

APhA Foundation 2019 Incentive Grant Final Report:

Name: Katherine Peters

Position: PGY-1 Community-based Pharmacy Resident

Practice Site: Community Health Centers of Benton and Linn Counties, Corvallis, OR

Project Title: Exploring attitudes of community pharmacists involved with Oregon Death with Dignity Act prescriptions

Introduction: In 1997, Oregon implemented the Death with Dignity Act (DWDA) and became the first state in the United States to allow for medical aid-in-dying (AID).¹ Limited research exists into pharmacists' opinions towards medical AID, with none conducted with pharmacists in the United States that have directly engaged in this process.² This project aims to describe pharmacist attitudes and experiences with medical AID and the Oregon DWDA.

Methods: This is a qualitative research study of Oregon pharmacists who have engaged with Oregon's DWDA prescriptions. Information was collected through four online focus groups using semi-structured format. Pharmacists were recruited via email using a list of Oregon-licensed pharmacists purchased from the Oregon Board of Pharmacy. Focus groups were conducted using a web-based communications platform and then audio recorded and professionally transcribed. Emergent themes were identified using immersion-crystallization methods.

Results: A total of sixteen pharmacists participated in four focus groups. Our participants were fairly evenly split between females (44%) and males (56%) with a broad range of years practicing in pharmacy (50% of participants had been practicing for 15 years or greater). Two participants declined to engage in the DWDA process whereas the remaining 14 participants agreed to engage in the DWDA process. Three major themes emerged: (1) Participants identified a variety of barriers to engaging in the DWDA. Barriers were multi-faceted and included logistical challenges for drug acquisition and dispensing, access issues for patients to locate a willing physician or pharmacy, and knowledge gaps; (2) Participants identified key components for patient counseling of DWDA prescriptions. Key components included practical counseling points (e.g., medication preparation, tips to minimize nausea) as well as intangible aspects (e.g., counseling session intimacy); (3) Participants consistently linked their decision to participate in the DWDA process to a respect for patient autonomy and allowing patients to make their own healthcare decisions. Pharmacists described a separation between their personal beliefs and actions as a pharmacist.

Conclusions: Pharmacists who participated in the focus groups were generally willing to engage in the DWDA. This willingness was largely driven by a respect for patient autonomy. However, pharmacists described numerous logistics barriers to dispensing these medications and knowledge gaps to help patients and physicians navigate this process. Most were unaware of any available resources to address these knowledge gaps and expressed a desire for more resources. Future research is necessary to outline educational needs of pharmacists and define these best practices for pharmacist engagement with medical AID processes.

Progress Report: Since the interim report, the following steps were completed:

- January – March 2019: We recruited pharmacists to participate in this study and then conducted four online focus groups.
- March 2019: Focus groups were audio recorded and then professionally transcribed.
- March – May 2019: We completed analysis of the data using immersion-crystallization techniques.
- June 2019 – current: We are currently drafting a manuscript based on study findings. The target journal is the Journal of the American Geriatrics Society. The third draft of this manuscript (25 pages) has been included with this final report submission.

Citations:

1. Take action - states with assisted dying laws. Death with Dignity (online). Available at: <https://www.deathwithdignity.org/take-action>. Accessed August 8, 2018.
2. Woods P, Schindel TJ, King MA, Mev A. Pharmacy practice in the domain of assisted dying: a mapping of the literature. *Res Social Adm Pharm*. Published online May 20, 2019. doi: <https://doi.org/10.1016/j.sapharm.2019.05.012>.