

CUSTOMER'S PERCEPTION ON ETHICAL ISSUES WITH REFERENCE TO PHARMACY

Submitted in partial fulfillment of the requirements for the award of

Master of Business Administration

by

SHIRLEY JASMINE LYDIYA.P

**Register No.
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SCHOOL OF BUSINESS ADMINISTRATION

SATHYABAMA

**INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)**

**Accredited with Grade "A" by NAAC | 12B Status by UGC | Approved by AICTE
Jeppiaar Nagar, RAJIV GANDHI SALAI, CHENNAI - 600 119**

April - 2021



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BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of

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DECLARATION

I **SHIRLEY JASMINE LYDIYA.P (39410197)** hereby declare that the Project Report entitled "**CUSTOMER'S PERCEPTION ON ETHICAL ISSUES WITH REFERENCE TO PHARMACY**" done by me under the guidance of **Dr. S. UMAMAHESWARI** is submitted in partial fulfillment of the requirements for the award of Master of Business Administration degree.

DATE:

PLACE:

SIGNATURE OF THE CANDIDATE

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ABSTRACT

Pharmacy is a shop where medicines are sold. A person who works in the pharmacy is called a pharmacist. Pharmacist should hold a proper degree i.e., should be educated in the medical field, only then he/she can work in the pharmacy. Ethical means “relating to a moral principle”. Ethical issues can be found in various fields. 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 centre of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science.

This study is an attempt to assess the ethical responsibilities of a pharmacist that relate to a customer. This paper seeks to analyze the ethical issues faced by the customer while going to pharmacy. The objectives of the study are to find how the pharmacies are increasing patient awareness, culturing prescription, product availability, and pharmacist-patient relationship/communication, how the pharmacies are respecting the dignity, privacy, confidentiality, individuality and choice of the consumer. Sources of data are primary data and secondary data. Through questionnaire, responses were collected from people living in Chennai. In total 120 responses were been received. SPSS tools descriptive method are been used to analyse the study. This was done with the help of convenience sampling method. The responses collected were summarized using percentage analysis with help of graphs.

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CHAPTER – 1

INTRODUCTION

1.1 INTRODUCTION

Pharmacy is the clinical health science that links medical science with chemistry and it is charged with the discovery, production, disposal, safe and effective use, and control of medications and drugs. The practice of pharmacy requires excellent knowledge of drugs, their mechanism of action, side effects, interactions, mobility and toxicity. At the same time, it requires knowledge of treatment and understanding of the pathological process. Some specialties of pharmacists, such as that of clinical pharmacists, require other skills, e.g. knowledge about the acquisition and evaluation of physical and laboratory data.

The scope of pharmacy practice includes more traditional roles such as compounding and dispensing of medications, and it also includes more modern services related to health care, including clinical services, reviewing medications for safety and efficacy, and providing drug information. Pharmacists, therefore, are the experts on drug therapy and are the primary health professionals who optimize the use of medication for the benefit of the patients.

An establishment in which pharmacy (in the first sense) is practiced is called a pharmacy (this term is more common in the United States) or a chemist's (which is more common in Great Britain, though pharmacy is also used). In the United States and Canada, drugstores commonly sell medicines, as well as miscellaneous items such as confectionery, cosmetics, office supplies, toys, hair care products and magazines and occasionally refreshments and groceries.

In its investigation of herbal and chemical ingredients, the work of the apothecary may be regarded as a precursor of the modern sciences of chemistry and pharmacology, prior to the formulation of the scientific methods

Pharmacists are healthcare professionals with specialized education and training who perform various roles to ensure optimal health outcomes for their patients through the

quality use of medicines. Pharmacists may also be small-business proprietors, owning the pharmacy in which they practice. Since pharmacists know about the mode of action of a particular drug, and its metabolism and physiological effects on the human body in great detail, they play an important role in optimization of drug treatment for an individual.

In India there is no difference between pharmacy and medical store.

It is pharmacy retail license given to shops to sell medicines it can be named as Pharmacy, medical shop, medical store.

Pharmacy license is given to general stores to sell non prescription products only such stores are called pharmacy & general stores.

Community pharmacy: Most community pharmacists work in pharmacies that are independent or part of a franchise of pharmacies. Community pharmacists often run a commercial business alongside their healthcare service. Some community pharmacists are based in healthcare centers and general practice surgeries. Community pharmacists are 'front line' health care professionals and are involved in dispensing medicines and giving health advice about medicines and the treatment of minor ailments to members of the public. Some community pharmacists are Supplementary Prescribers, working alongside Independent Prescribers on a Clinical Management Plan agreed by the patient, the Supplementary Prescriber and the Independent Prescribers, or Independent Prescribers in their own right.

Hospital pharmacy: Hospital pharmacists work alongside other healthcare professionals to ensure appropriate, safe and cost-effective use of medicines, mostly within the hospital setting, working in the dispensary and on ward rounds, managing the purchase of medicines, managing patient care, making medicines and providing information. Hospital pharmacists may specialize in an area of clinical expertise.

Primary care practice pharmacy: Also known as 'practice pharmacy'. Primary care practice pharmacists are part of a multi-disciplinary health care team. They promote evidence-based prescribing and have an input in decisions concerning the practice's drugs budget.

Pre-registration pharmacy students: Graduates of the four-year MPharm degree complete a year in training before qualifying as pharmacists and registering with the pharmacy regulator, the Royal Pharmaceutical Society of Great Britain (RPSGB)³.

Ethics: Distinctions between ethics and morality are drawn (and debated) in philosophical literature⁴ and sometimes made in everyday life. The common distinction made is that morality is a personal or societal pursuit of right action, while ethics a systematic pursuit of morality on a larger scale (perhaps in a corporate organization, or state government), or that ethics is the study of morality or moral systems. Academic ethics involves describing and analyzing moral phenomena, forming normative ethical theory and analyzing its application. For the purposes of this report, it is taken that questions concerning ethics also concern morality, which is the phenomena of right, wrong, good, bad, virtuous and vicious.

The profession of pharmacy is noble in its ideals and pious in its character. Apart from being a career for earning livelihood it has inherent in it the attitude of service and sacrifice in the interests of the suffering humanity. In handling, selling, distributing, compounding and dispensing medical substances including poisons and potent drugs a pharmacist is, in collaboration with medical men and others, charged with the onerous responsibility of safeguarding the health of people. As such he has to uphold the interests of his patrons above all things. The lofty ideals set up by Charaka, the ancient Philosopher Physician and Pharmacist in his erunciation: "Even if your own life be in danger you should not betray or neglect the interests of your patients" should be fondly cherishebyallPharmacists.

Government restricts the practice of Pharmacy to those who qualify under regulatory requirements and grant them privileges necessarily denied to others. In return Government expects the Pharmacist to recognize his responsibilities and to fulfill his professional obligations honorably and with due regard for the well being of Society.

Standards of professional conduct for pharmacy are necessary in the public interest to ensure an efficient pharmaceutical service. Every pharmacist should not only be willing to play his part in giving such a service but should also avoid any act or omission which would prejudice the giving of the services or impair confidence in any respect for pharmacists as a body.

The nature of pharmaceutical practice is such that its demands may be beyond the capacity of the individual to carry out or to carry out as quickly or as efficiently as the needs of the public require. There should, therefore at all times, be a readiness to assist colleagues with information or advice.

A Pharmacist must, above all be a good citizen and must uphold and defend the laws of the state and the Nation.

1.1.2 Pharmacist in Relation to his Job Scope of Pharmaceutical Service:

When premises are registered under statutory requirements and opened as a pharmacy, a reasonably comprehensive pharmaceutical service should be provided. This involves the supply of commonly required medicines of this nature without undue delay. It also involves willingness to furnish emergency supplies at all Times.

Conduct of the Pharmacy:

The conditions in a pharmacy should be such as to preclude avoidable risk or error or of accidental contamination in the preparation, dispensing and supply of medicines.

The appearance of the premises should reflect the professional character of the pharmacy. It should be clear to the public that the practice of pharmacy is carried out in the establishment. Signs, notices, descriptions, wording on business, stationary and related indications, should be restrained in size, design and terms. Descriptions, which denote or imply pharmaceutical qualifications, should be limited to those of which the use is restricted by law and should not draw invidious distinction between pharmacists. A notice stating that dispensing under (Employees State Insurance Scheme) E.S.I.S. or any other such other scheme sponsored by Government is carried out may be exhibited at the premises. In every pharmacy there should be a pharmacist in personal control of the pharmacy that will be regarded as primarily responsible for the observance of proper standards of conduct in connection with it. Any obstruction of the pharmacist in the execution of his duty in the respect by the owner will be regarded as a failure on the part of the owner to observe the standards in question.

