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Freedom to Care

by David Stevens MD MA (Ethics); Chief Executive Officer, Christian Medical & Dental Associations

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Do patients want a healthcare professional that lacks integrity? Should medical, pharmacy, and nursing schools strip students of all moral beliefs not approved by the government or professional organizations? Should patients have the right to demand a service or product a healthcare professional does not want to provide? If something is legal, does that make it right?

These and many other questions are raised by the coordinated, well-funded, and relentless attack on healthcare right of conscience by individuals and groups who disparagingly label the right of conscience as "the right to refuse." Their overarching goal is to compel complicity or completely force out of healthcare all individuals who resist the radical agenda. That is why it is more important than ever for healthcare professionals to understand the most basic right of conscience and know how to defend it.

Healthcare right of conscience is the freedom to practice healthcare in accordance with your deeply held religious, moral, or ethical convictions. It is the freedom to behave in compliance with your beliefs of right or wrong. The word "behave" is important to understand in this debate. Opposition to this right asserts that healthcare professionals use the excuse of conscience to withhold essential services from patients with whom they disagree on beliefs or lifestyles. This assertion is not consistent with reality. All of us as healthcare professionals provide services daily to people whose actions we do not endorse. I care for people with unhealthy lifestyles who smoke, are alcoholics, don't take their medications as they should, or refuse to lose weight. I have treated rapists, thieves, murders, and, while working in relief work, those involved in genocide. We are called to be benevolent to those with medical needs, regardless of their actions.

However, the line is drawn in my conscience when patients ask me to become complicit by facilitating their unwise or immoral actions. For example, if asked I would not give a smoker a pack of cigarettes, drive the getaway car for a bank robber, or loan my machete to a Rwandan intent on murdering his neighbor through genocide. For the same reason, I will not prescribe the morning-after pill, which can end the life of a developing human being, or refer a patient for an abortion. If I did, I would be morally complicit in taking another human being's life.

Martin Luther King said it well,

"On some positions cowardice asks the question, 'Is it safe?' Expediency asks the question, 'Is it politic?' Vanity asks the question, 'Is it popular?' But conscience asks the question, 'Is it right?' And there comes a time when one must take a position that is neither safe, nor politic, nor popular but he must take it because conscience tells him it is right." [1]

The issue of healthcare right of conscience has received great attention in the last 15 years. Hospitals were taken to court for not providing abortion services, doctors were sued because they would not provide in-vitro fertilization services to unmarried individuals, and states passed laws requiring pharmacists to dispense the morning-after pill. In 2007, the American Congress of Obstetricians and Gynecologists (ACOG) issued Opinion #385 stating that the patient was the final arbitrator for treatment decisions and that the right of patients to demand treatment was no different than their right to refuse treatment. They asserted that right of conscience is no more than a personal opinion and health professionals have a moral obligation to take care of people that overrides their qualms of conscience. ACOG claimed that even

inconveniencing a patient by causing them to seek a service elsewhere imposes the healthcare professional's beliefs on the patient. Therefore, doctors must refer for abortions or they must provide abortions if there is any type of inconvenience to the patient. Doctors with conscience reservations should only practice in areas where other practitioners can easily provide abortions.[2] Within a year, the American Board of Obstetrics & Gynecology stated that its members had to be in compliance with the ACOG's ethical statements to be recertified.[3]

Even though it is a hot topic in today's news, right of conscience is not a new issue in medicine. Physicians both cured and killed more than 2,000 years ago. The trouble was patients didn't know which service they would receive. Would they be cured or would they be killed? If an enemy paid more than the patient, the doctor would simply choose to eliminate the patient.

In contrast, Hippocrates and his followers realized the foundation to the health professional–patient relationship was trust. The patient must know they are entrusting their life and health into the hands of a person of integrity. Over time, a commitment called the Hippocratic Oath became the key to open the door for creating that foundation. A physician had to commit before his future colleagues and the community to maintain professional integrity by keeping confidences, not performing abortions, not killing his patients, and not abusing trust in any other way. Medicine flourished under these standards as patients voted with their feet for this type of practitioner.

Fast-forward to the late 18th century and James Madison, one of our country's founding fathers. He drafted the First Amendment of the Bill of Rights and submitted it to Congress on June 7, 1789. Its initial draft read:

"The Civil Rights of none shall be abridged on account of religious belief or worship, nor shall any national religion be established, nor shall the full and equal rights of conscience be in any manner, nor on any pretext infringed. No state shall violate the equal rights of conscience…."[4]

That is about as clear as he could make it. The Congressional Record shows various congressional committees worked hard during the next three months to make the Bill of Rights more concise. On September 24, the conference committee of the House and Senate stated that the "***free exercise of religion***" included the concept of the "***the full and equal rights of conscience be in any manner, nor on any pretext infringed***" and approved the present language of the first amendment.

"*Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof…."*[5]

Thomas Jefferson later stated when asked about the rights of conscience,
"*The rights of conscience we never submitted, we could not submit. We are answerable for them to our God."*

"I consider the government of the U.S. as interdicted by the Constitution from intermeddling with religious institutions, their doctrines, discipline, or exercises."[6]

James Madison said,
"*Conscience is the most sacred of all property."*

"The Religion of every man must be left to the conviction and conscience of every man; and it is the right of every man to exercise it as these may dictate."[7]

Based upon the wording of this amendment and commentary from the founding fathers, there is no doubt that right of conscience is protected by the constitution. Those opposing it attempt to ignore that troublesome truth.

It was not just our founding fathers who advocated this right. Today's major medical organizations also support right of conscience. The American Medical Association's ethics position states:

"*AMA reaffirms that neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional withdraw from the case, so long as the withdrawal is consistent with good medical practice."*[8]

Unfortunately, the AMA administration endorsed the recent gutting of regulations that put teeth into right of conscience laws.

The World Medical Association states:

"*The physician should be free to make clinical and ethical judgments without inappropriate outside interference."*[9]

The European Convention on Human Rights states:

"*Everyone has the right to freedom of thought, conscience and religion; this right includes… freedom …to manifest his religion or belief, in worship, teaching, practice and observance."*[10]

Pharmacist association statements echo these same principles:

"*Pharmacists have a duty to act with conviction of conscience."* Code of Ethics, APhA [11]

"APhA recognizes the individual pharmacist's right to exercise conscientious refusal." Pharmacist Conscience Clause, APhA [12]

Affirm the right of pharmacists… to decline to participate in therapies they consider to be morally, religiously or ethically troubling. American Society of Health-System Pharmacists [13]

Federal laws protect healthcare right of conscience, but they are limited to federally funded programs. The Church Amendment, passed in 1973 shortly after *Roe v. Wade*, gives broad protections for right of conscience in healthcare. The Public Health Services Act, first enacted in 1944, prohibits forcing participation or discriminating against individuals who have conscience objections to abortion and sterilization. Passed in 2004, the Weldon Amendment provides that no federal, state, or local government agency or program that receives federal health and human services funds may discriminate against a healthcare provider because the provider refuses to provide, pay for, provide coverage of, or refer for abortion. This protection covers any "healthcare professional," as well as hospitals, HMOs, health insurance plans, and "any other kind of health care facility, organization, or plan."

Unfortunately, each of these laws has to be renewed yearly with each Health and Human Services appropriation. Violation of these prohibitions can result in loss of federal healthcare funding for Medicare services or other government funding programs. Despite blatant discriminations against healthcare professionals, no entity has ever been penalized. There also is no right of "private action" allowing individuals to bring a discrimination suit in these laws, and the laws fail to provide even token protection on a myriad of other conscience issues, such as human cloning, embryonic stem cell therapies, and physician-assisted suicide.

After ACOG's determined attack on right of conscience, the Bush administration decided to add depth to the laws by formulating federal regulations supporting them. These went into effect just weeks before the change of administration in 2009 and stated very clearly:
"Healthcare entities cannot discriminate in the employment, promotion, termination, or the extension of staff or other privileges to any physician or other health care personnel because he performed, assisted in the performance, refused to perform, or refused to assist in the performance of any lawful health service or research activity on the grounds that his performance or assistance in performance of such service or activity would be contrary to his religious beliefs or moral convictions, or because of the religious beliefs or moral convictions concerning such activity themselves." [14]

Within a few weeks, the new Obama administration stated the new regulation went too far. After a public comment period resulting in more than 300,000 comments opposing any change, the regulations were nevertheless gutted to the point they had no meaningful effect. The website to report infractions of right of conscience was removed.

