



RESEARCH ARTICLE

STUDY OF DEONTOLOGY COMPLIANCE BY PHARMACIST LIVING IN URBAN AND SUBURBAN AREAS

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ABSTRACT

Today, pharmacy profession faced street drugs, which represent both a major public health issue and a serious threat for pharmacies viability. Such situation may under certain conditions, cause non compliance pharmaceutical practices, with respect to deontology rules. Our study which consist to compare deontology rules respect by holders in urban and suburb areas, has highlighted similarities and differences on some holders behavior. Indeed, respect for personal exercise is better in suburbs where holder is present (52%) (Figure 2) and replaced at 48% (Figure 3) against 40% (Figure 2) and 32% (Figure 3) in urban areas respectively. It is the same for the respect of health educator role in suburbs (100%) (Figure 4) against (56%) (Figure 4) in urban areas. In addition, suburbs holders participate in care services and emergency at (64%) (Figure 6) against (28%) (Figure 6) in urban areas; and compliance with required uniform by suburb holders is better 48% (Figure 9), against 32% (Figure 9) in urban areas. Holders behavior is not at all influenced by geographical position of pharmacies. Therefore, it would be interesting to conduct this study specifically in suburbs, in order to understand the motivation of such behavior.

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INTRODUCTION

Pharmacist holder is a major public health issue through its procurement activities, preparation of medicines and items included in the pharmaceutical monopoly (Tisseyre, 1983). The exercise of monopoly in pharmacy is done after registration to the College of Pharmacists; a group created by law that makes it mandatory for members of a regulated profession, and which adopts a disciplinary power. To fulfill its mission of general interest, the College of Pharmacists has established a pattern of behavior for its members, who are interested in both client and fellow practitioner, responsible for accomplishing the same mission. This behavior expected of the profession, is a professional ethics expresses named ethics. Ethics as a set of rules and professional values, morally binds those to whom it is addressed. In Senegal, it is punishable by a Code of Ethics developed by the College of Pharmacists under the prerogatives that law attributes to it.

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The Code of Ethics is mandated by Decree No. 81-039 of 2 February 1981 (Tisseyre, 1982). The provisions of the Code apply to the pharmacist, forced to perform additional duties related to the exercise of his profession. Today, pharmacy profession practice faced illegal sale of drugs, both in Dakar city with the bulk of economic activity, and its suburbs characterized by difficult economic and social situation. These drugs street which appears for certain people as a remedy of choice in case of illness episodes, represent both a major public health problem, and a serious threat to the viability of pharmacies. However, these difficulties sanitary and socioeconomic, coupled with inadequate inspection of pharmacies, contributed to certain practices of non-compliant pharmacists to pharmaceutical ethics rules. Such practices, increasingly reported among certain pharmacists holders in both urban and suburb of Dakar, motivated us to investigate if the behavior of pharmacists holder bound by the rules of professional conduct, is influenced in the performance of his occupation by the geographic location of his pharmacy? It is the interest of our work, which aims to compare compliance with pharmaceutical rules of professional conduct by pharmacists holders in urban areas or suburbs of Dakar.

**Study type and location**

It's a retrospective study, conducted from February 1 to March 31, 2013, that concerned urban area of Dakar department, and its suburbs represented by following agglomerations Guédiawaye, Pikine and Thiaroye.

**Target:** 50 pharmacies have been selected in a reasoned way, including 25 in the department of Dakar, and 25 in the suburbs.

**MATERIAL AND METHODS**

**Materiel**

- Law 73-62 of 19 December 1973 establishing the College of Pharmacists (Tisseyre, 1982)
- Decree No. 81-039 of 2 February 1981 establishing Pharmaceutical Code of ethics (Decree, 1981).

**Methods :** It's a comparative study of certain provisions of Title II of Pharmaceutical Code of ethics (Decree, 1981):

- Disciplinary responsibility and professional independence,
- The support to the work of health protection,
- and the holding of pharmacies.