Handling of Prescriptions:

When a prescription is presented for dispensing, it should be received by a pharmacist without any discussion or comment over it regarding the merits and demerits of its therapeutic efficiency. The Pharmacist should not even show any physiognomic expression of alarm or astonishment upon the receipt of a prescription; as such things may cause anxiety in patients or their agents and may even shake their faith in their physician. Any question on a prescription should be answered with caution and care; it neither should neither offend a patron nor should it disclose any information, which might have been intentionally withheld from him.

It is not within the privilege of a Pharmacist to add, omit or substitute any ingredient or alter the composition of a prescription without the consent of the prescriber, unless the change is emergent or is demanded purely by the technique of the pharmaceutical art and does not cause any alteration in the therapeutic action of the recipe. In case of any obvious error in it due to any omission, incompatibility or over dosage, the prescription should be referred back to the prescriber for correction or approval of the change

suggested. While such an act is imperative in the best interest of the patient, in no case should it be done in a manner, which may jeopardize the reputation of the prescriber concerned.

In matter of refilling prescriptions a pharmacist should solely be guided by the instructions of a prescriber and he should advise patients to use medicines or remedies strictly in accordance with the intention of the physician as noted on the prescription.

Handling of Drugs:

All possible care should be taken to dispense a prescription correctly by weighing and measuring all ingredients in correct proportions by the help of scale and measures: visual estimations must be avoided. Further, a Pharmacist should always use drugs and medicinal preparations of standard quality available. He should never fill his prescriptions with spurious, sub-standard and unethical preparations.

A Pharmacist should be very judicious in dealing with drugs and medicinal preparations known to be poisonous or to be used for addiction or any other abusive purposes. Such drugs and preparations should not be supplied to any one if there is reason to suppose that it is required for such purpose.

Apprentice Pharmacist:

While in-charge of a dispensary, drugstore or hospital pharmacy where apprentice pharmacists are admitted for practical training, a pharmacist should see that the trainees are given full facilities for their work so that on the completion of their training they have acquired sufficient technique and skill to make themselves dependable pharmacists. No certificate or credentials should be granted unless the above criterion is attained and the recipient has proved himself worthy of the same.

Pharmacist in Relation To His Trade Price Structure:

Prices charged from customers should be fair and in keeping with the quality and quantity of commodity supplied and the labour and skill required in making it ready for use, so as to ensure an adequate remuneration to the pharmacist taking into consideration his knowledge, skill, the time consumed and the great responsibility involved, but at the same time without unduly taxing the purchaser.

Fair Trade Practice:

No attempt should be made to capture the business of a contemporary by cut-throat competition, that is, by offering any sort of prizes or gifts or any kind of allurements to patronizes or by knowingly charging lower prices for medical commodities than those charged by a fellow pharmacist if they be reasonable. In case any order or prescription genuinely intended to be served by some dispensary is brought by mistake to another, the latter should be refused to accept it and should direct the customer to the right place. Labels, trade marks and other signs and symbols of contemporaries should not be imitated or copied.

Purchase of Drugs:

Drugs should always be purchased from genuine and reputable sources and a pharmacist should always be on his guard not to aid or abet, directly or indirectly the manufacture, possession, distribution and sale of spurious or sub-standard drugs.

Hawking of Drugs:

Hawking of drugs and medicinal should not be encouraged nor should any attempt be made to solicit orders for such substances from door to door. 'Self-service' method of operating pharmacies and drug-stores should not be used as this practice may lead to the distribution of therapeutic substances without an expert supervision and thus would encourage self-medication, which is highly undesirable.

Advertising and Displays:

No display material either on the premises, in the press or elsewhere should be used by a pharmacist in connection with the sale to the public of medicines or medical appliances which is undignified in style or which contains: –

- (a) Any wording design or illustration reflecting unfavorably on pharmacist collectively or upon any group or individual.
- (b) A disparaging reference, direct or by implication to other suppliers, products, remedies or treatments.
- (c) Misleading, or exaggerated statements or claims.
- (d) The word "Cure" in reference to an ailment or symptoms of ill-health.
- (e) A guarantee of therapeutic efficacy.
- (f) An appeal to fear,
- (g) An offer to refund money paid.
- (h) A prize, competition or similar scheme.
- (i) Any reference to a medical practitioner or a hospital or the use of the terms "Doctor" or "Dr." or "Nurse" in connection with the name of a preparation not already established.
- (j) A reference to sexual weakness, premature ageing or loss of virility.

(k) A reference to complaints of sexual nature in terms which lack the reticence proper to the subject.

No article or preparation advertised to the public by means of display material of a kind mentioned above should be exhibited in a pharmacy if it is known or could reasonably be known that the article or preparation is so advertised.

Contraceptive preparations and appliances or their illustrations should not be exhibited except a notice approved by regulations or bearing the words "Family Planning Requisites". Under no circumstances should lustful obscene and indecent publications of any kind or description be sold or distributed. As this practice is highly detrimental to the moral welfare of the Nation.

1.1.3 Pharmacist In Relation To Medical Profession Limitation Of professional Activity:

Whereas it is expected that medical practitioners in general would not take to the practice of pharmacy by owning drugstores, as this ultimately leads to coded prescriptions and monopolistic practices detrimental to the pharmaceutical profession and also to the interest of patients, it should be made a general rule that pharmacists under no circumstances take to medical practice, that is to diagnosing diseases and prescribing remedies therefore even if requested by patrons to do so. In cases of accidents and emergencies a pharmacist may, however, render First Aid to the victim.

No pharmacist should recommend particular medical practitioner unless specifically asked to do so.

ClandstineArrangements:

No pharmacist should enter into any secret arrangements or contract with a physician to offer him any commission or any advantage of any description in return for his favors of patronage by recommending his dispensary or drugstore or even his self to patients.

Liaisonwithpublic:

Being a liaison between medical profession and people, a pharmacist should always keep himself abreast with the modern developments in pharmacy and other allied sciences by regularly reading books, journals, magazines and other periodicals, so that on the one hand he may be in a position to advise the physician on pharmaceutical matters like those of colours, flavours, vehicles and newer forms of administration of medicines, on the other he may be able to educate the people for maintaining healthy and sanitary conditions of living.

Thus a pharmacist can contribute his share in the nation-building activities of the country. A pharmacist should at all times endeavour to promote knowledge and contribute his quota in the advancement of learning.

A pharmacist should never disclose any information which he has acquired during his professional activities to any third party or person unless required by law to do so. He should never betray the confidence which his patrons repose in him or which he has won by virtue of his eminent character and conduct.

Pharmacist in Relation To his Profession Professional Vigilance:

It is not only sufficient for a pharmacist to be law-abiding and to deter from doing things derogatory to Society and his profession, but it should be his bounden duty to make others also fulfill the provisions of the pharmaceutical and other laws and regulations. He should not be afraid of bringing or causing a miscreant to be brought to book, may

be a member of his own profession. Whereas it is obligatory for a pharmacist to extend help and cooperation to a fellow member in his legitimate needs, scientific, technical or otherwise, he is to be, at the same time, vigilant to weed the undesirable out of the profession and thus help to maintain its fair name and traditions.

Law-abiding Citizens:

A pharmacist engaged in profession has to be an enlightened citizen endowed with a fair knowledge of the land and he should strive to countenance and defend them. He should be particularly conversant with the enactments pertaining to food, drug, pharmacy, health, sanitation and the like and endeavour to abide by them in every phase of his life. A pharmacist is a unit whole and his life cannot be divided into compartments.

Relationship with professional organizations:

In order to inculcate a corporate life in his own professional colleagues, a pharmacist should join and advance the cause of all such organizations, the aims and objects of which are conducive to scientific moral and cultural well-being of pharmacists and at the same time are in no way contrary to the code of pharmaceutical ethics.

Decorum and Propriety:

A pharmacist should always refrain from doing all such acts and deeds which are not in consonance with the decorum and propriety of pharmaceutical profession or which are likely to bring discredit or upgrade to the profession or to himself.

