

- Network website. <https://christiannews.net/2018/02/02/episcopal-diocese-votes-to-avoid-using-gendered-pronouns-for-god-in-book-of-common-prayer/>. Published February 2, 2018. Accessed January 16, 2019.
9. BGEA Staff. *Why does the Bible Refer to God in Masculine Terms?* Billy Graham Evangelistic Association website. <https://billygraham.org/answer/why-does-the-bible-refer-to-god-in-masculine-terms/>. Published June 1, 2004. Accessed January 23, 2019.
10. Yogananda, P. *The Yoga of Jesus: Understanding the Hidden Teachings of the Gospels*. Self Realization Fellowship, Los Angeles, CA; 2007.
11. Bordenkircher, S. *Yoga for Christians: A Christ-Centered Approach to Physical and Spiritual Health through Yoga*. Thomas Nelson Publishers, Nashville, TN; 2006.
12. DeBruyn, L. *Can Yogic Practices be Integrated with the Christian Faith?* Franklin Road Baptist Church website. <http://web.archive.org/web/20100113070015/http://www.frbaptist.org/bin/view/Ptp/PtpTopic20060522141106>. Published May 22, 2006. Accessed January 16, 2019.
13. Townsend, A. *Is Yoga an Anti-Christian Practice?* Time website. <http://newsfeed.time.com/2010/09/22/is-yoga-an-anti-christian-practice/>. Published September 22, 2010. Accessed January 17, 2019.
14. *The Color Run website*. <https://thecolorrun.com/>. Accessed January 17, 2019.
15. Prata, E. *Of Church Color Runs and Hindu Holi Festivals*. The End Time website. <https://the-end-time.org/2016/04/23/of-church-color-runs-and-hindu-holi-festivals/>. Published April 23, 2016. Accessed January 17, 2019.
16. Slick, M. *What is Christalignment and Destiny Cards?* CARM website. <https://carm.org/what-is-christalignment-and-destiny-card/>. Published January 10, 2018. Accessed January 18, 2019.
17. *What is the Emerging/Emergent Church Movement?* Got Questions website. <https://www.gotquestions.org/emerging-church-emergent.html>. Accessed January 18, 2019.
18. Zauzmer, J. *Clergy Gather to Bless one of the Only U.S. Clinics Performing Late-term Abortions*. The Washington Post website. https://www.washingtonpost.com/news/acts-of-faith/wp/2018/01/29/clergy-gather-to-bless-an-abortion-clinic-which-provides-rare-late-term-abortion-in-bethesda/?hpid=hp-top-table-border:act-of-faith&utm_term=.91e008f96c1f. Published January 29, 2018. Accessed January 22, 2019.

What is Truth? By Virgil Van Dusen and W. Steven Pray

INTRODUCTION

Pontius Pilate asked the question, “What is truth?”¹ In this era of “fake news” many people ask the same question. People want to know the truth and people want to be told the truth. In courts of law, people are compelled by an oath to “tell the truth, the whole truth and nothing but the truth.” Yet it appears that all too often truth is elusive and uncertain.

As believers, we know the truth as Jesus revealed the truth. Jesus said, “I am... the truth.”² He is the embodiment of all truth. Although people want to know the truth about what it takes to enter heaven, they are often unwilling to face the truth because it requires admission of their guilt. Jesus told the truth about love and repentance, but Jesus also spoke truth about sin and judgment.³ He addressed Satan as the father of lies.⁴ Lies are the opposite of truth.

Lying was prohibited by God as far back as the book of Exodus.⁵ The bearing of false testimony was strictly prohibited by God. Bearing false testimony also carries with it the basic idea of fabrication, which, simply put, means to make something up. Exaggeration fits right in with God’s prohibition because any effort to stretch the truth is, in and of itself, a fabrication. Exercising creativity in regard to the truth is also unacceptable to God.

When one thinks of lies or lying, this would normally be considered a lie of *commission*. This is an affirmative act in which someone is telling something that is simply not true. In some cases the lie might be obvious; in other situations a deeper

investigation of the claim is needed.

However, just as dangerous is the lie of *omission*. In this lie, someone omits an important detail from a statement. These are pernicious lies because they are harder to spot and take less effort from the person who is lying. Yet in God’s eyes, it is still a lie if we remain silent instead of doing the right thing and sharing the truth.

