



Chapter 14

Exploring Ethical Principles Amongst Practicing Community Pharmacists in Portugal: Any Reasons for Concern?


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ABSTRACT

Pharmacists facing ethical dilemmas have shown weaknesses in principled reasoning and disclosure. The chapter describes research on Portuguese community pharmacists' moral reasoning and narrative ethics. A cross-sectional survey comprising vignettes with practice ethical dilemmas, their possible justifications, and an open box for textual accounts was used as the research tool. More than 270 pharmacists replied, primarily young (<35 years old) female practitioners, and 75% were involved in direct contact with patients. At least 50% of the sample showed compliance with the expected ethical-based decisions, except for the non-maleficence principle (10.9%);

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although receiving the highest proportion of the corresponding justification (30.3%), no open accounts or narratives were registered. The present findings suggest ethical passivity associated with decision making in practice and a potential conflict between the clinical and the business roles. Explicit ethical norms for practice guidance and additional moral reasoning and narrative training are suggested.

INTRODUCTION

Pharmacists are health professionals who provide patient care services designed to safeguard individuals' well-being (Assembleia da República, 2015; Wiedenmayer et al., 2006). Pharmacists contribute to the rational use of these and other health technologies through the procurement, dispensing and management of medicines, activities which include the information needed for health promotion and disease prevention (Who Consultive Group on the Role of the Pharmacist, 1997).

Community pharmacists are widely accessible to the general population, playing a relevant role in public health and primary care, as confirmed during the Covid-19 pandemic (Cadogan & Hughes, 2021). While serving their communities, pharmacists should deliver optimal patient care, complying with the pharmacists' code of conduct (Assembleia da República, 2015) and ethical principles shared by all healthcare practitioners (Varkey, 2021).

In Portugal, the professions' code of conduct is inscribed in the regulatory body's legal statutes, *Ordem dos Farmacêuticos* (OF) (i.e., the Portuguese Pharmaceutical Society). The Society is responsible for issuing the license to practice, internal regulations, and guidelines, including the deontological code applicable to pharmacists' duties. The statutes of the Pharmaceutical Society invoke the profession's ethical standards, including the assumption that any pharmaceutical activity has the ultimate goal of caring for all patients (1st Article) (Assembleia da República, 2015).

Like any other healthcare practitioner, community pharmacists should be acquainted with the higher ethical principles of non-maleficence, beneficence, autonomy, justice, and confidentiality (Summers, 2009). The five principles are briefly described herein (Varkey, 2021; Schlesselman, 2014):

Beneficence. It refers to the obligation to act for the patient's benefit, i.e., to defend their rights and actively promote their welfare. A beneficent decision can only be accurate if the same decision is made regardless of who makes it.

Non-Maleficence. It can be described as the obligation to 'not harm.' Providers must ask themselves whether their actions may harm the patient by omission or commission. Harm by omission means withholding or not performing any activity that could avoid damage, while harm by the commission is doing

something that resulted in harm, e.g., delivering medication in the wrong dose or to the wrong patient. Professionals should endorse the moral rules of avoiding causing any burden or depriving the patient of benefits by weighing the advantages against the disadvantages of all interventions.

Autonomy. It describes recognizing individuals' power to make rational and moral choices and being allowed to exercise their capacity for self-determination or self-ruling. It requires that patients are told the truth about their condition and informed about the risks and benefits of a treatment to make informed decisions. Patients are permitted to refuse treatment even if the best and most reliable information indicates that treatment would be beneficial unless their action may harm another individual's or community's well-being.

Justice. It comprises fair, equitable, and appropriate actions for all people. In this study, this principle refers to comparative justice, i.e., how healthcare is delivered at the individual level, looking at the different treatment of patients based on age, disability, gender, race, ethnicity, and religion. The distributive justice of healthcare resources throughout society, i.e., equal access according to needs, efforts, contributions, and free-market exchanges, was not addressed.

Confidentiality. It refers to the obligation of not disclosing personal information given by a patient to another party without the patient's authorization, independently from the mean or recipient. Exceptions include, among others, legal reporting of situations that may cause significant harm to another (e.g., infectious diseases, notification of genetic risks).