Background Healthcare ethics have been profoundly influenced by principles of bioethics that emerged post-World War II in the Declaration of Geneva 1948. 'Beneficence' (to do well), 'Non-Maleficence' (to do no harm), 'Justice' (fairness and justice in access) and 'Respect for Autonomy' (respect for patient individuality, including decision making, privacy, and right to refuse), have become foundational principles of contemporary medical codes of ethics.

These principles are well reflected in most professional pharmacy code of ethics globally. This domain remains relatively unexplored in most developing countries and the majority of what has been published in this area relates to western cultures. There have been no attempts to pool findings from a similar scope of research emanating in developing countries

1.1.4 ETHICS:

Ethics, also called moral philosophy, the discipline concerned with what is morally good and bad and morally right and wrong. The term is also applied to any system or theory of moral values or principles.

The terms ethics and morality are closely related. It is now common to refer to ethical judgments or to ethical principles where it once would have been more accurate to speak of moral judgments or moral principles. These applications are an extension of the meaning of ethics. In earlier usage, the term referred not to morality itself but to the field of study, or branch of inquiry, that has morality as its subject matter. In this sense, ethics is equivalent to moral philosophy.

1.1.5 ETHICAL ASPECTS OF PHARMACY

- Ethics is the branch of philosophy that is concerned with moral values of right and wrong human conduct.

- The principle of ethics includes beneficence, least harm, respect for autonomy and justice.
- Pharmacy ethics are the values and ethical principles governing pharmacy practice encouraging right human conduct.
- Pharmacy ethics guides pharmacists for patient care with moral obligations and virtues.

Rules of moral conduct in pharmacy/ Principles of code of conduct

- The practice by a pharmacist must be directed to maintaining and improving health and wellness of the patient.
- A pharmacist must employ professional competence.
- A pharmacist must never abuse trust regarding patient's right, dignity, autonomy and confidentiality
- A pharmacist must conduct to enhance service effectively and efficiently.
- A pharmacist should not breach the code of conduct.

Pharmacy is defined as the science and art of preparing and dispensing medicines in patient care. It includes prescription handling, compounding and labeling drugs, monitoring patient's drug profile and providing patient care. Pharmacy profession is different than other profession because:

- Pharmacy person requires knowledge in pharmaceutical sciences and health sciences.

- The main aim of pharmacy is safe use of medicines and provide drug consultation whenever necessary

- Pharmacy profession covers broader area involving from preparing and dispensing medicine to counseling and clinical services to the patients.

- Pharmacist can also actively participate in health education and awareness to the public.

- Pharmacist has a link between patient and health care professional.

1.1.6 IMPORTANCE OF ETHICS IN PHARMACY

- Maintains the covenantal relationship between the patient and pharmacist.

- Promotes the good of every patient in caring, compassionate and confidential manner by pharmacist.

- Makes environment to respect the autonomy and dignity of each patient by pharmacist

- Makes pharmacist to act with honesty and integrity.

- Maintains professional competence by pharmacist.

- Respects values and abilities of colleagues and other health professionals.

- Helps the pharmacist to serve individual, community and societal needs.

- Helps to seek justice in distribution of health resources.



1.1.7 The ethical responsibilities of a pharmacist that relate to the consumer include:

- To recognize the consumer's health and wellbeing as their first priority, and utilize knowledge and provide compassionate care in an appropriate and professional manner.
- To respect the consumer's autonomy and rights and assist them in making informed decisions about their health. This should include respecting the dignity, privacy, confidentiality, individuality and choice of the consumer.

1.2 NEED FOR THE STUDY:

A study on ethical issues in reference to pharmacy- customer view at Chennai was undertaken to know the customers' views towards these measures. The need for this research is to know about the customer's view on the pharmacy and the pharmacist. The research was conducted to know about the pharmacies relationship with the

customer. The study also aims at finding the problems faced by the customers while visiting the pharmacy.

1.3 SCOPE OF THE STUDY

The study undertaken in Chennai was helpful to understand the difficulties faced by the customers. The study was also helpful in knowing the stock status of pharmacy and also the quality system management. To find out the gap between the problems faced and probable solutions to the problems faced by customers while asking questions about the medicines. The study can yield results that can help us in better understanding the problems and challenges faced by customers. To improve the existing status of the pharmacy.

1.4 OBJECTIVES OF STUDY

1.4.1Primary objective:

To study on how the ethical issues are treated in pharmacies

1.4.2Secondary objective:

1. To study how the pharmacies are increasing patient awareness, culturing prescription, and pharmacist-patient relationship/communication.
2. To study the product availability, restocking, and inspection of products done in the pharmacy.
3. To study how the pharmacies are respecting the dignity, privacy, confidentiality, individuality and choice of the consumer

CHAPTER 2

REVIEW OF LITERATURE

Bedeian, A. G. (1993) Management, Harcourt Brace Jovanovich, New York. There is an interesting trade-off between the desirability of a high standard of ethical behaviour, both in principle and in operation, and the necessity for cost-cutting and aggressive competition. The drawing up of a corporate ethical policy is a comparatively straightforward affair compared with the multi-faceted possibilities for dysfunction at the operational level. It is a classical application of the differences between 'Whats' and 'Hows'. It is often not a particularly demanding exercise to generate a list of 'Whats' — politicians do it all the time. It is in the transformation process and at the delivery point that greater traumas occur in terms of ethical consideration.

1. **Dingwall and Wilson (1995)** firmly reject Denzin and Mettlin's claims, counter-arguing that pharmacy's social object is not the medicine itself but rather its median role for social change. Despite these developments, the 'quasi'-status of pharmacy as a profession -as defined by the traditional sense of the word -still holds in contemporary literature

Hibbert, D., Rees. J. A. & Smith, I. (2000) 'Ethical awareness of community pharmacists' Analysis of the transcripts of the interviews showed that ethical dilemmas were a feature of community pharmacy although most of the pharmacists were not conversant with the details of the Royal Pharmaceutical Society's Code of Ethics.

Edmunds, J. & Calnan, M.W. (2001) 'The reprofessionalisation of community pharmacy. They have specified a range of factors contributing to this state of affairs, such as the new consumerism; however, it is thought that attempts by other, related occupations at reprofessionalisation are particularly significant in this trend. It may be possible to understand recent initiatives at extending community pharmacists' role within this framework.

Wingfield, Bissell and Anderson(2004) recently carried out an extensive literature search of pharmacy ethics and found "that there is little research literature specifically addressing ethics in pharmacy practice and almost none addressing fundamental philosophical issues or values for pharmacy ethics."¹⁴ A notable exception to this is philosophical literature on conscientious objections in pharmacy practice,

15,16,17,18,19 much of which has been published since the doctoral thesis this report is based on, and the literature review by Wingfield, Bissell and Anderson.

Cooper, R. (2006) PhD Thesis 'Ethical problems and their resolution amongst UK community pharmacists: It was found that pharmacists encountered ethical problems in the routine minutiae of dispensing prescriptions and medicines sales. Ethical problems often involved legal and procedural concerns and could be distinguished from philosophical dilemmas and many pharmacists understood law and ethics synonymously.

Stephanie Beshara, David Herron, Rebekah J. Moles, Betty Chaar (2020) Status of Pharmacy Ethics Education in Australia and New Zealand, American Journal. This study identified many areas in pharmacy ethics that need improvement and revealed the need to develop resources and course structure that adhere to the highest level of Miller's pyramid, while using known frameworks to evaluate ethical competency.

Roland Okoro, Aminu Biamb(2020), Pharmacy students' perceived professionalism and application of bioethical principles: Implications for teaching pharmacy ethics for patient- centred pharmacy practice, Pharmacy Education,

Miederhoff PA, Olin BR, LeFevre J. 1980 A review of the literature on pharmacy ethics found little concern for ethical issues that arise from pharmacist involvement in clinical practice. This lack of recognition and concern for ethical dilemmas that arise from new pharmacist roles has serious implications for clinical practitioners because of their close involvement in patient care and with other professionals. Also, implications for the profession are serious since a lack of internal control invites external control. Pharmacy educators must provide a leadership role in addressing this lack of concern by systematic evaluation and improvement of ethics education. A model of ethics education is presented that is based on a science e

Yeager AL. On Hippocrates. (2002) At the very centre of the Hippocratic ideals are the principles of "doing no harm" and "absolute regard for life." Loeffler argues that harm is an inevitable consequence of the powerful array of interventions available to the modern doctor. Although many investigations and interventions have potential adverse effects and complications, it is the balance of potential benefit and harm of each

intervention that is the most important consideration. If overall benefits outweigh potential complications, this Hippocratic ideal is still respected

Sims JM.(2010)The Belmont Report is one of the leading works concerning ethics and health care research. Its primary purpose is to protect subjects and participants in clinical trials or research studies. This report consists of 3 principles: beneficence, justice, and respect for persons. This article reviews the Belmont Report and these 3 principles as well as its importance to nurse researchers.