**Data use and collection**

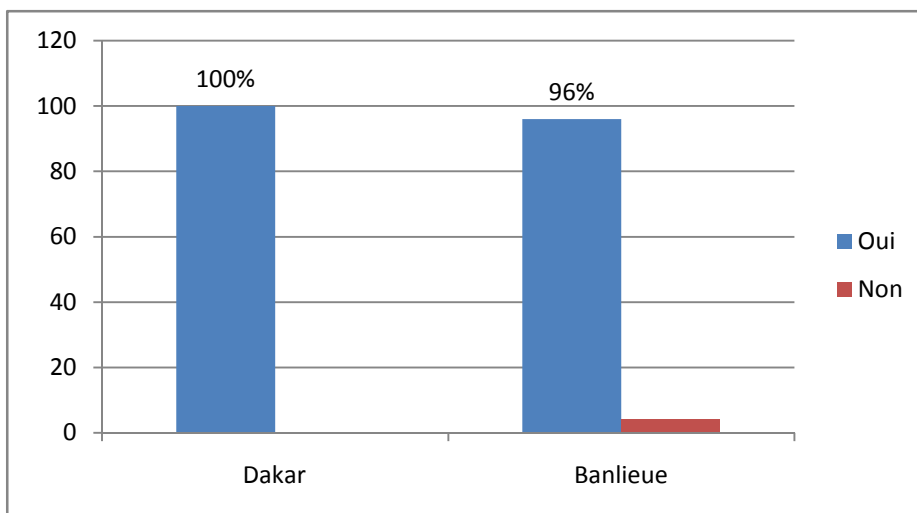
A questionnaire was made according to the above provisions of Title II of Pharmaceutical Code of ethic (3) and then administered to pharmacists holders and their staff. Also, interviews followed by observations in the Pharmacy were made. Data were analyzed using EXCEL spreadsheet. For each item of the questionnaire, total number of answers was counted to determine answers rates.

**Difficulties met**

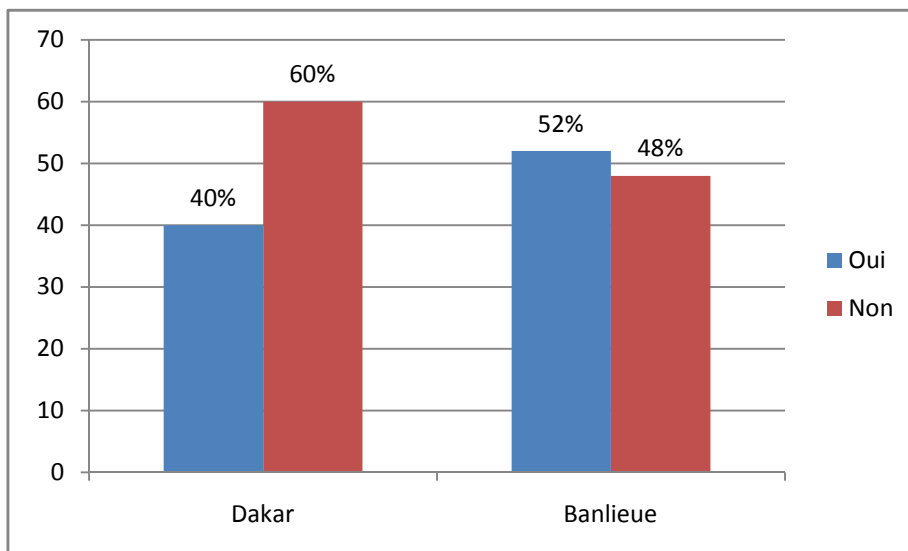
The permanent unavailability to find pharmacists holders in one hand, and in the other hand reluctance of some owners to be investigate, because of sake of revealing information that could compromise their operations.

