

Professional Ethics in Great Britain

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Extracts from the paper read to the Malta Union of Pharmacists, April 1968.

Some form of pharmaceutical ethics has been in force in England since at least 1316, for in that year the Gild Pepperers of Soper Lane made ordinances for the control of drugs and spicery.¹ This gild, of which the earliest record is 1179/80 contained pepperers, spicers and apothecaries. The latter seem to have been an autonomous section, for as early as 1306, there is a mention of wardens of the apothecaries in the City of London records. The titles pepperer, spicer and apothecary were often used for the same person on different occasions.

Gharbala — Gharbiel — Garblers

To ensure that these ordinances were carried out, inspectors known as "garblers" were appointed. Filby² has called these the first guardians of the public health and food.

The word is derived from the Arabic Gharbala, to sift or select. I was very interested to learn from Mr Darmania that in Maltese Gharbiel is the word for sieve and that various types used in industry, agriculture and pharmacy are called by that name.

In Great Britain the term garbling was used only for the inspection and removal of impurities and adulterants from spices and similar articles including drugs, whereas on the continent it was also used for the inspection of grain.

The duty of garbling passed to the Grocers' Company and was carried out by the apothecaries section of that gild.⁴ When the apothecaries left the Grocers' Company in 1617 to form their own gild, they retained the right to inspect drugs and pharmacies.⁴

In the provinces too, the guilds of which the apothecaries were members, had searchers to control the purity of drugs and the conduct of the trade.⁵ The oaths of several of these are still in existence.

Foundation of the P.S.G.B.

After the apothecaries transferred from pharmacy to medicine as a result of the Apothecaries' Act of 1815, the Chemists and Druggists

founded the Pharmaceutical Society of Great Britain in 1841. This included among its objects "the advancement of chemistry and pharmacy and promoting a uniform system of education for those who should practise the same." Jacob Bell, one of the founders of the Society, was aware of the need for a high standard of practice for he wrote in 1841:

"In reviewing the history of Pharmacy in all ages we find that fraud has always prevailed to a remarkable extent in this kind of traffic (i.e. variations in the quality of drugs, and the sophistications to which they are liable), which circumstances may chiefly be attributed to the facility of eluding detection, but the imperfect acquaintance possessed by the public of the nature and properties of drugs only increases the responsibility of the druggist and demands the utmost vigilance. The detection of adulterations is, therefore, one of the most onerous duties of the pharmaceutical chemist, and it is one, which requires, besides chemical knowledge, a practical acquaintance with the sensible properties of all substances used in medicine."⁶

The Council of the Pharmaceutical Society apparently discussed ethics in 1856 for in their report of June of that year the following statement appeared:⁷

"It has been the policy of the Society to abstain from interference with regard to the regulations adopted by individuals in the management of their business. Any advice or suggestion on this head has been of a very general nature, and not in a spirit of dictation. The Council think, however, that some advantage may arise from the voluntary adoption of certain principles which may be recommended for the observance of members so far as they may individually find it practicable.

One object of the Pharmaceutical Society, and one which may be expected to follow as the natural result of improved education, is the acquirement by the members of a professional character. This improvement must be gradual, and will require a considerable time for its develop-

ment, which may be expedited by bringing the subject under the notice of the members whenever a suitable opportunity occurs."

Just how gradual was the development towards a formal code can be seen by the fact that it was to be another 83 years before one was formally adopted by the Pharmaceutical Society.

Striking Off The Register

In 1894 a committee of Pharmaceutical Society's Council reported on a code of ethics and the President, Mr Michael Carteighe commented sympathetically on the proposals but added "It must be borne in mind, however, that there were objections to nearly all codes when the power of getting one's living was interfered with by it." Mr Hampson, the treasurer, agreeing with the President, said that the very fact that such a discussion taking place was in itself very important, but to carry it out in its entirety it would be necessary for the Society to obtain greater powers and he was quite sure that no Parliament would give the powers which would be necessary in order to strike off the Register anyone who disobeyed the ethical code. Beyond that he doubted whether it would be just to deprive a man of his means of livelihood, even for what might be termed an infamous transaction with regard to his business. In many cases greater harm would be done by depriving a man of his means of living, and the results would be far worse than the continuation of such conduct.⁸

Such views from Michael Carteighe are surprising as he was a farseeing and progressive pharmacist in many ways. The change in outlook is illustrated by the fact that several pharmacists have been struck off the Register for the illegal sale of habit-forming drugs. Included among these is one of the present members of the Society's Council who has, however appealed against the decision and the removal of his name will not take place until the outcome of the appeal is known.

