLE 4

**JUSTICE**

Extends ethical responsibility beyond individual patients to the broader community and society. It means committing to equity, diversity, and inclusion (EDI) in terms of health outcomes, world views, access to services, representation, backgrounds, and other social determinants of health.

"Knowledge without justice ought to be called cunning rather than wisdom." -Plato

4.1 General Obligations:

- a) Support access for patients, groups or populations to healthcare and services in a manner that promotes equitable health outcomes across society.
- b) Foster a culture of safety, transparency, and honesty.
- c) Contribute to quality improvement of the healthcare system.
- d) Avoid and confront discrimination based on prohibited grounds as specified in the [NL Human Rights Act](#).

4.2 Examples of Specific Ethical Expectations

- a) Contribute to equitable distribution of resources (e.g., human, equipment, medications, supplies) to geographic areas or facilities experiencing inequity of access or health outcomes (e.g., due to local workforce shortage, climate-related issues, or localized public health events).
- b) Provide equitable care to patients or groups of patients with high or unique needs.
- c) Identify and assist with bridging literacy or technology barriers that may contribute to inequitable health outcomes for patients or groups of patients.
- d) Monitor for signs of abuse of members of the community and report to the correct authorities in an appropriate manner.
- e) Contribute to fulfilling public need for adequate pharmacy workforce and access to pharmacy services by participating in professional training, supervision, and retention programs.
- f) Raise concerns to colleagues or appropriate authorities when policies, systems, or practice conditions have potential to compromise the health of a patient, group, or community.
- g) Support research, policy development, public education, and advocacy aimed at health systems improvement.

PRINCIPLE 4



JUSTICE

- h) Engage in respectful and informed interactions (in-person, virtually and on social media) with colleagues, other health professionals, the public, CPNL, and others to promote positive relationships, psychological safety, and quality care.
- i) Foster practice conditions that support professionals' autonomous decision-making and priority-setting related to patient care.
- j) Refrain from incentivizing activities or recommendations that reduce professionals' ability to equitably distribute professional resources (including attention and expertise).
- k) Provide practice conditions and environments that support workforce health and wellbeing, cultural and psychological safety, and quality patient care.
- l) Demonstrate cultural humility by seeking to understand patients' lived experience.
- m) Mitigate the impact of systemic racism and discrimination on patient care, communities, and the health system.
- n) Foster effective therapeutic relationships with patients and communities by recognizing and addressing personal biases and prejudices.

Justice is a central concept in the care pharmacy professionals provide to Indigenous Peoples. Pharmacy professionals upholding this ethical principle in the context of caring for Indigenous Peoples will:

- o) Relate Indigenous peoples' historical and recent experience of society and the healthcare system to health outcomes and perspectives on pharmacy services.
- p) Foster cultural humility and cultural safety around Indigenous health beliefs, healing practices, and the needs of local communities.
- q) Consider changes to practice in response to the [Calls to Action of the Truth and Reconciliation Commission of Canada](#) (12), [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#) (13), and emerging guidance related to reconciliation between Indigenous peoples and Canada's non-Indigenous society and health systems.

PRINCIPLE 5

**UTILITY**

Aims to produce the greatest benefit to the largest number of people. Utility prioritizes population-oriented care over patient-oriented care. Although this principle applies during typical practice conditions, it is of lower priority to other ethical principles. Utility's priority increases under extraordinary conditions when resources are scarce and there is high risk of systems failure, illness, or death to members of the community or society, such as during a public health emergency.

"Prevention is better than cure" -Erasmus

5.1 General Obligations

During typical practice conditions:

- a) Include preventative public health strategies in patient care.
- b) Prepare for future health crises, climate events, geopolitical conflicts, or other emergencies, and the associated major systems failures.
- c) Provide the best care possible to patients while recognizing the need to maximize the well-being of the community and society.

During extraordinary practice conditions:

- d) Maximize efficient use of resources.
- e) Strive to maintain quality patient care while recognizing that minimizing harm to the greatest number of people is the priority.
- f) Employ triage protocols more stringently and more readily than during typical conditions.

5.2 Examples of Specific Ethical Expectations

- a) Support vaccination and prophylaxis for patients and others, in accordance with public health recommendations and existing evidence.
- b) Engage in and support harm reduction programming.

PRINCIPLE 5



UTILITY

- c) Ensure disaster plans consider mechanisms to:
- Conserve workforce availability.
 - Conserve or ration medications to help maintain supply.
- d) Establish, rehearse, and if necessary, implement disaster plans.