Ethical behaviors are associated with the professional's moral reasoning, particularly when facing practice dilemmas, such as choosing a morally justifiable action among several less optimal options (Kruijtbosch et al., 2019). Ethics and morals are closely related concepts, often used interchangeably. Still, there are differences and morals usually refers to the individual's guiding values. In contrast, ethics refers to specific rules framing acceptable professional actions or correct behaviors (Utley, 2018). Previous studies have suggested variable levels of moral reasoning in community pharmacists' and professionals' passivity in ethical conduct (Hattingh et al., 2019; Rodríguez & Juričić, 2018). Financial pressures on the profession impact pharmacists' management of complex scenarios, while the professional responsibility subordinated to prescribers is seen as releasing pharmacists from full professional judgment and decision-making (Hattingh et al., 2019; Rodríguez & Juričić, 2018). Moreover, the limited training and lack of continuous education in ethical and moral reasoning are acknowledged, adding to pharmacists frequently solving complex ethical dilemmas in isolation. In other words, pharmacists might be a potential source of narrative ethics, insofar as the particular events that pharmacists experience in

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their professional lives, how these are expressed, and how these stories might help structuring the basis for ethical reflection and learning (Phelan, 2014).

Ethical codes and moral values (including ethical narratives) shape practical conduct and are critical to the pharmaceutical profession. These regulations influence three levels of pharmacists' reasoning: business orientation, compliance with rules and regulations, and the most advanced level, respecting patient rights (Chaar, 2009). Little is known about how practicing Portuguese community pharmacists implement these ethical considerations daily. Keeping the overarching ethical approach and considering, in particular, patients' rights, this study aimed to investigate the moral reasoning of Portuguese community pharmacists when dealing with critical ethical principles in their practice. A secondary product from this work was aimed at identifying possible ethical narratives, including actions taken to resolve those ethically situated questions.

METHODS

The study followed an exploratory, descriptive cross-sectional design based on a structured survey administered through Qualtrics software. The presented research is part of a larger project comprising another study published elsewhere (Cavaco et al., 2020). This previous publication presents the results of a study aimed to explore pharmacy practitioners' orientation to patients in daily work, as well as job satisfaction as a possible explanatory factor.

Survey Instrument

The online questionnaire comprised three sections. The first was designed to collect participants' demographic and workplace data. The second one included a measure of pharmacists' perceived competence regarding professional and relational skills and the importance of such competencies when dealing with customers and patients. In this section, participants used a 6-point Likert scale (from 1 – Not competent or Not important to 6 – Fully competent or Very important). The third section of the questionnaire was comprised of four vignettes, each with an ethical dilemma likely in everyday practice. Often used in health and qualitative social research, vignettes are hypothetical scenarios with corresponding follow-up stimuli (i.e., supplementary questions) designed to elicit data on awareness and attitudes (Schoenberg & Ravdal, 2000; Hughes & Huby, 2004). The advantages of their use include exposing participants to potentially harmful situations but offering protection by placing distance between their experience and the character in the vignette (Bradbury-Jones et al., 2014).

Vignettes were developed based on existing literature (Delpasand et al., 2019; Sharif et al., 2011), supplemented by the team's educational experience in human and medical ethics and Portuguese community pharmacy practice. Concerning pharmacy practice, moral dilemmas can be classified into three relationship categories: pharmacist-patient, pharmacist-colleague, and relationships with other parties (Kruijtbosch et al., 2018). The goal was to produce plausible and simple scenarios that were easy to understand and expected to resonate with potential participants, mostly pharmacist-patient relationships. Thus, dilemmas presented included hypothetical situations of drug misuse, understanding patient treatment, sharing patient data, and dispensing medication without a prescription (Kruijtbosch et al., 2018). Other practice dilemmas, such as sedating an uncontrollable patient, using placebo medication, or assisting suicide (Schlesselman, 2014), do not correspond to usual tasks in Portuguese pharmacy practice.

For each vignette (A to D), the participants were asked to agree or disagree with a specific outcome, with ethically oriented choices in bold:

1. **Non-Maleficence:** Dispensing (or **not**) an Over-the-counter (OTC) anti-inflammatory drug for controlling pain in a sports event to avoid a patient's declared overuse of this type of medication.
2. **Autonomy:** Disclosure (or not) of side effects to a newly diagnosed patient who is nonadherent to medication.
3. **Justice:** Dispensing (or not) a potent pain killer without a medical prescription as an emergency measure, in two cases – a former drug-addicted patient and an elderly patient, both known to the professional.
4. **Confidentially:** Contacting (or not) a loyal pharmacy customer after repeated dispensing of an emergency hormonal contraception for their teenage daughter.