So how bad is the problem? The Christian Medical & Dental Associations (CMDA) commissioned a survey of more than 2,000 faith-based physicians, pharmacists, and nurses that revealed:

- 40 percent reported being pressured to compromise their convictions
- 43 percent know someone who has been pressured
- 24 percent have lost a position, promotion, or compensation due to exercising their conscience
- 88 percent think the problem is getting worse

In October 2011, a group of pro-life nurses working at a large medical center in New Jersey were told they must undergo "orientation" and begin assisting with abortions. If they did not cooperate, they would lose their jobs. When reminded of the federal laws prohibiting this coercion, the medical center administration refused to back down. The Health and Human Services department has failed to take any action.
When such opposition exists, it causes many doctors to question why they shouldn't refer for a service even if they morally object to participating in it themselves. The CMDA ethics statement on moral complicity discusses "the culpable association with or participation in wrongful acts" and states, "We must strive to never commit evil ourselves, nor should we participate in or encourage evil by others."[15] It clearly defines how to know if moral complicity of evil does exist.

When physicians or other healthcare professionals refer, they endorse the competency, judgment, and ethics of the people to whom they refer pa-

tients to for treatment. They enter in a professional relationship with those individuals they believe will "do no harm" to the patient. In so doing they become morally complicity in their actions if they reasonably believe they will injure or kill.

As attacks increase and protections crumble, what options should be pursued? It is clear a permanent and comprehensive law must be passed to provide broad protections by using wording similar to the Bush-era regulations. It must provide protections for more than just abortion and sterilization. This law must provide federal remedies, but also allow a right of private action. Otherwise future administrations can easily ignore their obligation to confront offenders. A number of laws meeting these criteria have passed the House of Representatives, but have failed to be taken up in the Senate.

Why this all-out assault on conscience? Abraham Lincoln faced a similar assault over the issue of slavery. He answered the question of "why?" in his Cooper Union speech. If you just substitute the word "abortion" or another morally objectionable procedure for "slavery," the question is answered:

"…what will convince them? This, and this only: cease to call slavery (abortion) wrong, and join them in calling it right. And this must be done thoroughly - done in acts as well as in words. Silence will not be tolerated - we must place ourselves avowedly with them…. The whole atmosphere must be disinfected from all taint of opposition to slavery (abortion), before they will cease to believe that all their troubles proceed from us." [16]

Whether you agree with a health professional's conscientious objection or not is irrelevant. We must all defend that personal right to object. A democracy ceases to exist when the majority steamrolls over the God-given rights of any minority.

Pro-life patients, now a majority in the U.S., have a right to choose a healthcare professional who shares their worldview just as much as a pro-choice patient has a right to have an abortion. Many women who are pro-life don't want an obstetrician delivering their child in one room while aborting a baby in another.

In September 2008 as the right of conscience debate raged, Crispin Sartwell, a self-described "pro-choice atheist," wrote a letter to the *Los Angeles Times* that boiled the issue down to its core. He said,

"The extent to which an institution seeks to expunge individual conscience and moral autonomy is the extent to which it is totalitarian -- and dangerous…. The idea that I…resign my conscience to the institution or to the state is perhaps the single most pernicious notion in human history. It is at the heart of the wars and genocides of this century and the last." [17]

For all these reasons, this is a battle that cannot be lost. Ultimately, medicine and pharmacy are moral enterprises, rooted in the value of doing what is right. Healthcare professionals are not vending machines that patients put their money in to dispense whatever they desire. If we let those who demand that vision succeed, healthcare becomes dangerous for professionals and patients alike.

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Thinking the Unthinkable:
A Response to 'After-Birth' Abortion

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Two philosophers from Australia, Alberto Giubilini and Francesca Minerva (University of Melbourne), have proposed a new term for an old concept: "after-birth abortion." By this, they mean the taking of a newborn baby's life, even if the infant is healthy, as long as social or economic factors make the child's presence a hardship for the parents. Here is the abstract of their paper, published in the distinguished *Journal of Medical Ethics*:

> Abortion is largely accepted even for reasons that do not have anything to do with the fetus' health. By showing that (1) both fetuses and newborns do not have the same moral status as actual persons, (2) the fact that both are potential persons is morally irrelevant and (3) adoption is not always in the best interest of actual people, the authors argue that what we call 'after-birth abortion' (killing a newborn) should be permissible in all the cases where abortion is, including cases where the newborn is not disabled.[1]

As unsettling (OK, horrifying) as this idea is, there is nothing new here. Utilitarian philosopher Peter Singer and his colleague Helga Kuhse proposed the infanticide of handicapped infants, in their well-known book, *Should the Baby Live,* back in 1985, [2] However, there are two significant differences in this latest proposal: 1) The current authors extend the moral permission of killing newborns to *all* babies, not just the disabled; and 2) They propose the euphemism "after-birth abortion" to make the act seem more acceptable.

Predictably, the publication of this latest paper in a major ethics journal has evoked a storm of public protest and controversy. In defending the decision to publish the article, Editor Julian Savulescu writes, "This article has elicited personally abusive correspondence to the authors, threatening their lives and personal safety. The Journal has received a string [of] abusive emails for its decision to publish this article."[3]

On the other hand, we would counter that these disturbing claims need a reasoned and serious refutation. Many persons of faith have tried to marginalize or ignore Peter Singer, despite his enormous influence. Singer's writings have contributed to the privileging of personal autonomy and utilitarian reasoning as the touchstone principles of modern medical ethics, and have helped to dethrone the Hippocratic principles that served as the normative model for clinical reasoning for over 2400 years.

This paper will attempt to provide a refutation of Giubilini and Minerva, as well as Singer and other secular writers, by addressing their core rationale: a functional understanding of human personhood.

Some Background on Human Personhood

Human personhood as a moral concept has many definitions, but at its core it connotes value. We prefer the definition provided by Kittay: "membership in a moral community of individuals deserving equal respect and dignity."[4] The fact that 'person' is not always thought to be coextensive with 'human being' is clear from the frequent denial of such status for the unborn and for elderly patients with dementia, to name but a couple of examples. In general, there are two major theories of human personhood.

Empirical functionalism is the idea that protectable human value is based on a set of functions or abilities.[5] In this view, the unborn do not yet possess moral status because they are not yet self-aware. Singer has defended this stance on the basis of comparative *interests*. Since the unborn do not yet perceive themselves as *selves*, they have, strictly speaking, no personal interests that would be threatened or damaged by their death. Their value is completely dependent on the interests of others.[6]

When Singer, along with Giubilini and Minerva after him, extends this idea to include the infanticide of newborns, they are being completely consistent. Singer has said, "Infanticide before the onset of self-awareness . . . cannot threaten anyone who is in a position to worry about it."[2] 'After-birth abortion' is simply a logical extension of the empirical functional view. If the presence of a newborn is discomfiting to the parents, parental interests trump.

In contrast, *ontological personalism* is the idea that all human beings are human persons. In this view, the intrinsic quality of personhood begins at conception and is present throughout life.[5,7,8] The unborn, as well as the newborn, are not "potential" or "future" persons; they are persons by nature, appropriate in size, shape, and development for their age. There is no such thing as a human being who is not a person. In other words, the terms *human being* and *human person* are coextensive.

Support for this idea philosophically comes from the idea that a human being is a *substance*. A substance is a distinct unity of essence that exists independently of its parts. This concept was first articulated by Aristotle and amplified by Thomas Aquinas. In our modern era, it has been defended extensively by Christian philosopher J P Moreland, as well as many others. [7,9]

If a human being is a substance, this means that humans are different from cars, refrigerators, or computers. Such machines are mere piles of parts (the philosophical term is *property-things*), and are defined completely by those parts. For example, replacing the CPU of a modern desktop computer radically changes its nature, even though many of the parts may remain the same.

The same is not true of human beings / persons, who are greater than the sum of their parts. Replacing an organ, a heart valve, or a joint of a person does in no way change his or her identity. This sameness over time is independent of the component parts. Our outer skin cells are completely replaced every three to four weeks. The stomach lining changes even more quickly, every 5-7 days.[10] Some have estimated that every cell of the human body is replaced every seven years, yet we remain the same persons as the years pass.

Francis Schaeffer and C Everett Koop once wrote of the moral equivalence of a valued newborn and its status just "10 minutes" earlier, in the womb.[11] Clearly, they wrote, no one could claim that the moral worth of a baby changes just because of its *location*. That millions of Americans intuitively understand this logic is clear: the overwhelming majority opposed partial-birth abortion before it was made illegal. Mere location does not change our nature, nor does the passage of time. We remain the same persons, indeed the same *substance*, over the months and years of our lives.

This concept helps to push the origin of human personhood all the way back to conception. The newly formed embryo directs its own development, requiring nothing more than time and nutrition to arrive at the status of an adult member of the human species.[12] On this idea, human embryos are complete, developmentally appropriate human beings, who are worthy of moral status. Human life is a continuum from conception until death. Functionalism fails us here because human persons do not become a different "kind" of entity with the development of self-awareness, as Singer, Giubilini, and Minerva argue, nor with any other developmental stage.

