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Dear Pam

### **Draft Code of Ethics**

Thank you for giving the Royal New Zealand College of General Practitioners (the College) the opportunity to provide feedback on the *Code of Ethics* consultation document.

### **Introduction to general practice and the College**

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the College, is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.

- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

## Changes to the Code of Ethics

The Pharmacy Council has recently reviewed its Code of Ethics. The revised Code takes a more principle based approach and has been updated to reflect the changes in the nature of pharmacies. One of the more significant changes proposed is around selling therapeutic products.

## The College's response

The College agrees that it is timely that the Pharmacy Council reviews its Code of Ethics. However, the College **disagrees** with the proposed changes regarding therapeutic products. In particular we **disagree** with the removal of the requirement that these products need to have credible evidence of efficacy.

The question of whether poorly evidenced therapeutic products should be sold in a pharmacy is a simple one when viewed from an ethical perspective. But we acknowledge that it does become more complicated when viewed from the perspective of the future financial viability of the community pharmacy model. From a purely scientific perspective the selling of products where there is no evidence for credible efficacy makes little sense. If a product will not improve a patient's health then there is no point in selling it, other than for monetary gain.

From a more socioeconomic perspective the selling of therapeutic products also has the potential to harm patients. A pharmacy is a health care provider, and patients should have a reasonable expectation that products sold in a pharmacy will improve their condition, therefore selling ineffective products within a pharmaceutical setting could be perceived as misleading.<sup>1</sup> There is also evidence that patients who are sold such products delay seeking necessary medical advice.<sup>2</sup> Furthermore, anecdotal evidence suggests that more vulnerable patients, such as those with chronic or terminal conditions, are more likely to buy therapeutic products and hence might be at higher risk of exploitation from the sale of these products.<sup>3</sup>

Several members of the College pointed out the inherent tension in selling products with no evidence and being a health practitioner. As mentioned above, patients might be under the impression that therapeutic products sold from a pharmacy will improve health conditions. The College welcomes Principle 1 which places a patient's wellbeing at the centre of the practice. However, the College does think there is a need to make explicit the conflicts of interest that arise when a health practitioner may profit from the sale of health care services.

The tension between being both a health practitioner and a seller of health products also has some negative impacts on the relationship between pharmacists and GPs. The New Zealand Medical Association in a previous submission drew attention to the fact that pharmacists are trusted by other health professionals due to 'their scientific training.'<sup>4</sup> Selling products which have no evidence of

<sup>1</sup> The perceived tension between a pharmacist as a health practitioner and as a shop keeper is not limited to New Zealand. For more information see: Hall & Partners. The Australian Department of Health Review of Pharmacy Remuneration and Regulation. Qualitative research findings November 2016. Australia: Department of Health; November 2016. 74p.

<sup>2</sup> Malik IA, Gopalan S. Use of CAM results in delay in seeking medical advice for breast cancer. *European Journal of Epidemiology*. 2003 Aug 1;18(8):817-22.

<sup>3</sup> Hall HA. CAM for cancer: preying on desperate people?. *Progress in Palliative Care*. 2012 Nov 1;20(5):295-9.

<sup>4</sup> New Zealand Medical Association. Pharmacy Council Proposed Supplementary wording to Code of Ethics. New Zealand. New Zealand Medical Association. Available from [https://www.nzma.org.nz/\\_\\_data/assets/pdf\\_file/0006/44781/subPharmacy-Council-Proposed-Supplementary-wording-to-Code-of-Ethics.pdf](https://www.nzma.org.nz/__data/assets/pdf_file/0006/44781/subPharmacy-Council-Proposed-Supplementary-wording-to-Code-of-Ethics.pdf).

efficacy does undermine the scientific basis of the profession. In one study the perceived conflict of interest led to a significant barrier in pharmacists forming working relationships with GPs, as GPs felt that they could not be sure of a pharmacist intention when selling a product.<sup>5</sup>

In light of this evidence the College disagrees with the change of wording and recommends that the need for credible efficacy stays in the Code. In stating this, we are aware of the context community pharmacies work in and the limitations of the current funding model. The Pharmacy Benchmarking Report noted that retail sales make up 24.8% of pharmaceutical profits.<sup>6</sup> It is unclear how much of these sales are made up of therapeutic products, but we suspect it is significant and these sales may be the line between success and failure for many pharmacies. We note that future developments, such as robotic dispensing and home delivery, are likely to further cut into the profitability of medicines dispensing – creating even greater pressure to make the retail aspects of pharmacy more profitable. Our view is that a wider debate therefore needs to occur about what the future role of community pharmacy should be.

