Graduate students have long been used, with mixed results, as teaching assistants in colleges of pharmacy. It is our view that upper level undergraduate students who have successfully completed a given course, who are sufficiently interested in the area of study, and, most importantly, who are interested in assisting a fellow student, can prove to be effective in this role. It was with this in mind that we began to use undergraduate student mentors in our required pharmacy ethics course. Our recently completed survey indicated that students felt that mentors should be used on a regular basis in pharmacy ethics and the availability of the services provided by the mentor facilitated their successful completion of the course. Moreover, the survey results suggest that the use of undergraduate student mentors—carefully selected, trained and supported—can be a valuable educational resource in pharmacy education, beyond simply their use in pharmacy ethics.

BACKGROUND
The Massachusetts College of Pharmacy and Allied Health Sciences, as do other colleges and schools of pharmacy with graduate programs, has long used graduate students in the role of teaching assistant. These individuals assist faculty in both classroom and laboratory situations by grading examinations, overseeing laboratories, and performing other duties assigned by the course instructor.

Despite the obvious advantages to both the graduate student (e.g., tuition waivers, teaching experience) and the faculty member (e.g., assistance with teaching responsibilities), the benefits to the undergraduate student are all too frequently of questionable value. Graduate teaching assistants may be participating in courses which are not specific to their discipline (e.g., a pharmaceutics graduate student participating in a freshman chemistry course) and may be of limited assistance to students in need of remediation. Further, even if a graduate student does feel competent in a certain area of study, they may not have sufficient interest in devoting the time necessary to effectively assist a student in need, or, lacking teaching skills, do not know how best to meet the needs of their students. Guidance by faculty is also often lacking, in part due to the too frequent perception that graduate students are already “junior faculty members” and hence are given insufficient guidance.

It is our view that upper level undergraduate students who have successfully completed a given course, who are sufficiently interested in the area of study, and, most importantly, who are interested in assisting a fellow student, might prove to be more effective tutors than a graduate student. It was with this in mind that we began to use undergraduate students as mentors in our required pharmacy ethics course, which is taken during the fourth year (second professional year) of our BS program. Once we began the process, we discovered that other benefits accrue to the students, the mentor, and the instructor.

Pharmacy ethics, by its very nature, requires students to master both theory and the application of that theory to concrete cases, cases in which the relevant data is not laid out neatly for the student to use. To that extent it, of course, mimics pharmacy practice. As a result, the study of ethics often proves to be a difficult task for pharmacy students accustomed to concrete data, memorization and multiple choice examinations. We believe that the availability of a peer who has successfully completed the course can be invaluable to students attempting to grasp the study of biomedical ethics. Furthermore, the use of such mentors can be valuable to both the mentor and the instructor.

MENTOR SELECTION
In order to be eligible to serve as a mentor, students must have completed the required undergraduate course in ethics, LIB 401, pharmacy ethics, with a grade of A- or better. In addition, the student should be interested in exploring pharmacy ethics in greater depth, have an interest in pursuing postgraduate education, and a desire to learn how to teach.

Potential mentors are required to meet with the ethics faculty member to express their reasons for wanting to serve as a mentor and to ensure that the student mentor understands what is involved in the project. Only if the faculty member and the student feel comfortable at this point can the student become a mentor; after all, not every student who excels in ethics will desire to be a mentor or be successful as one.

Students who act as mentors usually receive undergraduate credit, although we have had one mentor who participated simply to gain experience in teaching and research. Academic credit is granted through enrollment by the student in an undergraduate research project (URP). Undergraduate research projects are available to qualified students who wish to learn the basic methods and techniques of research. Since the use of student mentors in ethics was an educational research undertaking, it seemed appropriate to use the URP to administer the program. Depending on the student’s level of interest, two or three quarter hours of credit are awarded.