**RESULTS**

**On disciplinary responsibility and professional independence**



**Figure 1. Respect of registration at the College of Pharmacists**



**Figure 2. Pharmacist regular presence at pharmacy**

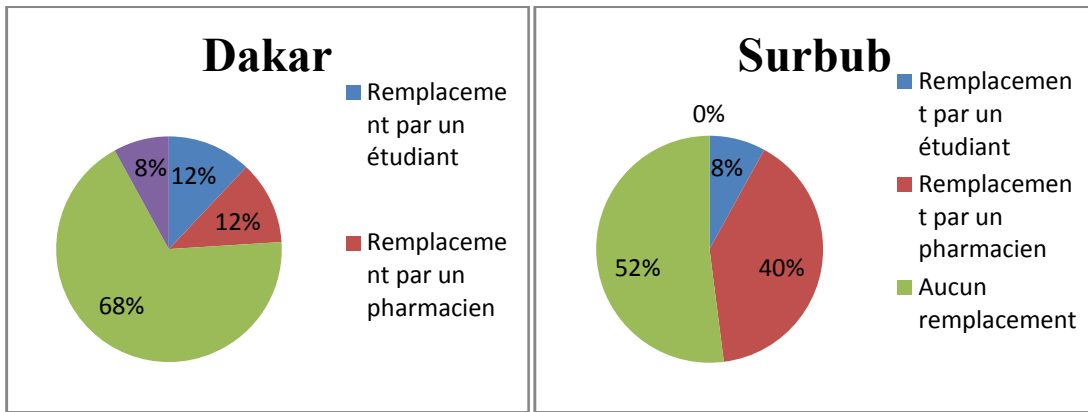


Figure 3. Compliance with alternative arrangements in case of absence

Competition on health protection work

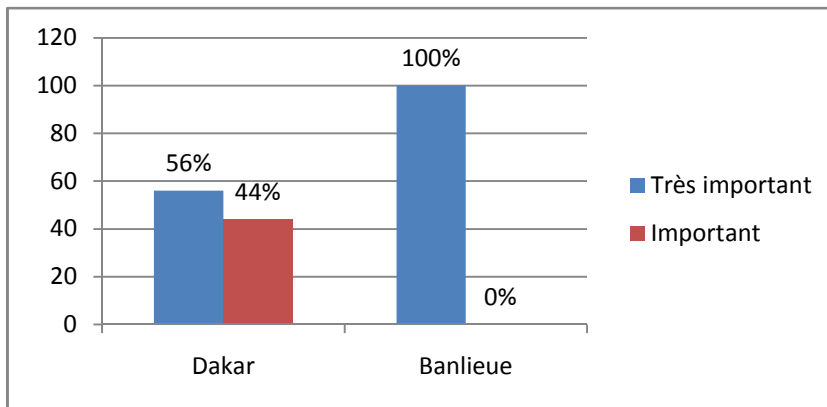


Figure 4. Compliance with health educator role

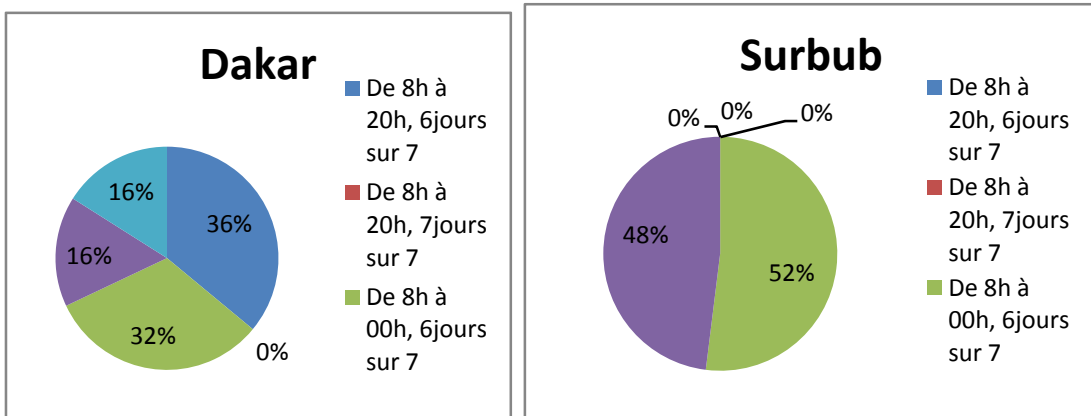


Figure 5. Respect of pharmacy opening hours

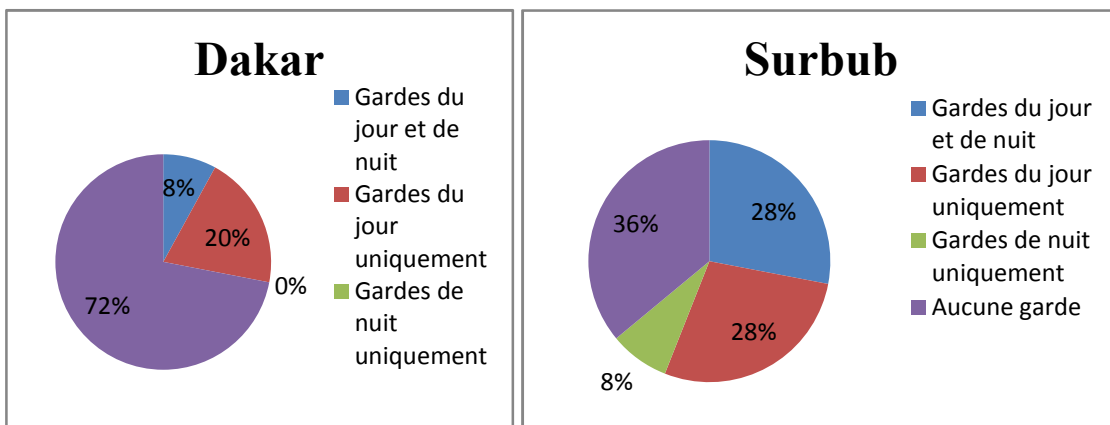


Figure 6. Pharmacist participation on care services

## Holding of Pharmacies

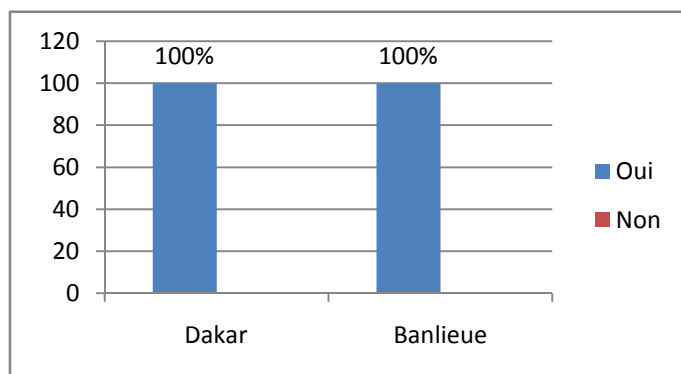


Figure 7. Direct access of public to pharmacies

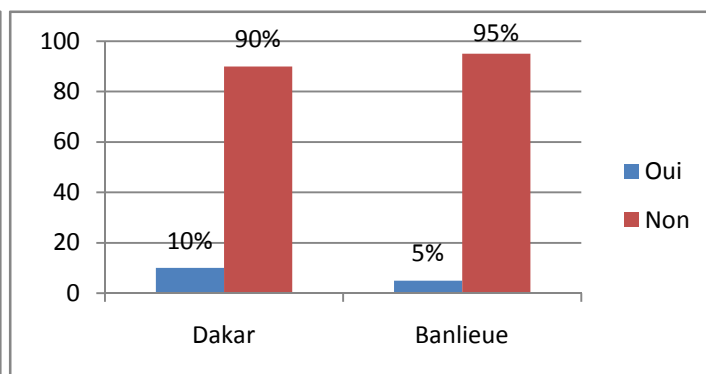


Figure 8. Pharmacy external overview to public

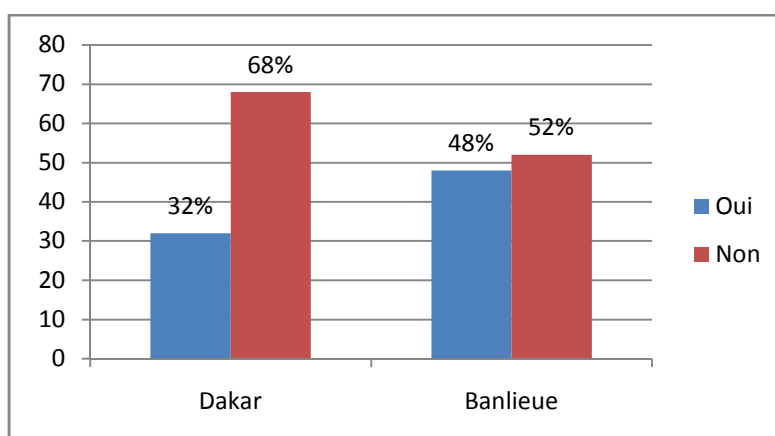


Figure 9. Uniform respect by pharmacist

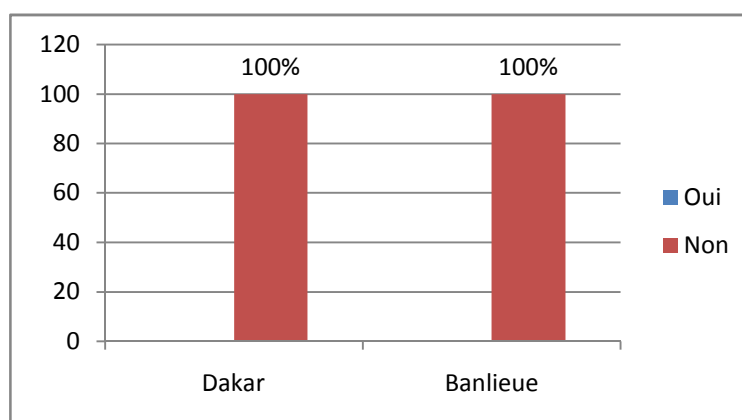


Figure 10. Presence of distinctive character on pharmacist uniform

