

# Ethics and the pharmacist: Privacy and confidentiality

FIP Community  
Pharmacy Section

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FIP Development Goals



International  
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## Colophon

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# 1 Introduction

## 1.1 The pharmacist as a multidisciplinary health professional

The pharmacy profession is undergoing a transformation that involves embracing a more clinical role in patient care. Traditionally, pharmacists have primarily focused on dispensing medicines and providing medication-related information. Pharmacists are pushing globally to engage in activities beyond dispensing. This includes medication therapy management, immunisations, health screenings and collaborative drug therapy management with other healthcare providers. Pharmacists play a vital role in optimising medication therapy by ensuring appropriate drug selection, dosage adjustments, monitoring for adverse effects, and counselling patients on medication adherence, improving patient safety and achieving therapeutic goals.

Recognising the value of a team-based approach to health care, pharmacists are increasingly collaborating with other healthcare professionals, such as physicians, nurses and dietitians. This collaboration involves participating in patient rounds, providing medication consultations, offering drug information expertise and contributing to treatment decisions. By working together with the healthcare team, pharmacists help optimise patient care and ensure medication-related issues are addressed effectively through addressing the concerns or misconceptions of patients and developing personalised care plans.

Pharmacists provide clinical services directly to patients. This may include conducting medication reviews, managing non-communicable diseases (e.g., diabetes, hypertension), offering smoking cessation support and providing advice on over-the-counter medicines. Some pharmacists work in specialised clinics, such as anticoagulation, pain management or mental health clinics, where they deliver targeted patient care services.

This transformation towards a more clinical role for pharmacists benefits patients by improving medication safety, optimising therapy outcomes and enhancing overall healthcare delivery. It also aligns with the evolving healthcare landscape, emphasising the importance of collaborative and patient-centred care. Like other health professionals, pharmacists experience moral dilemmas in their patient-focused roles.<sup>1-4</sup>

The role of the pharmacist extends beyond maintaining population health and promoting responsible medicines use at the clinical level for patients and caregivers. Pharmacists also actively contribute to the processes of drug discovery, development and manufacturing. Moreover, they engage in education, regulation and policy development functions.<sup>1</sup> In order to effectively carry out these functions while considering resource limitations and upholding principles of equity and justice, pharmacists rely on professional autonomy and well-defined regulations. Just like other healthcare professionals, they adhere to professional codes of ethics across practice settings. Pharmacists prioritise the ethical principle of acting in the best interest of the patient as the fundamental framework guiding their practice.<sup>2</sup> However, as pharmacists' involvement in patient care is expanding, the inclusion of this function within a complex healthcare system populated by demanding patients may create new ethical challenges. Given the significance of ethical issues in pharmacy practice, it is crucial for pharmacists to consider ethical principles when practising their profession. Medical ethics can be traced back to ancient civilisations, as seen by the Hippocratic Oath, which is still in use today. Ethical considerations in health care have become more complicated in recent years, mostly because of rising costs and technical advancements in pharmacy practice. Due to the commercial nature of pharmacies, the expanding role of commercial health insurance, which is motivated by profit maximisation, and the growing role played by pharmacists, the practice of pharmacy in hospital and community settings presents various ethical dilemmas.

Practising pharmacists need to be fully engaged with and competent to deal with ethical issues arising from the increasing challenges of “hi-tech” health care and its delivery in a business environment.<sup>3</sup> Pharmacists are perceived by patients to be ethical decision makers.<sup>4</sup>

The International Pharmaceutical Federation (FIP) published a global framework in 2014 stating that ethical and professional practice is a cornerstone of pharmacist competency. FIP outlines the professional obligations expected of pharmacists, which centre on the core bioethical principles of respect for autonomy, beneficence, non-maleficence and justice, to guide pharmacists in their interactions with the broader public.<sup>5</sup> To facilitate the development of the profession during this decade, FIP published in 2020 a series of development goals in line with the global imperatives that underpin the WHO Sustainable Development Goals.<sup>6</sup> To embrace high standards of professional conduct, clear strategies must be developed based on the needs of the pharmaceutical workforce throughout the entire professional career.

Regarding the teaching of ethical principles to pharmacy students, there are different examples globally, such as the Introductory Pharmacy Practice Experience (IPPE) that exposes American pharmacy students to common contemporary US practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviours, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a clear understanding of what constitutes exemplary pharmacy practice in the US prior to beginning IPPE.<sup>7</sup> The Australian Pharmacy Council, the accrediting organisation in Australia, mandates teaching institutions to integrate the teaching of pharmacy ethics into the curriculum as a criterion to be met for pharmacy accreditation, built on the above-mentioned competency standards.<sup>8</sup> Compared with other healthcare practices, like nursing and medicine, ethics receives relatively little attention in pharmacy practice.

## 1.2 Ethics and professional regulation

Ethics has been described as the systematic study of moral principles. Ethical decision making is the process whereby one recognises that a problem needs to be overcome or a difficult choice to be made, identifies the possible courses of actions considering ethical principles, deliberates on them, chooses one, and then accepts responsibility for the decision taken.

The process of making ethical decisions requires:<sup>9</sup>

- Commitment: The desire to do the right thing regardless of the cost
- Consciousness: The awareness to act consistently and apply moral convictions to daily behaviour
- Competency: The ability to collect and evaluate information, develop alternatives and foresee potential consequences and risks

Good decisions are both ethical and effective, to build trust and respect between the citizen (first party) and the professional (second party), and achieve the goals previously established. In professional relationships, good decisions build respect and trust, and are generally consistent with good citizenship. Decisions are effective when they achieve what they were made for. A choice that produces unintended results is ineffective and therefore not good. According to the ethics of virtues, a good pharmaceutical professional bases communication with a patient on the principle of prudence and considers confidentiality a moral and ethical obligation. However, patient care does not involve unconditional help. Healthcare professionals must pursue patient good while respecting the fundamental rights of the patient as well as third parties (patient carers, patients with notifiable diseases, victims of physical abuse and children, for example).

The code of conduct to guide decision-making for pharmacists while maintaining ethical integrity varies according to the country and professional body that creates the guidelines. However, ethical principles are similar and can be separated into five main categories: the responsibility for the consumer, the community, the profession, the business and the wider healthcare team.<sup>10</sup>

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

- To recognise the consumer's health and wellbeing as their first priority, and utilise knowledge and provide compassionate care in an appropriate and professional manner; and
- To respect the consumer's autonomy and rights and assist them in making informed decisions about their health, while respecting their dignity, privacy, confidentiality, individuality and choice.

