

**FREE THE**

# PHARMACISTS!

By Matt Sande

For the past five years, Pro-Life Wisconsin has fought for legislation that would extend conscience rights protection to Wisconsin pharmacists who refuse to violate the sanctity of human life. Of course this idea was labeled as “terrifying” by Planned Parenthood of Wisconsin, but the concept that medical professionals be afforded such workplace protections is not a new one.



Wisconsin law already protects health care employees including physicians, physician assistants, hospital employees and nurses from being fired or otherwise discriminated against based on a conscientious refusal to participate in surgical abortion and sterilization. The Pharmacists Conscience Clause Bill would simply extend conscience protections to pharmacists who refuse to participate in chemical abortion and euthanasia.

## Reasonable protection

Under the provisions of 2005 Senate Bill 155, authored by State Senator Tom Reynolds (R), a licensed pharmacist cannot be required to dispense a prescribed drug or device if the pharmacist believes the drug or device will be used for causing an abortion or the death of any person through assisted suicide or euthanasia. He or she would be exempt from professional liability or disciplinary action and would be shielded from employment discrimination based on creed—including refusal to hire a pharmacist or termination of the pharmacist’s employment.

Contrary to the claims of Planned Parenthood and other pro-abortion groups, S.B. 155 does not ban birth control. It will not make drugs such as the morning-after pill and other abortifacient birth control drugs illegal or unavailable. S.B. 155 is a labor protection bill. Pharmacists, like doctors and nurses, are valued members of the professional health care team who should not be forced to choose between their consciences and their livelihoods for the sake of another’s convenience.

Such conscience clause legislation is necessary because assaults on human life are increasingly

chemical in nature, not surgical. In the past decade, new abortion techniques using chemical means to end the life of preborn babies, such as the morning-after-pill, have become more readily available. While abortion was formerly relegated to a clinical setting, it is now common to receive life-ending (abortifacient) drugs in a pharmacy, thus compelling pharmacists to be party to abortion.

Take, for example, the statement of Matthew Thill, a hospital pharmacist practicing in Milwaukee. Testifying as a pharmacy student in support of S.B. 155 at the state capitol in May 2005, Thill said, “My faith, which has helped to form my conscience, teaches that human life begins at

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the moment of fertilization, not at implantation, and that certain hormonal medications can end human life in its earliest stages. In effect, these medications cause chemical abortions. I have discussed this concern of mine with pharmacists around the state, fellow classmates and other pharmacy students. A number of them have expressed great concern that one day their licenses may be in danger if they follow their consciences. To be very clear, this is not just a handful of pharmacists or students.”

## Crisis at hand

Thill’s training as a pharmacist put him on the front lines of the fight to build a culture of life. It is a medical fact that the morning-after pill (a high dosage of the birth

control pill) and most, if not all, birth control drugs and devices including the intrauterine device, Depo Provera, Norplant, the patch and the pill can act to terminate a pregnancy by chemically preventing an already fertilized egg, i.e., a fully human embryo, from implanting in the uterine wall. This action constitutes chemical abortion.

One need only explore the web sites of individual abortifacient brand-name drugs to verify this. The most commonly used emergency contraceptive pill package is Plan B. The web site for this drug clearly indicates that it can work to prevent a fertilized egg from implanting in the uterine wall. It says: “Plan B is believed to act as an

emergency contraceptive principally by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, it may inhibit implantation by altering the endometrium.”

The package insert of LO/OVRAL-28, a standard birth control pill manufactured by the Wyeth-Ayerst Company, also describes the mechanism of the drug: “Inhibition of ovulation and other alterations that 1) change the cervical mucus thus increasing the difficulty of sperm entry into the uterus, and 2) change the endometrium, or uterine wall, which reduces the likelihood of implantation.”