## DISCUSSION

### On disciplinary responsibility and professional independence

#### Personal exercise respect of Pharmacist

According to Article 2 of the Law 73-62 of 19 December 1973 (8) establishing the College of Pharmacists, no pharmacist may practice his art on the territory of the Republic of Senegal if it is regularly enrolled in the College of pharmacists, excepted pharmacists belonging to the active part of health service of the Senegalese Army, and foreign military pharmacists serving under military assistance. The study showed that (100%) (Figure 1) Pharmacists holders of Dakar department are

enrolled in section B of the College of Pharmacists, against (96%) (Figure 1) of colleagues in the suburbs. The personal exercise is for pharmacist to carry out itself the professional acts or to monitor their execution if he don't do it himself (Article 12 of the Code of Ethic). However, (48%) (Figure 2) of pharmacists interviewed in Dakar department are regularly present in their pharmacy against (52%) (Figure 2) surveyed in the suburbs. This situation contrary to the regulations can be explained by the fact that the activity of the pharmacy in the suburbs is mainly based on advice, which most often require the presence of the owner, unlike in urban areas or holder delegates most its activities to its employees. However, in case of mistakes or omissions of employees, the disciplinary responsibility of the latter and that of or pharmacists to assist

or replace can be simultaneously engaged (Article 15 of the Code of Ethics). Indeed, the responsibility of the employer for the acts of its employees, applies in tort as in contractual matters. (7) Absence in case of inability is authorized and must meet standards. Our study showed that in department of Dakar (68%) (Figure 3) of the surveyed pharmacists holders don't replace in case of absence, against (52%) (Figure 3) in the suburbs. Furthermore, no pharmacist can keep his shop open in case of absence, if he isn't regularly replaced (Article 58 of the Code of Ethics). We are seeing so unlike temporary absence, habitual absenteeism, which can be identified as a fault of the pharmacist to retain criminal responsibility. (7)