Since directing URPs is totally a voluntary faculty activity (i.e., not considered a part of the regular teaching load), and the pool of students willing and able is relatively limited, the frequency with which we have had mentors has varied. Over the last three years, four students have successfully
served as mentors, all but one of whom has done so as part of an URP.

THE PROCESS

The course instructor introduces the mentor during the first class meeting of the quarter. The instructor will explain the mentor’s role as both a teaching assistant and course critic. Students will be informed that the mentor will have the opportunity to read examinations (which have been appropriately blinded) and provide feedback to the course instructor. Mentors will not grade examinations. Any student may request that their examination not be read by the mentor.

Mentor Requirements

Mentors attend all class meetings with the exception of examinations. Student mentors are also required to meet with the course instructor at least weekly to assess their progress, discuss class sessions, their research project, and other relevant topics.

Mentors assist the course instructor in leading case discussions during small group sessions. Mentors make themselves available to assist students having difficulty with the course, and work with the course instructor to provide assistance. The mentor is also available as a consultant to students as they plan their student-made ethics vignettes.

In addition to their work with undergraduates, an equally important component of the mentor’s responsibilities involves providing feedback to the course instructor and working on individual mini-projects based on their individual interest. For example, mentors interested in ethics pedagogy might be asked to review the literature and provide a review of assessment techniques used in pharmacy ethics courses.

Students are required to complete a paper of at least 7-10 pages (depending on the number of credits). The precise nature of the paper will depend upon the specific focus of that individual’s project (e.g., ethics content, pedagogy, survey research design), but will also include an evaluation of the course content, methodology and assessment techniques, and the value of the project to themselves.

Curricular Context

The innovation has been implemented in the course, pharmacy ethics, a three-quarter-hour required course taken by most students in their second professional year. The course is taught in discussion sections of approximately thirty-five students, four times a year, with the total number of sections being eight. The primary mode of instruction is case-discussion. (See the database of pharmacy ethics cases on PHARMLINE for the types of cases utilized.) Students are expected to read the text, which supplies them with both the cases and a fairly standard presentation of biomedical ethics theory with special emphasis on aspects appropriate for pharmacists. Examinations are essay with all exams requiring students to solve cases and defend their answers.

Within this framework we have already instituted a number of innovations, most of which are relevant to the role of the student mentor. First, we have, since an early date, divided students up into small groups of 4-7 and assigned each group a case to solve during the class-period. The instructor moves from group to group, assisting them and monitoring progress. The class then reconvenes and general discussion of the cases takes place. This technique promotes a much higher degree of participation by students in the problem-solving process, an emphasis of the Commission to Implement Change in Pharmaceutical Education(1). Unfortunately, given that there may be anywhere from 5-7 groups in a section, it makes it difficult for a single instructor to give adequate attention to all the groups, especially when the case involves the application of new theory.

The second innovation involves students creating, performing and leading class-discussion on vignettes(2). These vignettes are short plays (3-10 minutes) illustrating problems in pharmacy ethics. Students work on these vignettes in small groups (usually 4-6, often the same group which has functioned as a discussion group). Essentially all the preparatory work is done outside the class, and the performance by the students is taped and then shown to the entire class. The group is then responsible for leading a class-discussion on the case that their fellow students have just viewed. Since students are encouraged to invent cases based on their own experiences, this helps them to see the course as relevant to their own practice, as well as reinforces the idea of a learning community and the need for cooperation among practitioners. Once again this places a burden upon the instructors since the number of groups is usually at least as large as that of the small discussion groups.

It is within this context that we introduced the student mentor. The mentor alleviates the problems mentioned in the paragraphs above from the perspective of a student who has recently successfully completed the course. As we have indicated earlier, the mentor provides additional benefits to both the students in the course and the instructor by providing an alternative person a student can turn to, an alternative perspective for students having difficulties with either the course or the instructor, specific student-oriented strategies for studying, dealing with the inevitable problems concerned with vignettes, honest and rapid) feedback to the instructor, etc.