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

- To maintain the reputation and trust that the public has placed on the profession and refrain from abusing this trust and respect; and
- To acknowledge pharmacists' place in the wider community, including their professional role and responsibilities to control and supply pharmaceutical goods for optimal health outcomes.

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

- To commit to the development and enhancement of the profession by becoming involved in activities such as training staff, teaching, being a preceptor or mentor for students, interns or colleagues, participating in initiatives to develop the profession and demonstrating positive leadership;

- To keep up to date with knowledge of pharmacy practice with lifelong learning and self-development to maintain professional competence and personal health to continue practising; and
- To practise only when their professional independence, judgement and integrity remain upheld, and manage situations with a conflict of interest appropriately.

The ethical responsibilities of a pharmacist that relate to business practices include:

- To conduct the business practices of pharmacy in an ethical and professional manner with the consumer's best interest in mind and with due respect to colleagues and the reputation of the profession.

The ethical responsibilities of a pharmacist that relate to other healthcare professionals include:

- To work in cooperation and collaboration with other healthcare professionals to achieve the optimal health outcomes for consumers.

## 1.3 Patient data

All healthcare professionals use patient data and must ensure that patient privacy is maintained while providing quality care. Many of the issues that pharmacists are called upon to resolve are unambiguous and the decision to take will be obvious. However, when faced with ethical dilemmas, pharmacists are expected to use their professional clinical and ethical judgement in choosing the most appropriate course of action. Although professional frameworks specify the basic need to develop ethical competence in pharmacists, there is a fractured and disjointed educational pedagogical landscape in some countries.<sup>11</sup> Few studies have been conducted on the review of ethics of pharmacy practices.<sup>12</sup> A need to improve formal pharmacy ethics education and training in how to assess ethical issues and make appropriate decisions has been stated.<sup>13 14</sup> Adequate protection of confidential data is essential to ensure not only the ethical and legal right of every patient to privacy but also to enhance patient confidence in communicating honestly and openly with the pharmacist.<sup>15</sup>

Healthcare professionals are bound by "professional secrecy" or respect for privacy and must treat all the information they receive in confidence from or for the patient with the utmost confidentiality. As a rule, they may not forward information to third parties without informed consent. The purpose of professional secrecy is to protect patients and their interests. It is the basis of the relationship of trust between healthcare professionals and patients.<sup>16</sup> This confidentiality is crucial for patients to feel safe and to have the courage to talk openly about ailments and symptoms so that they can receive the best possible treatment. Previous studies<sup>17 18</sup> have revealed that the regulations concerning professional secrecy are significantly different in different jurisdictions.

## 1.4 Skills aligned with the future

The skills necessary for building, sustaining, and advancing a career in health care have undergone significant changes in recent years. The COVID-19 pandemic has highlighted various shortcomings, areas for improvement and important aspects within the pharmaceutical profession. As we look to the future, numerous changes lie ahead, requiring pharmacists to adapt to new practice settings. Consequently, it becomes imperative for pharmacists to help to develop innovative regulations and policies that enhance patient care services.<sup>19</sup> Furthermore, the transition from a paternalistic care model to a patient-centred approach presents a challenge in addressing ethical dilemmas. Pharmacists must engage in ongoing learning to deepen their understanding of ethics and uphold standards of conduct, enabling them to serve as essential healthcare professionals in future healthcare systems.

Appropriate patient care requires access to and review of patient-identifiable health and pharmaceutical information to ensure that the patient receives appropriate drug therapy and achieves optimal results from that therapy.<sup>20 21</sup> Moreover, during the care and consultation processes, pharmacists often receive personal information from patients that may not be directly relevant to the immediate consultation but can be crucial for their overall health. Unfortunately, patient information recorded at community pharmacies remains largely untapped. These records have the potential to significantly enhance patient care by identifying interactions, detecting non-adherence, identifying patients who could benefit from public health interventions and assisting in chronic illness management. Furthermore, this information can be utilised for prompt medication reviews in cases involving high-risk medicines or dosages and to support the medicines reconciliation process during patient transfers to hospitals. The wealth of information stored within community pharmacies can lead to the development of new service provisions, eliminating unnecessary duplication of efforts and improving healthcare outcomes.

Legal regulation, such as data protection laws, aims to safeguard patient data and ensure its privacy and security. In the context of health care, there are specific regulations that govern the protection of patient data. Some examples are the Health Insurance Portability and Accountability Act in the United States,<sup>22</sup> the Personal Information Protection and Electronic Documents Act in Canada,<sup>23</sup> the Personal Data Protection Act in Singapore,<sup>24</sup> the Australian Privacy Principles in Australia,<sup>25</sup> the Lei Geral de Proteção de Dados Pessoais in Brazil<sup>26</sup> and the General Data Protection Regulation in the European Union.<sup>27</sup> These regulations impose certain requirements on how patient data should be handled, stored and shared by healthcare providers and entities. These regulations often align with broader data protection principles and aim to ensure the privacy, security and appropriate use of patient information. Pharmacists and healthcare professionals should familiarise themselves with the relevant regulations in their jurisdiction to ensure compliance and effective protection of patient data.

The protection of patient data has significant implications for pharmacists, who often handle sensitive patient information as part of their role in medication management and dispensing. Legal regulations require pharmacists to maintain patient confidentiality and protect their personal health information. Pharmacists must handle patient data with utmost care, ensuring that it is not accessed or disclosed to unauthorised individuals, lost or stolen. Pharmacists are responsible for securely storing patient data, whether in paper or electronic format. Legal regulations specify requirements for data storage, including encryption, access controls and backup measures.

Legal regulations normally require pharmacists to obtain patient consent or authorisation before using or disclosing their personal health information. This includes sharing patient data with other healthcare providers, insurance companies or researchers. Pharmacists must ensure that patients are fully informed about the purpose and scope of data usage and obtain their consent in accordance with the law. In some cases, legal regulations encourage or require data sharing and interoperability among healthcare providers to improve patient care coordination. Pharmacists may need to exchange patient data with other healthcare professionals, such as physicians or hospital staff, to ensure safe and effective medication management. Compliance with legal regulations ensures that such data sharing occurs securely and with appropriate patient consent.

Legal regulations often have provisions for breach notification in the event of a security incident or unauthorised access to patient data. Pharmacists must be aware of these requirements and promptly report any breaches or suspected breaches to the relevant authorities, patients and other affected parties as needed. Non-compliance with legal regulations regarding patient data protection can result in severe consequences, including legal penalties, fines, reputational damage and loss of trust. Pharmacists need to be well-informed about the applicable regulations, maintain appropriate data security measures and adhere to ethical standards to protect patient data effectively.