After deciding on each vignette, participants were invited to choose a justification from seven options. Some statements reflected the abovementioned principles, while others worked as distractors, i.e., plausible arguments but not entirely correct for justifying a decision. For instance, beneficence (acting to help patients) can be a distractor from non-maleficence (not harming the patients) (Gillon, 1985); equality for patient management can work as a distractor of justice (employing fairness in patient care). Autonomy was divided into two options, patients' self-determination and professional independence, the latter working as a distractor. There was no distractor regarding the option of confidentiality (i.e., keeping patients' trust and loyalty). Participants could choose more than one statement option to justify their decisions. Additionally, an open text box after each vignette invited participants to narrate their stories, which provided a deeper justification for their moral reasoning according to their lived experiences.

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The four vignettes and the seven justifications were reviewed by one academic expert and piloted with three practitioners, resulting in minor changes in wording. No further validation steps were taken. Vignette replies were coded as appropriate (1) or not (0), while frequencies were calculated for stem justifications. Narratives were to be analyzed using a qualitative approach. The complete questionnaire can be found in the Appendix.

Population and Sample

The study population comprised active Portuguese community pharmacists. The study sample was recruited through the cooperation of the Portuguese Pharmaceutical Society (Study Protocol Ref. 1764/2018 EXT). All pharmacists practicing at the community level received an institutional email with an invitation and a survey link. A second email reminder was sent after 15 days. Due to the study's exploratory nature, no statistical representation was planned, and no sample power was estimated. The study was conducted in May 2018.

Data Analysis

All data entered an IBM SPSS v25 database and were submitted to descriptive statistics (frequencies, central tendency, and dispersion measures), including the Shapiro-Wilk normality test. The non-normal distribution for all variables was confirmed ($p < 0.05$). As such, non-parametric measures of association (Mann–Whitney U, Phi, Kruskal-Wallis H), tests of independence (χ^2), and One-way ANOVA (robust enough to assume departures from normality) were estimated for relevant variables, adopting a significance level of $p < 0.05$ for all statistical calculations.

Research Ethics

All study steps followed the best research practices and were submitted to an institutional review board for ethical clearance (Faculty of Psychology, University of Lisbon IRB Process #1.11, Mar 6, 2018). Participation was voluntary; no incentives were given, and participants were fully anonymous to the research team. Data was kept on a computer with restricted access, only available for the purposes of the study.

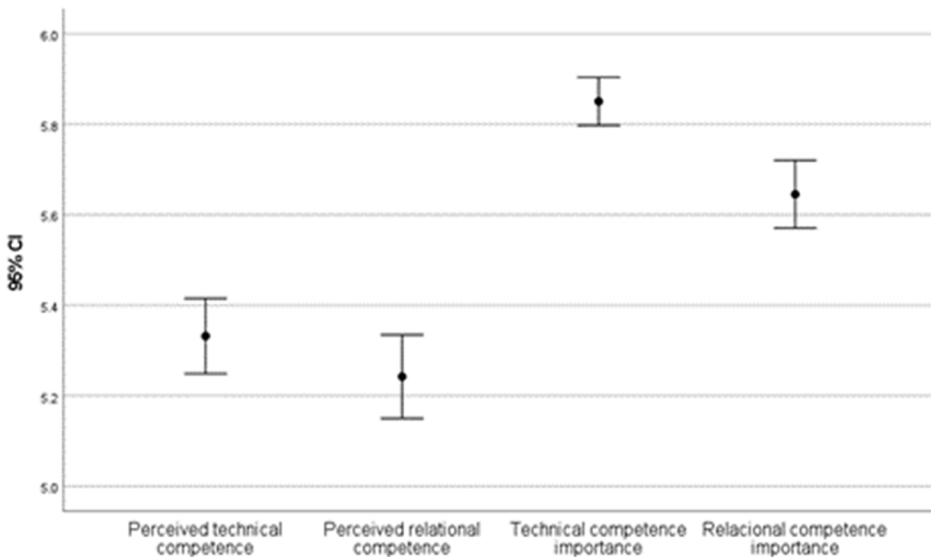
RESULTS

Participants were 274 pharmacists, 81.1% females, with a mean age of 37.2 years ($SD = 9.5$) and 11.6 ($SD = 8$) mean years of work experience at a community pharmacy.

