

The Right to Learn: Advantaging the Disadvantaged Student in Pharmaceutical Education

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SUMMARY. The concept that any person, who wishes to assume the role of being a student, has a right to learning opportunities is presented and discussed. Disadvantageous situations involving students occur regularly in pharmaceutical education. Proactive policies and procedures need to be developed and implemented to provide advantages in those instances where students already are placed at a disadvantage. Providing ethical and cross-cultural experiences in the curriculum, and in the educational institution as a whole, are imperative. Even more important, our values and beliefs regarding the interrelated, yet distinct, notions of higher education, professional licensure, and occupational employment need to be clarified and understood by those involved in the educational process.

Unless a student is a white, male person of Western European heritage (and American-born) without any disabilities or infirmities, he or she more than likely will face prejudice, bias, and a variety of barriers in their pursuit of a pharmaceutical education. Many educators and practitioners wrongly unite the learning of pharmaceutical knowledge with a specific job in pharmaceutical practice. This, in addition to ethnocentric beliefs and misperceptions about individuals who do not fit the social or professional norm (as represented by the dominant person-type), leads to greater disadvantages for the already disadvantaged student.

This author argues that, in principle, every person has the *right* to a

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pharmaceutical education, regardless of genetic, physiological, psychological, social, intellectual, or moral deficiencies. The issue of whether a person should be licensed to practice pharmacy, or whether he or she should hold a specific job or position in the pharmaceutical profession, is separate and distinct from their right to learn. Providing opportunities to learn must be free of these latter biases. A better understanding of the relationship between education, professional acceptance and licensure, and specific occupational placement is needed to prevent further barriers to learning about drugs, pharmacy, and the pharmaceutical sciences (1). First, some real life examples may be instructive to this argument.

PREJUDICE AND ETHNOCENTRISM IN PHARMACY: FOUR CASES FROM MY CAREER

At my current university, educational opportunities for the hearing impaired are promoted, and as a result, a few students have chosen pharmacy as a career path. While the response by faculty here has been positive and supportive, faculty at other schools and many practitioners have expressed doubts and concerns. The true problematic nature of those beliefs confronted me when a former girlfriend, who is a pharmacist, chastised me for allowing such students to matriculate, stating that "they should not be allowed in pharmacy school" with the argument "how could they possibly practice in a pharmacy?" If we dissuade hearing impaired people from having an opportunity to study the pharmaceutical sciences, let alone practice in a specific pharmacy setting (which really is not a decision for an educator to make), would we stop there, or would we include the visually impaired, chemically impaired, and others? By the way, these hearing impaired graduates are currently licensed and practicing in very traditional settings that are conducive to and supportive of their abilities.

At an institution where I previously taught, I was asked to be the non-clinical member of the Pharm.D. Admissions Committee. At the first meeting, file folders for each applicant were passed around. The procedure for selecting candidates for a campus interview was described; they were chosen based upon "good looks" (a color photograph was required in the application materials and it was prominently displayed on the *outside* of the folder), and racial and gender characteristics were major considerations. Applicants were invited for an interview based upon the criterion of "what a clinical pharmacist should look like." One candidate, who appeared "very white" in her photograph, was instead of

African-American heritage, much to the consternation of some committee members. While I did voice my objection to this procedure, and tried to delineate both its illogical and biased aspects, to my shame I did not say anything to the Dean nor resign in protest from the committee. It is a lesson I carry with me to this day.

At some institutions, I have noticed that pharmacists, who are clerkship and externship preceptors, treat certain patients (with AIDS, cancer, sexually-transmitted and other diseases) in uncaring, unsupportive, inattentive and other biased ways. This was not new nor surprising to me, but what was new is the extension of these behaviors to students with the same conditions, with the belief that people with such illnesses "should not be let into the pharmacy profession." How far do we go with this way of thinking? Those people with AIDS, cancer, epilepsy, psychiatric disorders, perhaps even homosexuality, and who knows what else, need not apply to our school nor seek careers in our profession! I call this the "Epidemic of Unfeeling Pharmaceutical Professionals."

Throughout my career, I have observed that different, and usually more difficult, standards for admission to, passing courses in, and graduation from pharmacy schools apply to international students. This consists of "extra" assignments or criteria in "jumping through the hoops" on the way to a degree in pharmacy. This also includes requiring an extensive and complete re-education for those with pharmaceutical degrees, licensure, and even years of practice in pharmacy in another country. On the other hand, if they, their parents, or governments have enough money, they seem to have little problem in gaining admittance into some pharmacy schools. I call this the "American Pharmacy is the *Only* Quality Pharmacy and All Foreign Education and Practice are Second Rate" Syndrome.