PRINCIPLE 6

**SOLIDARITY**

A bond of unity, support and shared commitment. Solidarity is a sustained cohesion based on shared experience, cause, or need, and evokes connection, empathy, and commitment. Solidarity is different from collaboration, which is focused on individuals working together towards a common goal. Collaboration is task-focused, while solidarity is relationship-focused. Although solidarity applies during typical practice conditions, its priority increases under extraordinary conditions when resources are scarce and there is high risk of systems failure, illness, or death to members of the community or society. (15,16)

"An influenza pandemic will not only require global solidarity, it will require a vision of solidarity within and between health care institutions." (17) -Alison Thompson, Ethicist

6.1 General Obligations

During typical practice conditions:

- a) Cultivate connection and cohesion within the profession to foster mutual support, workforce well-being, and the capacity to provide effective and accessible pharmacy services to the public.
- b) Unite with others to achieve health system-level change for the benefit of patients, communities, and society.

During extraordinary practice conditions:

- c) Connect, and work, with other groups and communities in the interests of conserving and prioritizing use of healthcare resources.
- d) Establish or strengthen connections to achieve a consistent united approach in managing the extraordinary circumstances.

6.2 Examples of Specific Ethical Expectations

- a) Engage in organizations, opportunities, and initiatives that cultivate meaningful connections within the profession, health system, and community.
- b) Provide and accept support that arises from connection with others that have shared experiences.

PRINCIPLE 6



SOLIDARITY

- c) Offer assistance, collaborate, coordinate, and share resources across inter- and intra-professional groups. (19, 20)
- d) Support consistent public communication across groups of individuals, teams and organizations.
- e) Decision-makers and leaders at the individual, team, organization, and system levels seek consensus, particularly when setting direction on issues that threaten public health. (18)
- f) Uphold direction established through consensus of decision-makers and leaders, particularly on issues that threaten public health. (18)

PRINCIPLE 7

**STEWARDSHIP**

Calls for responsible management of resources with the goal of reducing harm and maintaining function in the present and future society and planet. Stewardship is an ethical obligation to reduce the negative impacts of healthcare, not only on individual patients (see principle 2) and marginalized populations (See principle 4), but also on species and habitats.

"Use it respectfully. Never waste what you have taken." (17) -Robin Wall Kimmerer, Braiding Sweetgrass

7.1 General Obligations

- a) Consider the impact of resource use (e.g., medications, technology, supplies, energy) on society and the planet.
- b) Conserve resources for the benefit of society and the planet.

7.2 Examples of Specific Ethical Expectations

- a) Integrate evidence on climate change mitigation into patient care decision-making and pharmacy operations (e.g., deprescribing initiatives, social prescribing⁴, selection of medication options with lower carbon footprint).
- b) Balance minimization of pharmacy-generated waste with other ethical principles and regulatory guidance.
- c) Safely dispose of medication waste and associated physical waste.
- d) Reduce antibiotic resistance rates through engaging in antimicrobial stewardship.
- e) Reduce negative impacts related to misuse of medications and the related downstream societal needs related to substance use disorders (e.g., controlled substances stewardship).

⁴ Addresses the social determinants of health by enabling the referral of patients to nonclinical support services. (21,22) For example, financial support, creative self-expression, physical activity, housing support, social support, and mental growth. (23)

6. ETHICAL REASONING IN YOUR PRACTICE

What is Ethical Reasoning?

Ethical reasoning is a structured process used to make reasonable, rational, and justifiable ethical decisions rather than making decisions purely on intuition. Regularly using a consistent and objective process strengthens ethical reasoning skills over time.

What is the Ethical Decision-Making Framework?

The Ethical Decision-Making Framework (EDMF) is a systematic approach that supports consistent and objective thinking. When facing an ethical issue or dilemma, it helps those involved reflect and collaborate. It also provides a common format for discussing ethical issues or dilemmas with other pharmacy professionals, patients, other members of the patient care team, and ethical advisors. Figure 3 illustrates the steps involved in the EDMF.

