

**Title: Cognitive Moral Development and Pharmacists' Clinical
Decision-making**

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The profession of pharmacy is undergoing a paradigm change in which pharmacists' responsibility for patient drug therapy has increased with the Omnibus Budget Reconciliation Act of 1990 (OBRA '90). Thus, identifying determinants of effective clinical performance may help to reduce, not only preventable drug-related morbidity and mortality, but malpractice claims against practicing pharmacists.

The present investigation was part of a larger study and utilized a disguised shopper design to examine the relationship between community pharmacists' moral reasoning and their counseling effectiveness. Moral reasoning is built around the concept of how to best organize social cooperation in society. Simply put, those individuals at higher moral reasoning levels appear to coordinate their activities in such a manner so as to further human welfare. Empirical evidence suggests that health professionals at high levels of moral reasoning rarely perform poorly on clinical performance measures. Additionally, physicians at higher levels of moral reasoning were found to have significantly fewer malpractice claims than physicians at lower levels of moral reasoning.

The Defining Issues Test (DIT) was used as a surrogate measure of a community pharmacist's moral reasoning. Thirty-four practitioners practicing in a large southeastern city, who had returned the DIT as part of a larger study, were evaluated on the effectiveness of both data-gathering and warning advice regarding a problematic disguised shopper scenario. The scenario was validated by an expert panel as to its validity for community practice.

A semi-partial correlation was used to assess the unique contribution moral reasoning made to data-gathering scores after parceling out the contribution of workload and perceived normative beliefs of supervisors and patients toward the profession of pharmaceutical care. Results indicated that moral reasoning scores accounted for 33% of the variance associated with data-gathering ($p=.000$). A logistics regression analysis revealed that moral reasoning was a significant predictor of pharmacist warning advice, and a Chi Square analysis showed that 100% of those pharmacists at high moral reasoning warned of a contraindication, whereas only 20% of those at lower moral reasoning levels did so. The results and implications are discussed from the framework of professional and legal mandates (i.e., pharmaceutical care and OBRA '90).