THE DISADVANTAGING OF STUDENTS IN PHARMACEUTICAL EDUCATION

Whether he or she is a student or practicing pharmacist, a patient, a scientist or teacher, a faculty member or administrator, you cannot look only at one part of that person; you must view that person as a whole. There are distinctions between education (and the right to learn) and being a health professional (and the privilege of practicing pharmacy). It is my philosophy that education is the process of teaching, guiding, engaging a person's mind in his or her pursuit of personal development. It

is the act of providing an opportunity to learn. Professional licensure, on the other hand, is the process of determining who should be registered (allowed) to practice in that profession, whether or not they actually choose to do so. Job placement, or employment, is the occupational activity of deciding who fulfills certain job requirements, and who specifically should assume a given position in an organizational (work place) hierarchy. There is a great need for compassion, for understanding the differences between, and for a rational approach to educating, licensing, and employing student and practicing pharmacists.

Virtually all colleges and universities have pledged to provide all of their students with a nondiscriminatory academic environment, free of intimidation, coercion, and unfair treatment based on race, religion, ethnic or national origin, age, gender, handicap, or veteran status, and in some cases sexual preference. This goal applies to all matters involving admissions and registration, and in all official relationships with students, including evaluation of academic performance. Most policies of this type also condemn sexual harassment.

The latest enrollment data for schools and colleges of pharmacy (1989-90) show that Asian Americans represent 9.2%, Black Americans represent 6.7%, and Hispanic Americans represent 3.7% of all students enrolled for an entry level degree (2). Students of Native American descent and other foreign-born students are much smaller in number. From 1985, Asian American enrollment has increased 92%, Black American enrollment has increased 19%, and Hispanic American enrollment has increased 18% (2). While the number of foreign-born students enrolled in graduate programs is great, the proportion of those from American-born minority groups is abysmally small. Representation of minority groups amongst pharmaceutical faculty also is embarrassing small. Do these results indicate progress, and if so, to what degree?

State pharmacy board requirements for sitting for licensure examination include age (18 in most states), U.S. citizenship, graduation from an accredited school or college of pharmacy, and a certain minimum number of internship (practical experience) hours. The awarding of licensure to practice pharmacy consists solely of showing a minimum competency (i.e., passing the examination), and of not having broken the law (e.g., conviction of a felony offense). State boards also indicate that applications for licensure and examinations will be reviewed in a nondiscriminatory manner. It has been noted, however, that there is a legal monopoly inherent in professional licensing (3). In addition, the pharmaceutical curriculum at many schools is designed more for passing the state board examination, than for a foundation of knowledge in the pharmaceutical

sciences. Most state boards also say that a pharmacy shall not limit its services to a particular segment or segments of the general public.

One recent well-known example of prejudice in health care delivery is refusing treatment of HIV-positive patients, which is a violation of professional and ethical standards, and should not be tolerated (4). In a recent commentary, a pharmacist described what happened upon learning that he is HIV-positive: "If it helps pharmacists to read about HIV infection without prejudice because I am neither homosexual nor an i.v. drug abuser, I am willing to go public" (4). His employers are very supportive of his continuing to work, though other people in his life may be less so. But in reflecting upon his quote, the reason for publishing his story, I think how unfortunate it must be for those HIV-positive pharmacists who instead have a certain sexual preference or route of administration in their drug taking.

Employment usually is considered as being "at will" (5). But now there are statutory exceptions to this doctrine precluding unjustified dismissal in areas involving civil rights, labor unions, workman's compensation, health and safety, refusal to take a polygraph (and in some cases, drug testing), and of course, refusing to violate public law, regulations, or policy, or to engage in unprofessional conduct (5).

Distinctions are made in employment between discrimination and bias. Selecting employees (in our case, students) should involve a process in which some individuals are discriminated from others and thus selected or rejected (6). If a process or system does not elicit variability among candidates, then it does not provide useful information to distinguish or differentiate and thus to make a decision, when given limited resources. What is crucial is whether the discriminations are fair or free of bias. What is fair or biased also can be difficult to determine. A key principle of one basic employment approach is instructive: "unfair discrimination or bias is said to exist when members of a minority group have lower probabilities of being selected for a job when, in fact, if they had been selected, their probabilities of performing successfully would have been equal to those of nonminority group members" (6). The Federal Government takes the approach that a selection process which has an adverse impact is discriminatory (7).

What does all of this have to do with a distinction between education and practice? I have a license to practice pharmacy, but I have not done so for 10 years. It would be ludicrous for me to engage in any aspect of distributive, managerial, or clinical pharmacy without significant retraining. Yet my license allows me to apply immediately for a position in most any type of pharmacy practice setting. It is the responsibility of the

employer to reject my application, to suggest retraining, or to accept me under direct supervision of someone more experienced. So should certain individuals, on the other hand, be prevented from practicing pharmacy for any reason, and what specifically are those reasons?

PROVIDING ADVANTAGES AND THE RIGHT TO LEARN

American society, distinct from most others, supports and provides many freedoms for the individual over the society that wants to dominate them. It is evident in the expression of ethical principles such as autonomy and of political stances such as libertarianism. How do we allow these values to grow and flourish in an educational setting? We provide unbiased opportunities to learn.