The functional view of human personalism also has implications for other ages and stages of life. For example, for severely handicapped infants who may never develop a self-concept, would "after-birth abortion" be permissible at any time? For those affected by injury or dementia later in life, who therefore cease to have self-awareness, do they lose their 'humanness' and become targets of 'after-birth abortion'? Functional views of persons dehumanize us to the point that we are no different, and certainly no better, than machines. If self-awareness is the only ethical warrant for human value, many human beings will be marginalized. As a society, we will reap what we philosophically sow.

After-Birth Abortion

Giubilini and Minerva acknowledge that the phrase 'after-birth abortion' may seem to be an oxymoron, but defend this usage over 'infanticide' in order to reinforce the idea that "the moral status of the individual killed is comparable to that of a fetus . . . rather than to that of a child."[1] In attempting a strong refutation of the morality of 'after-birth' abortion, we would raise the following objections.

Giubilini and Minerva use a variety of medical examples to justify their view. One is Treacher-Collins syndrome (TCS), a rare disorder that causes facial deformities and breathing problems. Note the authors' statement: "Usually those affected by TCS are not mentally impaired and they are therefore fully aware of their condition . . ."[1] So even before the authors defend their point of view by invoking a lack of self-awareness in newborns, they use an example of a fully aware individual, implying that such an individual would not wish to be born. In fact, persons who have lost abilities are more likely to want to die than persons who have never had those abilities. Furthermore, ethicist Robert Orr has pointed out that physicians, nurses, and other healthcare professionals are notoriously poor at deciding the quality of life of an individual.[13] It seems disingenuous to assert that such a patient would not wish to exist.

The authors also invoke the example of Down syndrome, decrying the fact that only 64% of cases are diagnosed prenatally: "Once these children are born, there is no choice for the parents but to keep the child . . ."[1] Once again, they seem to assert that there is no functional purpose for such individuals, therefore questioning their right to exist. This idea has certainly had its influence in a broader context, *viz.* the Oregon case where a couple was awarded $2.9 million for the "wrongful birth" of their Down Syndrome daughter.[14]

Legal scholar Paige Cunningham has used the phrase "the abortion distortion" to describe abortion jurisprudence since Roe v. Wade in 1973 and Planned Parenthood v. Casey in 1992. By this she is referring to the legal landscape wherein the right to

abortion and the denial of fetal personhood has become so enshrined in the courts as to appear almost as a constitutional right. This makes it very difficult to pass any reasonable restraints on abortion.[15]

The abortion distortion is also at work here. We have become used to the idea of abortion, based on the idea that the unborn child is somehow less of a person, lacking in value, whose worth is based solely on the attitude others have towards it. Giubilini and Minerva, like Singer before them, have actually performed a valuable service: they have helped us to see the ultimate logical conclusion of such sloppy and unwise thinking.

Conclusion

Two philosophers from Australia have shocked many thoughtful observers by thinking the unthinkable when it comes to newborn infants. They have euphemistically coined the term 'after-birth abortion' as a more palatable synonym for infanticide. We contend that this idea is not new, but is a natural extension of functional ideas that have smoldered under the surface of the abortion debate for many years.

In their paper in the *Journal of Medical Ethics*, Giubilini and Minerva state, "Euthanasia in infants has been proposed by philosophers for children with severe abnormalities whose lives can be expected to be not worth living and who are experiencing unbearable suffering."[1] This hearkens back to a familiar expression, first coined in a 1920 publication, *Permitting the Destruction of Unworthy life*, by Binding and Hoche.[16] The German phrase *lebensunwertes leben*, "life unworthy of life," was used to justify medicalized killing during World War II. The eugenic idea here was that the right to life must be *earned*, never assumed.

If we are to avoid repeating the utilitarian mistakes of the past, all ages and stages of human life must be protected. If not, the alternative is unacceptable: we will continue to rethink the unthinkable.

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Ethics, an Everyday Issue for Pharmacists

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In this issue of Christianity and Pharmacy, we have attempted to raise a discussion of ethics as it relates to pharmacy as a profession and to practicing pharmacists. Often we associate ethics only with large social issues like abortion, contraception, and end of life decisions. Each of these areas is extremely important, but ethics is much broader and deeper than a handful of issues. The authors of this series of articles have barely scratched the surface of the topic of ethics in pharmacy. It is essentially impossible to cover this topic very well, even in several years of journal issues on ethics. These articles are merely starting points for ongoing discussions and considerations of ethics among Christian pharmacists.

There are at least 2 reasons it is nearly impossible to thoroughly cover the topic of ethics in pharmacy, even in multiple issues of the journal. The first reason is that ethics touches every area of life, personally and professionally. There are very few things that we do where ethics are not involved at some level. Ethics are involved in the way that we treat other people, our family, and even our pets. Decisions to own a home, garden around our home, purchase things, give toward church or CPFI, or a multitude of other activities are in some way influenced by our ethical standards. For example, is it right to purchase a car when so many people around the world have little to eat, let along own a vehicle? What should be my response as a Christian to this decision? I am not suggesting that it is wrong for a Christian to own a vehicle, but am saying that at some level ethics are involved in all decisions we make personally. We cannot escape the way that our Christian faith and standards alter the decisions we make in our personal lives.

If this is true for our personal lives, it is also true for us professionally. The ways that we choose to counsel a patient or dispense a medication are influenced by our ethics. For those who own a pharmacy, the way that business is conducted is impacted by ethics. Faculty and preceptor interactions with students are influenced by ethical standards of both the preceptor and the student. All professional situations involve ethical decisions and dilemmas. For example, how do we handle a patient who requires a medication, but has no way to pay for it? What do we do with a patient who is caught up in drug dependency? Do we treat a patient who embraces a lifestyle we may find repulsive differently than a patient who maintains a more acceptable lifestyle? How do we respond to a patient who we know is an illegal immigrant when he or she seeks care? What is an appropriate way to deal with a student who proves to be unreliable on an advanced pharmacy practice experience? Each of these questions and a myriad of other professional circumstances require ethical decision-making that should be altered by our faith in Christ.

The second reason it is impossible to completely deal with the topic of ethics in any publication, is that new questions and dilemmas always arise. When I started practicing pharmacy over 30 years ago, no one considered the issue of embryonic stems cells and the complex ethical issues surrounding this topic. Only in the past couple of years has the problem of drug shortages become a major concern, involving a number of ethical issues in maintaining a safe, adequate

supply of life-saving medications for patients. With new and innovative technologies being developed for the treatment of diseases, what are the ethical concerns associated with each of these? Is access to medical and pharmacy care a right for individuals? The point of these issues and questions is that none of us can predict the new ethical dilemmas we will face in the profession of pharmacy and healthcare in general. Add to this reality that the Bible likely does not specifically address any of these issues, and we are left in somewhat of a quandary.

So, how are we to deal with the situation in which we find ourselves? Perhaps the best approach to the issue of ethical decision-making is to have a framework within which these types of decisions can be made. This structure should allow us to be flexible in making decisions, provide the ability to deal with various issues and situation that arise, and be solidly based within a Christian context. Establishment of this framework will contain the following elements.

1. Asking God for wisdom: When Solomon was confronted with the responsibilities of assuming the throne of Israel, God offered to give anything that Solomon would ask (I Kings 3:1-28). Instead of asking for wealth, power, or other things a king might desire, Solomon asked for wisdom. God was pleased and gave Solomon wisdom. This wisdom allowed Solomon to make wise ethical decisions, as exemplified in the story of 2 women who had babies and one of the children tragically died. Solomon's wisdom was displayed in the way he determined which woman was the true mother of the living child. As a result of this ability, Solomon constantly admonishes us, through the book of Proverbs, to seek wisdom. Godly wisdom enables us to discern truth and righteousness in making ethical decisions.

2. Asking for the Holy Spirit: When Jesus talked about the coming of the Holy Spirit, He said that the Holy Spirit would convict us of sin and lead us to know truth (John 16:8-15). Additionally, the Holy Spirit reveals to us all that is from the Father and Son. Immediately after Luke describes his version of Jesus teaching on how to pray, is the story of a father giving good gifts to a son (Luke 11:1-13). Jesus says that if earthly fathers know how to give good gifts the heavenly father knows even better and will give the Holy Spirit. Asking for the Holy Spirit allows us to know the mind of the Father and Son, especially as it relates to what is sinful and untruth. This understanding is essential to ethical dilemmas we face.

3. Separating cultural perspective from Biblical perspective: Often in making ethical decisions, there is a cultural overlay that clouds or taints our understanding of the real issues and a solidly Christian approach to the dilemma. In Acts the fledgling church was faced with a major issue that required separating cultural perspective from Biblical perspective. The question they faced was whether to require non-Jewish believers in Christ to follow Jewish traditions. In Acts 15, the church decided that non-Jewish believers would not be required to be circumcised, but did give several basic instructions to these new believers and the church at large. Implications of this decision to separate cultural perspectives from faith in Christ had profound impact on the first century church that extends even to today. The approach and decision of church leadership in Acts 15 can serve as an example to us in separating culture from Christ when we make ethical decisions.