LEARNING OBJECTIVES

For Students in the Course

The course itself has functioned for a number of years with a fairly extensive set of learning objectives (Appendix A). The crucial ones are the following: To be able, without specific guidance, when presented with a pharmacy practice situation:

a. To identify relevant ethical issues;

b. To select concepts, principles, and methods of approach presented in the course that are appropriate for analyzing that situation;

c. To judge what would be an ethically appropriate action to take for that situation;

d. To defend that answer with a closely reasoned argument.

The mentor, by facilitating active learning, promotes these objectives.

For the Mentor

The mentor, after successful completion of the project, will be able to plan a class session, lead a small group discussion, provide peer tutoring, understand what goes into preparing a successful essay examination, and evaluate student performance on pharmacy ethics examinations.

Further, the project allows the mentor to explore, in a concrete way, a possible career path, that of an academic. As well as serving as mentors, they are also being mentored. Given the difficulty of attracting high quality students to postgraduate education, this benefit should not be ignored. Serving as a mentor also develops both the mentor’s leadership
skills and self-confidence.

For the Instructor
We know that this seems odd, but there are definite learning goals and outcomes that this innovation presents to the instructor. First and foremost, the instructor, after successfully completing mentoring the student mentor, will have an improved understanding of student perceptions of both the course and his/her teaching style. The instructor will also have a clearer understanding of why and how he/she teaches and evaluates. In fact such interactions may very well result in the instructor learning new teaching techniques. Finally, the instructor may gain increased self-confidence and pride of accomplishment from successfully mentoring the student mentor.

EVALUATION
We have already started evaluating the innovation in a formal way (see below), but other techniques are also needed. In addition to student questionnaires, we need to develop a more formal means of evaluating the mentor’s perceptions of the experience. We are planning to develop a questionnaire for the mentor which will preserve confidentiality until after the mentor has received a grade for the undergraduate research project. Whether this will assure frankness or not is open to question if the mentor program remains as small as it has up to this point.

A measure of student performance is also clearly needed. Performance on the final exam could provide such a measure since it directly tests outcome objectives for the course, particularly if we move to having only one section to a mentor, but there would still be the problem of the evaluation not being double-blinded. We are certain this problem can be handled but have not yet thought through exactly how we will do this.

Another obvious way to measure effectiveness is to determine the rate at which mentors go on to graduate school. Actually arriving at solid numbers of those who decide to be mentors already show interest. Those who decide to be mentors already show interest. Otherwise, they would generally not have elected to participate.

The Current Instrument and the Results
In an effort to formalize our evaluation process beyond student course evaluations and anecdotal comments, we developed a survey instrument and administered it to students enrolled in two sections of LIB 401, Pharmacy Ethics during the Winter Quarter, 1995-96. The form itself and the raw data obtained can be found in Appendix B.

The survey was administered on the last day of class along with the college’s standardized course evaluation. Participation in the survey was entirely voluntary. To ensure confidentiality, students were asked to not provide any personally identifiable information; the surveys were returned via a sealed envelope by a student volunteer to the divisional secretary, and was not opened until after the course grades had been submitted.

Evaluative Data
A total of 62 surveys were returned from both sections of the course (Section A, n=28; Section B, n=34), representing 82.7 percent of the total enrollment in both sections. Overall, the response of the students to the availability of a mentor was extremely positive. The vast majority (87.1 percent) of students thought that mentors should be used on a regular basis in pharmacy ethics. In addition, 80.6 percent of students felt that the availability of the services provided by the mentor facilitated and enhanced their successful completion of the course.

Students felt that the mentor was most valuable in providing exam review assistance. Nearly 81 percent (80.7 percent) of these students indicated that they had attended at least one exam review session with the mentor. (See Appendix C for an example of a mentor-developed exam review handout.) Further, most students (79.0 percent) felt that this session with the mentor was either useful or very useful. More than one-half (56.5 percent) felt more comfortable discussing course issues in preparing for exams with the mentor than they did with the course instructor.