The average staff number per pharmacy was 7.3 (SD=6.5), with 4.21 (SD = 3.69) pharmacists. Each workplace served, on average, 180 (SD=118.6) clients per day, corresponding to 24.7 clients per pharmacist per day, not accounting for other pharmacy staff. Dispensing products at the pharmacy counter was the most frequent task, reported by 97.1% of the participating pharmacists, followed by stocking and merchandising (80.2%) and administrative tasks (69.0%). No significant associations were found between gender or years of practice regarding the tasks performed.

Participants attributed a high (median of 6, IQR=1) importance to technical and relational competencies, significantly higher for females (p values of U <0.002). Regarding technical and relational competence self-perception (median of 5, IQR=1), pharmacists with fewer years of practice showed a significantly lower value (p values of U <0.003). There were no significant associations between self-perceived competence and importance. Figure 1 shows that the importance attributed to technical competencies scored significantly higher than other dimensions, with technical features ahead of the relational ones (p values of H =0.003 and H =0.002, respectively). Figure 2 shows that pharmacists with less than five years of practice reported significantly lower means for perceived relational and technical competence than more experienced colleagues, except for the oldest ones (ANOVA Post Hoc tests 0-5 & 6-10 years p=0.31, 0.5 & 11-20 years p<0.01, 0-5 & >20 years p=0.11).

Figure 1. Differences in the mean values of self-perceived competencies and their importance (n = 268)



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Figure 2. Differences in the mean values of the perceived competencies according to years of practice (n = 268)

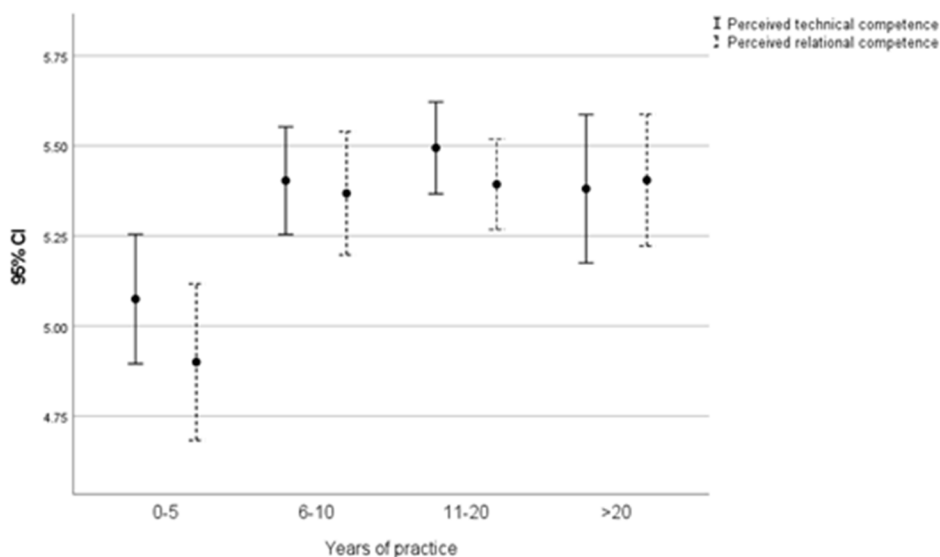


Table 1 summarizes the participants’ responses to the vignettes. Pharmacists endorsed mostly responses favorable to the principles of confidentiality, autonomy, and justice (by decreasing order), and only a minority the non-maleficence.

Table 1. Level of concordance with the ethically based outcome in four pragmatical dilemmas (n=274)

	Appropriate Outcome	Corresponding Percentage	Missing Responses
A. Non-maleficence	No	10.9%	18.2%
B. Autonomy	Yes	65%	0%
C. Justice	No	51.5%	18.2%
D. Confidentially	No	77.7%	18.2%

The previous responses were cross-tabulated, but no significant statistical associations (p values of Phi >0.05) were found between the above responses on vignettes, pharmacists’ years of practice, and the number of clients per day in the pharmacy. Nevertheless, a significant association was found between daily clients’ frequency and confidentiality issues (Chi²=9.22, p=0.026), with professionals

working in larger community pharmacies endorsing higher levels of patient confidentiality. There were no significant associations between the scores of self-perceived competencies and their importance and the answers to the vignettes, except for the association between a higher perception of relational competence and endorsement of the justice principle (U=4918.0, p=0.03).