4. Know and understand Scripture: In the Bible we have revealed to us the desire and plan of God for mankind. This story entails salvation and an overview of how God desires people to live. Psalm 119 gives an excellent description of how knowing God's word keeps us from error, sin, and mistakes in judgment. The Psalmist shows an in-depth understanding of the importance of God's word in keeping us on a path of righteousness and justice. Knowing the precepts of God makes solid ethical decision-making essentially second nature and relieves confusion we may encounter in various ethical questions.

When employing these elements in ethical decision-making, there are 2 concepts we must understand. The first is that conclusions we reach in this process may defy conventional thought, even among many Christians. This is not to say that we ignore guidance and wisdom we may receive from fellow believers. However, we must be willing to be obedient to God's instruction and guidance in our lives. Our answers to ethical dilemmas need to be consistent with God's direction, and not entirely dependent on what other people think. Secondly, our responses to ethical questions must be communicated and handled in a manner that displays God's glory and love. A common error that we make is to display solid ethical standards in a way that does not give glory to God and does not allow people to see and know God's love and compassion. As Paul says in 1 Corinthians 13, having all knowledge and being able to understand all mysteries, which includes ethical decisions, is nothing without having love. God's glory and love is the umbrella under which we must make all ethical decisions.

Using these principles will result in immeasurable impact on the world around us, bringing righteousness, compassion, and justice to bear in the most difficult of human situations. May each of us act and speak in the middle of ethical decisions with the mind of Christ.

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An Advanced Pharmacy Practice Experience (APPE) in Spirituality and Ethics at a Secular School

by Gina Prescott, Jineane Venci, and Edward Bednarczyk

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Previous survey reports indicate collective support for integration of spirituality into professional school curriculums. Despite this expressed interest, published reports discussing the role of faith and spirituality in pharmacy curriculums are scarce. Recognizing the importance of spiritual awareness for the provision of whole-person care, the University of Buffalo, School of Pharmacy developed an advanced pharmacy practice experience to familiarize students with the role of spirituality in pharmacy practice.

Introduction

Over the last decade, the role of spirituality in healthcare has been increasingly integrated into pharmacy and medical school curriculums. A 2003 survey indicated that while only 21.4% of pharmacy schools in North American addressed spirituality in patient care, 62.9% of program chairs believed the topic should be included in the curriculum. [1] By 2008, over 40% of medical schools in the United States offered a course dedicated to spirituality in healthcare, and approximately half of medical school deans believed an increased curricular focus on spirituality would be beneficial. [2] Despite this expressed interest, there is a lack of published reports discussing the role of faith and spirituality in PharmD curriculums.

Programs may be cautious to incorporate faith and spirituality into professional school curriculums, particularly at colleges or universities that are secular in nature. Developing a clear set of goals and objectives centered on providing unbiased, whole-patient care may alleviate potential roadblocks. Such a curriculum was eloquently described by Barnard and colleagues. [3] The authors suggest developing a foundational knowledge of various religious beliefs and awareness for the impact they may have on the acceptance or refusal of healthcare services. Students should be exposed to the role of healthcare clergy, and when a patient may benefit from the services they provide. Additionally, students should gain experience conducting spiritual histories and learn to utilize such information to recommend appropriate treatment measures which align with the patient's values and beliefs. Ultimately, the goal of the experience is to enhance student ability to provide compassionate patient care.

Recognizing the need for an increased awareness of spirituality, the University at Buffalo School of Medicine and Biomedical Sciences developed a clinical rotation focusing on the role of faith in medicine. Similar to programs developed at other secular institutes, this elective allows third and fourth year medical students to gain exposure to a variety of faiths while rotating through several interdisciplinary practice sites. Many of the rotation sites have Christian affiliations and, therefore, students are largely exposed to the role of Christianity in medicine. In 2011, The University of Buffalo School of Pharmacy and Pharmaceutical Sciences created an advanced pharmacy practice experience (APPE) modeled after this curriculum.

Design

This rotation was designed to expose students to various ethical situations as they pertain to pharmacy practice and patient care, provide students with tools to navigate those situations, and explore alternate faiths held by many patients they encounter. The learning objectives for the rotation are listed in Table 1.

The elective rotation is team-taught with 6 major preceptors and various other pharmacists who have an interest in ethics or spirituality or where ethical considerations and faith based principles are commonly encountered in daily practice. It is important to note that most, but not all, pharmacists providing care at these sites have a foundation in Christianity. Each week of the 6 week rotation the students attends a different clinical practice site. The student is provided a manual with goals and objectives, preceptors involved, a schedule, brief overview of the sites, types of patients' cared for, and topics likely to be covered at each site. A few journal articles are provided to the student in advance, including the HOPE spiritual assessment tool. [4,5]

Most, but not all clinical sites are interdisciplinary in nature, with other represented disciplines including medicine, nursing, chaplaincy, and social work. Week 1 is a foundational week in drug information and public health/outcomes at our drug information response center. During this time, students are assisted in locating and evaluating published reports pertaining to spirituality and ethics in health care. Week 2 is an interdisciplinary, inpatient, general medicine, teaching service where most of the patients are uninsured or insured through federally funded programs. Students may discuss topics on euthanasia, refusal for treatments, withholding care, health care proxy, and be exposed to hospital chaplains. Week 3 is at an area hospice facility with regular interdisciplinary meetings, which include pharmacists and chaplains. Topics included during this week may relate to various end-of-life experiences. Week 4 takes place at

an interdisciplinary, faith-based, primary care free clinic for uninsured patients where spiritual counseling is routinely conducted. Students here are exposed to ethical dilemmas relating to a lack of resources, spiritual history taking, and whole-person health care. During week 5, the student will rotate through an independent community pharmacy to gain exposure to the role faith may play in dispensing medications and providing patient counseling. Topics during this week include use of contraceptive items, counseling techniques, and general working in a secular world. The final clinical site consists of an interdisciplinary, immunodeficiency clinic where chaplains and pharmacists routinely care for patients with HIV/AIDS and conduct spiritual histories.

Assessment / Evaluation of the Student

Throughout the rotation the student is expected to make recommendations on patient care to either their medical team or pharmacist preceptor. This could be adjustment to a medication (or lack thereof) or knowing when or how to appropriately refer a patient. Additionally, this rotation is also designed to utilize evidence based medicine, or the lack of, to care for patients and expose the student to applying ethics and/or spirituality concerns. In addition to our standard professionalism evaluation and patient care log required for all elective rotations, there are multiple assignments required during this experience. All assignments are graded either by the preceptor on site or the rotation coordinator.

Assignments Required at Each Clinical Site

Students are required to keep a journal and write weekly reflective papers on how each rotation site has impacted them personally. They need to document an experience with a patient, a general overview or new insights into different faiths, or end of life experiences.

One patient dilemma, either ethical or spiritual, is written up weekly in the Situation-Background-Assessment- Recommendation (SBAR) format. All SBAR cases must be turned in with primary literature to support the patient case. All clinical site specific activities are graded by the preceptor on site. A minimum of 2spiritual histories per site, conducted at the free clinics and the immunodeficiency clinics, utilizing the HOPE spiritual assessment tool are evaluated. The student is responsible for presenting 1 of the 6 patient cases written in the SBAR format to the preceptor group as a formalized, grand rounds presentation.

In addition, the student is also required to review 1 review article and 1 original research article on ethics or spirituality. The articles are formally written up as a drug information papers and presented to the team of preceptors as a journal club presentation.

A comparison chart displaying the most common faiths in the United States is completed upon finalization of the rotation. This chart focuses on how faith affects treatment options and other issues related to the receipt of health care.

Conclusion

This rotation allows students to grow both personally and professionally, as they become exposed a multitude of ethical dilemmas through patient encounters and evidence based medicine. Students are provided with the opportunity to conduct a spiritual history; a skill which will prove useful throughout other rotations as well as in their future practice. Students also gain insight to the role of chaplains, increasing their awareness of their chaplaincy involvement in patient care. Additionally, students are provided with the opportunity participate in a variety of pharmacotherapeutic decisions, as well as enhance drug information, literature evaluation, and presentation skills.

We believe this unique rotation benefits students of all faiths as they prepare to enter the professional world. Christian students are introduced to a variety of means by which faith may be integrated into daily practice. Exposing non-Christian students to the role of faith in various situations may prompt them to reflect upon the importance faith has for patients, and possibly their own values and beliefs. Providing students with a deeper understanding of the role of faith in medicine not only improves the quality of patient care they provide, but also prepares them for difficult situations they may encounter as practicing pharmacists. We challenge fellow CPFI faculty to consider proposing a similar advanced pharmacy practice experience at their school of pharmacy.

Acknowledgement: We would like to thank David Holmes MD, for his assistance with the development of this rotation.