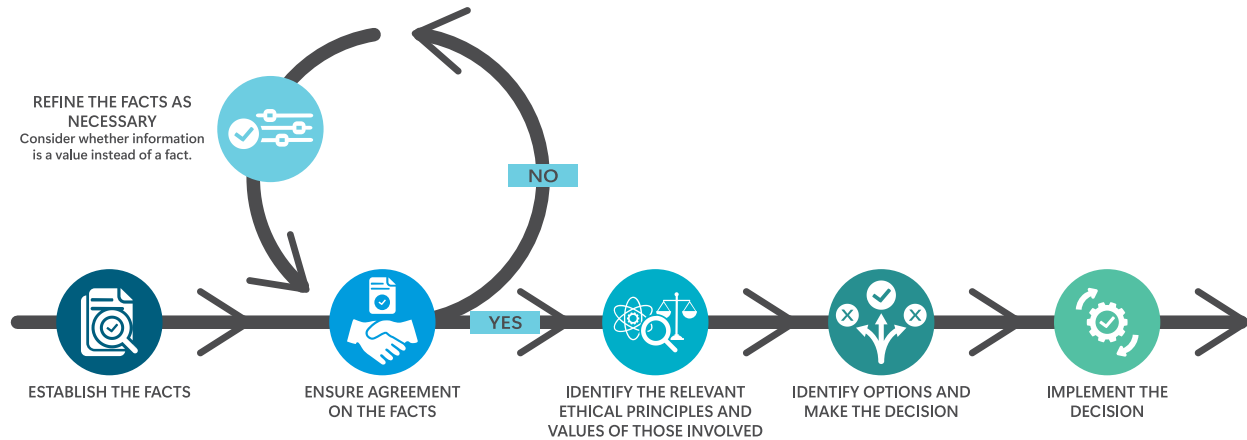
The EDMF is useful for pharmacy professionals who work directly with patients, and also for those who do not work directly with patients but whose actions impact on pharmacy professionals' practice such as pharmacy owners, managers, leaders, and others.

The EDMF can be engaged when:

- ethical reasoning is required in real-time as issues arise;
- revisiting or debriefing on past ethical decisions; and
- teaching and educating on ethics and ethical reasoning.

For patient-oriented scenarios, it is important to first confirm that the issue is ethical and not therapeutic. Using a thorough patient care process may resolve some concerns without an ethical issue arising. When the best course of care is being challenged by tensions between subjective influences and/or ethical principles, the EDMF becomes useful.

Figure 3: Ethical Decision-Making Framework



Ethical Decision-Making Framework Steps

1) **ESTABLISH THE FACTS** - Work together with those involved to:

- Describe the best evidence-based therapeutic option(s) (if a patient care scenario).
- Describe the relationships existing between those involved.
- Compile the sequence of events leading up to the ethical issue or dilemma.
- Determine any existing legal, regulatory, or organizational requirements, consulting with advisors as needed.
- Consult other parties with interests in this decision (e.g., substitute decision-makers) and determine if they should be involved in fact-gathering and/or decision-making.
- Determine resource availability and factors affecting availability, such as time or financial limitations or access to expertise.
- Document the established facts.

2) **ENSURE AGREEMENT ON THE FACTS / REFINE THE FACTS AS NECESSARY** – Ensure that those involved agree on the facts before moving on:

- Review the documented facts and identify any disagreement.
- Determine whether disagreements are due to:
 - miscommunication or misunderstanding;
 - perception/memory of events that require resolution prior to the next step; or
 - differences in values or weighting of ethical principles, that should be removed from the list of facts and deferred to the next step.
- If necessary, return to step one to refine the facts.

3) IDENTIFY THE RELEVANT ETHICAL PRINCIPLES AND VALUES OF THOSE INVOLVED – To help provide transparency in the ethical reasoning process:

- Identify the ethical principles and values involved in the ethical scenario.
- Identify where values conflict with each other or with ethical principles, including:
 - *Patient's values and ethical principles* – Patients may place greater emphasis on a particular value or ethical principle. The patient's weighting should be understood and considered.
 - *Professional's personal) values and ethical principles* – Professionals will hold values around their personal security (e.g., financial or health), social standing (e.g., belonging, friendships, employment), and societal norms. Acknowledge and understand your values, while noting your duty to prioritize the ethical principles, as expressed in this Code of Ethics.
 - *Organization's values and ethical principles* – Be aware of, and be able to identify, when your organization's values conflict with ethical principles. Raise concerns if organizational values are hindering adherence to the ethical principles and ensure that decisions prioritize the best interests of patients, the community, and society. Pharmacy owners, managers, leaders, and others must constructively address identified concerns and support pharmacy professionals in practicing in alignment with the Code of Ethics.
- Document the identified ethical principles and values influencing a decision.