Table 2 shows the percentages obtained for the vignettes based on the justification expected to support the ethical reasoning better.

Table 2. Justifications provided for the decisions taken regarding the outcome of four pragmatical dilemmas (n=274)

Vignette	Appropriate Stem Justification	Response (%)	Other Responses (%)
Non-maleficence	It is the pharmacist's responsibility not to cause any harm to patients intentionally. (Qx.1)	30.3%*	Qx.5 Confidentiality: 16.1%* Qx.4 Equality: 14.2%*
Autonomy	Patients have the right to independence, i.e., to decide based on their knowledge. (Qx.6)	2.9%*	Qx.1 Non-maleficence: 25.9%* Qx.5 Confidentiality: 18.6%*
Justice	The pharmacist must be honest and fair to all patients. (Qx.3)	3.3% (U p<0.01)	Qx.5 Confidentiality: 31.8% (U p = 0.01) Qx.1 Non-maleficence: 22.6%*
Confidentially	The pharmacist must maintain a trusting and loyal relationship with patients. (Qx.5)	14.2%*	Qx.1 Non-maleficence: 24.5%* Qx.4 Equality: 15.7%*
* Non-statistically significant association for Mann-Whitney U non-parametric test.			

Table 3. Vignettes most frequently receive distracting justifications and principles (n=274)

Distracting Principle	Distracting Justification	Most Frequent Vignettes
Beneficence	It is the pharmacist's responsibility to act on behalf of patients. (Qx.2)	Autonomy (8.4%) Confidentiality (8.0%)
Equality	All patients have the right to be managed equally and in the best conceivable way. (Qx.4)	Confidentially (15.7%) Non-maleficence (14.2%)
Independence (professionals)	Pharmacists have the right to professional independence, i.e., to decide based on their knowledge. (Qx.7)	Confidentiality (14.6%) Non-maleficence (8.8%)

Unexpectedly, no participant used open boxes at each vignette to justify and extend their ethical reasoning through free text accounts. These were also not used to provide narratives of episodes considered proximal to the vignettes used.

DISCUSSION

The present study aimed to explore the ethical reasoning of Portuguese community pharmacists when faced with hypothetical dilemmas in daily practice. Although ethical aspects of healthcare practice have been addressed for other professions, such as medicine and nursing (Gillon, 2015; Ulrich et al., 2010), and including Portuguese practitioners (Lopes, 1994; Reis & Oliveira, 2012), no published evidence regarding Portuguese pharmacy practice could be found.

Pharmacists' Ethical Reasoning

The sample comprised a young cohort of pharmacists with approximately a decade of professional experience in community pharmacy, highly engaged in pharmacy counter duties as mentioned previously by others authors, such as Costa et al. (2006) and Cavaco & Krookas (2014). These professionals directly contact customers and patients, whose interactions are the usual source of potential ethical dilemmas. Thus, participants were exposed to moral and ethical decision-making in practice.

From all situations requiring ethical-based reasoning, only the confidentiality scenario obtained the appropriate outcome above the upper quartile (>75%), indicating that issues of individual data protection are well established amongst Portuguese community pharmacists. One possible explanation could be seen as originating from the present legal environment. The General Data Protection Regulation (EU) 2016/679 (GDPR), enforced in Portugal since May 2018, has the primary goal of enhancing individuals' control and rights over their data and applies to any entities regardless of their location and the individuals' citizenship or residence inside the European Economic Area. The penalties applicable to all entities, including healthcare providers, when misdealing citizens' privacy matters as prescribed by the GDPR (Fatehi et al., 2020; Ribeiro et al, 2020) raised attention among the Portuguese community pharmacies network about this subject (Cartão Saúde, 2022).