All healthcare professionals who use patient data must ensure the maintenance of a balance that guarantees patient privacy without restricting access to the information necessary to provide quality care. Healthcare professionals can maintain this balance by using advanced technologies that guarantee a high level of security for the electronic records they access or the information they collect.<sup>28</sup>

The design of pharmacy premises plays a crucial role in preserving patient confidentiality and privacy. Pharmacy premises should be designed in a way that ensures private conversations between pharmacists and patients. Separate counselling areas or consultation rooms can be incorporated to provide a confidential space where patients can discuss their health concerns, medication information and any sensitive matters without fear of being overheard. By prioritising the design of pharmacy premises to address patient confidentiality and privacy concerns, pharmacists can create a safe and trusted environment where patients feel comfortable discussing their health matters openly and without fear of compromising their privacy. Open communication between consumers and pharmacists is ideal, although consumers and carers are only likely to disclose relevant information if they feel that their privacy requirements are being acknowledged and adhered to.<sup>29</sup> Lack of privacy is a major logistical barrier to consumers' participation in non-communicable disease management programmes.<sup>30 31</sup> Previous research to enhance the utilisation of community pharmacy services identified lack of privacy and confidentiality as crucial obstacles that could inhibit service utilisation,<sup>32</sup> while consumers are likely to form trusting relationships with community pharmacy staff if they perceive pharmacies as safe health spaces.<sup>33</sup>



## 2 Aim and methods

### 2.1 Aim

The objective of this study was to offer an overview of the knowledge and practical implementation of the fundamental principle of professional ethics, namely privacy and confidentiality, among practising pharmacists worldwide. Additionally, the study aimed to gather data regarding professional conduct codes and pertinent regulations governing pharmacists with respect to these topics. By conducting this study, we sought to examine the extent to which pharmacists consider the ethical and legal framework governing professional secrecy and privacy in their respective countries. Furthermore, we aimed to assess the level of training provided to pharmacists concerning professional secrecy, privacy and their associated professional obligations.

### 2.2 Methods

FIP is the global body representing pharmacy, pharmaceutical sciences and pharmaceutical education. Through its 152 national organisations, academic institutional members and individual members, FIP represents over four million pharmacists, pharmaceutical scientists and pharmaceutical educators around the world. Responses were collected via a survey circulated to 133 FIP member organisations with an interest in pharmacy practice. The survey was open for responses from FIP member organisations from 23 June to 26 July 2022, and was accompanied by a letter inviting member organisations to participate, explaining the aims of the survey, as well as an informational email explaining the study methodology.

#### 2.2.1 Design of the survey questionnaire

The survey was developed independently in English by researchers based on previous questionnaires<sup>34</sup>. The survey was carried out by sending a link to the document survey form (Google Forms) from FIP and was conducted over the established time (June–July 2022), with a follow-up and reminder for non-responders. Responses were collected in the same form and on an Excel sheet for further analysis. The survey is available on request from FIP (fip@fip.org).

The survey underwent a comprehensive piloting and refinement process over a period of two weeks in March 2022. Valuable input was received from various stakeholders, including members of the FIP Community Pharmacy Section (CPS) Executive Committee, observers and the CPS-Early Career Pharmaceutical Group liaison representing multiple countries, namely, Argentina, Australia, Canada, Finland, India, Ireland, The Philippines, Portugal, South Africa, Sweden, UK and Uruguay. The feedback and insights provided by these individuals played a significant role in refining and enhancing the survey. Their diverse perspectives and expertise contributed to ensuring the survey's relevance, clarity and effectiveness in collecting the desired information.

#### 2.2.2 Limitations

As the survey was solely distributed in English, the interpretation of survey questions by respondents may have varied, potentially impacting the accuracy of the results. It is possible that their responses may have been limited as a result.

Despite attempts to simplify questions in order to get concise answers, some questions necessitated more elaborate responses. These open-ended questions may have been subject to varying interpretations by respondents, resulting in partially or inaccurately completed responses that could affect result accuracy. Therefore, caution should be exercised when interpreting the findings.

Although efforts were made to ensure data accuracy, FIP and the CPS cannot be held accountable for any inaccuracies in the data submitted by respondents. The survey explicitly requested respondents to indicate the year and source of their data; however, not all respondents adhered to this instruction consistently. Data sources are available on request from FIP (fip@fip.org).

## 3 Results

In this report, findings on privacy and confidentiality are presented that have implications for enhancing professional actions and fostering better relationships between pharmacists and patients.

Certain survey questions provided an opportunity for participants to express their opinions through open-ended responses. These qualitative results will enable us to delve deeper into the findings and gather additional insights. To present this information effectively, we have compiled tables that highlight specific questions and corresponding responses, categorised by country.

By organising the results in this manner, we aim to provide a clear and concise overview of the survey findings, facilitating a comprehensive understanding of the subject matter. This information will be beneficial for both professionals and patients, offering valuable insights that can contribute to improving professional practices and strengthening interrelationships.

The answers to open survey questions are presented as responded by respondents.

### 3.1 Respondent characteristics

A total of 17 countries responded to the survey. Table 1 shows the number of respondents per country. Most respondents were based in European countries (n=8), followed by African (n=4) and Asian countries (n=3).

Table 1. Sample distribution of respondents per country.

Country (n=17)	Number of respondents (n=19)
Austria	1
Belgium	1
Bosnia and Herzegovina	1
Cyprus	1
Denmark	2
Israel	2
Japan	1
Norway	1
Portugal	1
Rwanda	1
Sierra Leone	1
Slovenia	1
Spain	1
Sri Lanka	1
Tanzania	1
Uruguay	1
Zambia	1