While admitting that so-called “emergency contraception” (the morning-after pill) and the birth control pill obstruct the implantation of a fertilized egg, the makers

of these hormonal drugs claim that they do not cause an abortion. They argue that emergency contraception “prevents pregnancy” or “cannot terminate an established pregnancy.” However, they arbitrarily and intentionally define the term “pregnancy” as implantation of a fertilized egg in the lining of a woman’s uterus, as opposed to “pregnancy” beginning at fertilization. *Mosby’s Medical, Nursing & Allied Health Dictionary* recognizes the traditional definition of pregnancy: “the gestational process, comprising the growth and development within a woman of a new individual from conception through embryonic and fetal period to birth,” where conception is defined as “the beginning of pregnancy, usually taken to be the instant that a spermatozoon enters an ovum and forms a viable zygote.”

Whether one understands the term pregnancy as beginning at “implantation” or “fertilization,” the heart of the matter is when human life begins. Embryological science has clearly determined that human life begins at fertilization, meaning the fusion of an egg and sperm immediately resulting in a new, genetically distinct human being. This is not a subjective opinion, but an objective scientific fact. Accordingly, any artificial action that works to destroy a fertilized egg is abortifacient in nature and thus it destroys a human person.

### As the world watches

On the other end of life’s spectrum, efforts are underway in Wisconsin and other states to allow terminally ill individuals to request a prescription for lethal drugs from their physicians. Pharmacists would then be asked

to fill those prescriptions. The state of Oregon has already legalized physician-assisted suicide.

The issue of pharmacists being fired for conscientiously refusing to dispense abortion-causing birth control has received international and national attention. The *BBC News*, *USA Today*, *The Christian Science Monitor*, *CBS Evening News* and *CNN*, to name just a few media sources, have all reported on cases in which pharmacists have been put in the position of either leaving their jobs or compromising their beliefs.

For example, Eckerd Corporation, a Florida-based drug store chain, fired three pharmacists at a store in Denton, Texas who conscientiously refused to dispense the morning-after pill to a woman who had been raped. One of the pharmacists, Gene Herr, evidently moved by the woman’s situation, briefly prayed about it in the back room before making his decision. Although he said he had declined five or six times in the past to fill such prescriptions, it was the first time he had been handed one by a rape victim. He said he believed that the drug could have killed the woman’s embryo if she had already conceived. These attacks on pharmacists are an infringement on their free exercise of religion and in the long run will serve only to aggravate the already acute shortage of qualified pharmacists by discouraging people of faith from entering the field.

### Legal precedents

South Dakota passed a specific pharmacist conscience clause bill in 1998. To the best of our knowledge, no one has challenged that law nor have any cases arisen because of it, showing that such a law can and does work. Other states with spe-

cific and comprehensive pharmacist conscience clause laws include Arkansas, Louisiana and Mississippi. Many other states—including Arizona, Indiana, Michigan, Minnesota, Missouri, New York, North Carolina, Ohio, Rhode Island, Vermont, Texas and Washington—are actively considering this legislation.

Just as the legal availability of surgical abortion should not compel a hospital to provide one, the legal availability of abortifacient drugs and devices should not compel a pharmacist to dispense them. The bill recognizes that employers must not force pharmacists to participate in what they know to be the killing of another person. Those who call themselves “pro-choice” should especially appreciate the intent of this legislation because pharmacists should have the right to “choose” against being complicit in the taking of innocent human life.

The purpose of S.B. 155 is not to ban birth control, nor to make abortifacient drugs such as the morning-after pill illegal or unavailable. This bill is designed only to protect pharmacists from being forced to choose between their consciences and their jobs.

Pro-Life Wisconsin is endeavoring to make Wisconsin a “pharmacist-friendly” state. Before we can legally rid this country of abortion-causing birth control, we must first protect our pro-life pharmacists from being forced to dispense it. They deserve nothing less.

Matt Sande is legislative director at Pro-Life Wisconsin. See more about the proposed conscience law for pharmacists at [www.ProLifeWisconsin.org](http://www.ProLifeWisconsin.org).

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