

# *Conscientious objection In The Profession Of Pharmacist. A Survey of Pharmacists' Opinions On The Conscience Clause In Poland*

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## Research Article

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# Abstract

*Background* Pursuant to the Resolution of the Council of Europe No. 1763 of October 7, 2010, physicians, nurses and midwives may resign from performing medical activities for ethical reasons. In Poland, these provisions do not apply to pharmacists, therefore it is considered granting pharmacists the right to refuse dispensing a drug on the basis of conscientious objection.

*Objective* The authors of the study decided to present the opinion of pharmacists (from the Greater Poland Voivodeship in Poland) on the conscience clause.

*Method* The research was carried out on the basis of a self-developed questionnaire. The survey questionnaire was addressed to 105 pharmacists. The participants were asked 29 questions, 21 related to pharmacists' opinions on the conscience clause, and the remaining 8 related to demographic data.

*Results* Responses were received from 100 pharmacists (74 women and 26 men, mean age 34 years). Most - 82 participants (82%) answered that they had never provided a service that was against their conscience. Nevertheless, 18 respondents (18%) expressed a different opinion.

*Conclusion* Most pharmacists are against the conscience clause. Nevertheless, about one-fifth of the respondents were in the situation of providing the service against their own ethical reservations, therefore this topic cannot be ignored.

## Impact Of Findings On Practice

- Situations in which a pharmacist refuses to dispense a drug due to conscientious objection must be urgently addressed.
- The right to conscience clause should be formulated in an appropriately narrow and precisely understood scope.
- Vocational training of pharmacists should place emphasis on the development of ethical competences needed to solve moral problems in the pharmacist profession.

## Introduction

The idea of freedom of thought, conscience and religion is one of the fundamental values, therefore its implementation is the normative foundation of social justice [1, 2]. The authors assume that since freedom of conscience includes freedom of religion, it means that the conscience clause as the right to refuse certain medical services due to personal ethical reservations cannot be considered the legal basis of this freedom. Freedom of belief does not require a statutory basis. The freedom to act in accordance with one's conscience is not contrary to Polish legislation or international regulations, therefore this restriction of the right to act in accordance with the personal beliefs of medical workers requires legal control to stop situations in which the right to freedom of belief of a specific professional group prevents others persons from receiving services.

In addition, the provisions on the conscience clause in Poland have a wide scope, therefore they are a source of many misunderstandings, including the precise definition of a set of legal provisions for medical workers using the conscience clause, with particular emphasis on the conditions, benefits and identification of groups of medical representatives to which this law applies. In accordance with the provisions of law in force in Poland (the Pharmaceutical Law and the Act on the Pharmacy Profession), the conscience clause does not apply to pharmacists, but to doctors, nurses and midwives, therefore pharmacists should not report their resignation from performing a specific pharmaceutical service due to personal ethical objections [3, 4]. Nevertheless, such situations do occur, so the authors of the research decided to clarify whether pharmacists need the conscience clause, and if so, what are the main reasons for using this particular legal regulation.

## **Aim Of The Study**

The aim of the study is to find out the opinions of pharmacists employed in pharmacies in the Greater Poland Voivodeship in Poland on the conscience clause, with particular emphasis on understanding its legal aspects.

## **Methods**

In order to carry out the study, the authors used two types of sources: primary source and secondary source. The first group of sources is literature, including scientific publications in the field of bioethics and Polish medical law. Then, the acquired theoretical knowledge was compared with the research work. The study was conducted using a standardized questionnaire, which was constructed on the basis of the reviewed literature and the main purpose of the study. The study was carried out in the period from January to March 2020 among pharmacists in the Greater Poland Regional Pharmaceutical Chamber. Participants were recruited during training sessions. The statistical analysis was carried out using the STATISTICA 10 program. The questionnaire contains 29 questions, 21 concerns the pharmacists' opinions on the conscience clause, the remaining 8 are related to the determination of demographic data. The questionnaire consists of three parts. The first concerns the restriction of the right to act according to one's conscience. The second one relates to legal regulations, is the set of legal rules precisely defined for medical workers in the opinion of pharmacists? The third part contains eight questions concerning: gender, age, profession, length of service, place of residence, education, and the determination of the attitude to religion and the importance of religion in the private life of respondents.

This study did not require ethical consent.

## **Results**

100 pharmacists correctly completed the questionnaire out of 105 respondents (95.2%). Five people filled it with errors, so their answers were excluded from the study. The research sample consisted of 74 women (74%) and 26 men (26%) of Polish origin. The results are presented in Table 1.