### 3.2 Patient privacy and professional secrecy

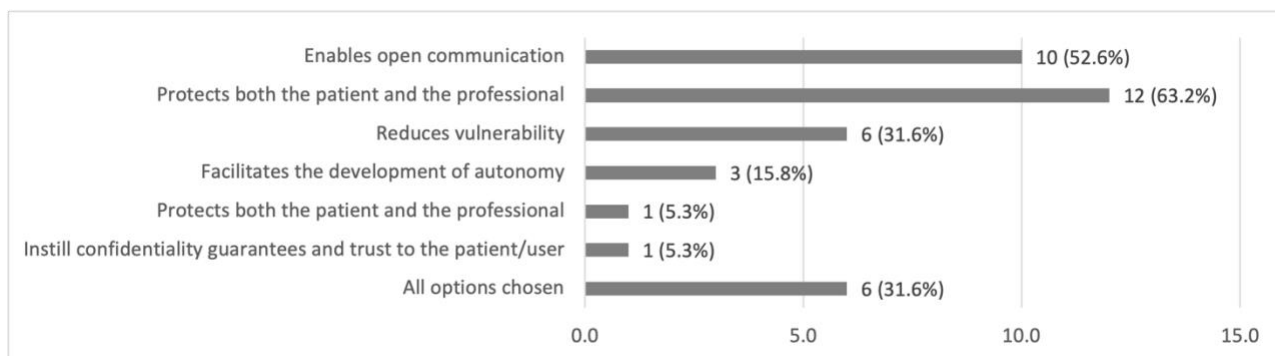
Respondents were asked to answer the question “What does professional secrecy and respect for patient privacy mean to you?”. Their answers are shown in Table 2.

Table 2. Meaning of professional secrecy and respect for patient privacy — verbatim responses	Country	Response
Belgium		“The Belgian Ethical code gives the following information: Professional secrecy has a mixed basis, which finds its source both in the relationship of private trust that must be established between the patient and the professional practitioner so that quality care can be provided at the individual level and in the general interest, which commands widespread confidence in the health care professions, in order to guarantee access to them and the protection of public health.”
Bosnia and Herzegovina		“Not telling the patient’s diagnosis, drugs and questions to anyone.”
Cyprus		“Inevitably important”
Denmark		“This means that sensitive personal information that the pharmacy has received as part of the pharmacy’s work must in principle not be passed on to others without the citizen’s consent.”
Denmark		“That I don’t share any information about the patient, if the patient has not allowed it.”
Israel		“No to divulge particulars to anyone not entitled to receive them or in a lifesaving emergency.”
Israel		“The pharmacist’s personal and professional commitment to provide service to a patient with no ulterior motives.”
Japan		“Professional secrecy/confidentiality is legally mandated, and it should be observed. Patient privacy should be respected as the basis of pharmacy service.”
Norway		“All health professionals are obliged to follow the health professional law. The pharmacy law defines discretion and staff in pharmacies (both pharmacists and technicians) are obliged to follow very strict procedures and laws including GDPR [General Data Protection Regulation] regarding patient privacy.”
Rwanda		“Professionals are not permitted to speak with their clients about any private information. The obligation of professional secrecy is known as this. This obligation exists so that people can freely ask for assistance and professionals can take the appropriate action.”
Sierra Leone		“Very important to maintain my integrity as well as that of the patient.”
Slovenia		“Keeping information about the patients’ health situation to yourself.”
Spain		“Inherent duty in the practice of the profession of pharmacy, in all its activities, whatever the practice. The pharmacist is obliged to safeguard the privacy of the patient/user.”
Sri Lanka		“It is a must.”
Tanzania		“Trust and confidence to what I and my colleagues are doing in line with our profession”
Uruguay		“Use patient information for therapeutic purposes only.”
Zambia		“Means ethical pharmacy practice and patient protection.”

Responses to this question were not received from Austria and Portugal.

The perception of the primary objectives of professional secrecy and respecting patient privacy varies across different countries. These results are presented in Figure 1.

Figure 1. Main goals of professional secrecy and respecting patient privacy as answered by respondents.



Several questions are summarised in Table 3. PS: professional secrecy; PC: patient confidentiality.

Table 3. Patient privacy and professional secrecy topics knowledge from respondents.

Answers	Yes (%)	No (%)	Don't know (%)
Knowing of existing guidance documents for professional secrecy	78.9	15.8	5.3
- Aware of precise contents of these documents	93.3	6.7	0
- Content taught in undergraduate education	73.3	13.3	13.3
Exceptions to patient confidentiality and professional secrecy	36.8	36.8	26.3
Clear boundaries between privacy and best interests of patient	68.4	31.6	0
Boundaries reflected in standards of practice and/or legislation	63.2	21.1	15.8
Having document for informed consent in place	63.2	26.3	10.5

Respondents were asked if there were any exceptions to patient confidentiality and professional secrecy and, if so, to list them. Their answers are shown in Table 4.

Table 4. Exceptions to patient confidentiality and professional secrecy per country.

Country	Response
Austria	"Criminal Investigations, emergencies."
Belgium	"The patient's health is in danger."
Bosnia and Herzegovina	"No."
Cyprus	"I do not know."
Denmark	"The exceptions are described in the European General Data Protection Regulation (GDPR)." "No."
Israel	"Lifesaving or law court demands/requests." "I don't know."
Japan	"(i) Cases based on laws and regulations. (ii) Cases in which there is a need to protect a human life, body or fortune, and when it is difficult to obtain a principal's consent. (iii) Cases in which there is a special need to enhance public hygiene or promote fostering healthy children, and when it is difficult to obtain a principal's consent. (iv) Cases in which there is a need to cooperate regarding a central government organisation or a local government, or a person entrusted by them performing affairs prescribed by laws and regulations, and when there is a possibility that obtaining a principal's consent would interfere with the performance of the said affairs."
Norway	"Some criminal actions might give the personnel the possibility to share information."

Portugal	"If the patients have allowed to share this information with other healthcare professionals, academic and scientific means (if anonymity is respected), if it's really needed to protect honour, dignity and legitimate interests."
Rwanda	"I don't know."
Sierra Leone	"I don't know."
Slovenija	"No."
Spain	"No."
Sri Lanka	"No."
Tanzania	"No."
Uruguay	"No."
Zambia	"I don't know."

Respondents were asked to about the national laws that regulate professional secrecy and the respect of patient privacy. Their answers are shown in Table 5.

Table 5. National laws about professional secrecy and patient privacy per country.