According to the students, the availability of the mentor promoted major course objectives including understanding major normative ethical theories and principles (80.6 percent), identifying ethical issues in pharmacy practice settings (77.4 percent), applying normative ethical theories and principles in the analysis of ethical issues in pharmacy practice situations (72.6 percent), and evaluating, recommending and defending possible courses of action in response to particular pharmacy practice situations (80.6 percent).

The students also indicated that the use of undergraduate student mentors should be expanded to other courses. Nearly three-quarters (71.0 percent) of students indicated that a mentor would be helpful in such courses as pharmacology, medicinal chemistry, pharmaceutics, and communications.

Somewhat surprising to us, especially in light of student comments about the amount of time and effort put in by the mentor, was that nearly one-half (45.2 percent) of students would be willing to serve as a student mentor in a course, for academic credit, if they met the criteria.

Clearly, this measure of the innovation’s effectiveness provides ample evidence of its acceptability by the students. The next step is to refine the instrument and devise other instruments to measure other aspects of the innovation’s effectiveness, most obviously student performance and impact on the mentor as mentioned in the previous section.

Assessment of the Current Instrument
The current questionnaire seems to have done the job we asked it to do provide data about student perceptions of the use of the student mentor. Frankly, we were more than a little surprised by the overwhelmingly positive nature of that response and the care the students took in answering it. The compiled comments ran to more than five typed pages of perceptive and frank comments. Because we wanted to assure privacy and honesty, we stated on the form that only circled comments would be considered for publication. In retrospect, the rush of the last day of class—they had filled out two questionnaires in Pharmacy Ethics alone—is the likely cause of no comments being circled. However, their nature is as we described them above.

PERSONAL REFLECTIONS
Faculty Participants
Both of us share an educational philosophy which has only recently been generally accepted in pharmacy education—our students need to be problem-solvers, not mere repositories of facts. To that end, we have employed numerous nontraditional educational strategies in our classrooms.

In pharmacy ethics, we have been successful by utilizing several interactive, problem-solving, cooperative learning
approaches. For the past six years, every student graduating from our institution has participated in a group-created vignette. This course requirement not only allowed students to conceptualize and analyze their own ethical problem, but to do so in a group situation which fosters cooperation, team work and peer learning.

Over this same time period, we have actively made use of case studies, based on actual ethical situations, to make the study of biomedical ethics “come alive.” We have used small group discussions to facilitate involvement of all the students in the class. We have used a debate format to address major issues of contemporary pharmacy practice including physician-assisted suicide.

Most recently, we have initiated the use of student mentors. As with other innovations we have attempted, we began this project as simply an idea we thought might work. It has evolved over time from a method of improving the instruction of pharmacy ethics to a way of introducing undergraduate students to the exciting career path of pharmacy education.

We believe that we have accomplished many of the goals we set when we first started the project. We had hoped to benefit both the students and the mentor, and provide ourselves with a new approach to attaining our educational goals for the course. Our recently completed student survey indicates that we have accomplished these goals. Moreover, the survey results suggest that the use of undergraduate student mentors, carefully selected, trained and supported, can be a valuable educational resource in pharmacy education, beyond simply their use in pharmacy ethics. It is our view that student mentors can be particularly useful in the problem-based curricula now being adopted by schools and colleges of pharmacy.

In terms of modifications for the future, we are working toward making the use of student mentors more institutionalized. The overwhelming sentiment expressed by our students this past quarter in support of student mentors has caused us to assess the impact that mentors can have in courses beyond ethics.

We also must further define the role of the mentor. It is vital that the mentor not simply be an undergraduate version of a graduate teaching assistant, but also be properly prepared to assume their responsibilities, and gain educational benefit for themselves.