Commenting on those views of 1894, Mr Adams, until recently Registrar of the Society said:

"Had the Society been active in imposing standards of conduct on its members, in spite of the fact that they would still have been able to practise their calling, there is no doubt that this would have exercised a very strong influence on the practice of pharmacy and might well have

resulted in statutory powers having been obtained much earlier."

Pharmaceutical Ethics

The subject of pharmaceutical ethics appeared early in the topics discussed at the British Pharmaceutical Conference founded in 1863. At the third full meeting held in 1866, a paper entitled "Pharmaceutical Ethics" was read by Joseph Ince. He began with the following definition of ethics:— "The doctrine of morality, or social manners, the science of moral philosophy, which teaches men their duty and the reasons of it; a system of moral principles and rules regulating the actions and manners of men in society."

He divided pharmaceutical ethics into six sections:

- (1) The ethics of the shop.
- (2) Social ethics. The behaviour of the pharmacist with regard to others in the same line of business as himself.
- (3) Medical ethics. The behaviour of the pharmacist with regard to the medical profession.
- (4) Ethics of public life. The behaviour of the pharmacist as a member of his society.
- (5) Personal ethics. The behaviour of the pharmacist as an individual.
- (6) Ethics of trade extension.

Under the ethics of the shop the author gave as the first ethical rule of the pharmacist "no drug should be admitted into his shop other than that which, in case of dangerous illness, he would not hesitate to supply to the inmates of his own family circle." He summed up by saying that "the rule of every well-regulated establishment is to supply faithfully and implicitly whatever in the whole range of pharmacy a customer may require — to obtain it if not in stock, whether English or foreign, and to spare no pains that it shall be the identical thing desired." He made a plea for the use of the word "pharmacy" instead of shop.

Under social ethics Ince made a plea for better and more uniform education and under medical ethics one for mutual respect between pharmacy and medicine with no encroaching on each other's fields.

Under the ethics of public life and personal ethics he recommended the pharmacist to play a part in society outside of the pharmacy and to educate himself as much as possible both professionally and culturally.

In his final section of the ethics of trade extension Ince discussed the advantages and disadvantages of advertising and concluded that the right use of advertisement is not contrary to the true observance of the ethics of pharmacy. He stressed, however, that a working laboratory is a great source of power as regards trade expansion and that money might be better spent on apparatus than on decoration, splendid windows and architectural embellishments.

This paper by Ince was followed by others by Atkins in 1872¹⁰ and 1877.¹¹

The first was mainly concerned with improving education and the duty of the apprentice-master to students in training. The second dealt with relations with the medical profession. There was then a dispute about counter-prescribing which was causing trouble, mainly by a minority of extremists on both sides.

Atkins recommended the following code of conduct:— "There must be no back-parlour consultations, no minor acts of surgery, no semi-professional visits; in short, nothing in excess of that ordinary courteous practice, the meaning of which we all recognise, however difficult the exact definition may be."

At the British Pharmaceutical Conference of 1897, Atkinson¹² in a paper entitled "Pharmaceutical Ethics — A Retrospect" commenting on the improved educational requirements of the pharmacist stated "The pharmacist of the next generation must inevitably have some education and professional training; to such a man some code of ethics might be considered a part of his stock-in trade. Consciously or unconsciously, everyone is guided by some principle in all social and business relations. Whether the moral standard be high or low depends mainly on education, intellectual bias and environment.