Country	Response
Austria	"Pharmacy operating regulations, professional regulations, pharmacists' chamber law."
Belgium	"art. 458 of the Penal Code - article 10, of the law of August 22, 2002 relating to the rights of the patient - article 22 of the Code of ethics of pharmacists"
Bosnia and Herzegovina	"Law on Apothecary of the Federation of Bosnia and Herzegovina."
Cyprus	"Nothing in particular as a law, for patient privacy."
Denmark	"The Penal Code/The Criminal Law Personal Data Act The European General Data Protection Regulation (GDPR)". "GDPR The Health Act Pharmacy regulation"
Israel	"Laws concerning the individual's rights." "The Patient's Bill of Rights."
Japan	"The Penal Code (Act); the Act on the Protection of Personal Information. Although those subjects are covered by national laws/regulations, separately Ethical Guidelines for Medical and Biological Research Involving Human Subjects were issued."
Norway	"The health professional law, GDPR, The Pharmacy act, The pharmacy law and different decisions and guidelines defined by the authorities."
Portugal	"Code of Ethics of the Portuguese Pharmaceutical Society."
Rwanda	"Law N° 49/2012 of 22/01/2013 establishing the medical professional liability insurance."
Sierra Leone	"There is an Ethics committee."
Slovenia	"Act on Pharmacy Activities (ZLD-1), Code of Pharmacy Deontology."
Spain	"Royal Legislative Decree 1/2015 of 24th July 2015, Law 14/1986 of 25th April 1986 on General Health."
Sri Lanka	"Medical ordinance."
Tanzania	"Code of Conduct and Ethics."
Uruguay	"Law 19286; Ethics Code of Asociación de Química y Farmacia del Uruguay" (Uruguayan Pharmacy Professional Association).
Zambia	"Health Professions Act Pharmaceutical Society Professional Guide."

### 3.3 Training

Answers to the survey questions related to education of patient confidentiality and professional secrecy are summarised in Table 6.

Table 6. Training in the respondent's countries.

Answers	Yes (%)	No (%)	Don't know (%)
Undergraduate training related to professional secrecy and/or patient privacy	57.9	31.6	10.5
Continuous training related to professional secrecy and/or patient privacy	47.4	47.4	5.3
Required renewal certification	36.8	63.2	0
- Requirement about professional secrecy and/or patient privacy	23.1	53.8	23.1

Respondents were asked to provide information about the available continuous professional development training for pharmacists related to professional secrecy and/or patient privacy. Their answers are shown in Table 7.

Table 7. Details about continuous training related to professional secrecy and/or patient privacy per country as answered by respondents.

Country	Response
Belgium	"Reminders of regulations and ethics are regularly given during continuing education."
Japan	"JPA [Japan Pharmaceutical Association] Professional Standard includes an item titled "(I) can explain the Act on the Protection of Personal Information."
Norway	"E-learnings developed by the pharmacy chains or national programmes also available as e-learning programmes."
Portugal	"The Portuguese Pharmaceutical Society organises education events with regard to this topic."
Rwanda	"It is mandated by Law No45/2012 of 14/01/2013 relating to the organisation, functioning and competence of the Council of Pharmacists in Rwanda."
Slovenia	"In postgraduate education."
Tanzania	"During AGM, but can't say that all get the opportunity."
Zambia	"Well-structured monthly CPD by the pharmaceutical society."

Responses to this question were not received from Austria, Bosnia and Herzegovina, Cyprus, Denmark, Israel, Sierra Leone, Spain, Sri Lanka and Uruguay.

Respondents were asked to provide information about the required frequency for renewal of registration. Their answers are shown in Table 8.

Table 8. Frequency of renewal of certification of registration or practising certificate per country as answered by respondents.

Country	Response
Belgium	"We have an external audit obligation. Among the questions asked are continuing education. An external audit must be done regularly (probably every 5 years, a decree must still define it)."
Bosnia and Herzegovina	"6 years."
Israel	"At the level of chief district pharmacist who recommends to the authorities who take what action a committee sees fit."
Rwanda	"Annual basis."
Sierra Leone	"It is renewed every year."
Slovenia	"Based on licence points, which a pharmacist must collect every 7 years."
Tanzania	"Annually."

Zambia	"Once yearly."
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Responses to this question were not received from Austria, Cyprus, Denmark, Israel (one respondent), Japan, Norway, Portugal, Spain, Sri Lanka and Uruguay.

### 3.4 Oath, code of ethics and/or code of conduct

Respondents were asked about codes of ethics and conduct. Answers are summarised in Table 9.

Table 9. Existence of oath, code of ethics and/or code of conduct in each country as answered by respondents.

Answers	Yes (%)	No (%)	Don't know (%)
Existing oath	57.9	42.1	0
Existing code of ethics	94.7	5.3	0
- Coverage of patient confidentiality and patient privacy	94.4	0	5.6
- Includes keeping secrecy and discretion among other professionals	77.8	16.7	5.6
- Addressing secrecy related to digital data	52.9	35.3	11.8

We inquired about the oaths taken by the participants, specifically asking them to indicate the oath in place in their country. Table 10 presents the percentage distribution of each option chosen in response to this question.

Table 10. Type of oaths of respondent's countries.

Type of oath	Percentage
Hippocratic oath	27.3
FIP based oath of a pharmacist	27.3
Combination of the Hippocratic Oath and the FIP Oath of a Pharmacist	9.1
"The ethical code (a law) necessitates abidance of its content by pharmacists"	9.1
"Pharmaceutical oath"	9.1
"Pharmacist platform in Japan"	9.1
"We should act in accordance with pharmacy code of ethics, written in guidelines for practising pharmacy."	9.1

Respondent were asked to clarify if there was a code of ethics to code of conduct in their country. Their responses are set out in Table 11.

Table 11. Code of ethics or code of conduct for pharmacists per country as answered by respondents.

Country	Response
Austria	"Professional regulations."
Belgium	"- Code of ethics: <a href="https://www.ordredespharmaciens.be/fr/deontologie/code">https://www.ordredespharmaciens.be/fr/deontologie/code</a> - specific recommendation of the Chamber"
Bosnia and Herzegovina	"Code of Ethics of the Pharmacists in the Federation of Bosnia and Herzegovina."
Denmark	"God Apotekerskik (Good Pharmacy Practice)." "God apotekerskik."
Israel	"An act of our parliament (Knesset) has a code of ethics or code of conduct for pharmacists." "Not a single code of ethics but organizational ones exist. The National Committee of Pharmacy is currently working on a national code of ethics for pharmacists. Not yet approved."
Japan	"Japanese Code of Ethics for Pharmacists (JPA)."
Norway	" <a href="https://www.nfs.no/om-oss/etikkradet/">https://www.nfs.no/om-oss/etikkradet/</a> <a href="https://www.nfs.no/om-oss/etikkradet/etiske-retningslinjer-for-farmasoyter/">https://www.nfs.no/om-oss/etikkradet/etiske-retningslinjer-for-farmasoyter/</a> The code of conduct is based on codes of Ethics for Pharmacists developed by FIP"

