

“Emergency Contraception: A Tough Pill to Swallow”

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Objectives

- Identify ethical issues relating to the use of emergency contraception
- Define the concept of conscientious objection as it relates to the dispensing of emergency contraception
- Summarize arguments for and against pharmacists' rights to refuse to fill a prescription for emergency contraception

Headline News

- In 2004 three pharmacists in Texas are fired for refusing to fill a rape victim's prescription for emergency contraception because it "violated [their] morals."

Headline News

- In 2005, a pharmacist in Wisconsin refuses to fill or transfer an emergency contraception prescription for a rape victim. He is put on trial for violating the state's regulation and licensing department's standards of care. He stated that he "did not want to commit a sin."

Headline News

- A group of pharmacists in Illinois sue their employer for religious discrimination after they were each disciplined for refusing to fill prescriptions for emergency contraception.

Background – Emergency Contraception (EC)

- Also referred to as
 - “The morning after pill”
 - Emergency birth control
 - Postcoital contraception
- Available in the US since July 1999
 - Plan B® (levonorgestrel, 0.75 mg)
 - Prescription is required if under age 18 years
 - Available over-the-counter (OTC) as of August 2006 to women 18 years of age and older

Background – Emergency Contraception (EC)

- Indicated following circumstances of unprotected sex
- Mechanism of action (MOA)
 - Prevents ovulation
 - Prevents fertilization by altering tubal transport of egg and/or sperm
 - Possibly prevents implantation of zygote by altering the endometrium

Background – Emergency Contraception (EC)

- Administration
 - Within 72 hours of sexual intercourse (best if within 24 hours of sexual intercourse)
 - Following the first tablet, a second tablet is given 12 hours later
- It is NOT an abortifacient
- Appears not to harm an existing fetus, although extensive studies are lacking

Background – Emergency Contraception (EC)

- Side effects are minimal with common ones being:
 - Nausea/vomiting Abdominal pain
 - Dizziness Fatigue Headache
 - Breast tenderness Menstrual changes
- For more information
 - www.go2planb.com
 - 1-800-330-1271

Case Study

- MM is a 17 year old Hispanic female attending Rice University on a volleyball scholarship. On Friday morning she rises at 5:00 AM to jog two laps around the track that encircles the campus as part of her routine workout. Fifteen minutes into her jog, she is attacked by an unidentified man who was hiding in the bushes. She is beaten and sexually assaulted. The Rice EMS transport MM to Hermann Hospital where she is thoroughly evaluated. Her treating physician in the ED prescribes a course of Plan B® as part of her treatment.

Case Study – Continued

- Later that morning, MM is released from the ED. She immediately goes to Walgreen's in Rice Village to obtain her Plan B® therapy. LS, the pharmacist on duty, takes the prescription from MM. Upon review of the prescription, LS returns to the counter to inform MM that she can not fill the prescription because it goes against her religious convictions.

Conscientious Objector

- “An individual following the religious, moral or ethical dictates of his conscience that are incompatible with being a combatant in military service, or being part of the armed forces as a combatant organization.”
(Wikipedia definition)
- Objection vs. obstruction

What Principles are at Stake?

- Nonmaleficence
 - Dispensing of drug could cause harm to another human being
- Autonomy of the professional
 - Other professionals (physicians, lawyers, etc.) are given the right to decline professional services
- Own moral/religious beliefs

Nonmaleficence

- Harm to whom?
 - Unborn fetus
 - When does life begin?
 - Fertilization \leftarrow \rightarrow Ability to survive outside the womb
 - Is there or will there be a guarantee that life has or will begun/begin?
 - Not every sexual encounter results in a pregnancy

Nonmaleficence

- Harm to whom?
 - Mother
 - Psychological well being
 - Physiological well being (?)

Autonomy of the Professional

- “When duty is a true duty, conscientious objection is wrong and immoral.”
 - J. Savulescu BMJ 2006, 332:294-297
- Should a pharmacist be allowed to deny patient access to care deemed appropriate by another professional?
 - Full access to medical records often not possible
 - Pharmacists are called upon to use their judgment on a daily basis
 - Pharmacists are not completely autonomous, but rather a part of the healthcare team

Autonomy of the Professional

- Pharmacist is not a “dispensing robot” filling all legally legitimate prescriptions
- Should pharmacists be the “gatekeepers”?
- Has the pharmacist chosen the wrong profession?
- The Oath of a Pharmacist (see attached)
 - “I will consider the welfare of humanity and relief of human suffering my primary concerns”

Own Moral Beliefs

- Some believe filling birth control pills aids in stopping human life
 - What if birth control pills are being used in another manner such as treatment of endometriosis or for prevention of bone loss?
- Emergency contraception is not abortion as per the WHO, AMA, ACOG, FDA, American Public Health Assoc and Assoc of Reproductive Health Physicians

Arguments For Objection

- Pharmacists should be allowed to exercise independent judgment
- Professionals shouldn't compromise their morals for the sake of a paycheck
- It's integral to democracy

Arguments Against Objection

- Pharmacists enter a profession bound by certain duties
- EC is not abortion
- Patient healthcare can be compromised
- Potential for abuse and discrimination

Professional Organizations Role

- Ensuring patient access to legally prescribed, clinically appropriate therapy while allowing a pharmacist to be removed from the situation is supported by several pharmacy organizations (ASHP, APhA, ACCP) and the American Academy of Family Physicians (see attachments)

Legislation (as of May 2006)

- 10 states enacted laws addressing issue
 - 4 states (AR, GA, MS, SD) passed laws allowing pharmacist to refuse to dispense EC
 - 4 states (CO, FL, ME, TN) have broad refusal clauses
 - IL passed law requiring a pharmacist to dispense a legitimate prescription
 - CA: pharmacist can refuse to fill if 1.) employer supports and 2.) patient has timely access to drug elsewhere

How to Avoid Problems

- Knowing situations ahead of time and having a plan of action
- Knowing employer's policies/procedures
- Knowing state laws (they take precedent over a company's rules)
- Voicing opinions and feelings

Other Areas of Concern

- Capital punishment
- Assisted suicide
- Euthanasia

What Could LS Have Done?

- Refer MM to another pharmacy or have another pharmacist fill prescription?
- Have MM find someone at least 18 years of age to obtain her prescription?

What if MM were someone else?

- MM is a 21 year old college student who goes to a party on Friday night with a male friend. They both have several beers during the party. Eventually they “hook-up” after staggering back to MM’s apartment. They wake up the next morning only to realize their mistake. MM does not take oral contraceptives and neither one remembers using a condom.

What if MM were someone else?

- MM is a 25 year old single mother with two children. Although she has a steady job as a receptionist in a dentist’s office, MM is barely able to make ends meet. She is sexually active with her boyfriend of 8 months. They routinely use condoms, however, last night the condom broke. MM can not afford another child and she has no plans at the current time of marrying her boyfriend.

What if MM were someone else?

- MM is a 37 year old oncologist in a major academic teaching hospital. She has been married for 3 years (her husband is an accountant) and they would like to start a family once MM becomes tenured (she goes up for tenure in 2 years). Last night MM and her husband had unprotected sex, since, as of this morning, she remembers that she had missed some doses of her birth control pills. She routinely takes her pills, but she has missed the past four doses due to being too busy to refill her prescription. She feels as though she can not have a child right now since it would interfere with her research and jeopardize her ability to gain tenure.