4) IDENTIFY OPTIONS AND MAKE THE DECISION – Use the information collected to identify potential options to resolve the issue or dilemma.

- Evaluate each option to determine which one delivers the greatest overall benefit – or the least harm – to the patient, the community, and society. This may result in not fully satisfying all or any of the involved parties, potentially leading to disagreement.
- Consider these questions when making your decision:
 - Can I support the choice of the patient or other professional? If not, what must I do?
 - What harms may happen if I do or do not act?
 - Would the public or other professionals consider the decision appropriate?
 - How will I be supported in this decision? And if not, what can I do to mitigate my personal or professional risk in making this decision?
 - Does the decision set a positive precedent? That is, should pharmacy professionals encountering a similar ethical scenario make a similar decision?
 - Is the documentation of my thought process adequate?

5) IMPLEMENT THE DECISION – Ensure the decision is not undermined by poor execution.

- The decision should be actioned:
 - *in the right way* – communicated in a manner that is clear, empathetic, and appropriate to those involved;
 - *at the right time* – in a timely manner, when the decision is needed and most effective;
 - *with the right people* – in collaboration with others involved, including the patient, other pharmacy professionals, or other members of the patient care team; and
 - *for the right reasons* – for the greatest overall benefit to the patient, the community, and society, upholding and balancing the ethical principles of the Code of Ethics.
- Consider these questions when actioning decisions:
 - Am I conveying humility, care, and compassion?
 - Would my action be considered reasonable and justifiable by colleagues?
 - What communication should be provided to those involved or impacted?
 - Is there a need to manage risk to me, the team, or the organization through liaising with leadership, activating psychological support, or other mechanisms?
 - What follow-up/reassessment is required and when?
 - What changes within the scenario or those involved could cause the decision to be revisited?
 - Have I adequately documented my actions of implementation?

7. GLOSSARY

TERM	DEFINITION
Advance Health Care Directive	A document in which a maker sets out that maker's instructions or the maker's general principles regarding his or her health care treatment or in which a maker appoints a substitute decision maker or both. (24)
Carbon Footprint	The extent to which a person, organization, or activity contributes to the production of greenhouse gases. Typically used as a metric to evaluate impact on global warming.
Conscientious Objection	Refusal or inability to provide medication or service to patients due to conscience or religious beliefs. (25)
Cultural Humility	Process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. It involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. (26)
Cultural Safety	An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (26)
Discrimination	An action, behaviour, decision or omission that treats a person or group of people unfairly and badly for reasons linked to personal traits. (27) Please refer to 'Prohibited Grounds of Discrimination' sections within the NL Human Rights Act (28) for personal traits that form the bases for discriminatory practices.
Dual Relationship	Arises when a pharmacy professional has a simultaneous personal relationship and a professional relationship with another person. Examples: Providing pharmacy services (professional relationship) to a family member, life partner, friend, tenant, or employer (personal relationship).
Equity, Diversity, and Inclusion (EDI)	A set of values that aims to promote the fair treatment and full inclusion of all people, with a special focus on those demographics that have been historically marginalized. Note: EDI is intended to encompass evolving expressions of accessibility (e.g., EDIA), belonging (e.g., DEIB), reconciliation (e.g., DEIR), and other related concepts

Fitness-to-Practice	The necessary physical and mental health to provide safe, competent, ethical, and compassionate services. (29)
Interprofessional	Relationship between members of different professions.
Intraprofessional	Relationship between members of the same profession.
Paternalistic Care	When a professional decides upon patient care options based on their interpretation of what is best for the patient without adequate concern for the patient's own interpretation of their best interests.
Pharmacy Professional	An individual registered with CPNL as a pharmacist, pharmacy intern, pharmacy student, pharmacy technician, pharmacy technician intern or pharmacy technician student.
Quality of Care	The degree to which health services increase the likelihood of desired health outcomes and are consistent with evidence-based knowledge. (30)
Self-Awareness	The ability to critically consider one's own actions and evaluate their ethical justifiability.
Substitute Decision Maker	A person legally responsible for making health care decisions on behalf of another person.
Therapeutic Relationship	The partnership or alliance between the practitioner and the patient for the specific purpose of optimizing the patient's medication experience. Quality of care is related to the quality of the therapeutic relationship. (1)

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APPENDIX A - CODE OF ETHICS DEVELOPMENT CONTEXT

In the years leading up to the development of this document, the pharmacy profession and society experienced major change in healthcare demands and service delivery, along with significant events, such as a global pandemic and climate events. To align with current realities, a comprehensive needs assessment was conducted to inform changes to the existing CPNL Code of Ethics. The needs assessment confirmed the importance of modernizing the Code of Ethics while also retaining relevance for the longer-term. This appendix provides information on the context in which the Code of Ethics was developed to clarify the rationale for its content.