Portugal	“Code of ethics of the Portuguese Pharmaceutical Society.”
Rwanda	“Ministerial order no 20/37 of 30/10/2015 determining the code of ethics for pharmacy professionals in Rwanda.”
Sierra Leone	“Every registered pharmacy professional is responsible for their own actions. The principles of Code of Ethics are mandatory. As a registered pharmacist or pharmacy technicians your professional and personal conduct will be judged against the code.”
Slovenia	“Code of ethics, written in guidelines for practising pharmacy.”
Spain	“ <a href="https://www.farmaceuticos.com/el-consejo-general/portal-transparencia/informacion-de-gestion-y-sobre-cumplimiento-normativo/deontologia/">https://www.farmaceuticos.com/el-consejo-general/portal-transparencia/informacion-de-gestion-y-sobre-cumplimiento-normativo/deontologia/</a> ”
Tanzania	“Respect to all and professionalism in conduct.”
Uruguay	“Ethics code of AQFU.”
Zambia	“Health Professions Code of Ethics.”

Responses were not received from Cyprus and Sri Lanka.

### 3.5 Physical structure of pharmacies (and other places of professional practice)

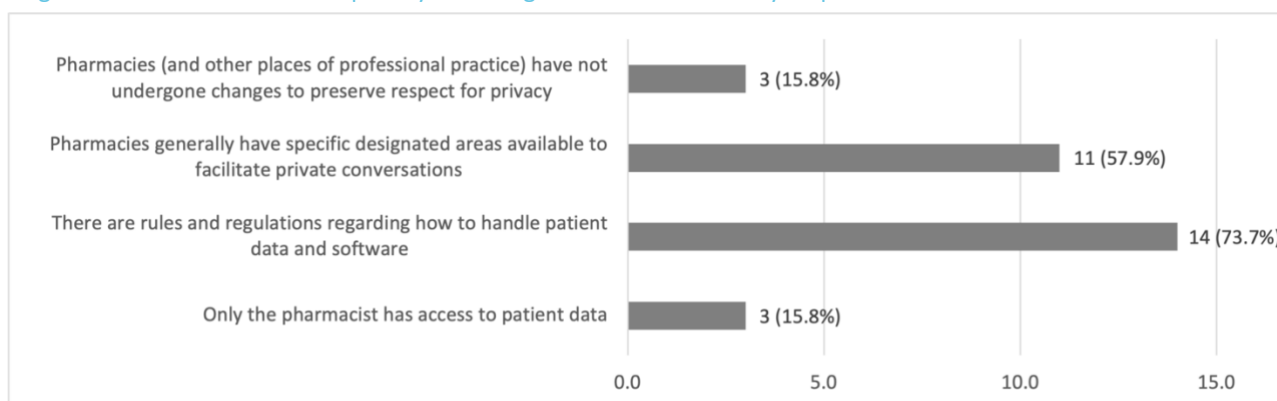
Respondents were asked to provide information about the preparedness of practice facilities in order to facilitate and adequately respect professional secrecy and patient confidentiality. Answers are summarised in Table 12.

Table 12. Physical structure of pharmacies (and other places of professional practice) related to professional secrecy and patient confidentiality as answered by respondents.

Answers	Yes (%)	No (%)	Don't know (%)
Place of work prepared to preserve professional secrecy	63.2	31.6	5.3
Differences between hospital and community pharmacies related to dispensing area	63.2	26.3	10.5

Respondents were asked about the design of pharmacy premises and data regulation. These results are shown in Figure 2.

Figure 2. Accommodation and privacy encouragement as answered by respondents.





## 4 Discussion

Responses were received from 17 countries, as indicated in Table 1. While it is important to acknowledge that the number of participants was relatively low compared with the total number of FIP member organisations, we believe that the global distribution of responses is sufficient for the purpose of this research.

We inquired about the primary objectives of professional secrecy and the importance of safeguarding patient privacy. The outcomes (see Figure 1) yielded surprising results. Only a 31.6% of respondents provided the response “All”, which can be regarded as the correct answer.<sup>35</sup> Roughly half of participants believe that professional secrecy solely facilitates effective communication (52.6%), while the remaining half perceives it solely as a means of safeguarding both the patient and healthcare professionals (63.2%). Around 31.6% of respondents believe that professional secrecy solely diminishes patient vulnerability, while approximately 15.8% view it as solely contributing to the enhancement of patient autonomy.

Professional secrecy is specifically crafted to provide mutual protection for both patients and healthcare professionals. The term “confidential” encompasses essential attributes such as trust, protection, credibility, honesty and loyalty. It is only when confidentiality is ensured, creating a private realm inaccessible to others, that patients feel comfortable speaking openly. This paves the way for effective communication, enabling the provision of efficient services and fostering the development of patient autonomy. Disclosing or breaching a patient’s privacy compromises their vulnerability, making them more susceptible to potential harm. Consequently, professional secrecy plays a crucial role in mitigating patient vulnerability by upholding privacy and safeguarding sensitive information.

When posed with the question of whether pharmacies (as well as other professional practice settings) are adequately equipped to support and promote patient privacy, respondents were presented with four options (see Figure 2). A majority of participants, nearly three quarters (73.7%), agreed that regulations and guidelines concerning the handling of patient data and software exist. Additionally, approximately half of the participants (57.9%) concurred that pharmacies generally offer designated areas specifically designed to facilitate confidential conversations.

A small percentage (15.8%) expressed the belief that pharmacies, along with other professional settings, have not implemented any changes to ensure the preservation of patient privacy. A similar small percentage (15.8%) held the view that only the pharmacist possesses access to patient data. While 15% may not represent a substantial figure, it is still a significant concern. The absence of dedicated spaces to uphold patient privacy in certain locations is troubling.

Based on the findings presented in Table 3, it is evident that there is a commendable level of awareness regarding professional secrecy. However, it is worth noting that a percentage of respondents either do not possess sufficient knowledge (5.3%) or believe that guidance documents for professional secrecy are unavailable (15.8%). Furthermore, when it comes to the existence of exceptions to patient confidentiality and professional secrecy, a significant portion of respondents demonstrated a lack of awareness (26.3% responded “I don’t know” and 36.8% responded “No”).

On a positive note, the respondents displayed a clear understanding of the boundaries between patient privacy and their best interests (68.4%). This understanding is also reflected in the standards of practice (63.2%). Similarly, when asked about the presence of a document for informed consent, 63.2% of respondents confirmed its existence.