Ethical behavior needs to be demonstrated on a moral basis, on which the values of decisions are made. These ethics form the basis of the roles and responsibilities of pharmacists, which are based on moral obligations and virtues established to guide them in their relationships with patients, other health professionals, and the society.

Masic I, Hodzic A, Mulic S. 2014 Ethics in medical research and publishing, as well as the need for continuing education in the principles and ethics in science and publication in biomedicine. An analysis of relevant materials and documents, sources from the published literature. Investing in education of researchers and potential researchers, already in the level of medical schools. Educating them on research ethics, what constitutes research misconduct and the seriousness of its repercussion is essential for finding a solution to this problem and ensuring careers are constructed on honesty and integrity

Menezes RG, Giri S, Pant S, Kharoshah MA, Madadin M, Nagaraja . 2014. High-quality scientific literature is the cornerstone of scientific progress and is highly regarded by academia. However, scientific literature is often marred by plagiarism, data fabrication and falsification, redundant publication and illegitimate authorship. These problems are discussed in this article.

J Health (2011) the consensus of the summit is a vision for what pharmacists need to do to “ensure the provision of safe, effective, efficient, and accountable medication-related care for hospital and health-system patients, taking into account the education and training of pharmacists, the prospect of enhancing the capacity of pharmacy technicians, and the current and future state.

Robert A. Buerki, Louis D. Vottero, M (2002) the practice philosophy of pharmaceutical care has acquired an enviable currency in the world of pharmaceutical

education and the world of pharmacy practice as well. When fully implemented, the philosophy will achieve the redefinition of professional pharmacy practice functions that its proponents envision.

Harold E. Cohen, RPh (2015) Ethical and moral decisions are never easy, particularly for healthcare professionals whose actions sometimes influence life and death outcomes. While personal moral and ethical standards should never be ignored, pharmacists need to remember that as difficult as it may be, they should never stand in the way of offering what is in the best interests of their patients' health.

Rudolf P Dessing & Jan Flameling (2003) The basis for responsible action in medicine is still considered to connect with the Hippocratic Oath. But this code has no clear philosophical basis, other than the fact that it was recognized by the inner circle of physicians.

Silvio Garattini and Vittorio Bertel (2009) Measures are needed to encourage physicians to look critically at papers with long lists of possible conflict of interest, and to pick up signs of bias in RCT. Similarly, ethics committees should be more critical in evaluating protocols, not approving those designed purely to support commercial interests rather than the needs of patients.

S. Garattini, V. Bertele', L. Li Bassi (2003) The potentially enormous profits mean that to comply with their duty and act in the interest of patients and public health, research ethics committees have to carefully assess clinical protocols with the necessary scientific knowledge and evaluate the true objectives of new studies and the methods used.

S. Garattini, V. Bertele (2007) Equivalence trials¹ have been widely used to assess new drugs, but have recently lost ground to a non-inferiority design. This type of trial is usually accepted by regulatory authorities for approval of new drugs or new indications, although the US Food and Drugs Administration has raised some concerns.

CHAPTER-3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN:

A survey of ethical issues surrounding supply of information to members of the public by hospital pharmacy medicines information centers.

3.1.1 Descriptive research design

Descriptive-survey research uses surveys to gather data about varying subjects. This data aims to know the extent to which different conditions can be obtained among these subjects. It's about describing people who took part in the survey.

3.2 SOURCES OF DATA

3.2.1 Primary data

Primary data was collected by the investigator through surveys.

3.2.2 Questionnaire

The questionnaire was set up to collect the data mainly on the key objectives.

3.2.3 Secondary data sources

Secondary data is the data that has already been collected through primary sources and made readily available for researchers to use for their own research. It is a type of data that has already been collected in the past.

3.3 STRUCTURE OF QUESTIONNAIRE AND POPULATION

The questionnaire has two types of questions open questions and closed questions. The number of respondents collected was 120 randomly in chennai city.

3.4 SAMPLING TECHNIQUE

3.4.1 Convenience sampling method

Convenience sampling is a method of collecting samples by taking samples that are conveniently located around a location or Internet service.

3.5 Period of study

The period of study is from January 2021 to March2021. This is a three month study.

3.6 ANALYTICAL TOOL

The analytical tools used are percentage analysis, correlation and one way ANOVA

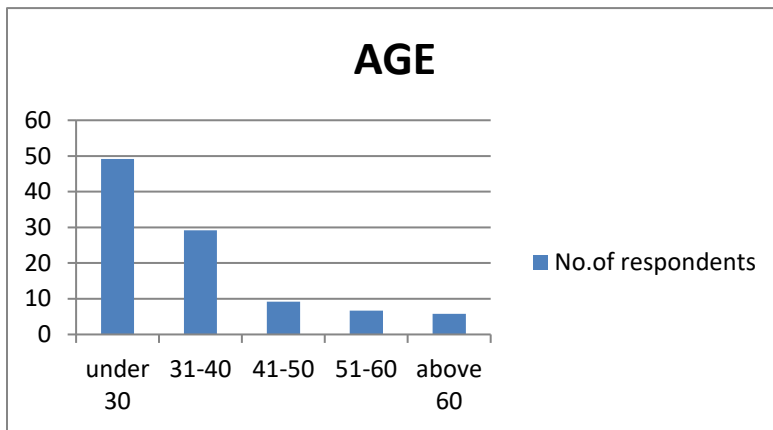
CHAPTER- 4
DATA ANALYSIS AND INTERPRETATION

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4.1 PERCENTAGE ANALYSIS

TABLE 4.1.1- Age of the respondents

S.No	particulars	No. of respondents	Percentage
1	Under 30	59	49.2%
2	31-40	35	29.2%
3	41-50	11	9.2%
4	51-60	8	6.7%
5	Above 60	7	5.8%
	Total	120	100



Source: primary data

Chart 4.1.1- Age of the respondents

Interpretation-

From the above table it is interpreted that the number of respondents below the age 30 is 49.2%, 31-40 years is 29.2%, 41-50 years is 9.2%, 51-60 years is 6.7% and above 60 is 5.8%. It's inferred that majority of the respondents fall under the age group below 30.

TABLE 4.1.2 Gender of the respondents

S.no	Particulars	No. Of respondents	Percentage
1	Male	68	56.7%
2	Female	51	42.5%
3	Prefer not to say	1	0.8%
	Total	120	100

Source:primarydata

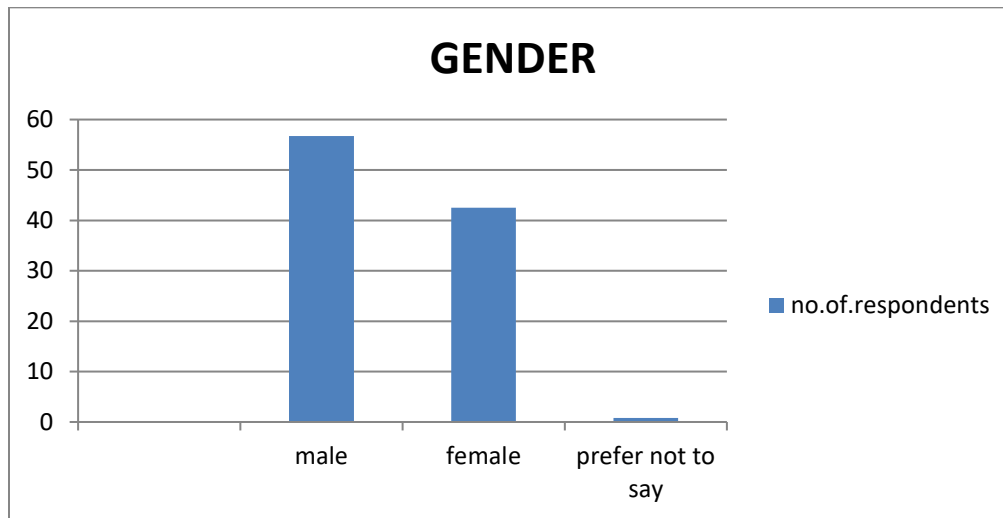


Chart4.1.2-Gender of the respondents

Interpretation

From the above table it is interpreted that the percentage of male respondents is 56.7%, female respondents are 42.5% and people who preferred not to say are 0.8%. It is inferred that the majority of the respondents are male.