Table 1. Goals and Objectives for APPE in Ethics and Spirituality

- Expose students to ethical thought
- Build a model for professional decision making
- Expose students to real life ethical dilemmas in patient care situations, including therapeutic controversies, legal ethics, counseling, death and dying, faith-based medicine and end-of life care
- Analyze and develop a plan for dealing with ethical dilemmas
- Provide opinions on a patient situation grounded in ethical reasoning
- Expose and promote the understanding of the role of faith in one's health and well-being, including the understanding and role of different faiths
- Develop interpersonal communication skills, a sense of compassion and foster personal connections with patients and family members
- Engage students in discussions with professional peers regarding ethical dilemmas
- Identify barriers in communication and potential road blocks in interactions with patients, colleagues and other health care professionals
- Discuss the evidence and ongoing research that a patient's value, beliefs, and spiritual observances affects their health (essentially how spirituality positively impacts healing)
- On clinical sites: Develop a plan to conduct a spiritual assessment (need to know when it's necessary discuss faith and refer resources for these patients and families – "HOPE" Sources of hope, organize religion, personal spirituality and practices, effects on medical care and end of life issues, "FICA" Faith and Belief, Importance, Community, Address in Care)
- Develop skills in integrating spiritual assessment into patient discharge counseling

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Through the Eyes of Christ:
Serving with Compassion at Work

by Tracy Frame, Kelly J Hiteshew, Melody Hartzler, and Aleda M H Chen

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Imagine you are working on the computer verifying prescriptions while waiting on a call-back from the emergency department regarding an antibiotic dose for a 3-month old, Ben. Despite your careful explanation to Ben's parents, they are still upset because you are taking too much time to fill the prescription, which frustrates you. You also overhear one of your technicians at the prescription pick-up area explaining to a patient that his controlled pain medication cannot be refilled early. Then, one of your best technicians, Linda, comes over to tell you she is being overworked, because a fellow technician is avoiding the "pick-up" station. Out of the corner of your eye you notice Mr. Jones coming to the counter to chat, and even though you love to build relationships with your patients, you just do not have time today. All of a sudden you hear the frustrated patient say, "I would like to speak to the pharmacist right now."

Would you feel overwhelmed, discouraged, and tired? Does this sound like a situation you have recently encountered in your pharmacy? You have choices to make, either acting out of frustration or showing compassion to those around you. Love for patient care is the reason many chose to become pharmacists, but working with others and handling the numerous practice situations that arise can make life complex. It is difficult to maintain your composure and handle these situations in a Christ-like manner. What should our attitude be, as Christians, when relationships become challenging within the pharmacy?

Scriptural Views on Workplace Relationships

Jesus provides the best example of what our attitude should be when life becomes frustrating. Throughout the Gospels, people clamored to see Jesus so they could listen, be healed, or ask questions. In Mark 6:30-46, Jesus and his disciples were so busy one day they had no time to eat. Sound familiar? Jesus took care of the physical and spiritual needs of people, providing food and teaching them, even after He admitted the need to rest. He understood people's needs and had compassion on them (Matthew 14:15-16). Likewise, when we face challenges and overwhelming needs from our co-workers or patients, we should display compassion. For example, when "Mrs. Smith" comes into your pharmacy during the post-work rush and is struggling to understand her new glucometer, do not brush her off or tell her to call the nurse. Show compassion for her and help her figure out how to use the meter. Or, with the patient trying to refills his prescription early, rather than immediately stating, "no early refills," explain your concern for his health, determine if there is a reason for his request, and then take appropriate action.

Scripture has much to say about our view of and attitudes toward work. In Ephesians, the apostle Paul addresses the servant and master relationship. Bondservants, as described in this passage, worked to pay off a debt and earn their freedom and were often mistreated. The instructions Paul gives to these two groups were intended to inspire Christians to radically change the way they treat each other.

> *"Bondservants, obey your earthly masters with fear and trembling, with a sincere heart, as you would Christ, not by the way of eye-service, as people-pleasers, but as bondservants of Christ, doing the will of God from the heart, rendering service with a good will as to the Lord and not to man, knowing that whatever good anyone does, this he will receive back from the Lord, whether he is a bondservant or is free. Masters, do the same to them, and stop your threatening, knowing that he who is both their Master and yours is in heaven, and that there is no partiality with him." (Ephesians 6:5-9, ESV)*

As pharmacists, we often are both a "master" and a "bondservant." We have technicians or other personnel working under our authority. On the other hand, we answer to a supervisor, manager, or regulatory agency. Sometimes interpersonal relations in the pharmacy can provide challenges, and as a "boss," we have to deal with difficult situations. In viewing others as Christ does, we lead with a servant's heart and avoid quick decisions out of frustration or anger. In the earlier example, when Linda was frustrated with another technician not "pulling their weight," rather than making a quick decision, set-up a time with her to discuss her concern and address it properly. As a pharmacist you set the tone for the work environment, so create an environment that focuses on serving and encouragement. Specifically acknowledge employees when they solve a difficult problem or go out of their way to help someone. Frequently encourage your team, thanking each of them for their hard work. Likewise, Paul's letter reminds us we are not working for an earthly master. Rather, we are working for our Heavenly Father and should serve our earthly bosses with the same attitude we would when serving Christ, even when asked to complete tasks that seem unnecessary or cause even more challenges. Next time you need to complete "pointless" paperwork or learn the newest pseudoephedrine regulations, do your work accurately and with joy, knowing that you are serving Christ.

In difficult situations, we have the opportunity to glorify God in how we handle ourselves and our relationships. Can we envision a workplace where we honor the people around us by honoring Christ as Paul advised? God has put us in our specific workplace to serve a purpose. Sometimes, it is hard to know exactly what that purpose may be. Today our job may be to comfort a frustrated parent, for others it may be to hold the hand of a widow, and for others, to assist a caregiver in managing yet another aspect of their loved one's life. If you see Mr. Jones stopping by to chat, greet him with a smile and ask him to stop by after he finishes his shopping or wait a few minutes until it slows down, as you never know the impact your chats have or the needs they meet. Rather than becoming frustrated at Ben's parents, find out if you can do anything to make them more comfortable. Ask them if they wish to pick up the prescription later. You can even offer to deliver the medication once the situation is resolved. Not acting out of frustration and showing kindness, even when others do not reciprocate, reflects Christ.

Prepare to Serve with Compassion

How do we prepare to serve others with compassion in challenging or stressful situations? Prayer, spending time daily in God's Word, and fellowship with other believers can help us serve others with compassion and a Christ-like attitude. Once again, Jesus provides us a perfect example. Jesus understood throughout His ministry that time spent in prayer with the Heavenly Father was vital when days became challenging. After taking care of the physical and spiritual needs of the people, Jesus took time at the end of the day to pray:

"…he went into the hills to pray" (Mark 6:46, ESV), and the Gospel writers frequently recount Jesus praying (Matthew 26:36; Mark 1:35; Luke 5:16, 6:12, 9:28; John 17). Taking a moment to pray in the middle of frustration or responding to an angry patient can change our response from frustration to compassion and encouragement.

By spending time in God's word, we also can learn from Jesus' example and exemplify His character in our practice. We learn how to demonstrate compassionate service in a challenging world. In pharmacy school, if we did not prepare properly for an exam, we had difficulty passing the test. Similarly, if we do not prepare our hearts through daily devotions, it will be difficult to glorify God fully and respond with compassion to various circumstances.

Fellowship with a body of believers and discipleship partners can help us be accountable for our actions and sharpen our minds as we seek to serve Christ together. Colossians 3:16 (ESV) says:

"*Let the word of Christ dwell in you richly, teaching and admonishing one another in all wisdom, singing psalms and hymns and spiritual songs, with thankfulness in your hearts to God."*

These partners can point out sinful areas and attitudes in our lives we might not otherwise perceive. They can help us understand what our patients and co-workers see, and inform us if we are truly reflecting a Christ-like attitude.

Our compassion for all people and the avoidance of acting and speaking out of frustration can be a testimony to our patients and co-workers. God has given us His strength and grace for those challenging moments in life. Remembering to ask Him for patience, understanding, and love during these difficult times is crucial, especially when we are tired and discouraged. Learning to see others through God's eyes is an important part of becoming a Christ-follower "disguised as a pharmacist."[1] Even when we are treated poorly or unfairly or encounter challenges, we can be compassionate and serve others in their time of need. 1 Peter 3:8-9 (ESV) calls us to *"…be sympathetic, love one another, be compassionate and humble. Do not repay evil with evil or insult with insult. On the contrary, repay evil with blessing, because to this you were called so that you may inherit a blessing."* We are not here to be served. Instead we are to serve others in every part of life. We must begin to look at our job as working for our one, true boss, God, as Colossians 3:23-24 (ESV) states,

"Whatever you do, work heartily, as for the Lord and not for men, knowing that from the Lord you will receive the inheritance as your reward. You are serving the Lord Christ."

Consider starting out every morning with a simple prayer on your drive to work, "Lord, give me the opportunity today to glorify you with my job and let your Spirit work in my heart to reflect your compassion in my interactions. Allow me to see the people that walk into my pharmacy the way you see them and show me how I can serve others."