Evolution of and Differentiation within the Pharmacy Profession

Over the past decade, the pharmacy profession has undergone significant fundamental changes:

- Optimization of pharmacists' scope of practice leading to increased independent clinical decision-making (e.g., prescribing, vaccination), enhanced care team integration, and increased recognition as primary care providers;
- Continued changes to drug distribution processes, including those related to the complexity of medication therapies, integration of new technologies, and changing pharmacy business models; and
- Professionalization of pharmacy technicians, and integration of their changing role into pharmacy teams.

The widening scope of pharmacy practice, increasing complexity of patient care, and constraints within the healthcare system continue to contribute to the ongoing changes to pharmacy professionals' roles and associated pressures. These changes also precipitate shifts in the values held by patients, pharmacy professionals, and other members of the patient's care team. The definition and weighting of ethical principles and ethical reasoning must adjust to these different sets of values and care needs.

Pharmacy professionals face increasing mental demands as expectations continue to change. Pharmacists performing a range of clinical duties must continually adapt to different ways of thinking and decision-making. Pharmacy technicians must still work through being effectively integrated into pharmacy teams, while their own scope of practice continues to evolve. The backdrop of continual change requires pharmacy professionals to continually adjust their way of thinking and gain new knowledge and skills to effectively meet the evolving demands of pharmacy practice.

Along with these demands, evidence indicates that despite evolution of pharmacy professionals' roles there is still misalignment between the knowledge, skills, and attitudes gained during education and the current realities of the practice environment. Gaps between expectations and reality potentially result in pharmacy professionals experiencing professional disenchantment and

disengagement such that their potential benefit to the health system may not be fully realized. (32–34)

When developing the Code of Ethics, it was important to consider unique factors specific to pharmacy technicians as a relatively new profession. While pharmacy technicians are regulated health professionals with defined roles and responsibilities, their independence is often limited by current systems, practice environments, or misunderstandings about their role. Pharmacy technicians may also experience disproportionately lower personal security related to financial remuneration, (35, 36) and gender inequalities. (35, 37) The restriction on independence, in conjunction with lower levels of personal security, impact pharmacy technicians' power, which is a criteria of a profession. (38) Given that autonomy is central to making patient care decisions, these factors may, in turn, affect the extent to which pharmacy technicians engage in ethical reasoning and decision-making and the effective development of these skills.

Human Rights and Societal Values

Equity, Diversity, and Inclusion (EDI): Awareness and commitment to achieving EDI for members of society who do not make up the majority have been established in Canada. (39) National inquiries have highlighted serious deficiencies in Canada's relationship with Indigenous Peoples. (40, 41) Evidence has shown that discrimination against people of diverse backgrounds and beliefs is associated with inequitable health outcomes. (42) Canada's aging population (43) and widening socioeconomic disparity (44, 45) mean patients will often need high levels, and multiple types, of care, including pharmacy services. Health professionals are increasingly expected to reflect on their biases, and address beliefs or attitudes that may affect culturally safe and inclusive care for diverse populations. Cultural safety is also important for respectful working relationships among the increasingly and comparatively diverse pharmacy profession. (46)

Harm Reduction: Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences to individuals or groups. (47) Harm reduction strategies require professionals to acknowledge their personal values, while thoughtfully using ethical reasoning to reduce harm to individuals or society. Examples of harm reduction strategies include provision of opioid agonist therapy for patients with opioid use disorder, overdose prevention, health screenings, clean injection supplies for injection drug users, and interventions targeting sexually transmitted or blood-borne infections. Evidence and therapies will continue to emerge around harm reduction strategies, many of which will be provided by pharmacy professionals.