**Student Mentor**

While Professors McCarthy and Richardson have commented on the benefit of student mentors as an innovation in achieving the educational goals of pharmacy students, I would like to elaborate on the benefit of such an approach on the professional goals of both the student mentor and students. As Professors McCarthy and Richardson describe, student mentors benefit in several ways, including the exploration of a possible career path in pharmacy education, experience in teaching, and development of leadership skills. I believe that these benefits have even greater significance when considered in light of the evolving role of pharmacists in society. As pharmacy practice implements the doctrine of pharmaceutical care, the ability to excel in their roles as patients advocates and educators becomes a significant professional goal of all pharmacy students. The opportunity to serve as a student mentor facilitates the development of those skills necessary in fulfilling these roles by providing valuable experience in educational philosophies and techniques.

The use of student mentors also advances the professional goals of those mentored. The adoption of the pharmaceutical care model of practice places greater emphasis on the need for pharmacy students to develop both sound problem-solving skills and a commitment to life-long learning. I believe that in addition to its value as an innovative educational tool, the use of mentors benefits students by fostering a professional philosophy of self-directed learning that persists after the student’s formal education.

In promoting the development of sound problem-solving skills, a commitment to life-long learning, and an ability to serve as patients educators, the use of student mentors is a significant tool in preparing pharmacy students for the pharmaceutical care model of practice.

On a more personal note, I strongly feel that my experience at MCP/AHS has been greatly enhanced by the opportunity to serve as a student mentor. Certainly, my educational and professional goals have been advanced by the increased leadership skills, self-confidence and insight into teaching. While these benefits are quite substantial, it is a sense of personal fulfillment that remains foremost in my mind. The opportunity to work closely with seventy-five fellow students in promoting their educational goals has cultivated a sense of community service that I believe will strengthen my ability to serve patients in my future practice.

*Am. J. Pharm. Educ.,* 60, 80–86(1996); received 8/15/95.

**References**


**APPENDIX A. PHARMACY ETHICS COURSE OBJECTIVES**

1. To accept that codes (e.g., the APhA Code) are inadequate as sole guides to ethical action.
2. To identify ethical issues in pharmacy practice situations.
3. To demonstrate the ability to carry out ethical reasoning.
4. a. To explain Act and Rule Utilitarianism and Kantian Ethical Theory.
   b. To apply these theories in a rational way to situations in pharmacy practice which call for ethical judgment.
5. a. To explain the Principle of Autonomy.
   b. To derive it (and the conditions under which it may be violated) from more basic ethical principles.
   c. To be able to apply this principle to a variety of pharmacy practice situations.
6. a. To list and explain the elements of informed consent.
   b. To explain how informed consent relates to the Principle of Autonomy.
   c. To apply the doctrine of informed consent to pharmacy practice situations, including those situations in which informed consent may not be ethically appropriate.
7. a. To explain the Rule of Confidentiality.
   b. To explain its derivation from more basic ethical principles, including the derivation of the conditions under which it may be ethically violated.
   c. To apply it and the conditions under which it may be violated to pharmacy practice situations.
APPENDIX B. PHARMACY ETHICS STUDENT MENTOR SURVEY

1. The following student mentor services in Pharmacy Ethics were available to you during the Winter Quarter of 1994-95. Which of these, if any, did you take advantage of and how frequently? For those services you did not take advantage of, why not?

   a. exam review 16.1% never; 45.2% 1–2 times; 35.5% 3 times or more
   b. peer tutoring 43.5% never; 22.6% 1–2 times; 11.3% 3 times or more
   c. questions/advice 19.4% never; 51.6% 1–2 times; 17.7% 3 times or more

Comments

2. On a scale of 1 to 5 (1 = NOT USEFUL, 5 = VERY USEFUL, NA = NOT APPLICABLE), how would you rate the quality of the student mentor services that you have had experience with?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>(NA)</th>
</tr>
</thead>
</table>
   a. exam review | 0% | 1.6% | 1.6% | 17.7% | 61.3% | (12.9%) |
   a. exam review | 0% | 1.6% | 1.6% | 17.7% | 61.3% | (12.9%) |
   a. exam review | 0% | 1.6% | 1.6% | 17.7% | 61.3% | (12.9%) |
   a. exam review | 0% | 1.6% | 1.6% | 17.7% | 61.3% | (12.9%) |
   a. exam review | 0% | 1.6% | 1.6% | 17.7% | 61.3% | (12.9%) |

Comments

3. Do you feel that the availability of these services promoted any of the following course objectives? Please check any that apply.