Moral Training

The great aim which ethics may claim to exercise on society is that each individual may so train his mind that the best actions become instinctive, and that which is mean or base repellent; it was this moral training which gave us a race of pharmacists in the past of whom any society might justly be proud. It is this training which has enabled us to retain men in our ranks at the present day who honourably maintain the high reputation of those who well and truly laid the foundation of British pharmacy." Atkinson deplored the sale of quack remedies and the un-

scrupulous advertising of so-called cures for diseases then incurable. He also suggested that the inculcation of loyalty to the parent society should be a foundation of ethics.

The Adoption of The Code

A code of ethics was finally adopted in 1939 under the name of the "Statement on Matters of Professional Conduct." The background to its adoption has been discussed by Adams.⁸ The statement was amended in 1942 and again in 1953 when it was approved by the Annual General Meeting of the Society; a further minor amendment was added in May 1964. As mentioned in my previous paper the Society attempted to introduce rules to ensure that non-pharmaceutical activities should, in future be conducted in premises physically separate from those in which traditional pharmaceutical activities take place but this has been, so far frustrated by legal action.

The Council of the Pharmaceutical Society has, from time to time, issued lists of drugs (usually those acting on the central nervous system) which it has asked pharmacists not to sell except on prescription. With very few exceptions, the profession has responded loyally:

This is a procedure in the general public interest for it allows control of potentially harmful drugs from the time they are introduced until they can be considered for legal control by the Poisons Board. The foresight of the Council has been proved by the fact that all the drugs they have treated in this way have eventually been legally restricted to supply on prescription.

In 1962 the Annual General Meeting adopted a further detailed paragraph (No. 24) on doctor/pharmacist relationships.

Hospital Pharmaceutical Ethics

Although many hospitals had rules for the guidance of their apothecaries and later for pharmacists until recently there was no published code of ethics for British Hospital Pharmacists. Several papers on the subject have appeared in recent years. In 1962 Grainger¹³ wrote on "My attitude to the Health Service." He stated that the first responsibility of the pharmacist is to the sick and stressed the importance of good relations with the medical and nursing staffs, and especially the provision for them of an information service. Although this calls for wide read-

ing with the sacrifice of leisure it brings prestige to the department and vocational satisfaction to the pharmacist. Grainger also made a plea for more research opportunities in hospital pharmacy.

In the same year Cooper¹⁴ gave some "Reflections on the Moral Responsibilities of a Public Pharmacist." He stated that "the pharmacist's personal approach to the patients, doctors, nurses and administration during his daily round of work has to be above reproach. He may not be overbearing, dogmatic surely, snappy, generally unhelpful, nor may he become abject, servile or apologetic. He has to avoid too, any attitude of jealousy or mistrust of a fellow pharmacist."

The following year Cooper¹⁵ discussed the opportunities of a public pharmacist and recommended a more personal and confidential approach to the handing over of medicines to a patient. His article ended with a definition of a profession given by Prof. R.H. Tawney, that might be regarded as the spirit of any professional code — "It is a body of men who carry on their work in accordance with rules designed to enforce certain standards both for the better protection of its members and for the better service of the public."

Twenty Questions

In 1955 Cooper¹⁵ posed "Twenty questions for the Hospital Pharmacist" and there is so much valuable thought in these that I quote them in full.

- (1) Do you maintain an up-to-date file of current literature on drugs and therapeutic techniques?
- (2) Do you read all accessible medical and pharmaceutical journals week by week — if necessary partly or wholly in your spare time?
- (3) Do you go out of your way to obtain fuller information about those drugs which you regard as having promise?
- (4) Do you order samples or initial stocks of potentially valuable new drugs, in anticipation of the demand?
- (5) Do you discuss such drugs with those of your medical colleagues whom you think might be interested in using them?
- (6) Do you issue a periodical bulletin, or take alternative steps to bring information about new drugs to the eyes and ears of your nursing colleagues?
- (7) Do you encourage your colleagues, medi-

cal and nursing, to come to you with problems or criticisms, or in search of information?