However, it is evident that these awareness percentages are not sufficiently high. Therefore, it is essential for the profession to make a concerted effort to improve awareness levels among practitioners and ensure a thorough understanding of professional secrecy principles.

When examining the results concerning training (see Table 6), it is evident that there is a concerning lack of emphasis in several areas. A low percentage of respondents reported receiving undergraduate training (31.6% responded “No”), and an even lower percentage reported engaging in continuous training (47.4% responded “No”) on professional secrecy and/or patient privacy. Furthermore, an alarming majority of respondents (63.2%) expressed that there is no requirement for these topics to be included in the practice certification renewal.

Moreover, there is also a proportion of respondents who demonstrated a lack of awareness regarding the inclusion of these specific topics in under- and post-graduate education (10.5% and 5.3%, respectively). This finding is particularly concerning, as it suggests that there might be an insufficiency in training programmes even for students, who are the future professionals in the field.

These results indicate a significant gap in the training and knowledge base within the profession. It is crucial to address this issue urgently to ensure that professionals receive adequate training and are well-prepared to fulfil their responsibilities effectively.

Examining the findings related to the oath, code of ethics, and/or code of conduct (see Table 9), it is noteworthy that approximately half of the respondents (42.1%) indicated the absence of an oath. However, a large majority (94.7%) reported the existence of a code of ethics in their countries. Interestingly, the code of ethics received high affirmation for encompassing patient confidentiality and privacy (94.4%), surpassing the percentage (77.8%) indicating its inclusion of maintaining secrecy and discretion among fellow professionals. However, it is concerning that only 52.9% of respondents stated that their code of ethics addresses secrecy pertaining to technology tools. There might be an opportunity to adapt codes of ethics to the use of digital technologies, while new technologies might not be appropriately addressing potential problems with digital data use.

These results highlight the disparity between the presence of an oath and the existence of a code of ethics. While a considerable number of respondents lack an oath, the majority have access to a comprehensive code of ethics that covers patient confidentiality and privacy.

Furthermore, when respondents were asked about the type of existing oath, the results indicated that 27.3% based their oath on the Hippocratic tradition, another 27.3% based it on FIP's proposal, and 9.1% incorporated elements from both sources. Interestingly, the remaining respondents (36.3%) selected alternative options, such as having their own written oath or adhering to codes of ethics or laws.

These findings present a valuable opportunity for FIP to enhance the promotion and dissemination of its oath proposal, which was adopted by the FIP Council on 31 August 2014 in Bangkok, Thailand. Additionally, there is a collective need for improvement in the secrecy section of ethical codes. This highlights the importance of refining and strengthening the guidelines related to professional secrecy across the profession, ensuring they are comprehensive and effectively communicated to practitioners.

Analysing the results about the physical structure of pharmacies (see Table 12), it is concerning that only approximately 63.2% of respondents indicated that their workplace is adequately prepared to uphold professional secrecy. Similarly, only around 63.2% acknowledged the existence of distinctions between hospital and community pharmacies regarding dispensing areas. We believe these percentages regarding privacy preparedness are not high enough in both settings. Private counselling is part of Good Pharmacy Practice, and should be the same wherever a patient is counselled or assessed.<sup>36</sup>

The fact that a significant proportion of respondents do not feel their work environment is adequately equipped to preserve professional secrecy is worrying. It indicates a potential gap in the physical infrastructure of pharmacies, which could compromise patient privacy and the confidentiality of sensitive information. Furthermore, the lack of recognition regarding the differences in dispensing areas between hospital and community pharmacies may lead to potential breaches in patient confidence and quality of care.

These findings highlight the importance of addressing and improving the physical structure of pharmacies to ensure that they are conducive to preserving professional secrecy and adhering to the required standards of privacy and confidentiality.

Non-quantifiable responses played a crucial role in shaping and outlining our conclusions. While quantitative data provide valuable insights, the qualitative responses added depth and context to our analysis. They allowed us to capture nuanced perspectives, gather detailed feedback, and understand the underlying reasons behind certain trends or patterns.

By considering the non-quantifiable responses, we were able to gain a more comprehensive understanding of the subject matter. They provided valuable insights into participants' personal experiences, opinions and concerns, shedding light on aspects that may not have been captured through quantitative measures alone. These non-quantifiable responses enriched our analysis, enabling us to draw well-rounded and meaningful conclusions. They helped us identify potential areas for improvement, address specific challenges and develop recommendations based on the collective input of the participants.

## 5 Conclusions

Although the number of participants in the study was limited, they represented a diverse global distribution.

The findings highlight a concerning lack of awareness regarding professional secrecy and patient privacy, indicating that the current training programmes, both pre- and post-graduation, are insufficient in addressing these important areas. Additionally, the high percentages revealing the absence of adequately prepared spaces to preserve privacy are worrying. It is imperative to enhance training in patient privacy and professional secrecy, both during educational programmes and throughout professional development, in order to cultivate a more competent and responsible workforce. Furthermore, a detailed examination of privacy practices within the workplace is necessary to ensure robust protection of patient confidentiality. Some countries serve as exemplary models, and studying their codes and regulations can provide valuable insights for improving weaknesses identified in this study. This can be a worthwhile avenue for further research following this report.

While the necessity of having an oath, as observed in other healthcare professions, may be subject to debate, it is crucial to acknowledge and respect the differences in this regard. Nonetheless, we firmly believe that having a code of ethics is essential. It not only demonstrates the importance of pharmacists as healthcare professionals but also serves as a guide to uphold ethical standards. The positive outcomes obtained in this aspect affirm the significance of implementing and adhering to a comprehensive code of ethics.

With the expansion of digital health, community pharmacies must adapt to evolving technologies. Leveraging digital data collected from community pharmacies, including near misses and actual errors, can contribute to improving local practices and enhancing patient safety. Using secondary data in health can have specific implications for pharmacists, particularly in terms of developing new pharmacy services and maintaining patient confidentiality. Secondary data sources, such as population health surveys or health utilisation databases, can provide insights into the healthcare landscape, including disease prevalence, medication utilisation patterns and patient demographics. Pharmacists can analyse these data to identify emerging health trends and unmet needs within the population. This information can guide the development of new pharmacy services tailored to address specific health concerns and improve patient outcomes. Secondary data can be valuable for conducting quality improvement projects within pharmacy practice. By analysing existing data, such as medication error reports, adverse drug reaction databases or patient satisfaction surveys, pharmacists can identify areas for improvement and implement targeted interventions. This can lead to enhanced patient safety, better medication management, and improved overall quality of care. Secondary data can be used to evaluate the impact and effectiveness of existing pharmacy services. Pharmacists can assess patient outcomes, healthcare utilisation patterns or medication adherence rates through secondary data analysis. This evaluation helps identify areas of success, areas that need improvement and opportunities for optimising pharmacy services to better meet patient needs.