Table 4.1.3 Designation of the respondents

s.no	Particulars	No. Of respondents	Percentage
1	student	26	21.7%
2	employed	69	57.5%
3	unemployed	14	11.7%
4	Retired	11	9.2%
	Total	120	100

Source: Primary data

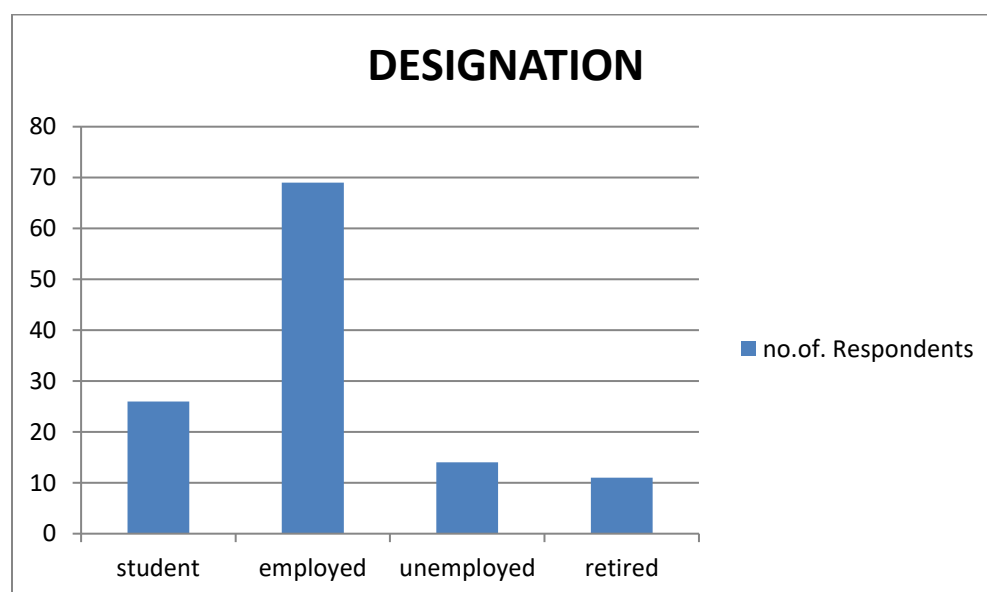


Chart 4.1.3- Designation of the respondents

Interpretation

From the above table it is interpreted that the percentage of respondent's whose designation category was student is 21.7%, employed is 57.5%, unemployed is 11.7% and retired is 9.2%. It's inferred that the majority of the respondents belong to the employed category.

Table 4.1.4 Income of the respondents

S.No	Particulars	No. of respondents	Percentage
1	Below 10,000	4	3.3%
2	11,000-20,000	10	8.3%
3	21,000-30,000	19	15.8%
4	31,000-40,000	16	13.3%
5	Above 40,000	30	25%
6	None	41	34.2%
	Total	120	100

Source: primary data

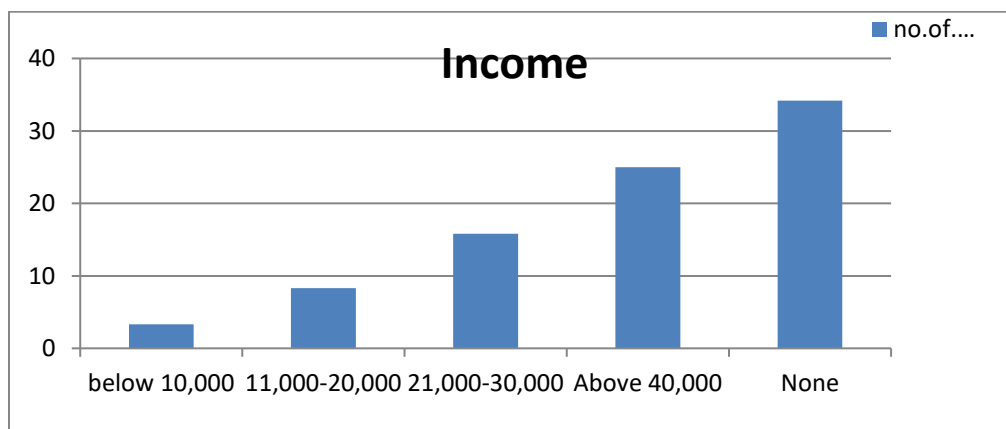


Chart 4.1.4- Income of the respondents

Interpretation

From the above table it is interpreted that respondent's income below rs.10000 is 3.3%, rs.11000-20,000 is 8.3%, rs.21,000 -30,000 is 15.8%, rs.31,000-40,000 is 13.3%, above rs.40,000 is 25% and people with no income are of 34.2%. It is inferred that majority of the people fall under none category

Table 4.1.5 Relationship with the pharmacist

S.no	Particulars	No. Of respondents	Percentage
1	Want to be familiar	56	46.7%
2	Don't want to be familiar	64	53.3%
	Total	120	100

Source: primary data

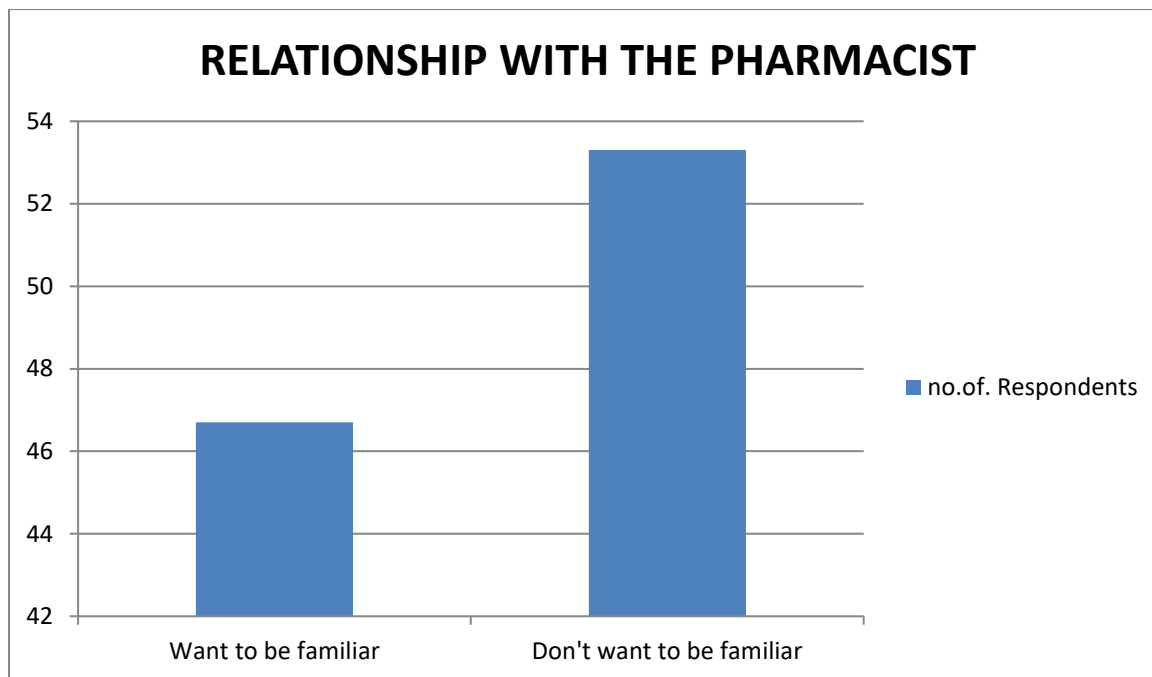


Chart 4.1.5- Relationship with the pharmacist

Interpretation

From the above table it is interpreted that 46.7% of the respondents wants to be familiar with pharmacist and 53.3% of the respondents don't want to be familiar with the pharmacist. Its inferred that majority of the respondents don't want to be familiar with the pharmacist.