More than half of the sample endorsed the principles of autonomy and justice but used parallel justifications, particularly non-maleficence and confidentiality. Respect for patients' autonomy requires that patients are told the truth about their condition and informed about the risks and benefits of a treatment. However, findings were in keeping with prior studies, which indicated that pharmacists' acknowledgment of patients' rights to informed consent may be weak, risking paternalistic care

(Schlesselman, 2014; Bradbury-Jones et al., 2014). The inadequate compliance with the principle of justice adds to participants' less clear conceptualization of ethical principles (Bolt et al., 2015). It strongly supports the need for further education and training in these matters during undergraduate and after graduation (Okoro & Biambo, 2020). Pharmacists can use practical methods to successfully adopt and apply ethical deliberation, including explicit guidelines to support decision-making that should be promoted beyond the existing deontological codes (Saw et al., 2018).

The principle of non-maleficence was poorly recognized. The vignette described a most certainly harmful drug utilization with misuse leading to side effects for a physically demanding situation. Participants could have provided justifications with arguments such as detailed patient information and strong advice for taking the drug according to the right directions and avoiding misuse. Portuguese law strongly advocates this role, where access to OTC drugs must be mediated by a pharmacist or a technician (Ministério da Saúde, 2007). Still, the standard best practice regarding OTC drugs dispensing in Portuguese community pharmacies is not always possible to verify (Veiga et al., 2015; Veiga et al., 2021).

Additionally, the questionnaire presented statements that consider distractors, with one option (Qx.4 All patients have the right to be managed equally and in the best conceivable way) being a strong 'competitor' for justifying the dispensing decision. The findings might explain concerns about confronting patients without losing their trust under a business-pressured professional activity as also indicated in prior studies (Kruijtbosch et al., 2018; Gavilan et al., 2014). Without necessarily losing the ethical and deontological boundaries, competitiveness and client allegiance play a role in moral passivity that may harm patients' well-being. An additional note regarding non-response affecting the three vignettes and suggesting a lack of commitment or preparation to face ethically-based decisions.

Discussing the present findings should not ignore the possible intertwining of ethical concepts that can be applied when deciding on moral dilemmas. However, no statistical associations between answers to vignettes were found in this study. On the other hand, distractors such as the equality and beneficence justifications could have been used as alternatives to the principle of justice and non-maleficence, respectively. For instance, it can be expected that beneficence may, to some extent, be blended with non-maleficence (Gillon, 1985), particularly for professionals with less developed ethical reasoning. Nevertheless, the answers to the justice vignette were mainly validated through confidentiality and non-maleficence reasoning; in other cases, the equality distractor was selected to explain confidentiality and non-maleficence vignettes, while beneficence was scarcely used as a justification (<8.5%). This finding illustrates that there is ground to promote more advanced ethical reasoning based on the existing moral conceptualizations. However, the lack of associations between ethical principles suggests a less consistent approach

to applied moral practice norms. The Portuguese Pharmaceutical Society assumed this proposal with the new code of conduct (*Código Deontológico*), where the current practice is linked to the fundamental principles of Bioethics (Ordem dos Farmacêuticos, 2021). In the published text, the principles of non-maleficence and beneficence are mentioned, relevant to the assumption of professional practice without complete patient information, such as the primary diagnosis, the clinical status, and underlying conditions, which affect the beneficent component of practice. In this sense, it seems that community pharmacists should have improved access to health-related information besides further training to support professional judgments, using applied healthcare ethics to accomplish robust ethical reasoning.

Confidentiality issues seem to prevail amongst less busy pharmacies. Knowing pharmacies located in larger urban centers tend to have more customers per day, it can be expected that smaller and isolated sites may have additional struggles in managing personal data and privacy matters as also suggested by Townsend (2019). Interestingly, only the principle of justice showed a significant association with self-perceived relational competence, suggesting an overarching application of social skills towards a fair and impartial practice. While emphasizing technical skills and work standardization more than relational ones, these seemed independent of ethical reasoning, thus missing the moral frame that should underlie everyday practice.

Unfortunately, this study did not collect any open justifications or narratives of ethical-based episodes related to their practice and under the scope of each vignette. This issue should not correspond to the absence of ethical-related stories. Still, this absence might have occurred from study design shortcomings, added to participants' work pressures, as also proposed by Kruijtbosch et al., (2018) and Gavilan et al. (2014), and potentially less susceptibility to written descriptive accounts from persons who are largely science-oriented professionals.