Although the College disagrees with the changes on ethical grounds, if the Council does decide to remove the ‘credible efficacy’ requirement we would like to provide feedback on the provisions for selling therapeutic products in pharmacies.

### **The provision of selling therapeutic products**

The College recommends that when selling therapeutic products strict guidelines should be put in place. The College notes the Code specifies in Principle 1g ‘before recommending, supplying or promoting a therapeutic product, [the pharmacist] considers available evidence, supports the patient to make an informed choice and only supplies a product when satisfied that it is appropriate, and the person understands how to use it correctly.’ However, the College recommends that this clause has stronger wording making it a requirement for pharmacists to explicitly inform patients of the lack of evidence for certain therapeutic products. The Council could use similar criteria of the recent New Zealand Medical Council *Statement on complementary and alternative medicine*:

If you are providing or proposing to provide CAM to a patient, the matters you should discuss include, but are not limited to:

- the expected risks, side effects, benefits and cost of each option;<sup>7</sup>
- the frequency and duration of the treatment;
- whether there are any diagnostic tests associated with the treatment;
- information on the history and nature of the CAM treatment or product, and the philosophy behind its use;
- information on the safety, efficacy, benefits and risks of the CAM treatment or product; and
- the circumstances in which private health insurers and government organisations (for example ACC, and Work and Income New Zealand) may pay for or subsidise the CAM treatment.<sup>8</sup>

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<sup>5</sup> Hughes CM, McCann S. Perceived interprofessional barriers between community pharmacists and general practitioners: a qualitative assessment. *Br J Gen Pract.* 2003 Aug 1;53(493):600-6.

<sup>6</sup> Moore Stephens Markhams Accountants and Advisors. Pharmacy Benchmarking Report – Contact magazine Dec 2015/ Jan 2016. New Zealand. Available from: <http://www.markhams.co.nz/pharmacy-benchmarking-contact-magazine-decjan-2016/>.

<sup>7</sup> As required by Right 6 of the Code of Health and Disability Services Consumers’ Rights.

<sup>8</sup> Medical Council of New Zealand. Medical Council consultation on complementary and alternative medicine (CAM). New Zealand. Medical Council; 2017 August 2. Available from [http://guides.lib.monash.edu/ld.php?content\\_id=14570618](http://guides.lib.monash.edu/ld.php?content_id=14570618).

## **The role of a pharmacists, pharmacist technicians and retail assistants**

Although the Code of Ethics applies to pharmacists it is recommended that the Council considers the broader implications for the rest of the staff in the pharmacy. For example as retail assistants do not come under the Code, there does not appear to be any standard that would stop them from being able to accept incentives for selling therapeutic products. As pharmacists do have a leadership role within their work place it is recommended that the Code include an additional clause to require that they ensure that other staff working in the pharmacy are aware of, and comply with, relevant parts of the Code. Furthermore, the College would like to highlight that any person selling health related products must adhere to the requirements of the Code of Health and Disability Services Consumers' Rights, including those relating to information, informed consent, informed choice and financial exploitation. At a bare minimum, pharmacists should be responsible for ensuring that staff within their pharmacy meet the standards outlined in that document.

## **Relationship between code and other guidelines etc.**

Although the Code is a document in of itself it is important that it reflects and complements the other relevant guides and codes that govern pharmacies and the health workforce. The Council has noted that the guide, if necessary, will be changed with the incoming Therapeutics Bill. However, pharmacists also need to adhere to other codes. In light of this he College recommends the Council adds the Code of Health and Disability Services Consumers' Rights to the Schedule to the Code of Ethics.

## **Concluding Remarks**

The College **disagrees with the change** to remove the need for credible efficacy for therapeutic products. However, should the Council resolve to proceed with this amendment, we believe that the clauses in the Code that protect consumers from risk of exploitation need to be strengthened. These include the need for pharmacists to explicitly state when there is no credible evidence of efficacy and to take a leadership role in ensuring that consumers who purchase products receive full information and make an informed choice about their care.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at [policy@mzcgp.org.nz](mailto:policy@mzcgp.org.nz).

Yours sincerely,

A handwritten signature in blue ink, consisting of a large, stylized 'M' followed by a series of loops and a long horizontal stroke extending to the right.

Michael Thorn  
**Manager Strategic Policy**