



As early as 1989, Charles Magistro stated “ethical judgements will play an increasingly important role in the gamut of clinical decisions ...”¹ Academic institutions have searched for ways to develop the only critical thinking, but also the core values of its student body. Core values have been described as frameworks used by professional organizations to dictate behaviors of individuals within those organizations. Not only is it important to develop ones’ core values at an individual level, but also at organizational and societal levels.² They may serve as a guide to enhance professionalism in practice, education, and research.³ How to initiate and progress core value development with new members through the three realms may be challenging.

According to Glaser², the lowest realm, the individual level concerns the relationship between oneself and another individual. For example, health care professionals could simply develop their knowledge base by reviewing appropriate articles. Then the newly acquired knowledge could be applied to the care of their patients. Because of our ever-changing-environment, this process is a life-long venture. Several articles have utilized a review of the literature to further their individual knowledge within the world of pharmacy. First, Lanke Sravani and other investigators reviewed the literature to determine the prevalence of potentially inappropriate prescriptions (PIM) in elderly patients. They found a significantly higher prevalence of PIM with multiple medications.

Gudala Sathya Sree and colleagues also conducted a literature review, but specifically involving drug to drug interactions (DDI). They too found that the number of DDIs increase with increase in number of drugs administered with most of the identified DDIs are of moderate severity.

The third article by Rahmathulla reviewed the benefits of pharmacists’ involvement in diabetic care for the reduction of diabetic complications and disease progression. The investigator concluded that pharmacists are vital team members in the care of patients with diabetes mellitus, finding significant improvement with the patient’s quality of life, cost effectiveness in health care, medication adherence, and clinical outcomes (i.e., glycemic control, lipid profiles and blood pressure).

The next realm of ethics is the organization level, whereby there is a responsibility with ones’ organization.² For example, health care professionals could develop their ethics by being a part of their professional organization. By being active in ones’ profession, health care professionals could further develop their profession for future generations to serve their community. Articles four to six involved quasi-experimental study within the investigators’ clinical facility. Their investigations had the broad purposes to learn about the use of pharmaceuticals, so as to better care for their community. Dhanraj Chaudhary and co-workers focused on adverse drug reactions (ADR) at an Indian NABH accredited hospital. They also explored the preventability, incidence, and severity of the reported ADR. They found that the ADRs were comparable to the literature in their hospital. Their study resulted in a database of ADRs with common drugs used in their hospital. This data base will serve the community for optimum and safe use of these drugs.

Yadav et. al., also studied adverse drug reactions, but focused on antiepileptic therapy for pediatric patients at the same tertiary care hospital. For the management of seizures, they found mono therapy was found to be the preferred choice of treatment and levetiracetam was the preferred drug. With this finding, the facility could make sure that in had enough of this medication for use in its community.

The sixth article by Irfan SM and Ramaiah B focused on the use of restricted antibiotics on a critical care unit. They found that a majority of the antibiotics (59.55%) were the restricted type. They concluded that monitoring by pharmacists can have a positive impact on judicious prescribing of the antibiotics to the community.



The final realm of ethics is the societal level, whereby there is a responsibility to ones' society, beyond the individual and community.² Health care professionals need to consider health care of a global nature. The final article, by George D researched whether there was a change in the knowledge and core values of graduate students, concerning the health and wellness needs of another culture through a Navajo community. It was through an immersion in this culture that the participants had a chance to develop their ethics at a societal level. For example, the students visited a hospital, which had both contemporary medical practices, as well as shamanism (i.e. ancient Navajo medicine). The participating students appeared to be positive about future short-term missionary experiences and other pro-bono work for society.

Through research, health care professional may further develop their core values not only at an individual level, but also at an organizational and societal level. Faculty may assist their students' ethical development through participation with such activity. This edition of *Global Health - An Online Journal for the Digital Age* has provided good examples of research activity within all three realms.

References

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Sincerely,

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