Limitations and Strengths

The major limitations concern the sample size, representing only 2.4% of all practicing community pharmacists according to the pharmaceutical society data for 2018, which does not provide representation power and may reflect self-selection and response bias. Nevertheless, according to OF data, the sampled participants' male-female divide was aligned with the community pharmacists' gender distribution (i.e., 80% females). On the other hand, the questionnaire was not fully validated, bringing uncertainty to the study findings, particularly the extent to which participants understood the vignettes' justifications and the relevance of having individual written accounts. However, this study is one of the few known attempts to explore the ethical appraisal of community pharmacists in Portugal, as healthcare professionals are bound to moral reasoning operating within a highly competitive market.

CONCLUSION

The preliminary findings of the present study indicate that, overall, Portuguese community pharmacists endorse most ethical principles when making daily decisions involving practice dilemmas, with a weaker attitude regarding non-maleficence. The conceptualization of principles, such as beneficence, may be established in this population, but their translation and integration into daily practice might need further development. Knowing that the tensions between the pharmacy business demands and the pharmacists' healthcare roles are not expected to change, updated rules for ethical conduct in moral-based decision-making are welcomed. Nevertheless, education and training are needed to comply with the code of conduct and moral reasoning. Further research is required to confirm and expand the current findings.

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APPENDIX

Socio-Demographic and Professional Data

- Q1. How old are you? _____ years
- Q2. What is your gender? Female | Male | Rather not answer
- Q3. Indicate the number of completed years of work in Community Pharmacy:
_____ full years
- Q4. Consider the Community Pharmacy where you are currently working; please indicate:
- Q4.1 No. of full years of work at this location: _____ years
- Q4.2 No. of full-time employees: _____
- Q4.3 No. of Pharmacists: _____
- Q4.4 No. of Technicians: _____
- Q4.5 No. of other Collaborators: _____
- Q4.6 Average number of clients per day: _____
- Q5. Indicate your top 3 tasks or current job functions (e.g., customer service, procurement, etc.)

Perception and Valuation of Patients' Service Skills

- Q6. Considering the tasks described in the previous question, please rate how competent you are, using the following scale: 1 - not at all competent, 6 - totally competent.
- Q6.1 Patient care tasks related to the technical aspects of the drug (e.g., explaining the dosage regimen, precautions, and side effects): 1 2 3 4 5 6
- Q6.2 Patient care tasks related to aspects of the relationship with the patient (e.g., advising on healthy lifestyles and health promotion): 1 2 3 4 5 6
- Q7. Considering the same tasks, please rate the importance you attribute to them in your practice, using the same scale: 1 - not at all important, 6 - totally important.
- Q7.1 Care tasks related to the technical aspects of medications (e.g. explaining the dosage regimen, precautions and main side effects) 1 2 3 4 5 6
- Q7.2 Care tasks related to aspects of the relationship with the user (e.g. advising on healthy lifestyles and health promotion) 1 2 3 4 5 6

Ethical Reasoning

Carefully read the four scenarios described below and answer the question at the end of each one, choosing Yes or No.

Q8. Scenario A.

A 20-year-old racing enthusiast was training intensively for the London Marathon last month. He leaves early tomorrow morning for the UK capital, but he suffered a painful muscle injury yesterday. He asks for 600mg ibuprofen. He tells her that he can only dispense 400mg pills without a prescription. He accepts, saying, “The pain won’t stop me from running this marathon!” You are pretty sure that he may not adhere to the maximum recommended dose.

Would you dispense the 400mg ibuprofen pack?

Q8. _____ Yes _____ No

If you wish, please justify your previous answer (Yes or No) in the box bellow. You might describe a professional episode or event you have experienced similar to the previous vignette. Thank you.

Regarding the previous situation (Scenario A) and regardless of your answer, please justify your choice (Yes or No) by choosing one or more reasons that supported your decision.

Q8.1 It is the pharmacist’s responsibility not to intentionally cause any harm to patients. _____

Q8.2 It is the pharmacist’s responsibility to act on behalf of patients. _____

Q8.3 The pharmacist must be honest and fair to all patients. _____

Q8.4 All patients have the right to be managed equally and in the best conceivable way. _____

Q8.5 The pharmacist must maintain a trusting and loyal relationship with patients. _____

Q8.6 Patients have the right to independence, i.e., to decide based on their knowledge. _____

Q8.7 Pharmacists have the right to professional independence, i.e., to decide based on their knowledge. _____

Q9. Scenario B.