HONESTY IN PHARMACY PRACTICE

Pharmacists have been considered some of the most trusted professionals for years. Gallup has conducted annual polls expressing the public’s view of the honesty and ethics of professionals. This poll has consistently revealed that pharmacists are perceived as very honest.⁵ Honesty has been an endearing attribute of pharmacists. Our veracity, or duty to be truthful without lies or deception as identified in past pharmacy ethical codes, calls on pharmacists to continue to live a life that would serve the public in a professional and caring manner.

While most pharmacists would probably agree that we are a trustworthy and honest avocation, our profession does face challenges in this area. While we provide professional services, we also provide products. Those products that we sell (and lend our reputations to) will be considered by the public as quality products. Suppose a pharmacist sells a nonprescription product, the label of which claims to treat or cure a specific condition. That act conveys to the patient the pharmacist’s inferred approval of those claims. Just as important is the patient’s expectation that the product will be safe for use as indicated on

the label. Do the products we sell misrepresent the truth or jeopardize the health of patients? The answer sometimes is yes.

DO MEDICATION LABELS CONVEY TRUTH?

Unfortunately, labels of many nonprescription products are untruthful. In numerous cases, the Food and Drug Administration (FDA) has sent warning letters to manufacturers of products which make claims that are not proven to be true.^{6,7} The government has also been known to pursue litigation against those responsible for making claims that cannot be substantiated.⁸ Not only are many of these claims not true, but any reasonable pharmacist should know that these outlandish claims are lies.

OPPORTUNITIES TO GIVE HONEST ADVICE TO PATIENTS

The issue of honesty in our interactions with patients is seldom more critical than when they seek our advice on caring for health problems. In some situations, patients ask for advice with regard to medical conditions or symptoms that unquestionably must be seen by a prescriber. Honesty can be lifesaving. A patient once asked a pharmacist about taking saw palmetto for urinary trouble. Rather than recommending it, the pharmacist urged the patient to see his physician to rule out the possibility of prostate cancer (as well as prostate infection or benign prostatic hypertrophy).

A second opportunity to provide honest advice is when patients experience more minor conditions that could potentially be treated with nonprescription products. Nonprescription products fall into two categories. One group has been proven safe and effective through controlled clinical trials submitted to, and approved by, the FDA.⁹ Their labels carry directions allowing patients to treat minor conditions with products that have been proven both safe and effective. Safety and efficacy are both critical in OTC products intended for self-treating patients.¹⁰ Safety without efficacy is a placebo; efficacy without safety is dangerous.

THE DILEMMA OF UNPROVEN NONPRESCRIPTION PRODUCTS

The problem for the honest pharmacist arises within the second category of nonprescription products that lack any FDA-approved evidence that they are safe and effective in treating any condition. Products in this group include herbals, homeopathics, essential oils, and “dietary supplements” (other than vitamins and minerals proven to prevent or treat medically recognized deficiency diseases, such as rickets). There are no limits or restrictions on who can sell these products. As a result, they are sold in places such as supermarkets, health food stores, gas stations, beauty shops, airports, and hotels.

How can a nation whose medical model is based on the hard-won concept of evidence-based medicine allow uncontrolled sales of nonprescription products that meet the legal definition of health fraud?¹⁰ The reasons are largely

political. In the case of “dietary supplements” and herbals, a 1994 law known as the Dietary Supplement Health and Education Act (DSHEA) was responsible for this predicament. It tied the hands of the FDA, preventing this valuable federal agency from carrying out its role in protecting an unsuspecting public from fraudulent products.¹¹ The major force behind DSHEA was Utah Senator Orrin Hatch, who was supported financially by the supplement industry, and whose family had financial interests in their sales. Thus, for his supporters, deregulating this business was motivated by greed. In the case of homeopathics, the 1937 Food, Drug and Cosmetic Act allowed their marketing without proof of safety or efficacy.¹² The person responsible for inserting this loophole in the law was a homeopathic physician, another clear conflict of interest. In the case of essential oils, the FDA is presently in the long legal process of acting against them.¹³

The dilemma for the pharmacist is this: Although these unproven products have the potential for large profit margins, what should pharmacists tell their patients when they request advice and assistance?

CONSEQUENCES OF FAILURE TO GIVE PATIENTS HONEST ADVICE

If we fail to refer patients when they have symptoms or a condition that should not be self-treated, and instead recommend an unproven product, we risk harm to the patient through failure to advise them to seek proper medical care. That would have occurred in the above example if the pharmacist sold saw palmetto to the patient, giving him false hope.