Table 1  
The socio demographic characteristics of the study group

<b>Independent variables <i>n</i> = 100</b>	
Age (years)	25–65 (average 34)
<b>Gender</b>	
Woman	74 (74.00%)
Man	26 (26.00%)
<b>Job experience</b>	
$\bar{x}$ (arithmetic average)	9
<b>The test person</b>	
Pharmacist	100 (100.00%)
<b>Place of residence</b>	
Village	4 (4.0%)
Town up to 10,000 residents	1 (1.0%)
Town of 10,000–50,000 residents	2 (2.0%)
City of 51,000–100,000 residents	1 (1.0%)
City of 101,000–500,000 residents	10 (10.00%)
City over 500,000 residents	82 (82.00%)
<b>Education</b>	
Higher	100 (100.00%)
<b>Attitude towards religion</b>	
Believers and attend in church services	24 (24.00%)
Believers and does not attend in church services	44 (44.00%)
Unbelievers but attend in church services	7 (7.00%)
Unbelievers and does not attend church services	25 (25.00%)
<b>The importance of religion in life</b>	
Very large	12 (12.00%)
Rather large	15 (15.00%)
Minor	54 (54.00%)
No impact	19 (19.00%)

In the first part of the survey, the respondents were asked about the conscience clause. Out of 100 respondents (100%), 94 people (94%) replied that they had not invoked the conscience clause, and 6 respondents (6%) said they had used it. Persons who answered no, were additionally asked about their intention to invoke the conscience clause. Out of 94 respondents, 6 people (6.38%) expressed such a desire, while the vast majority – 88 respondents (93.62%) never had such an intention. Another question was related to the necessity to perform pharmaceutical services inconsistent with conscience. 18 respondents (18%) stated that they were in a situation of performing a pharmaceutical service against their personal beliefs, and 82 respondents (82%) stated that they had never had to perform a pharmaceutical activity against their conscience. In addition, 18 respondents explained that the situation that they had ethical objection always related to the sale of the drug, and the main reason was moral concerns – (15 responses) (83.33%), possible side effects of drugs – (7 responses) (38.89 %), patient's age – (4 responses) (22.22%), other reasons – (4 responses) (22.22%). Among the categories of "other reasons", the respondents mentioned: "high price of the drug", "awareness of the lack of effective treatment in an underage patient", "the patient's addiction to psychoactive drugs" and "taking the drug for termination of pregnancy (no connection with the "morning after "pill) ". It was feared that "the drug dispensed would have a number of side effects that, if not miscarried, would have a negative impact on the normal development of the fetus." None of the 18 respondents indicated the answer - drug interactions. However, when the respondents were asked whether the pharmacist's failure to fill the prescription for contraceptives available in pharmacies would raise their concerns, the vast majority of 100 people – 77 respondents (77%) answered in the affirmative. 22 people (22%) were of the opposite opinion.

In the second part of the study, pharmacists were asked whether the current legal regulations precisely define the set of rules that apply to medical workers who use the conscience clause? The results are presented in Table 2.

Table 2  
Pharmacists' opinion on the legal provisions established for medical workers regarding the conscience clause

Answer	Pharmacists	
	N	%
Yes	8	8.00%
No	59	59.00%
I have no opinion	33	33.00%
Total	100	100.00%

Most of the 59 respondents (59%) answered that the current law does not precisely define a set of rules for medical workers using the conscience clause. For comparison, 8 people (8%) considered the law to be solidly established, and 33 respondents (33%) did not have an opinion on it. Pharmacists who found the

current law on conscientious objection to be imprecise (59 people) were asked to answer another question: what kind of activity remains under-regulated? Three types of activities were given and respondents could choose more than one answer. The results are shown in Table 3.

Table 3  
Types of activities which, in the opinion of pharmacists, are not fully regulated

Type of activity	Pharmacists (n = 59) <sup>a</sup>	
	N	%
Establishing the scope, i.e. determining which group of medical workers has the right to invoke the conscience clause	42	71.19%
Establishing the conditions that must always be met if a medical worker wants to invoke the conscience clause	50	84.75%
Actions aimed at ensuring that the patient has practical access to a specific health service	46	77.97%

<sup>a</sup> The answers do not add up to 100 % as the participants could select more than one answer

The respondents most often indicated that establishing the conditions that should always be met if a medical worker wants to invoke the conscience clause is not fully regulated (50 responses) (84.75%). Apart from them, also activities aimed at providing the patient with practical access to a specific medical service require appropriate changes in the law (46 indications) (77.97%). This is also the case with setting the scope, i.e. determining which groups representing medical professions have the right to invoke the conscience clause (42 responses) (71.19%).

## Discussion

The vast majority of respondents never referred to the conscience clause (94%) and did not intend to do so (88%). Nevertheless, when the respondents were asked about the necessity to provide a pharmaceutical service against their conscience, less than one-fifth of the respondents replied that they were in such a situation, and it is such a large number that it cannot be ignored. The responses of the respondents are comparable to the results of the studies by Anna Piecuch, Malwina Gryka and Małgorzata Kozłowska-Wojciechowska. In 2012 surveys, a quarter of the respondents replied that a pharmacist should have the right to conscientious objection [5]. This means that, in the opinion of the respondents, the role of a pharmacist goes beyond purely technical activities, so they want to have the right to make decisions according to their own beliefs. Nevertheless, research conducted in 2020 shows that pharmacists are more aware of the legal aspects of the conscience clause. The majority of respondents (59%) believe that the applicable law does not precisely define a set of rules for medical workers using the conscience clause.