- (8) Do you take every chance to lecture to your hospital staff and interest them in the working of your department?
- (9) When invited by a colleague to undertake special investigation or participate in research, do you resist the temptation to explain that you are too busy?
- (10) Allowing for architectural drawbacks beyond your immediate control, would you be content to let a knowledgeable professional colleague inspect every corner of your department and observe your methods of work?
- (11) Are your labels, as they leave the department, and your stock labels within it, clean, neat, legible and adequate?
- (12) Do you ensure, by suitable labelling, that preparations you issue shall not be used after condition or potency have declined?
- (13) Are your preparations sent out in containers calculated to preserve the contents for the expected storage-period?
- (14) Do you believe that, if it is humanly possible, your department should offer a service for 24 hours a day, 7 days a week?
- (15) If it is impracticable to have a pharmacist on the premises night and day, do you arrange for one to be on emergency call when the department is closed?
- (16) Are you always courteous and cooperative towards the nurse or houseman who intercepts you as you are locking up to go home or disturbs you when you are not officially there at all?
- (17) When you answer the telephone do you always sound cheerful, efficient and eager to help the caller?
- (18) Do you always remember that your patient of the moment is the most important person in the hospital, and behave accordingly?
- (19) Do you play your part in the cultural and social activities of the hospital, using any personal talent to serve or entertain your colleagues?
- (20) If an earnest, promising and newly qualified pharmacist came to you for advice about his career, would you recommend him to follow in your footsteps?

In March 1967 the Council of the Guild of Public Pharmacists published in the Journal of

Hospital Pharmacy¹⁸ a long and detailed Code of Practice for Hospital Pharmacists. It gives information on the staff and facilities required and details the responsibility of the Chief Pharmacist giving very comprehensive guidance for the execution of his duties including planning, control of staff, safe systems of work, information vices, training, research and custody of poisons and other dangerous drugs.

The code gives firm guidance on the position of technical assistants:— "The activities of staff handling drugs and pharmaceutical supplies must be supervised by a pharmacist and, to ensure that this is carried out effectively, each technical assistant should be informed of the name of the pharmacist immediately responsible for his activities and to whom reference should be made in any case of difficulty. A pharmacist should not be asked to supervise more technicians than he can properly control; the number will depend upon the competence of these workers and the nature of the work." I strongly support this point of view.

The Position In Malta

I am interested to read in Dr. Paul Cassar's excellent History of Medicine in Malta that as early as the 16th century those wishing to apply for a licence to set up a pharmacy in Malta had to apply to the Grand Master who only gave his assent after obtaining the advice of the Protomedicus or Physician-in-Chief. All imported drugs were inspected by the Protomedicus at the Customs House before they were permitted to be withdrawn by their owners. Another check was made by the apothecary receiving them who was enjoined by law to ensure the good quality and freshness of his ingredients. In the following century we find a reference to every pharmacy in the island being inspected annually by the Protomedicus and deteriorated drugs and medicines being destroyed.

This early progressive legislation was followed by comprehensive rules for the control of pharmacy and of poison in both the 17th and 18th centuries.

As Dr Cassar has commented "it is remarkable that, in spite of the distance of more than 150 years, the laws regarding such administrative matters as the licencing of apothecaries, the sale of medicines, the safe keeping of poisonous substances and the periodical inspection of pharmacies have remained substantially unchanged and in 1900 formed the basic framework of Chapter

IV of the Second Sanitary Ordinance regulating the practice of pharmacy in Malta. It is a tribute to our pioneer legislators that their enactments are still in force today." I agree entirely with this masterly summary.

Mr. Darmania has told me that the present Code of Ethics for Pharmacists in Malta is issued by the Medical Council which, up to the present maintains the Register of Apothecaries and controls the exercise of the profession, but that impending legislation will transfer these powers to a Statutory Pharmacy Board.

Conclusion

In conclusion I emphasise that the success of any code of ethics depends, not on compulsion, but on the professional and public spirit of the profession concerned.

I am sure that with your long and honourable history of pharmacy and your keen and farseeing leaders that our noble profession will be ensured of a successful future in Malta and will play its full part in the fight against disease and for positive health.

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This paper is based on one read to the American Society of Hospital Pharmacists, New York, Aug. 6th 1964 and published in the West African Pharmacist, 1967, 9, 46.