Pharmacists need to be aware of the potential risks associated with patient data, such as data breaches or unauthorised access. It is crucial to implement robust data security measures and adhere to relevant legal and regulatory requirements to protect patient confidentiality.

When using patient data, pharmacists must consider ethical implications, such as obtaining proper consent, ensuring data anonymity where needed, and adhering to ethical guidelines and codes of conduct. Pharmacists should prioritise patient confidentiality and ethical considerations throughout all stages of data analysis and interpretation. Effective management of digital data necessitates robust legal support and ethical standards regulation. Significant work remains to be done in this area.

Discussion and debate on data and technology ethics undoubtedly will continue for many years to come as digital technologies continue to develop and penetrate all aspects of human life. But the sooner we reach a consensus on key definitions, principles and approaches, the easier the debates can turn into real actions. Data ethics are equally important for government, businesses and individuals, and should be discussed openly. The process of such discussion will serve itself as an awareness and knowledge-sharing mechanism.

Regardless of the nature of their professional practice, pharmacists must conduct their activities with strong ethical orientation. Existing texts on professional ethics outline the minimum standards that every pharmacist must adhere to. Failure to comply with the rules of the code of ethics can result in a lack of professional ethics and corresponding sanctions as per the legislation and the respective regulatory bodies.

To achieve the goals set forth by FIP, the pharmacy profession must overcome various obstacles and remain committed to upholding high ethical standards. This report emphasises the need to improve policies and regulations, including professional autonomy, and its practical application. It also advocates collaboration between regulators at national and global levels. Furthermore, it suggests that FIP enhance its efforts in fostering such collaborations.

In conclusion, a collective effort is required to improve the results observed in this study.

While the findings of this study analyse the responses of FIP member organisations that have an interest in pharmaceutical practice, it would be useful for future studies to examine the perspectives of practising pharmacists.

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## 7 Appendix - Survey

1. Can you please indicate the country the answers to this survey will refer to? \*

Patient privacy and professional secrecy:

2. What does professional secrecy and respect for patient privacy mean to you? \*
3. What are, in your opinion, the main goals of professional secrecy and respecting patient privacy?

*Select all that apply*

- Enables open communication
- Protects both the patient and the professional
- Reduces vulnerability
- Facilitates the development of autonomy
- All
- Otro:

4. Do you know if there are standard guidance documents regulating professional secrecy and respect for privacy in your country?

*Mark only one*

- Yes
- No
- I do not know

5. If yes, are you aware of their precise contents about patient privacy and professional secrecy?

*Mark only one*

- Yes
- No
- I do not know

6. If yes, is this content taught in undergraduate pharmacy education?

*Mark only one*

- Yes
- No
- I do not know

7. The duty of respect for patient confidentiality is often called the duty of "professional secrecy". However, this duty may not apply in all situations. Are there any exceptions to patient confidentiality and professional secrecy?

*Mark only one*

- Yes
- No
- I do not know

8. If yes, please list them.

9. According to the principle of respect for autonomy, each healthcare professional should respect, as far as possible, a patient's right not to have their personal information shared. However, this could sometimes prevent a healthcare professional from helping the patient to get the best outcome from their treatment. Are the boundaries between the two concepts (privacy and best interests of the patient) clear to you as a pharmacist?

*Mark only one*

- Yes
- No

10. Are they reflected in standards of practice and/or current legislation in your country?

*Mark only one*

- Yes
- No
- I do not know

11. What national laws regulate professional secrecy and the respect of patient privacy in you country? Please list them.

12. Informed consent is a process of acquiring permission before conducting a healthcare intervention or some form of research involving an individual, or before disclosing an individual's information. Consent can be written or verbal. Do pharmacies in your country have a document or digital application for informed consent in place?

*Mark only one*

- Yes
- No
- I do not know

Training:

13. Is there any undergraduate pharmacy education training related to professional secrecy and/or patient privacy?

*Mark only one*

- Yes
- No
- I do not know

14. Do practising pharmacists receive any continuous professional development training related to professional secrecy and/or patient privacy?

*Mark only one*

- Yes
- No
- I do not know

15. If yes, please provide details.

16. Is renewal of certification required to practise pharmacy in your country? \*

*Mark only one*

- Yes
- No
- I do not know

17. If yes, how frequently is it mandated?

18. Does it include any requirement about professional secrecy and/or patient privacy?

*Mark only one*

- Yes



- No
- I do not know

Oath, code of ethics and/or code of conduct

19. Do you have an oath for pharmacists? \*

*Mark only one*

- Yes
- No
- I do not know

20. If yes, which one is it?

*Mark only one*

- Hippocratic oath
- FIP based oath
- Otro:

21. Is there a code of ethics or code of conduct for pharmacists in your country? \*

*Mark only one*

- Yes
- No
- I do not know

22. If yes, please list them

23. If yes, does the code cover patient confidentiality and privacy?

*Mark only one*

- Yes
- No
- I do not know

24. If yes, does the code include the need for keeping secrecy and discretion among other he professionals as appropriate?

*Mark only one*

- Yes
- No
- I do not know

25. If yes, does the code address professional secrecy related to the use of technological tool (i.e. messaging systems, electronic records, etc.)

*Mark only one*

- Yes
- No
- I do not know

Physical structure of pharmacies (and other places of professional practice)

26. In your country, are pharmacies (and other places of professional practice) structurally generally prepared to support the preservation of professional secrecy (e.g., do you have room set aside or a partition within the pharmacy)?

*Mark only one*

- Yes
- No
- I do not know

27. In your country, are pharmacies (and other places of professional practice) generally prepared to accommodate and encourage managing patients with respect for their privacy? Select from the following all that apply:

*Select all that apply*

- Pharmacies (and other places of professional practice) have not undergone changes to preserve respect for privacy
- Pharmacies generally have specific designated areas available to facilitate private conversations
- There are rules and regulations regarding how to handle patient data and software
- Only the pharmacist has access to patient data
- Other:

28. In your country, are there any organisational differences in the dispensing areas (where the patient is supplied a medicine and might enter a health-related conversation with pharma staff members) between community pharmacy and hospital pharmacy (outpatient area)?

*Mark only one*

- Yes
- No
- I do not know

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