The principle most widely used in mission statements of pharmacy schools is "preparation of students for practice" (8). Other principles, or goals if you will, include: the preparation of students for advanced professional or graduate education; to become responsible health professionals; for participation on health care teams; and even to instill loyalty to their institutions. Only one principle mentioned in some of these statements had any focus on learning as a component of their mission. It is "to prepare graduates for lifelong learning." Further categorical analysis of those mission statements found that only 13% of the schools indicated that they attempted "to maintain an environment for learning" and only 2% indicated that they tried "to provide for scholarly development" (8).

AACP's new mission statement for pharmaceutical education states "pharmaceutical education is responsible for preparing students to enter into the practice of pharmacy and to function as professionals and informed citizens in a changing health care system." In recent publications, it has been noted that "our obligation as educators and as pharmacists is to provide society with the mix of professionals that it needs, wants, and can afford" (9). The argument by many is that we in pharmaceutical education should identify and educate those people who potentially are most suitable for practice. But should we be the screening agent and perform *de facto* differentiation of those who could versus those who could not pass a state board examination, obtain a license, or be most marketable to employers or most valuable to society? How often have we in educational institutions heard remarks, or even seen decisions being made, based upon these beliefs?

As Robert Hutchins, the great innovative president of the University

of Chicago in the 1930s and 1940s, remarked "professional education consists either of going through motions that we have inherited or of making gestures of varying degrees of wildness that we hope may be more effectual" (10). The problem, he felt, was a love of money that besets universities, private or public. "The universities are dependent on the people. The people love money and think that education is a way of getting it. They think too that democracy means that every child should be permitted to acquire the educational insignia that will be helpful in making money. They do not believe in the cultivation of the intellect for its own sake" (10). The conflict then is between two kinds of education, the pursuit of knowledge (or learning) for its own sake and the preparation of people for their work or careers.

Plato embodied the principle of equal educational opportunity in *The Republic*, and Jefferson put it into his 1779 Bill for the More General Diffusion of Knowledge. Justice Earl Warren in 1954 stated: "It is doubtful that any person may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity is a *right* which must be made available on equal terms" (11). The child's right to education received emphasis in the International Year of the Child, 1979, along with the right to nutrition, love, medical care, a name and nationality (12). The condition for something to be a human right is that it is necessary to enable the person to become a human being to the best of his or her potential, in order to sustain them in the society in which they live.

CHANGES FOR ALL OF US IN PHARMACEUTICAL EDUCATION

What does disenfranchisement do to self-image, aspiration, and achievement? What is being reflected in our use of terms such as "educationally disadvantaged," "academically underprepared," "learning disabled or deficient," or even "minority?" Prejudice does prevent or limit human growth, and it is the reason for many other societal problems (13). To say that prejudice occurs in other professions and occupations, in education, or in many parts of everyday life is not an excuse. There is a big difference between legislative or regulatory reactions and social or moral responses to this problem. In other words, Equal Opportunity Employment and Affirmative Action programs in educational settings do not guarantee that prejudice will cease to exist and influence students' lives (14).

As individuals, we need to look inside ourselves, and we must identify and contemplate our own beliefs and behaviors. Both faculty and students (and even practitioners who are part of the educational process) need to promote genuine coherent pluralism throughout the campus and in all phases of the curriculum (15,16). There also is a need to ensure flexibility in the otherwise rigid use of only quantifiable admission criteria in the student selection process (11). These notions of equity and fairness should extend to all aspects of a student's life while in school.

In education, in general, we need to allow both students and faculty to gain experiences in examining ethical dilemmas, developing professional behaviors, and clarifying values (3). Specific programs should be instituted, faculty trained, curricula modified, and extracurricular or professional activities developed to fulfill these goals. At some institutions, a greater cultural awareness is achieved through intercultural communication course work, the application of cross-cultural principles to health and illness, support and encouragement of American-born minority and international students, the development of sister-school relationships (especially with schools in developing or politically-oppressed countries), and even in the renewed interest in bilingual programs and activities (17-23). What did we lose when we deleted a language requirement from the curriculum? It is time perhaps to reconsider such a requirement.

I believe that societies should devote their obviously limited resources and time to human development, and thus education (and of course, nutrition, shelter, and general well-being) than to wars, complete development of the global landmass, minor alterations in products (including pharmaceuticals) and services, or activities and enterprises that result primarily in monetary or material gains rather than knowledge, understanding, and the resolution of human problems. How important does it become in education, when people are not being paid, but instead are paying, for a service (course work)? They should not be required solely to complete a task, such as earn a degree (get that piece of parchment), but instead they should work at fulfilling goals at different rates based more upon their own motivations, time, and sense of involvement. This addresses the whole issue of a society providing resources for all or only a portion of its members to become educated. Should every human being have the right to learn, and thus at the very least, should everyone who so desires be offered the opportunity to obtain an education (14)? This will rest not on laws and regulations, nor on policies and procedures, but on our values, attitudes, and behaviors toward one another in every aspect of our daily lives.

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