Mental Health and Substance Use Disorder: Mental health is the state of psychological and emotional well-being. (48) In any given year, one in five Canadians experience mental illness with women having higher rates of mood and anxiety disorders, and men having higher rates of substance use disorders (SUD). (49) Data from NL suggest the prevalence of mood and anxiety disorders and SUD may be lower than the national average; however, the province's rates are increasing and the province reports the highest rate of self-harm in Canada. (50) Patients with

mental health issues, including SUD, have high care needs related to communication, capacity, and medication regimens. Pharmacy professionals will encounter ethical issues that require them to weigh multiple ethical principles in patients with these complex needs.

Fitness-to-Practice: Cognitive decline and uncontrolled mental health issues in health professionals can compromise fitness-to-practice. The rate of mental health issues, particularly SUD, are difficult to establish in professions such as pharmacy, but they are more prevalent than in the general public. (51) Evidence gathered across Canada suggests that pharmacy professionals are experiencing stress and burnout related to their working conditions, (52–55) threatening fitness-to-practice. Pharmacy professionals experiencing mental health or cognitive issues may face challenges that affect their ability to practice safely. They must be supported in ensuring that compromised fitness-to-practice does not negatively impact patient care or erode public trust in the profession.

Climate and Environment Crises

In recent years, NL has experienced several severe climate events that have placed patients and communities at risk of illness and death, and impacted access to care. These events often disproportionately impact people already experiencing socioeconomic barriers to health and care. Additionally, Canada's health system produces significant greenhouse gas emissions, accounting for 4.6% of the national total. About one quarter of these emissions result from medications across their full life cycle from development to use. (56) Pharmaceutical ingredients and associated physical waste also contribute to water contamination and aquatic and avian species collapse. (57) Pharmacy professionals play a prominent role in reducing harm to the climate and environment and in responding to climate and environmental impacts on practice and public health. (58)

Public Health Crises and Emergencies

Public health crises or emergencies can stem from infectious diseases (e.g., COVID-19 pandemic, Mpox outbreak, foodborne illness), mental health and substance use crises, climate and environment crises, technological and transportation issues (e.g., widespread electrical or internet failures, shipping disasters), geopolitical conflict, healthcare system strain, or mass violence incidents. Recently and significantly, the COVID-19 pandemic illustrated gaps in frameworks for ethical reasoning and decision-making during public health emergencies. (59, 60) Utility and solidarity are particularly relevant principles for decision making during extraordinary conditions of practice such as public health emergencies.

Technological Advances

Technological advances such as artificial intelligence (AI) or machine learning, and virtual care present both new opportunities and risks for patients and professionals. Ethical principles remain

relevant and applicable when ensuring that emerging technologies are used for the best interests of patients and communities in a way that is safe and equitable.

AI can be categorized according to the extent that decision-making control resides with humans versus the AI system itself. *Human-in-the-loop* AI systems require a human to make and take action to execute a final decision. *Human-out-of-the-loop* AI systems exclude humans as decision-makers and, as such, at time of writing, are not subject to professional codes of ethics. Each model presents a myriad of potential uses and benefits, as well as short and longer-term, ethical concerns, such as erosion in professional competence, safety implications, inequities in AI access, and transparency in AI decision-making. (61) Regulatory mechanisms aimed at public protection will continue to evolve as data emerges about the benefits and harms of this technology. In the meantime, professional guidance for decision-making (including ethical reasoning) about using AI may benefit patients.

Healthcare Organization and System Pressures

Pharmacists and pharmacy technicians in NL (52) and across Canada (53–55) report compromised patient care stemming from scarcity of resources (e.g., attention, time, staffing, training, education, equipment, references, and technology) and corporate mandated targets for prescription volume or revenue. These organizational and systemic pressures are ethically problematic because they can place pharmacy professionals in a conflict between their fiduciary duty to patients and their personal or professional interests (e.g., positive working relationship, financial security).

Compounding this in NL, about a quarter of pharmacy professionals have indicated they are uncomfortable with reporting these conditions. While the reasons for this reluctance have not been examined, research suggests that moral distress⁵ may lead to reduced ethical sensitivity⁶ and action as a form of self-preservation. (64) Reluctance to raise concerns also aligns with research identifying ethical passivity⁷ in community pharmacists. (64, 65)

⁵ Moral distress is a fractured integrity when personal or professional values are compromised due to action or inaction. (62)

⁶ Ethical sensitivity is foundational to ethical action in that it enables the professional to recognise ethics as present in every activity of practice. (63)

⁷ Ethical passivity describes a professional's ethical inattention, limited forms of reasoning, prioritization of legalistic self-interest and/or inability to act. (65)