### Competition on health protection work

#### Compliance with health educator role (art. 55 of the Code of Ethics)

The pharmacist must ensure its mission of health education. In our study, the role of health education is much more important in suburbs (100%) (Figure 4), against (56%) (Figure 4) in pharmacies visited in urban areas. Indeed, the weakness of this activity in urban areas could be explained by the fact that it is mostly frequented by customers which are mainly educated people who often include their order. Unlike in the suburbs where the majority of the population is illiterate and often need to be accompanied in terms of explanations of orders and practical advice.

#### Respect of opening hours by Pharmacists

In accordance with Ministerial Order No. 4323-MSPM-DPL August 16, 2005 (2), opening and closing hours of private pharmacies, are established throughout the national territory, from Monday to Saturday, according to the following time slots:

- from 7:00 to 11:00 p.m. in the city of Dakar and its suburbs;
- from 7:00 to 9:00 p.m. in the other localities.

However in Dakar department (36%) (Figure 5) of pharmacies visited are open from 8 am to 20:00 p.m for six days out of 7 and (16%) (Figure 5) 24 of 24, against (52%) (Figure 5) of pharmacies visited in suburbs which opens from 8 am to midnight six days out of 7. Situation in urban areas is due to the fact that most commercial activities stop beyond 20:00 hours, while in suburbs where people circulate and attend pharmacies much in the evening, the majority of owners are present to provide advice activities. That's why our results are contrary to the above mentioned decree (3) and Labour Code (6), which sets legal working hours at 40 hours per week (Article 134 of the Labor Code).

Furthermore, the Decree 4323 MSPM-DPL 16 August 2005 has limitations on the mode of application of the weekly rest, and the definition of parties. Under Article 3 of Decree 73-085 of 30 January 1973, pharmacies are allowed to give weekly rest days other than Sunday, on Sunday afternoon with a compensatory rest one day per fortnight or a day other than Sunday in all or part of the staff. Moreover, the law 74-52 of 4 November 1974 amended by Law No. 83-54 of 18 February 1983 and Law No. 89-41 of 26 December 1989 defines in Articles 1 and second, National Day and legal holidays.

### Participation in care services and emergency

The pharmacist has a duty to contribute and participate in any care services and emergency organized according to the laws and regulations in force (Art. 56 of the Code of Ethics). The organization of an emergency service falls under Article L. 588-1 of the Public Health Code (CSP) inserted into the Code by a law of 26 December 1975 (Official Newspaper. 27). In the absence of agreement of pharmacists holders, the representative of the state can use its powers when the public interest requires it to enforce care services and emergency after consultation with professional bodies (College or Union of Pharmacists) and the inspector pharmacist. Failure to comply with the decision, the representative of the state seizes the ordinal court or a criminal court (art. L. 588-1 est sanctioned by penalties). However, when a night service was held, the pharmacist who unilaterally decides to maintain open its pharmacy half-time or all of the night, may bring harm to his colleagues by withdrawing a portion of the night customers. In CARO judgment (7) the State Council said unlike the College of Pharmacists "the interest of a pharmacy open at night for public health should be preferred to the confraternity of having invoked and the pharmacist in question was not required to observe the decision of a trade union to which he was not adhering.