   80.6% a. Understand major normative ethical theories and principles.
   77.4% b. Identify ethical issues in pharmacy practice settings.
   72.6% c. Apply normative ethical theories and principles in the analysis of ethical issues in pharmacy practice situations.

Comments

4. Do you feel that the availability of these services facilitated or enhanced your successful completion of the course?

   80.6% YES; 11.3% NO; If yes, in what way(s)?

5. If you worked with the mentor, did you feel more comfortable discussing course issues with him/her than with the course instructor? 67.7% YES; 16.1% NO? If yes, in which issues? (Check any that apply.)

   53.2% a. understanding/applying materials presented in class
   45.2% b. interpretations of case examples
   36.5% c. preparation for examinations
   27.4% d. development of projects/assignments

Comments

6. Were there services not available to you which you feel would have been valuable? 9.7% YES; 71.0% NO; If yes, which services?

7. Do you have suggestions about how the use of student mentors in Pharmacy? Ethics might be improved?

8. Do you feel that mentors should be used on a regular basis in Pharmacy Ethics? 87.1% Yes; 1.6% No. Comments:

9. Do you feel that mentors should be used in other courses? If yes, which courses? 71.0% Yes; 9.7% No. Comments:

10. If you met the selection criteria, would you be interested in serving as a student mentor for academic credit, either in this course or in another? 45.2% Yes: 45.2% No. Comments:

APPENDIX C. ETHICS FINAL EXAM REVIEW

INTRODUCTION

Since the last exam, you have studied justice and the role of ethics in law, business, and self-regulation. Rather than considering these concepts to be discrete theories to be studied individually, it is more useful to treat them as concepts that broaden the context in which we perform ethical analyses. In other words justice and the role of ethics in law, business and self-regulation add another dimension to our ethical analyses by placing them in wider social contexts.

In practical terms, it means that we’re performing the same kinds of analyses, but are now including concepts that concern larger, more abstract societal concerns. Since the nature of our analyses have not changed, this review will focus less on the mechanics of performing an analysts and instead focus more on a discussion of these difficult concepts.

Similar to Exam II, the Final Examination will focus on the application of these and previous concepts to specific case examples or situations. This includes the possibility that you may be required to critically evaluate a particular code, regulation or law. Once again, without the benefit of explicit instructions, it will be your task to interpret each situation, explain which concepts apply, and explain your answer.
THEORY

A. Law and Ethics: “Law and ethics are different from each other and it is sometimes obligatory to break the law.”
   * Law is separate from and subject to evaluation by ethics.
     1. Ethics/morality, as a social institution, provides a voluntary way of reconciling conflicting interests. Without such an institution, society would exist as a “war of all against all.”
     2. Since not everyone will voluntarily act morally, some laws are enacted as efforts to command and enforce morality. These laws can be thought of as being derived from ethical principles.
   * Sometimes, it is ethically obligatory to violate a law.
     1. In most cases, obeying laws promotes those morals on which they are based.
     2. Since society’s ultimate goal is to promote ethics/morality, it seems that it should be morally acceptable to not obey those laws that undermine morality.
   * In evaluating whether or not a violation of a particular law is necessary:
     1. examine whether there is sufficient cause to violate the particular law in question
     2. examine both probable and possible consequences of either violating or obeying the law in question
     3. attempt to minimize the violation
     4. document your efforts/actions (show that you “had to do it”)
   * In summary, violate laws/regulations only when absolutely necessary, but if necessary, be intelligent, wise, responsible, fair and honest.