Table 4.1.6 Pharmacy welcomes and acts on customer's complaints

S.no	Particulars	No. Of respondents	Percentage
1	Strongly disagree	14	11.7%
2	Disagree	9	7.5%
3	Neutral	25	20.8%
4	Agree	20	16.7%
5	Strongly agree	52	43.3%
	Total	120	100

Source: primary data

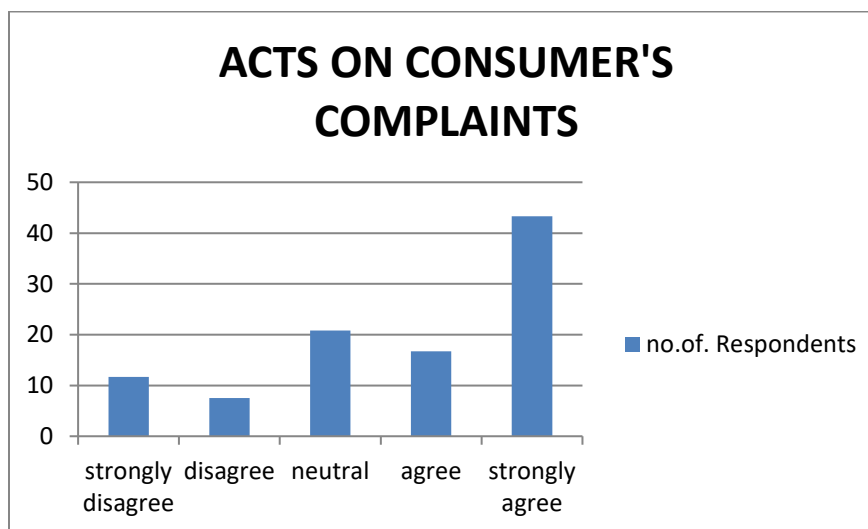


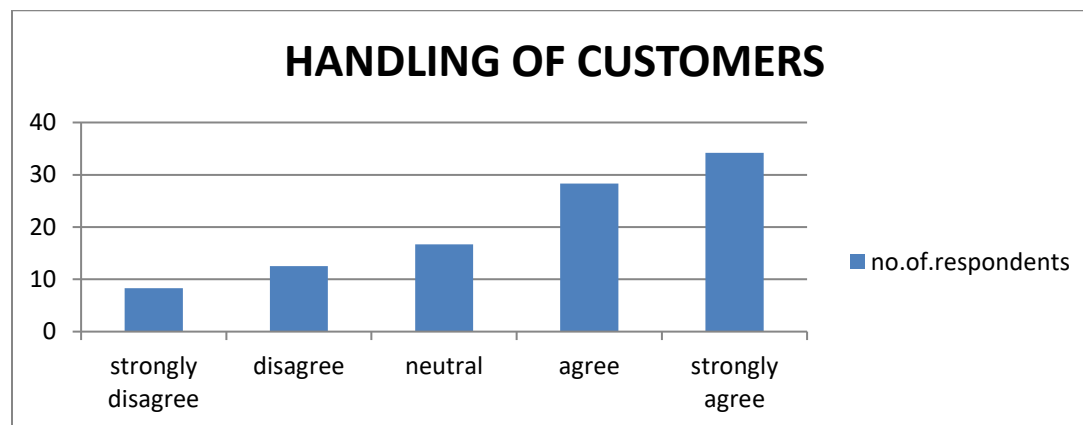
Chart 4.1.6-Pharmacy welcomes and acts on customer's complaints

Interpretation

From the above table it is interpreted that 11.7% respondents strongly disagree that pharmacy welcomes and acts on consumer complaints, 7.5% disagree, 20.8% are neutral, 16.7% respondents agree and 43.3% respondents strongly agree. It's inferred that majority of the respondents strongly agree that pharmacy welcomes and acts on consumer complaints.

Table 4.1.7 continuous improvement on handling of customers

S. no	Particulars	No. Of respondents	Percentage
1	Strongly disagree	10	8.3%
2	Disagree	15	12.5%
3	Neutral	20	16.7%
4	Agree	34	28.3%
5	Strongly agree	41	34.2%
	Total	120	100



Source: primary data

Chart 4.1.7 Continuous improvement on handling of customers

Interpretation

From the above table it is interpreted that 8.3% of the respondents strongly disagree that there's a continuous improvement of handling of customers, 12.5% disagree, 16.7% are neutral, 28.3% agree and 34.2% of the respondents strongly agree. It is inferred that majority of the respondents agree that pharmacy has a continuous improvement on handling of customers.

Table 4.1.8 pharmacy discloses information about a customer

S.no	Particulars	No. of respondents	Percentage
1	Strongly disagree	40	33.3%
2	Disagree	28	23.3%
3	Neutral	30	25%
4	Agree	14	11.7%
5	Strongly agree	8	6.7%
	Total	120	100

Source: primary data

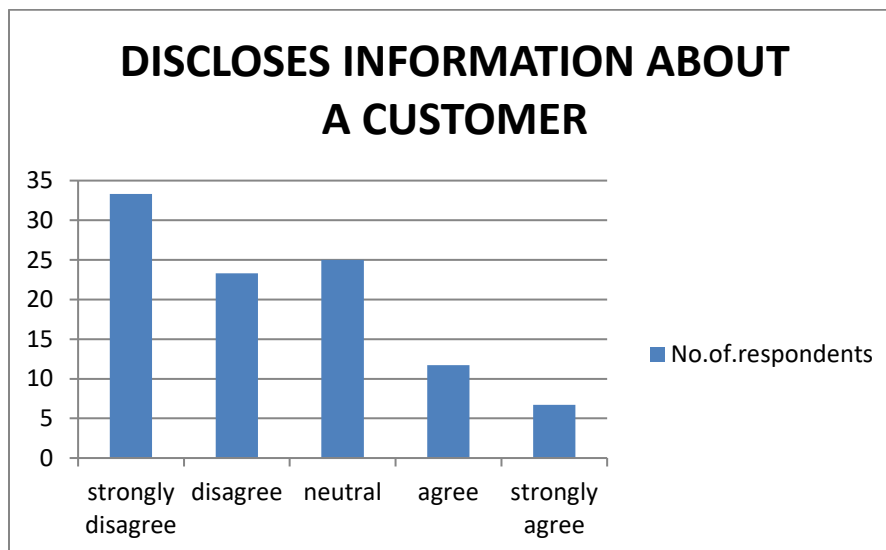


Chart 4.1.8 pharmacy discloses information about a customer

Interpretation

From the above table it is interpreted that 33.3% strongly disagree that pharmacy discloses the information about the customer, 23.3% people disagree, 25% respondents are neutral, 11.7% respondents agree and 6.7% strongly agree. It's inferred that majority of the respondents strongly disagree that the pharmacy discloses information about a customer.

Table 4.1.9 pharmacy restocks often

S.No	Particulars	No.of. respondents	Percentage
1	Strongly disagree	11	9.2%
2	Disagree	8	6.7%
3	Neutral	20	16.7%
4	Agree	43	35.8%
5	Strongly agree	38	31.7%
	Total	120	100

Source: primary data

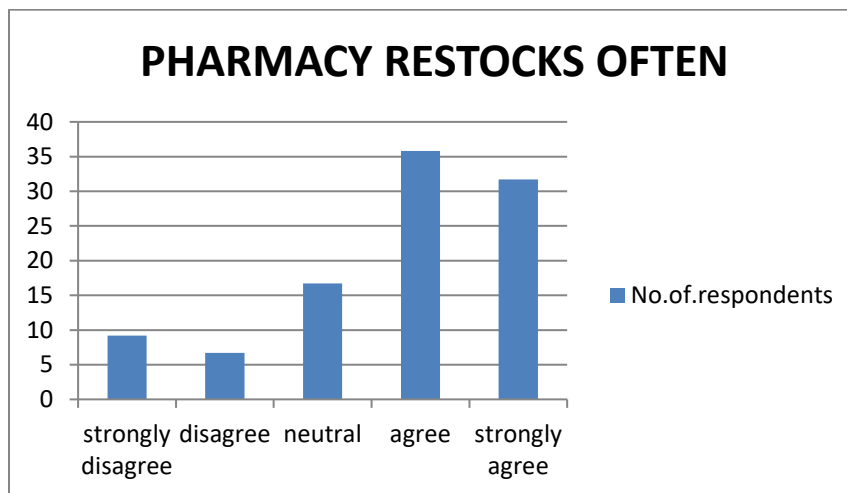


Chart 4.1.9 Pharmacy restocks often

Interpretation

From the above table it's interpreted that 9.2% of respondents thinks that pharmacy does not restocks often, 6.7% of the respondents disagree, 16.7% are neutral, 35.8% agree and 31.7% of the respondents strongly agree. It's inferred that majority of the respondents agree that pharmacy restocks often.