Acknowledgements: Thank you to Mary E Kiersma PharmD PhD, Manchester College School of Pharmacy, for her review of this article.

Reference:

1. Sweeney M. Cedarville University, School of Pharmacy, New Student Reception. August 19, 2011.

Pharmacy Practice: Who Benefits?

by Frank J. Nice

Frank J. Nice, RPh, DPA, CPHP
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Dr. Frank J. Nice has practiced as a consultant, lecturer, and author on medications and breastfeeding for 40 years. He holds a Bachelor's Degree in Pharmacy, a Masters Degree in Pharmacy Administration, and Masters and Doctorate Degrees in Public Administration. Dr. Nice holds Certification in Public Health Pharmacy and is registered as a pharmacist in Pennsylvania, Maine, Arizona, and Maryland. He practiced at the NIH for 30 years and currently serves as a pharmacist and project manager at the FDA. At the NIH he served for 20 years as Assistant Program Director for the Clinical Neurosciences Program. After 30 years of service as a Commissioned Officer and pharmacist with the United States Public Health Service he retired with distinguished service.

Over three dozen peer-reviewed articles on the use of prescription medications, over-the-counter products, and herbals during breastfeeding have been written by Dr Nice. In addition, he authored articles and book chapters on the use of power, epilepsy, and work characteristics of health care professionals.

Dr. Nice has organized and participated in over a three dozen medical mission teams to the country of Haiti. He continues to provide consultations, lectures, and presentations to the breastfeeding community and to serve the poor of Haiti.

Last year, Dr Nice was selected by the Temple University School of Pharmacy Alumni Association to receive the 2011 Distinguished Practitioner Award. The award was presented at the White Coat Ceremony in September 2012. The White Coat Ceremony not only welcomes students to the profession of pharmacy, but it instills in them the seriousness and professionalism of a pharmacy career. The following represents the address given to the first year pharmacy students.

Ethics can be defined as the rules of conduct recognized in respect to a particular choice of human actions. In pharmacy practice, we can choose to define who will benefit from our ethical choice of action. There are two obvious answers to the question of who will benefit from our choice. Let us look at two models that answer the question of who benefits from our pharmacy practice:

The "I/You/Me First Model"

Under this model, you, as a pharmacist will certainly benefit materially. You will make a lot of money, a whole lot of money. You will make more money as a pharmacist than most workers in this country. You will also benefit personally and professionally. You will have a great sense of pride as you see people in need respect you and look up to you. At the same time, you will find pharmacy to be one of the most stressful and frustrating professions you could have ever chosen to practice. You will be beaten down mentally, emotionally, and spiritually. Your pharmacy practice will eventually burn out.

The "Patient First Model"

Under this model, you, as a pharmacist will also benefit materially. You will make a lot of money, but you will end up with a lot less money. I know, because I left a lot of my money in Haiti. In humility, you will benefit personally and professionally because you will respect and look up to people in need. The stress and frustration you will experience in your practice will be put into perspective by the needs of your patients. Your pharmacy practice will be on fire and not burn out because you will be consumed helping others in need. You will be lifted up mentally, emotionally, and spiritually.

Just how does this all work? In 1995, I went to Haiti with a duffel bag of sample drugs to take to a Haitian church that was twinned with my local church through the Parish Twinning Program of the Americas. When I arrived and saw the bare pharmacy shelves and realized that not one of the 100,000 people living in that area had ever seen a pharmacist or doctor, I had to do more. The next year I organized a team of 5 friends, and we ran a one week clinic in Haiti, treating hundreds of patients. After going to Haiti 14 times over 16 years, we now send up to three or more medical teams to Haiti every February,

June, and October, and other times as necessary. We treat thousands of patients each time, while running outreach and pilot programs to train and help other groups develop their own medical missions. There is an active referral program and free clinic for patients when we are not in Haiti. In addition, medical record system has been developed and the clinic building has been renovated. Schools have been built, children educated, the malnourished fed, water systems constructed and treated, people cured, peoples' lives saved, and most of all, the Haitian people have received hope.

You see this hope in the eyes of the Haitian people because they know you care enough about them to come to Haiti. You were willing to leave the comfort of your home to come to Haiti. You have put their needs first, even if for only a few weeks of the year. They know you will be back because you really care for them. Their eyes burn into your heart as you look into the Haitians' hearts though their eyes. Those eyes sear your conscience. Each time I come back from Haiti, I come back more fulfilled personally, professionally, mentally, emotionally, and spiritually than when I left for Haiti.

Because of the extreme poverty and lack of almost any infrastructure in Haiti, the only way to improve the overall health of Haiti is to do it one person at a time. Therefore, there is a bonus to practicing the Patient First Model. Society also benefits, because you have made the world a better place for at least one person in need and have given hope where there was none.

There is a verse in the Bible that explains this whole concept of "Who Benefits" from the practice of pharmacy: "But seek ye first the Kingdom of God, and His righteousness, and all these things shall be added unto you." (Matthew 6:33, KJV)

Let me paraphrase this verse: Seek ye first the welfare of your patients and fulfill their needs, and all the things of the world shall be added unto you. Jesus appears to be dealing with eternal issue that surpass worldly things such as those encountered In Haiti, and one's works do not merit entry into God's Kingdom. Yet, the Patient First Model fits perfectly. By seeking first the welfare of our patients rather than our own, we are seeking the Kingdom of God and His Righteousness, and all the things of the world will be added unto us. I can testify to that.
Pharmacy is one of the best professions that you could choose, if you follow the Patient First Model. You have chosen a great profession and a great pharmacy school to accomplish your goal of pharmacy practice. Start setting your pharmacy practice on fire now. I can tell you this; if I had to do my pharmacy career over again, I would not change a thing. To me personally, pharmacy is not only one of the best professions, it is the best and the greatest. May God bless you in all that you do.

Epilogue: I also have been consulting on breastfeeding and medications for over 35 years. Going to Haiti set my career on fire, and I published my book, "Nonprescription Drugs for the Breastfeeding Mother." This is just one example of what happens when your pharmacy career is not burning out, but on fire. Keep the fire burning and you, too, will see the practice of pharmacy as the best profession you could have ever chosen, both for you and those whom you will serve.

Personal Reflection Student Saints

by Jack J. Chen, PharmD, BCPS, CGP
Associate Professor, School of Pharmacy, Loma Linda University, Loma Linda, CA

Dr. Chen received his PharmD from the University of Utah and completed a specialized residency at Rush-St. Luke's Presbyterian Medical Center, Chicago, IL. His academic and clinical interests are in the fields of neurology and pharmacology. He is currently enrolled in a Master of Theology degree program.

A Prayer of Consecration delivered during the White Coat Ceremony, Class of 2015, School of Pharmacy, Loma Linda University on November 3, 2011. During the White Coat Ceremony, students receive a personalized gift Bible (NIV 2011).

Students, in your gift bibles, please turn to Joshua 3:5. With open eyes and ears, please follow along as I read: "*Joshua told the people, 'Consecrate yourselves, for tomorrow the LORD will do amazing things among you.'"* (NIV 2011)

Students, there they were, Joshua and the nation of God's people, on the banks of the Jordan River. On the other side of that river was the Promised Land. They could see it, smell it, hear it, and almost touch it. Finally, after a very long journey, they were about to enter! Students, they were on the verge of an amazing, once-in-a-lifetime event. Their lives were about to change forever!

Students, good news! Just moments ago, on this stage you were consecrated and sanctified into the ministry of pharmacy and the healing sciences. In the next few years, your lives will be transformed and will never be the same again. You, too, are on the verge of something amazing. I see each one of you sitting there in your white coats and the inspired word of God filling your hands. Not only are you student pharmacists, but you are student saints! So, fill your hands, your hearts, and your minds with all that is good. Set yourselves apart. Here, at Loma Linda University, you are God's people. You are student saints in the ministry of pharmacy and the healing sciences. You are so very blessed and as you grow in grace, know that your knowledge, skills, and words will edify those who seek and listen to you. Your spoken and written words will carry significant weight, so when you edify others, do so with an attitude of grace.

Everyone, please, I invite you to stand and pray with me:

Dear Heavenly Father
We thank you for your bountiful love and ever-present grace. We thank you for your precious gifts of faith, hope, and love. We praise you and give thanks with an attitude of gratitude, because we are so very blessed. We thank you for each and every sunrise, when we can awake renewed and regenerated and once again experience another day in your fellowship. We are here, during this special moment, just as we are, incomplete but with a desire to be complete and a desire to be like the salt of this earth. Where two or more are gathered in Your name, there You will be. We know that You are with us and that You, too, have just witnessed the consecration of these student saints. This moment is special and our students are on the verge of something great.

