

Rights of Conscience: Can Pharmacists Refuse to Dispense the Morning-After Pill?

Case Study by Dennis Sullivan, MD

Rick Lewis and his wife Debbie recently moved to a small Midwestern town. Just six months ago, Rick graduated from pharmacy school, and was immediately hired at Wal-Mart. Rick and Debbie are both members of a small Roman Catholic Church near their home. They have always been very serious about their faith.

The Lewises already have a two-year old son, and are looking forward to having other children. Rick has strong views about the sanctity of human life; he is strongly opposed to abortion, and is active in a local pro-life organization. With growing alarm, he has followed the debate about Plan B., the so-called “morning after pill.” This is a high dose of levonorgestrel (a powerful analogue of progesterone), intended to prevent pregnancy if a couple has unplanned and unprotected sexual intimacy. The idea here is that a woman can take Plan B up to three days after intimacy, and the pill will prevent her from ovulating. This is often called “emergency contraception.”

But what if a woman has already ovulated when she has sexual intercourse? Such a high dose of a progesterone-like hormone may interfere with the inner lining of her uterus. In that case, could it be that Plan B actually prevents implantation? If that were true, then the drug would be more than a contraceptive; it would be an abortifacient (an abortion-causing agent), at least in some cases.

Just a few months ago, Rick learned that Plan B would be available over the counter, and his store would be selling the drug. For Rick to allow Plan B to be dispensed in his pharmacy would violate his deeply-held religious beliefs on the sanctity of human life. Rick has notified his employers of his views, but they have informed him that if he does not dispense the drug that he will lose his job.

Questions for Discussion:

1. Do health care professionals have the right to refuse to provide medical services they find morally objectionable? In an age of strong patient autonomy, this question has become increasingly more important. For example, physicians and nurses may refuse to participate in abortions, and this right is protected by law in most states. Until recently, pharmacists have not had similar rights. Should they?
2. A long-standing American legal precedent has established the right of patients to make their own decisions regarding health care, whether this refers to a simple examination or an intrusive medical procedure. However, this right is not absolute. A patient's autonomy is constrained by certain competing rights on the part of a health care professional. Such a professional has the right, in fact, the duty, to refuse to provide inefficacious, dangerous, or lethal treatments, even if a patient requests these. Does a request for Plan B fall under these guidelines?
3. The idea of health care “rights of conscience” is very contentious these days. For example, Illinois Governor Rod Blagojevich has passed an emergency rule, now permanent, to compel all pharmacies in the state to “accept and fill prescriptions for contraceptives without delay.” Several other states have enacted similar statutes. Yet Rick Lewis is not alone in his concerns: 69% of pharmacists in a recent survey oppose laws requiring the dispensing of emergency contraception. What should a health care professional such as Rick do under the circumstances? Should he obey his employer and dispense a drug

with which he has serious moral reservations? Or should he refuse, and possibly lose his job and his professional reputation?

4. In fact, this is not just a case of conservative versus liberal ethics; it is a question of scientific fact. At the heart of the debate is a long-standing concern about oral contraception generally. Many conservatives have claimed a direct abortifacient effect of birth-control pills, yet the evidence for such an effect is weak. Although the claim that levonorgestrel may block implantation seems to have more warrant, even here the facts are by no means conclusive. The available evidence is lacking or shrouded in heavily political rhetoric. To what extent does the truth or falsehood of the abortifacient claims about Plan B justify Rick Lewis's refusal to dispense it? What if Rick were to refuse to dispense any birth-control measures, including other oral contraceptives or even condoms, based on his Catholic beliefs that birth control is immoral? Does the fact that he works for Wal-Mart make a difference, as opposed to running his own store?

Taking the Discussion Further:

1. The intense political debate over health care rights of conscience does not end with Plan B, nor does it just involve pharmacists. In Alaska, New Hampshire, and New York, legislators have either enacted or proposed strong regulations that would mandate abortions or abortion training, even in private hospitals (including religious institutions!). This has led the federal government to propose legislation protecting the rights of private health care entities and individuals to not engage in such practices. What if a patient asks you, as a physician or nurse, to provide a referral for an abortion? While you may refuse to do the procedure yourself, would you be willing to make a referral to another health care provider for this purpose?
2. What are the competing moral principles here? Classically, secular bioethics centers around four central duties:
 - a. Autonomy: Each patient has the right to make his or her own health-care decisions.
 - b. Nonmaleficence: Health care providers should always do no harm
 - c. Beneficence: Health care providers should always have their patients' best interests in mind
 - d. Distributive justice: All patients should be treated the same, regardless of ethnicity, religion, gender, social class, income, etc.

Examine the question of health-care rights of conscience in the light of these ideas. Can you think of more examples of a conflict between a patient's autonomy and the other duties?

Links and References for Further Research:

News Release: Illinois Department of Financial and Professional Regulation (April 1, 2005):
<http://www.idfpr.com/newsrsls/040105AmericanDrugStoresPressRelease.asp>.

Pharmacists for Life Web Site: <http://www.pfli.org/>

Sullivan DM. The Oral Contraceptive as Abortifacient: An Analysis of the Evidence. *Perspectives on Science and Christian Faith*. 2006;58(3):189. Available at:
<http://www.cedarville.edu/centerforbioethics/files/articles/ocp.pdf>