Table 4.1.10 Pharmacy undertakes regular inspection of its products and facilities.

S.No	Particulars	No. Of respondents	Percentage
1	Strongly disagree	4	3.3%
2	Disagree	12	10%
3	Neutral	24	20%
4	Agree	36	30%
5	Strongly agree	44	36.7%
	Total	120	100

Source: primary data

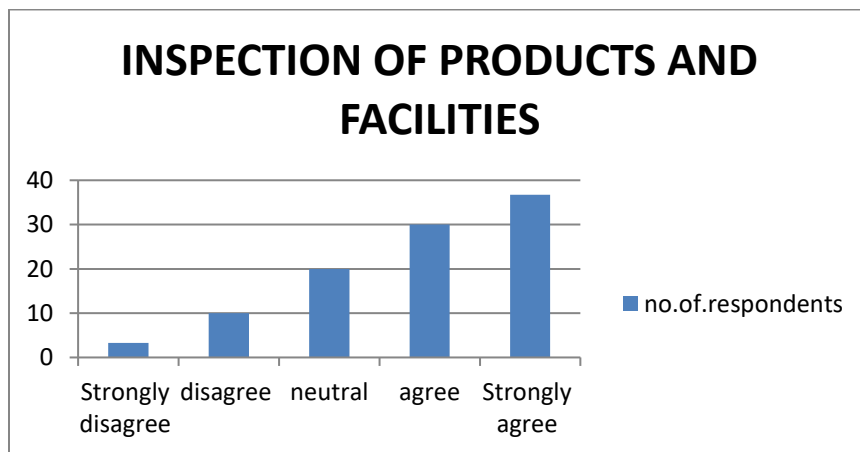


Chart 4.1.10 Pharmacy undertakes regular inspection of its products and facilities

Interpretation

From the above it is interpreted that 3.3% of the respondents strongly disagree, 10% disagree, 20% are neutral, 30% agree and 36.7% of the respondents strongly agree that the pharmacy undertakes regular inspection of its products and facilities. It's inferred that majority of the respondents strongly agrees.

Table 4.1.11 quality management system in place

S.no	Particulars	No. Of respondents	Percentage
1	Strongly disagree	3	2.5%
2	Disagree	12	10%
3	Neutral	24	20%
4	Agree	32	26.7%
5	Strongly agree	49	40.8%
	Total	120	100

Source: primary data

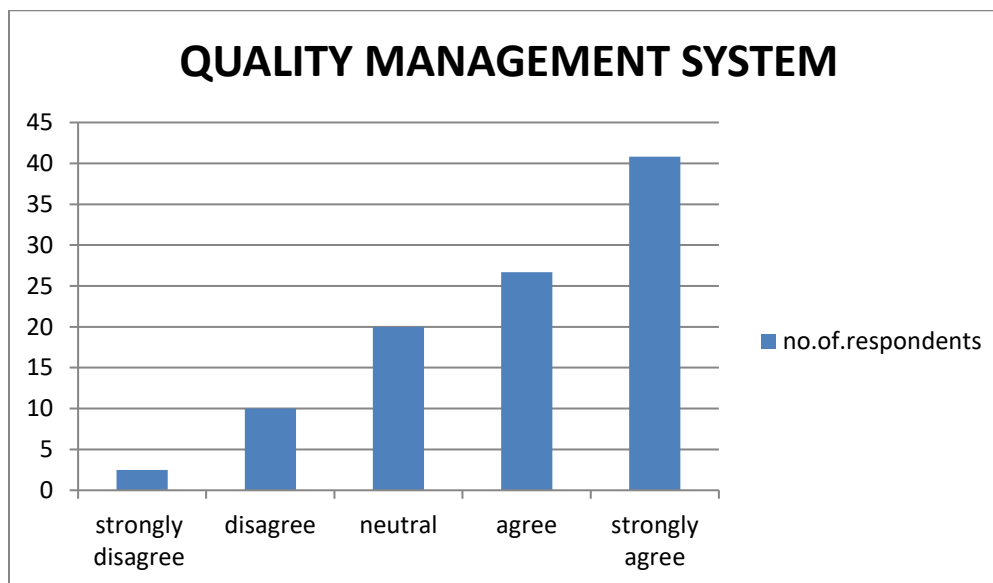


Chart 4.1.11 quality management system in place

Interpretation

From the above table it's interpreted that 2.5% of the respondents strongly disagree that the pharmacy has a quality management system, 10% of the respondents disagrees, 20% are neutral, 26.7% agrees and 40.8% strongly agrees. It's inferred that majority of the respondents strongly agree that the pharmacy has a quality management system.

Table 4.1.12 pharmacist provide the right information about the medicines

S.No	Particulars	No. Of respondents	Percentage
1	Strongly disagree	12	10%
2	Disagree	7	5.8%
3	Neutral	28	23.3%
4	Agree	41	34.2%
5	Strongly agree	32	26.7%
	Total	120	100

Source: primary data

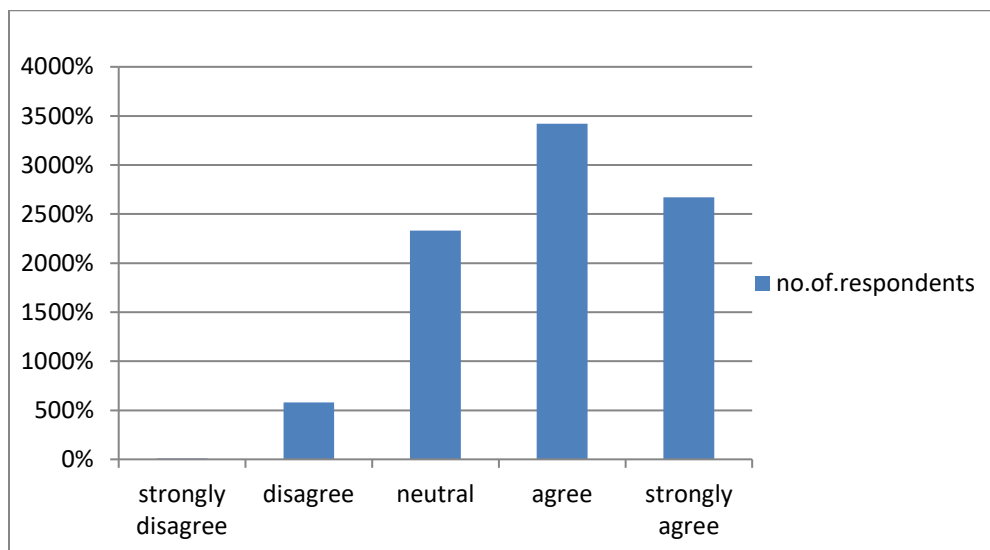


Chart 4.1.12 pharmacist provide the right information about the medicines

Interpretation

From the above table it's interpreted that 10% of the respondents strongly disagrees that the pharmacist provides the right information about the medicines, 5.8% disagrees, 23.3% are neutral, 34.2% agrees and 26.7% strongly agrees. It's inferred that majority of the respondents agrees that the pharmacist provide the right information about the medicines.

Table 4.1.13 staff should be more discrete when asking questions, giving medicines advice and counseling

S.no	Particulars	No. Of respondents	Percentage
1	Strongly disagree	3	2.5%
2	Disagree	4	3.3%
3	Neutral	23	19.2%
4	Agree	35	29.2%
5	Strongly agree	55	45.8%
	TOTAL	120	100

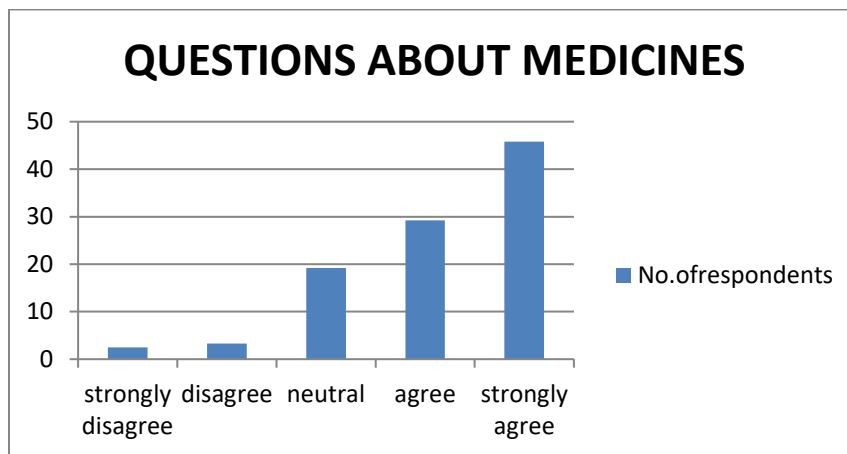


Chart 4.1.13 staff should be more discrete when asking questions, giving medicines advice and counseling

Interpretation: From the above table it is interpreted that 2.5% of the respondents strongly disagree that the staff should be more discrete when asking questions, giving medicines advice and counseling, 3.3% disagree, 19.2% are neutral, 29.2% agree and 45.8% strongly agree. It is inferred that majority of the respondents strongly agree that the staff should be more discrete when asking questions, giving medicines advice and counseling.

