

Resolution on Preservation of Patients' Access to Prescription Medications

WHEREAS the AAFP board adopted a statement on May 3rd, 2005 that "AAFP believes that a pharmacist's right of conscientious objection should be reasonably accommodated, but to safeguard the patient-physician relationship, governmental policies must be in place to protect patients' rights to obtain legally prescribed and medically indicated treatments," and

WHEREAS the AAFP policies on health issues, reproductive decisions states, "The American Academy of Family Physicians believes physicians should seek to, through extensive patient education and counseling, decrease the number of unwanted pregnancies," and

WHEREAS the use of safe, effective emergency postcoital contraceptive methods could result in 1 million fewer abortions and 2 million fewer unintended pregnancies each year in the United States,¹ and

WHEREAS across the country, attention has been drawn to cases where pharmacists refused to dispense birth control, including emergency contraception,²⁻⁴ and such refusals lead to delays in filling prescriptions, and

WHEREAS emergency contraception is effective within a 120 hour window, and is more effective the earlier it is taken,⁵⁻⁷ and

WHEREAS the AAFP Congress of Delegates in 2003 passed resolution No. 515 to "support the current proposal submitted to the Food and Drug Administration (FDA) to make the progesterone-only emergency contraception available over the counter," giving support to increased access to emergency contraception, and

WHEREAS emergency contraception has not yet become available over-the-counter in New York State or on a national level, and

WHEREAS until over-the-counter access is established, most women will be able to obtain emergency contraception only from pharmacists, and

WHEREAS no pharmacist can know the circumstances under which a woman has come to need a prescription for either emergency contraception or other products which are used both for contraception as well as other medical conditions, as this is a matter of privacy between a patient and physician, and

WHEREAS patients need to be able to obtain their medications while maintaining confidentiality regarding their medical needs, now therefore be it

RESOLVED that the American Academy of Family Physicians encourage the open a dialogue with the American Pharmaceutical Association and go on record to strongly urge pharmacies throughout the United States to honor physician prescriptions in a timely manner, especially with regard to emergency contraception, where prompt ingestion of the medication enhances efficacy, and further be it

RESOLVED that this resolution be referred for consideration at the 2005 AAFP Congress of Delegates.

¹Trussell J, Stewart F. The effectiveness of postcoital hormonal contraception. *Fam Plann Perspect* 1992;24:262-4.

²Austin L. "Pharmacist's refusal stirs debate; Rules vary on moral choice not to provide morning-after pill." *The Houston Chronicle* 29 Feb 2004, p34,

³ "Pharmacist's refusal to issue 'morning-after pill' prompts suit." *Buffalo News* 13 Aug 1999, pA11.

⁴Simms P. "Testimony urges support for rights of pharmacists, patients senate bill would protect pharmacists, but it doesn't address transferring birth control prescriptions following a refusal." *Wisconsin State Journal* 18 May 2005, pA1.

⁵Ellerston C, Evans M, Ferden S, Leadbetter C, Spears A, Johnstone K, Trussel J. Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours. *Obstet Gynecol.* 2003;101(6):1168-1171.

⁶Von Hertzen H, et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. *Lancet.* 2002;360:1803-10.

⁷Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. Task Force on Postovulatory Methods of Fertility Regulation. *Lancet.* 1998 Aug 8;352(9126):428-33.