If the conscience clause would be legally regulated for pharmacists, then according to the respondents, the first step should be to establish the circumstances of giving up a given pharmaceutical service due to moral reservations. To achieve this goal, it would be necessary to develop a list of medicinal products, the implementation of which raises ethical concerns in the opinion of medical workers.

Despite the fulfillment of the above-mentioned indications, one should not forget to present the patient with alternative options of obtaining a given drug from another pharmacist or in another pharmacy. This information is consistent both with the judgment of the European Court of Human Rights, which concerned the case of Pichon and Sajous v. France [6, 7], and with the provisions of medical law in Great Britain, where the General Pharmaceutical Council (GPhC) verifies the circumstances of pharmacists invoking the clause conscience based on the review of fertility, conception and termination drugs [8, 9].

The research conducted in 2020 shows that out of 100 respondents, as many as 73 people (73%) believe that the law should oblige a medical worker who, due to personal beliefs, refused to perform a professional activity, to indicate another person who will carry out a specific task for him. 18 respondents (18%) disagreed with the above decision, while 9 people did not have an opinion on the subject.

Moreover, both in Poland and America, emergency contraception immediately after an abortion is one of the most frequently indicated reasons for resignation from a specific professional activity by medical workers [10, 11]. In America, emergency contraceptives are included in the list of drugs subject to the conscientious objection clause. The same list also includes vaccines made from aborted human fetal cell lines. In America, the overriding reason for introducing changes to legal regulations was to personally consider whether saving the lives and health of competent people is a higher priority than the life of the fetus.

In Poland, the new act on the profession of pharmacist of 10 December 2020 does not regulate these issues, therefore they will continue to be a cause of a conflict of values among pharmacists. The Polish Pharmaceutical Chamber should develop standards of conduct that will guide pharmacists in order to reconcile personal beliefs with the patient's needs.

## Conclusions

- Immediate legal regulation is required to establish the rules, conditions and scope of application of the conscientious objection clause by medical workers
- Refusal to dispense a drug may take place only in the case of receiving a benefit from another pharmacist or in another pharmacy
- The Polish Pharmaceutical Chamber should develop specific guidelines that will help pharmacists make decisions in a situation of value conflict

## Declarations

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### **Author contribution**

JC: conceptualization, methodology, investigation, formal analysis, writing—original draft, review and editing, supervision

DL: investigation

EB: review and editing

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## **References**

1. Czekajewska J. Ethical Aspects of the Conscience Clause in Polish Medical Law. *Kultura i Edukacja*. 2018;4(122):206–20. <https://doi.org/10.15804/kie.2018.04.13>.
2. Sulmasy DP. Conscience, tolerance, and pluralism in health care. *Theor Med Bioeth*. 2019;40(6):507–21.
3. Merks P, Szczęśniak K, Świeczkowski D, Blicharska E, Paluch A, Olszewska A, et al. Klauzula sumienia dla farmaceutów w środowisku farmaceutów praktykujących w Polsce i Wielkiej Brytanii [Conscience clause for pharmacists from the perspective of pharmacists working in Poland and in the United Kingdom]. *Farmacja Polska*. 2015; 71(8): 483 – 90. Polish.
4. Czarkowski M. Aborcja a klauzula sumienia [Abortion and conscientious objection]. *Pol Merkur Lekarski*. 2015; 38(225): 183-6. Polish.
5. Piecuch A, Gryka M, Kozłowska-Wojciechowska M. Attitudes towards conscientious objection among community pharmacists in Poland. *Int J Clin Pharm*. 2014;36:310–5.

6. Lamacková A. Conscientious objection in reproductive health care: Analysis of Pichon and Sajous v. France. *Eur J Health Law*. 2008;15(1):7–43.
7. Uberoi D, Galli B. In Pursuit of a Balance: the Regulation of Conscience and Access to Sexual Reproductive Health Care. *Hum Rights Rev*. 2017;18:283–304.
8. Deans Z. Conscientious objection in pharmacy practice in Great Britain. *Bioethics*. 2013;27(1):48–57.
9. Gallagher CT, Holton A, McDonald LJ, Gallaghr PJ. The fox and the grapes: an Anglo-Irish perspective on conscientious objection to the supply of emergency hormonal contraception without prescription. *J Medical Ethics*. 2013;39(10):638–42.
10. Davidson LA, Pettis CT, Joiner AJ, Cook DM, Klugman CM. Religion and conscientious objection: A survey of pharmacists' willingness to dispense medications. *Soc Sci Med*. 2010;71(1):161–5.
11. Zimmerman RK. Ethical analyses of vaccines grown in human cell strains derived from abortion: arguments and Internet search. *Vaccine*. 2004;22(31–32):4238–44.