Table 4.1.14 professionalism of all the pharmacy staff

s.no	Ratings	No.of respondents	Percentage
1	1	1	0.8%
2	2	11	9.2%
3	3	22	18.3%
4	4	28	23.3%
5	5	58	48.3%
	Total	120	100

Source: primary data

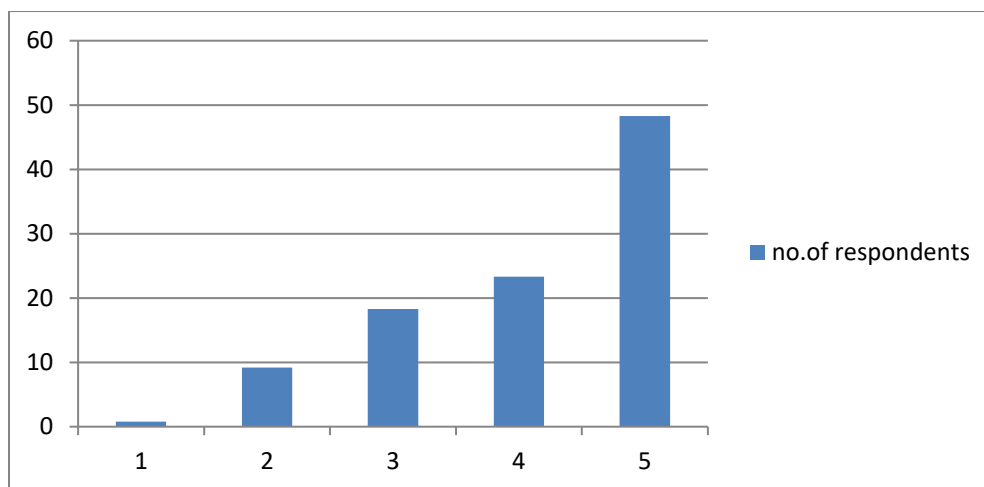


Chart 4.1.14 professionalism of all the pharmacy staff

Interpretation:

From the above table it is interpreted that the ratings for the staffs 48.3% high and 58 respondents rated that the professionalism of the staffs are good.

4.2 CORRELATION

“Correlation” is a statistical term describing the degree to which two variables move in coordination with one-another. If the two variables move in the same direction, then those variables are said to have a positive correlation. If they move in opposite directions, then they have a negative correlation

TABLE 4.2.1 Association between customer’s perspectives based on their attitude towards pharmacy selling expired products and restocks often

Null hypothesis (H0): There is no significance difference between attitude towards pharmacy selling expired products and restocks often

Alternate hypothesis (H1): There is a significance difference between attitude towards pharmacy selling expired products and restocks often

		Attitude towards pharmacy selling expired products	Attitude towards pharmacy restocks often
Attitude towards pharmacy selling expired products	Pearson’s correlation	1	.110
	Sig (2- tailed)		.233
	N	120	120
Attitude towards pharmacy restocks	Pearson’s correlation	.110	1
	Sig (2- tailed)	.233	

often	N	120	120
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INTERPRETATION:

From the above table it is inferred that, r has a positive and the significance level is more than 0.05 accept null hypothesis and reject alternate hypothesis. So, it proven that there is no significance difference attitudes towards pharmacy selling expired products and restocks often.

4.2. ONE WAY ANNOVA

TABLE 4.2.1. Association between age and relationship with the pharmacist as a better substitute based on satisfaction.

Null hypothesis (H0): There is a no significance difference between age and relationship with the pharmacist.

Alternate hypothesis (H1): There is a significance difference between age and relationship with the pharmacist.

	Sum of squares	df	Mean square	F	Sig.
Between groups	.767	3	.256	1.020	.387
Within groups	29.099	116	.257		
Total	29.867	119			

INTERPRETATION:

From the above table it is interpreted that the significance level is above 0.05 accept null hypothesis and reject alternate hypothesis. It is proven that there is no significance difference between age and relationship with the pharmacist.

CHAPTER -5

5.1 FINDINGS:

1. Majority (49.2%) of the respondents fall under the age group below 30.
2. The majority (56.7%) of the respondents are male.
3. The majority (57.5%) of the respondents are employed.
4. The majority (34.2%) of the respondents have no income.
5. The majority (53.3%) of the respondents don't want to be familiar with the staff.
6. The majority (43.3%) of the respondents strongly agrees that the pharmacy welcomes and acts on customer's complaints.
7. The majority (28.3%) of the respondents agrees that there a improvement of handling of the customers.
8. The majority (33.3%) of the respondents strongly disagrees that the pharmacy discloses information about the customers.
9. The majority (35.8%) of the respondents agrees that the pharmacy restocks often.
10. The majority (36.7%) of the respondents strongly agrees that the pharmacy holds a regular inspection of its products and facilities.
11. The majority (40.8%) of the respondents strongly agrees that the pharmacy has a quality system management.
12. The majority (34.2%) of the respondents agrees that the pharmacy provides right information about the medicines.
13. The majority (45.8%) of the respondents strongly agrees that the pharmacy staffs should be more discrete when asking questions, giving medicines advice and counseling.
14. The majority (48.3%) of the respondents have given high ratings for the pharmacist.
15. There is no significance difference between pharmacy selling expired products and restocks often.
16. There is no significance difference between age and relationship with the pharmacist.

5.2 SUGGESTIONS

- People should know more about the ethical issues that's going around in the pharmacy.
- A smile would be preferable from the pharmacist.
- The pharmacist can be polite
- The pharmacist needs to know the names of the medicines.
- The pharmacy should have more medicines available.
- Explanation about the medicines and its side effects should be properly given by the pharmacist to the customers.

5.3 CONCLUSIONS:

It can be said that the ethical issues in pharmacy is a very important issue in the health care centre. Ethical issues can be dealt with pharmacies being more attentive to the customer's complaints, wants and needs. Many factors like disclosing information about the customers and right information about the medicines are supporting. While certain elements like pharmacy should be more discrete when asking question, giving medicines advice and counseling can be strengthened to make work.

APPENDIX

QUESTIONNAIRE

Demographic

1. Name:

2. Gender

- ☐ Male
- ☐ Female

3. Age

- ☐ Under 30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ More than 60

4. Income

- Below 10,000
- 11,000 – 20,000
- 21,000 – 30,000
- 31,000 – 40,000
- Above 40,000

5. Occupation

- employed
- Unemployed
- Retired
- Student

6. What type of relationship do you prefer to have with the pharmacist?

- I want to be familiar with the staff
- I don't need to be familiar with the staff

7. Pharmacy welcomes and acts on customer's complaints .

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

8. There is continuous improvement on handling of customers?

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

9. Pharmacy Discloses information about a customer

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree

10. Pharmacy maintains constant production and supply?

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

11. Pharmacy restocks often?

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

12. Staff to be more discrete when asking questions, giving medicines advice and counseling

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

13. Has a quality management system in place?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree

14. Pharmacy undertakes regular inspection of its products and facilities.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly Agree

15. Does the pharmacist provide the right information about the medicines?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly Agree

16. Does the pharmacist give the medicines without the prescription?

- ☐ Yes
- ☐ No
- ☐ Sometimes

17. Staff to be more discrete when asking questions, giving medicines advice and counseling

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly Agree

18. Rate the professionalism of the pharmacist on a scale of 1 to 5

- 1
- 2
- 3
- 4
- 5

19. Is there anything else you would like to add to the ethics at the pharmacy?

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