If we fail to warn other patients that these unproven products may not work or may be harmful, we are not disclosing full information – which is a dishonest act. If we actually make claims that are not scientifically supported, we are uttering falsehoods. This could occur if the pharmacist stated, “Valerian is a great sleeping pill.” The pharmacist who wishes to act with honesty and integrity should consider not stocking products whose worth is not proven.

THE CHALLENGE TO SHARE THE TRUTH

As professionals, we are called on to be honest and tell the truth. Yet there can be challenges to being truthful. Chain pharmacies don't give pharmacists the opportunity to object to stocking certain products that may have questionable indications. Independent pharmacists, struggling to make a community pharmacy successful, need profits. Patients often request questionable products. Yet as believers we are called to a higher standard, one where our faith must be evident in all aspects of our life, including our professional life.

BREACH OF TRUST

Trust is essential in all societies. Trust is based on truth-telling. Relationships can be forever altered by a breach of trust. The Gallup poll, as previously mentioned, indicates that society has trusted the pharmacy profession in the past but that is no

guarantee that they will in the future. All pharmacists impact that continuing trust based on their interaction with patients. As society matures intellectually and realizes the truth about unproven products we sell, will that trust change? Will their view of us as trusted professionals and professing Christians compromise our standing in their mind? Is selling unproven products worth the risk of a damaged or severed relationship between us and the patient? These are important questions pharmacists should consider.

THE PHARMACIST OF FAITH AND OBLIGATION TO TRUTH

This overriding issue of honesty comes down to that of checking our moral compass and determining which path we will take. Our moral compass is none other than the Word of God. Doing what is right may not always be easy, but it is always right... and just because it's legal to sell unproven products doesn't make it the right thing to do. If our patients cannot believe us to be truthful about the products we sell, why should they believe our message about Jesus? The father of lies would prefer that we join him. The great deceiver would want us to be like him. But too much is at stake eternally in our lives and the lives of those around us. We should not play fast and loose with the truth, but we should always speak it in truth. "Therefore, having put away falsehood, let each one of you speak the truth with his neighbor, for we are members one of another."¹⁴

REFERENCES

1. *John 18: 38*
2. *John 14: 6*

3. *Matthew 12: 36*

4. *John 8: 44*

5. Gallup 2017 Honesty and Ethics Poll: <http://news.gallup.com/poll/224645/2017-honesty-ethics.aspx>

6. Young Living warning letter. Food and Drug Administration. <https://www.fda.gov/ice/enforcement/actions/warningletters/2014/ucm416023.htm>. Accessed May 23, 2018.

7. doTERRA International warning letter. Food and Drug Administration. <https://www.fda.gov/ice/enforcement/actions/warningletters/2014/ucm415809.htm>. Accessed May 23, 2018.

8. *United States v. Johnson*, 221 U. S. 488 (1911)

9. Over-the-counter (OTC) drug branch: the OTC drug review. FDA. <https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/ucm338238.htm>. Accessed June 18, 2018.

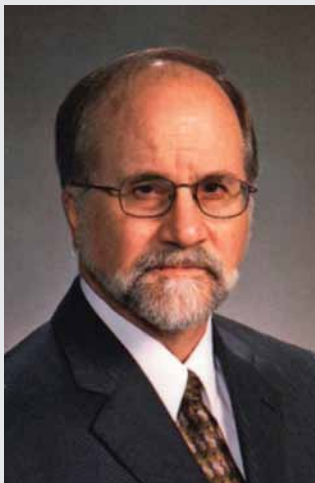
10. CPG Sec. 120. 500. Health fraud— factors in considering regulatory action. FDA. <https://www.fda.gov/ice/compliancemanuals/compliancepolicyguidancemanual/ucm073838.htm>. Accessed June 18, 2018.

11. Information for consumers on using dietary supplements. FDA. <https://www.fda.gov/food/dietarysupplements/usingdietarysupplements/default.htm>. Accessed June 18, 2018.

12. CPG Sec. 400. 400. Conditions under which homeopathic drugs may be marketed. FDA. <https://www.fda.gov/ice/compliancemanuals/compliancepolicyguidancemanual/ucm074360.htm>. Accessed June 18, 2018.

13. Aromatherapy. NIH. <https://nccih.nih.gov/health/aromatherapy>. Accessed June 18, 2018.

14. *Ephesians 4: 25. The Bible (English Standard Version)*



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Dr. Pray has volunteered thousands of hours over 14 years serving as the Pharmacist in Charge of Weatherford's Agape Medical Clinic. As a result of his long-term dedication to supplying free medications to the poor, the Rotary Club of Weatherford named him a Paul Harris Fellow.



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