This law is indisputable, although it may cause some problems in the practical organization of night care services. In the Senegalese labor law, is considered night work, any work from twenty-two and five hours. (Article I Decree No. 70-182 of 20 February 1970). However, these hours are paid at a higher rate than the national collective agreement for pharmacists must set for all categories of employees to 20% (7) hours included both between 20 hours and 22 hours and the other share between 5 and 8 hours and 40% for the hours between 22 pm and 5 am. Therefore, these organizational difficulties of night care services reflected in our results, are more pronounced in urban than suburban. Indeed, in Dakar department (72%) (Figure 6) of pharmacies holders visited, pharmacists don't participate in care services against (36%) (Figure 6) of them visited in the suburbs. The adhesion deficiency of certain holders to participate in care services, existence of two pharmacists unions, combined with poor planning, low profitability, and unnecessary additional costs generated by the care services, might explain these difficulties noted in the organization and non-participation of certain holders. It is also clear that such difficulties of organization are made more difficult by the attacks which have increased in some pharmacies, both urban and suburb, and their owners would like to see them added security.

#### Holding of pharmacies

##### Direct access of pharmacies to public

The owner pharmacist must ensure that his shop has direct access to a permanently open door to the public (Article 62, paragraph 4 of the Code of Ethics). In the department of Dakar as in other departments of the region (100%) (Figure 7) of surveyed pharmacies are publicly available.

##### Pharmacy external presentation to public

(90%) (Figure 8) of pharmacies in Dakar department don't show specific identification information by the public. In

Dakar suburbs (95%) (Figure 8) of surveyed pharmacies do not have these characteristics. On his exterior design, a private pharmacy should be easily identifiable by the presence of compliant facilities (Code of Ethics). These facilities have yet been set by the College of Pharmacists. This is how the majority of pharmacies visited were identified by different types of crosses. Also, it was found that some pharmacies in the suburbs of Dakar had installed road signs indicating their presence, which is contrary to the Code of Ethics. Also, we noted that some pharmacies visited in Dakar department, have displayed on their outer windows clues of activities contrary to the profession (logos WARI, ORANGE ...) in addition to pharmaceutical posters. The external windows can only be a reflection of the activities whose exercise is permitted (Article 65 of the Code of Ethics). Indeed, the pharmacist must refrain from any act or kind of event to discredit the profession, even outside the exercise thereof (Article 3 of the Pharmaceutical Code of Conduct).

### Uniform respect with badge

The owner pharmacist in her personal exercise must have a uniform in accordance with the performance of his duties and impeccable hygiene. From our study (68%) (Figure 9) of holders pharmacists interviewed in Dakar do not wear uniform during their personal exercise against (52%) (Figure 9) in suburbs. Moreover, Article L.593 CSP modified by the Law of July 8, 1977 states that "the pharmacist and staff legally allowed to assist him for the supply of medicines in a pharmacy, must wear a badge indicating their status and whose characteristics are fixed by decree." Thus, a provision inserted at the request of the consumer associations states that "anyone wearing a badge does not match its quality will be liable to criminal punishment." However, both urban (100%) (Figure 10) than in the suburbs (100%) (Figure 10) of Dakar, it was difficult or impossible to detect this distinctive Presence of distinctive character on uniform between the owner and his staff. It is in France for the owner pharmacist, the Greek cross combined with the cup of Hygeia and Epidaurus snake; and for the pharmacy technician a mortar with a pestle. This provision is not taken into account by the pharmacists in Senegal, which explains some of the owners met showed us ignore this rule; the breach can lead to disciplinary action.

### Conclusion

Ethics expresses a set of rules and professional values that bind morally those to whom it is addressed. Today, we found that exercise of pharmacy profession is facing socio-economic difficulties, that have contributed to the occurrence of certain non-professional ethics practices. Our study which objective was to compare compliance respect of ethical rules by holders, emphasized that compliance with rules of conduct is not at all influenced by geographical position. Indeed, application of certain provisions of Code of Ethics, is better in suburbs and urban areas. Therefore, it would be interesting in the current context of pharmacies in trouble, driving the same work especially in suburbs, in order to understand real motivation of such behavior.

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