NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: William Fassett

(2/11/2015) Individual Delegate for APhA-APRS

Prepared in cooperation with: Robert Day, Leonard Edloe, and Philip Hansten

Subject: Pharmacist Participation in Executions

Motion: The American Pharmacists Association opposes pharmacist participation in executions, either directly or indirectly, on the basis that such activities are fundamentally contrary to the role of pharmacists as providers of health care.

Background:

1. Although APhA has previously adopted policies that deal with lethal injections, it has adopted an essentially neutral position on pharmacist participation in executions. Recent events in Ohio, Oklahoma and Arizona have raised public awareness of the actual or alleged involvement of pharmacists in executions, and make this issue timely for consideration by the 2015 House of Delegates.

2. Pharmacy is a healing profession, dedicated to the relief of disease or suffering. Participation in executions, either directly or indirectly, is fundamentally contrary to the goals of the pharmacy profession. The “Oath of a Pharmacist” adopted by the by both the American Pharmacists Association
and the American Association of Colleges of Pharmacy—and taken annually by most, if not all student pharmacists or new graduates of pharmacy schools, as well as at the House of Delegates and many state association meetings—stresses “service to others,” “relief of suffering” and “optimal outcomes” in our patients, all of which are antithetical to participation in executions.

3. The principal mode of involvement by pharmacists is the compounding and/or provision of unapproved lethal chemical formulations for use in execution protocols. Following the enactment of the Drug Quality and Security Act of 2013, such compounding is contrary to federal and virtually all state laws which require pharmacies to compound unapproved drug products only in response to a prescription for an individual patient issued by an authorized prescriber.

4. Four of the nation’s major health care associations, including the American Medical Association, the American Board of Anesthesiology, the American Nurses Association and the National Association of Emergency Medical Technicians have taken positions opposing member participation in executions. (See Appendix I: Positions of Other Health Care Associations) With the exception of Dentistry, Pharmacy is the only major profession of health care providers in the US that has not adopted a policy position against practitioners participating in executions. This is particularly untenable at a time when pharmacists are seeking full recognition of their status as health care providers.

5. Although they have not taken a formal position, the following associations have expressed the view that participation in executions is unethical, including the American Psychiatric Association, World Medical Association, International Council of Nurses, American Public Health Association, and the National Commission on Correctional Health Care.

6. Pharmaceutical companies in Europe, Asia, and the US have refused to provide drugs to be used in executions. (There is a movement among architects to add to their code of ethics wording that would prohibit members from designing execution chambers.)
Current APhA Policy & Bylaws:

1985

1. APhA opposes the use of the term "drug" for chemicals when used in lethal injections.

2. APhA opposes laws and regulations which mandate or prohibit the participation of pharmacists in the process of execution by lethal injection.


Code of Ethics for Pharmacists

PREAMBLE

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

I. A pharmacist respects the covenantal relationship between the patient and pharmacist. Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner. A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

III. A pharmacist respects the autonomy and dignity of each patient. A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

IV. A pharmacist acts with honesty and integrity in professional relationships. A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

V. A pharmacist maintains professional competence. A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals. When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VII. A pharmacist serves individual, community, and societal needs. The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.
VIII. A pharmacist seeks justice in the distribution of health resources. When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

Oath of a Pharmacist
The revised Oath was adopted by the AACP House of Delegates in July 2007 and has been approved by the American Pharmacists Association. AACP member institutions should plan to use the revised Oath of a Pharmacist during the 2008-09 academic year and with spring 2009 graduates.

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

• I will consider the welfare of humanity and relief of suffering my primary concerns.
• I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.
• I will respect and protect all personal and health information entrusted to me.
• I will accept the lifelong obligation to improve my professional knowledge and competence.
• I will hold myself and my colleagues to the highest principles of our profession’s moral, ethical and legal conduct.
• I will embrace and advocate changes that improve patient care.
• I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.”

Appendix: Positions of Other Health Care Associations:
American Medical Association: AMA Council on Ethical and Judicial Affairs Opinion 2.06 states, in part: “An individual’s opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. Physician participation in execution is defined generally as actions which would fall into one or more of the following categories: (1) an action which would directly cause the death of the condemned; (2) an action which would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; (3) an action which could automatically cause an execution to be carried out on a condemned prisoner.

“Physician participation in an execution includes, but is not limited to, the following actions: prescribing or administering tranquilizers and other psychotropic agents and medications that are part of the execution procedure; monitoring vital signs on site or remotely (including monitoring electrocardiograms); attending or observing an execution as a physician; and rendering of technical advice regarding execution. In the case where the method of execution is lethal injection, the following actions by the physician would also constitute physician participation in execution: selecting injection sites; starting intravenous lines as a port for a lethal injection device; prescribing, preparing, administering, or supervising injection drugs or their doses or types; inspecting, testing, or maintaining lethal injection devices; and consulting with or supervising lethal injection personnel.”

American Board of Anesthesiology: Among the healing professions, perhaps the strongest position is that of ABA, which states that participation by their diplomats (certified practitioners) in lethal injection may result in revocation of board certification.

American Nurses Association: The ANA Code of Ethics states that the ANA “is strongly opposed to nurse participation in capital punishment. Participation in executions, either directly or indirectly, is viewed as contrary to the fundamental goals and ethical traditions of the nursing profession.”
National Association of Emergency Medical Technicians: NAEMT “is strongly opposed to participation in capital punishment by an EMT, paramedic or other emergency medical professional. Participation in executions is viewed as contrary to the fundamental goals and ethical obligations of emergency medical services.”

New Business Items are due to the Speaker of the House by February 25, 2015 (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.