B. Business Ethics: “Ethical principles should apply to the realm of business.”
   * Justification in limitations of the Principle of Autonomy:
     1. Harm Principle: prevention of harm to innocent third parties that may result from business decisions that do not incorporate ethical considerations
     2. Weak Paternalism: basis for overriding business decisions of persons not acting in their own best interests due to a lack of rationality, intelligence or information
   * Justification in Utilitarianism:
     1. Business guided only by laws, regulations, and self-interest will result in increased regulation.
     2. increased regulation will impede efficient conduct of business and result in detriment to society.
   * Resolution: Extension of social contract model into business affairs provides voluntary means of reconciling conflicting business and ethical interests. Social contract model can be empowered by the support of laws and regulations.

C. Social Justice: “The distribution of its benefits and burdens within the context of limited resources is a recurrent dilemma for society.”
   * “Justice” = fair treatment of people = “equal people should be treated equally” and “unequal people should not be treated equally”
     1. What is meant by equal people and equal treatment?
     2. How is this to be accomplished despite limited resources?
   * Theories of Justice:
     1. libertarian theories:
        - asserts primacy of liberty of thought, choice, and action
        - grounded in Principle of Autonomy
        - weaknesses include lack of emphasis on Harm Principle
     2. merititarian theories:
        - asserts that distribution be based upon “merit”
        - weaknesses include difficulty in determining appropriate definition of “merit”
        - feasible only if Principle of Fair Opportunity is upheld
   3. egalitarian theories:
      - asserts equality of treatment
      - weaknesses include potential inability to achieve equality for all persons
      - “equal treatment” can’t mean “same treatment”
   4. needs-based theories:
      - asserts that distribution be based upon “need”
      - weaknesses include inability to define need vs. want
   * Role of Individual Responsibility:
     One approach to distributing limited resources would be to adopt one or more of the above justice theories and supplement it with the requirement that individuals assume some responsibility for their own health care.

D. Self-Regulation: “Self-regulation is preferable to enactment of laws and regulations.”
   * Lack of self-regulation will likely result in sub-optimal conditions and outcomes for all parties involved.
   * Refusal to engage in self-regulation will ultimately result in outside regulation that will likely exceed that which would be required had there been self-regulation.

* * *

WHAT WHEN

AUTONOMY Anytime you consider interfering with someone’s thinking, deciding or doing something
- examine Harm Principle and Weak Paternalism
- examine lack of knowledge, intelligence or rationality
- justify in basic ethical theory, provide a minimal intervention, and restore autonomy

INFORMED CONSENT Anytime a patient undergoes any treatment or participates in any experiment (autonomy with respect to medical/health care decisions)
- examine competence (lack of intelligence or rationality)
- satisfy current standards of disclosure
- guard against unjustified coercion

CONFIDENTIALITY Anytime you consider interfering with how someone manages their “private or public self” (autonomy with respect to private affairs)
- examine Harm Principle and Weak Paternalism
- examine lack of knowledge, intelligence or rationality
- justify in basic ethical theory, provide a minimal intervention, and restore autonomy