Heavenly Father, You are the Alpha and Omega, the source of our ministry of pharmacy and the healing sciences. Although we are mere humans, we are your people. We are your anointed ones, and you are the anointed King. You are not of this world, but through Your one and only begotten Son You witnessed us and walked our world, from Bethlehem, throughout all of Galilee, to Gethsemane and, finally, Calvary. You showed us true piety. You have tasted the sweetness of apples and honey, and the bitterness of the earth.

So Father God, we thank you for your sacrifice and humility. I pray that in our daily walk, as we grow in Your grace, Your goodness, and Your strength, that for just a brief moment, we can sneak a peek into the wonder and glory of creation. Let us experience a peace and understanding that surpasses all things; a peace which is like your peace, a peace like no other.
Father God, as the ministry of pharmacy and the healing sciences, let us help and serve and do no harm. I pray that each one of us chooses to be excellent. I pray that, rather than taking a pedestrian stroll into mediocrity, that we choose to be excellent and we aspire to "walk on water." I pray for this glorious reality, for we can do anything through You who gives us strength. I pray that as we leave this auditorium,

Your gaze follows us and continues to shine upon us, and that Your outstretched arms and open hands embraces each one of us and keeps us steady. With Your open hand, continue to sprinkle, dash, and pour blessings upon us. Bless our family, friends, neighbors, and our country. Let us help each other and support each other and, if we happen to stumble, please soften our tumble. As our cup is filled, let our faith grow stronger, our hope remain constant, and our love grow deeper.

For all of us, I pray all of these things, in your precious name, the name of Christ Jesus, and the Holy Spirit. Amen and amen.

Student Highlight

Integrating Faith & Pharmaceutical Care: Contemporary Pharmacy Practice at Lawndale Christian Health Center

by Sara Low, PharmD Candidate
University of Maryland, Baltimore

Sara Low is a fourth-year Doctor of Pharmacy candidate at the University of Maryland, Baltimore. She served as CPFI student chapter president from 2008-2010. After graduation, Sara will begin the Indian Health Service PGY1 ambulatory care pharmacy residency in Anchorage, Alaska. She hopes to glorify God and serve him lifelong as a U.S. Public Health Service Commissioned Corps officer. Sara would like to thank CPFI for the student scholarship.

Since learning about Lawndale Christian Health Center (LCHC) in the months before out-of-program rotation requests were due, I knew God was placing the organization on my radar. A classmate, Tiffany Choe, completed a rotation at LCHC in November 2010 and told me about the experience. As a result, I contacted the preceptor, Sara Parsons PharmD, and arranged a five-week pharmacy clinical rotation for October 2011. Prior to this rotation, I had served others using my pharmacy knowledge and skills, but never in an openly Christian environment that focused on an underserved population. I was privileged to be able to serve through a rotation at LCHC and gained new perspectives and skills along the way.

New Perspectives

A nonprofit organization, LCHC provides health care without regard to insurance to an underserved community on the west side of Chicago. The clinic was founded by Lawndale Community Church in 1984. Over the years, LCHC has maintained its original mission "to show and share the love of Jesus by promoting wellness and providing quality, affordable health care for Lawndale and the neighboring communities."[1] For example, LCHC has declined grants that would force the clinic to promote abortions or compromise Christian values. God has blessed the faithful efforts of the clinic and expanded LCHC's reach with three additional sites.

The openness of glorifying God at LCHC deeply struck me. As you walk into the clinic you might notice Christian literature in English and Spanish at the check-in desk. At 9 AM, you cannot miss the sound of joyful praise and worship in the chapel. Stick around, and you might join a midday Bible study or prayer. Several healthcare providers and staff members make it a point to pray with every patient.

LCHC is one of few Christian health centers with a complete pharmacy department. The pharmacy is comprised of 5 pharmacists and 11 pharmacy technicians. The pharmacy department is committed giving God glory. For example, before I made a presentation to pharmacy staff, a pharmacy technician opened the meeting with short devotional and prayer. On another evening, I participated in pharmacy department prayer meeting in the home of one of the pharmacists. Even the pharmacy polo shirts proclaim, "Loving God, Loving People".

The Patient Counseling Window

In the pharmacy, I verified and transferred prescriptions and counseled patients or caregivers. Medication

counseling was offered to all patients picking up prescriptions. However, patients with new prescriptions, antibiotics, high alert medications, or medications with a dose or direction change were urged to receive counseling by a pharmacist. At the beginning of the rotation, I was unsure of my ability and had little experience communicating with Spanish speakers. With the help of my preceptor, I quickly learned pertinent counseling points in Spanish. Soon, I internalized many Spanish phrases and became comfortable using a translator when necessary.

Multidisciplinary HIV Clinic

At a multidisciplinary HIV clinic, a team of professionals, including a physician, physician assistant, nurse, psychologist, dietician, and pharmacist works to ensure comprehensive care for patients. With the team pharmacist, I counseled patients, especially dealing with medication adherence. We helped patients weigh medication options, based on factors such as adverse effect profile and pill burden. Eligible patients were reminded to apply to the AIDS Drug Assistance Program. As I am interested in ambulatory care, this clinic experience was a treat. It was made even sweeter when, near the end of one counseling session, we joined hands with the patient, thanking and petitioning God together.

Passing on the Savings

For the pharmacy and therapeutics committee, I reviewed and made recommendations for gastrointestinal and cholesterol-lowering medications. After gathering data on usage and cost, I calculated savings in dollars should certain medications be added or removed from the formulary. I was surprised when my preceptor informed me that this figure was not as relevant here as it would be at other institutions. Instead of keeping the savings, Lawndale would decrease the price to the patients. What faith in action!

Faith and Deeds

James challenges me when he frankly states that *"faith without deeds is dead"* (James 2:26b, NIV). He explains, *"Suppose a brother or sister is without clothes and daily food. If one of you says to him, 'Go, I wish you well; keep warm and well fed,' but does nothing about his physical needs, what good is it?"* (James 2:15-16, NIV). As student pharmacists and pharmacists, we are uniquely trained to provide pharmaceutical care, a physical need. I had an opportunity to provide this care in a Christian environment, but there is still a challenge to provide this care in every pharmacy setting. Compelled by Christ's love, let us integrate faith and pharmaceutical care.

References

1. Mission and Values. (Accessed March 22, 2012, at http://www.lawndale.org/about-us_mission.html.)

Christian Pharmacists
Fellowship International

The Christian Pharmacists Fellowship International (CPFI) is a worldwide, interdenominational ministry of individuals working in all areas of pharmaceutical service and practice. CPFI's mission is to help pharmacy professionals grow spiritually and promote fellowship among pharmacists. In fulfillment of these goals many members serve as missionaries, demonstrating Jesus Christ's love through medical care to the disadvantaged of the world. The Purposes and Doctrinal Basis of CPFI appear below.

Purposes of CPFI

As a member of this fellowship you will be a part of an effort seeking to . . .

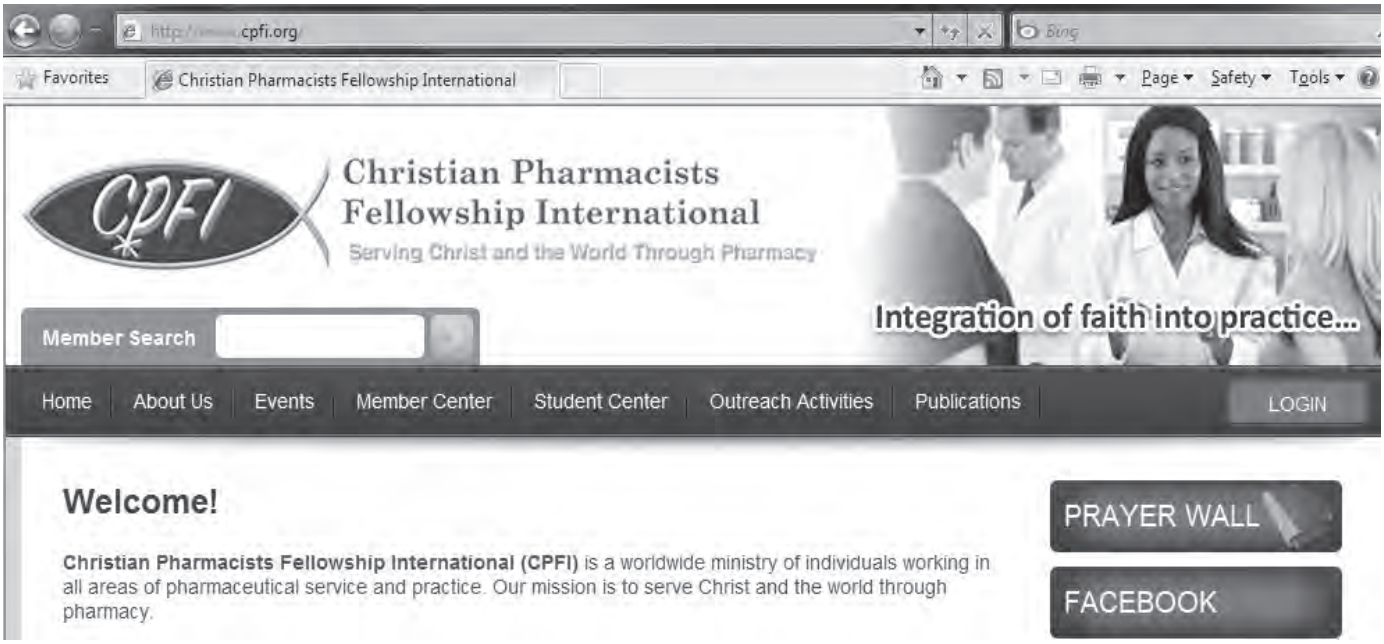
- Identify Christian pharmacists and establish groups (clubs, chapters) at universities, colleges, schools, hospitals, or communities where pharmacists are found.
- Promote gatherings of pharmacists at professional meetings at the local, state, regional, and national levels.
- Promulgate purposes of CPFI by exhibits and presentations at professional meetings.
- Identify areas of service for pharmacists in missions and evangelism around the world.
- Identify, provide, and promote Christian speakers of national and community recognition in the area of pharmacy.
- Encourage and develop an active Christian witness and evangelism through study, prayer, and worship.
- Promote fellowship among Christian pharmacists and their families through joint activities, meetings, and retreats.
- Identify issues in the profession requiring group and national prayer.
- Disseminate information among Christian pharmacists.
- Facilitate, encourage, and teach pharmacists how to share and present the gospel in pharmacy practice.