João, a regular customer at the pharmacy, was diagnosed with asthma for the first time a week ago. João is an older adult who is known to be especially wary of the side effects of medications. He has a prescription for starting treatment with an inhaled steroid (prednisolone). It is possible that he will not comply with the treatment if he reads the medicine package leaflet.

Would you give information to João about possible undesirable effects?

Q9. _____ Yes _____ No

If you wish, please justify your previous answer (Yes or No) in the box below. You might describe a professional episode or event you have experienced similar to the previous vignette. Thank you.

Regarding the previous situation (Scenario B) and regardless of your answer, please justify your choice (Yes or No) by choosing one or more reasons that supported your decision.

Q9.1 It is the pharmacist's responsibility not to intentionally cause any harm to patients. _____

Q9.2 It is the pharmacist's responsibility to act on behalf of patients. _____

Q9.3 The pharmacist must be honest and fair to all patients. _____

Q9.4 All patients have the right to be managed equally and in the best conceivable way. _____

Q9.5 The pharmacist must maintain a trusting and loyal relationship with patients. _____

Q9.6 Patients have the right to independence, i.e., to decide based on their knowledge. _____

Q9.7 Pharmacists have the right to professional independence, i.e., to decide based on their knowledge. _____

Q10. Scenario C.

While several people wait to be seen by the pharmacist, one of the clients, known for his past drug addiction, now resolved, asks for a pack of Tramadol 100mg. He says it is for a bad toothache and promises to bring the prescription the next day. As you have doubts about what the medication might be used for, you decide not to dispense. Manuel, a neighbor of the pharmacy, known to suffer from recurrent low back pain, makes the same request: "I need a 100mg package of Tramadol. I have a doctor's appointment tomorrow."

Would you dispense the medicine to Manuel?

Q10. _____ Yes _____ No

If you wish, please justify your previous answer (Yes or No) in the box below. You might describe a professional episode or event you have experienced similar to the previous vignette. Thank you.

Regarding the previous situation (Scenario C) and regardless of your answer, please justify your choice (Yes or No) by choosing one or more reasons that supported your decision.

Q10.1 It is the pharmacist's responsibility not to intentionally cause any harm to patients. _____

Q10.2 It is the pharmacist's responsibility to act on behalf of patients. _____

Q10.3 The pharmacist must be honest and fair to all patients. _____

Q10.4 All patients have the right to be managed equally and in the best conceivable way. _____

Q10.5 The pharmacist must maintain a trusting and loyal relationship with patients. _____

Q10.6 Patients have the right to independence, i.e., to decide based on their knowledge. _____

Q10.7 Pharmacists have the right to professional independence, i.e., to decide based on their knowledge. _____

Q11. Scenario D.

Maria and her daughter Joana are regular customers at the pharmacy. The teenager, who has just turned 18, came to the pharmacy alone in the last three weeks. She was given a pack of emergency hormonal contraceptives at each weekly visit, justified as being for one of her friends. As you know Maria well, you are thinking about calling his mother to the pharmacy to talk to her about this matter.

Do you agree?

Q11. _____ Yes _____ No

If you wish, please justify your previous answer (Yes or No) in the box below. You might describe a professional episode or event you have experienced similar to the previous vignette. Thank you.

Regarding the previous situation (Scenario C) and regardless of your answer, please justify your choice (Yes or No) by choosing one or more reasons that supported your decision.

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- Q11.1 It is the pharmacist's responsibility not to intentionally cause any harm to patients. _____
- Q11.2 It is the pharmacist's responsibility to act on behalf of patients. _____
- Q11.3 The pharmacist must be honest and fair to all patients. _____
- Q11.4 All patients have the right to be managed equally and in the best conceivable way. _____
- Q11.5 The pharmacist must maintain a trusting and loyal relationship with patients. _____
- Q11.6 Patients have the right to independence, i.e., to decide based on their knowledge. _____
- Q11.7 Pharmacists have the right to professional independence, i.e., to decide based on their knowledge. _____

Thank you for your participation.