MENTAL ILLNESS Anytime you consider interfering with someone’s autonomy based upon judgements regarding his/her competency (i.e., rationality and intelligence)
- examine Harm Principle and Weak Paternalism
- examine lack of knowledge or rationality
- justify in basic ethical theory, provide a minimal intervention, and restore autonomy
- be careful not to generalize, stereotype, or label
- remember incompetence in one area doesn’t indicate incompetence in all areas of function
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUICIDE</td>
<td>Anytime someone deliberately commits an act that he/she knows will result in his/her death.</td>
</tr>
<tr>
<td></td>
<td>- examine justified vs. unjustified</td>
</tr>
<tr>
<td></td>
<td>- examine non-self-regarding vs. self-regarding</td>
</tr>
<tr>
<td></td>
<td>- examine ethical and autonomous vs. unethical and irrational</td>
</tr>
<tr>
<td></td>
<td>- examine competency but always INTERVENE FIRST. ASSESS LATER</td>
</tr>
<tr>
<td>LAW AND ETHICS</td>
<td>Anytime laws or regulations govern actions.</td>
</tr>
<tr>
<td></td>
<td>behavior or conduct (nearly all aspects of pharmacy practice are influenced by laws or regulations)</td>
</tr>
<tr>
<td></td>
<td>- examine whether there is sufficient cause to violate the particular law or regulation in question</td>
</tr>
<tr>
<td></td>
<td>- examine both probable and possible consequences on either violating or obeying the law or regulation in question</td>
</tr>
<tr>
<td></td>
<td>- attempt to minimize the violation</td>
</tr>
<tr>
<td></td>
<td>- document your efforts/actions (show that you &quot;had to do it&quot;)</td>
</tr>
<tr>
<td></td>
<td>- in summary, violate laws/regulations only when absolutely necessary, but if necessary, be intelligent, wise, responsible, fair and honest</td>
</tr>
<tr>
<td>BUSINESS ETHICS</td>
<td>Anytime there exists potential for business interests to adversely affect the ethical/moral nature of decisions/actions (similar to &quot;LAW and ETHICS,&quot; nearly all aspects of pharmacy practice are influenced by business interests)</td>
</tr>
<tr>
<td></td>
<td>- recognize that business interests must adhere to ethical/moral principles</td>
</tr>
<tr>
<td></td>
<td>- examine issue of autonomy (incl. Harm Principle and Weak Paternalism)</td>
</tr>
<tr>
<td></td>
<td>- examine consequences of allowing business</td>
</tr>
<tr>
<td>SOCIAL JUSTICE</td>
<td>Anytime there is a question of fairness or of distributing the benefits and burdens of society within the context of limited resources</td>
</tr>
<tr>
<td></td>
<td>- examine which type of theory is being utilized in &quot;promoting fairness&quot;</td>
</tr>
<tr>
<td></td>
<td>i. libertarian (individual's freedom of thought, choice and action)</td>
</tr>
<tr>
<td></td>
<td>ii. meritorian (individual's merit)</td>
</tr>
<tr>
<td></td>
<td>iii. egalitarian (equality of treatment)</td>
</tr>
<tr>
<td></td>
<td>iv. needs based (individual's need)</td>
</tr>
<tr>
<td></td>
<td>- evaluate whether the use of this type of theory seems appropriate</td>
</tr>
<tr>
<td></td>
<td>i. pay particular attention to Principle of Fair Opportunity</td>
</tr>
<tr>
<td></td>
<td>ii. what constitutes &quot;merit&quot;?</td>
</tr>
<tr>
<td></td>
<td>iii. what is &quot;equal treatment&quot; vs. &quot;same treatment&quot;?</td>
</tr>
<tr>
<td></td>
<td>iv. what are &quot;needs&quot; vs. &quot;desires&quot;?</td>
</tr>
<tr>
<td></td>
<td>- consider the requirement for an individual's responsibility</td>
</tr>
<tr>
<td>SELF-REGULATION</td>
<td>Anytime there is an opportunity to propose, require and achieve ethical outcomes as a result of &quot;self-initiated&quot; efforts rather than &quot;other-initiated&quot; requirements</td>
</tr>
<tr>
<td></td>
<td>- examine the profession's current and future goals and standards</td>
</tr>
<tr>
<td></td>
<td>- evaluate how these goals and standards may be promoted through self-initiated efforts</td>
</tr>
<tr>
<td></td>
<td>- pay particular attention to the modification of relevant laws, regulations and codes of conduct/ethics</td>
</tr>
</tbody>
</table>