Doctrinal Basis

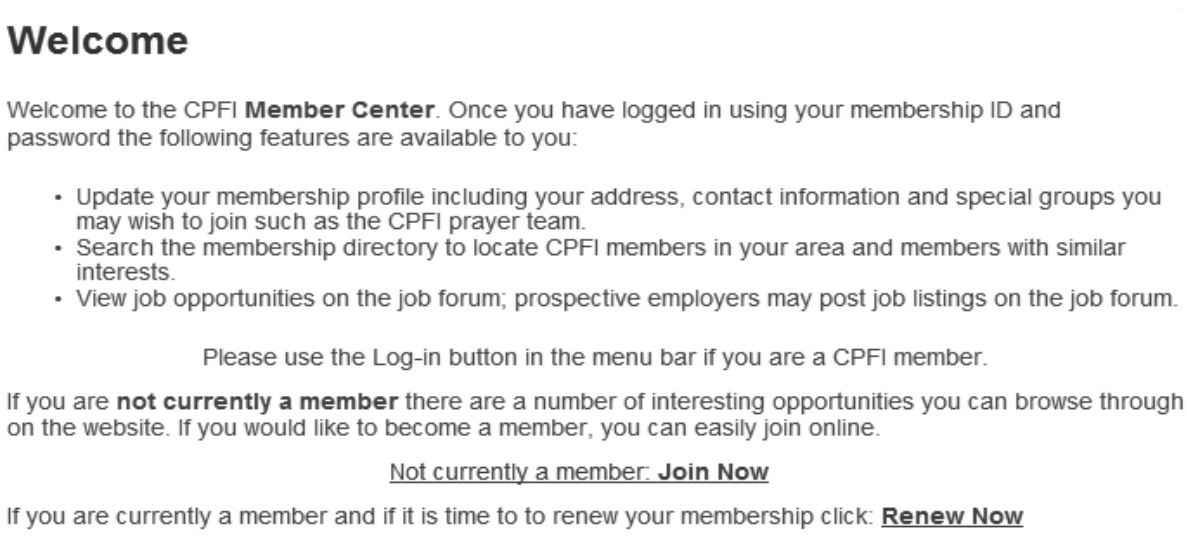
- We believe the Bible, in its original languages to be the inspired, inerrant Word of God, the only infallible and authoritative rule of faith and conduct.
- We believe in one God, maker of all things, eternally existent as: Father, Son, and Holy Spirit the Holy Trinity.
- We believe in the deity of our Lord Jesus Christ, true man and true God; conceived of the Holy Spirit, born of the virgin Mary.
- We believe that the Lord Jesus lived a sinless life, performed miracles, was crucified for our sins, was buried, bodily resurrected, and ascended to the right hand of the Father.
- We believe that man is made in the image of God and that since the fall, all men are born as sinners unable to save themselves.
- We believe in the personal salvation of believers through the substitutionary sacrificial death and shed blood of Jesus Christ being justified by faith alone.
- We believe in the future return of the Lord Jesus in power and glory.
- We believe in the presence and power of the Holy Spirit, indwelling each believer, transforming us and enabling us to live a Godly life.
- We believe in the bodily resurrection of the just and the unjust; those who are saved to everlasting blessedness and those who are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

Renew Your Membership or Join CPFI on the Web in 3 Simple Steps!

1. **Navigate to the CPFI home page: www.cpfi.org**



2. **Click on the Member Center (professionals) or the Student Center (students)**



Welcome

Welcome to the CPFI **Member Center**. Once you have logged in using your membership ID and password the following features are available to you:

- Update your membership profile including your address, contact information and special groups you may wish to join such as the CPFI prayer team.
- Search the membership directory to locate CPFI members in your area and members with similar interests.
- View job opportunities on the job forum; prospective employers may post job listings on the job forum.

Please use the Log-in button in the menu bar if you are a CPFI member.

If you are **not currently a member** there are a number of interesting opportunities you can browse through on the website. If you would like to become a member, you can easily join online.

Not currently a member: **Join Now**

If you are currently a member and if it is time to to renew your membership click: **Renew Now**

3. **Click Join Now if you are not already a member or Renew Now for existing CPFI members.**

   a. **Join Now:** New members will be asked to provide an e-mail address. A new member profile will then be generated, and the new member will need to provide the required information.
   b. **Renew Now:** Current or previous members will be asked for their username and password. A renewal form will then be populated with member information. Please review your profile to make sure your information is up-to-date.
   c. When your profile is complete, you will be transferred to a secure site where an electronic check or a credit card payment can be made.

Christian Pharmacists Fellowship International

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E-Mail: office@cpfi.org

Membership

☐ Application
☐ Renewal

Remember
The quickest way to join or renew your membership is at the CPFI Website.
(See details on back)

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Title and Name:	
Home Address: ☐ to receive mail here	Street: City: State or Country: Zip:
Home Phone: Cell Phone: E-Mail Address:	( ) _____ - _____ ( ) _____ - _____
Church: Spouse Name: Names of Children:	
Date of Birth: Gender:	 ☐ M ☐ F

CPFI Articles of Faith

Includes the following ten biblical principles

- We believe the Bible, in its original languages to be the inspired, Inerrant Word of God, the only infallible and authoritative rule of faith and conduct.
- We believe in one God, maker of all things, eternally existent as: Father, Son and Holy Spirit - the Holy Trinity.
- We believe in the deity of our Lord Jesus Christ, true man and true God; conceived of the Holy Spirit, born of the virgin Mary.
- We believe the Lord Jesus lived a sinless life, performed miracles, was crucified for our sins, was buried, bodily resurrected, and ascended to the right hand of the Father.
- We believe that man is made in the image of God and that since the fall, all men are born as sinners unable to save themselves.
- We believe in the personal salvation of believers through the substitutionary sacrificial death and shed blood of Jesus Christ being justified by faith alone.
- We believe in the future return of the Lord Jesus in power and glory.
- We believe in the presence and power of the Holy Spirit, indwelling each believer, transforming us and enabling us to live a Godly life.
- We believe in the bodily resurrection of the just and the unjust; those who are saved to everlasting blessedness and those who are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

Personal Affirmation

☐ I affirm my faith in Jesus Christ as my personal Savior. My salvation is based upon (fill in):

_____

Professional Information (please print/type)

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Business Phone: Business FAX: Business E-Mail	( ) _____ - _____ ( ) _____ - _____
Graduated from: (professional)	 Grad. Yr:
Specialities: (check if board cert.)	☐ board cert. ☐ board cert.
CPFI Category:	☐ Practicing Pharmacist Type of practice: _____ ☐ Academic ☐ Student ☐ Missionary ☐ Pharmacy Technician ☐ Associate Member ☐ Other: _____
Professional Affiliations:	☐ APhA ☐ ASHP ☐ ACA ☐ AACP ☐ ACCP ☐ ASCP ☐ State Assn: ☐ Other:

Student Information (please print/type)

School Name:	
Expected Year of Graduation:	

Payment Information (please print/type)

Membership Dues		
Student Member:	$30.00	DUES: $_____
Pharmacist 1st professional year:	$30.00	
Pharmacist 2nd professional year:	$60.00	GIFT: $_____
Regular Member:	$100.00	
Contributing Member:	$125.00	TOTAL: $_____
Supporting Member:	$250.00	Sorry we do not accept cash payments.
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