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Review Article

How Community Pharmacists Can Make a Difference in Black Health: Black Bioethics and the Ethics of Empathy and Care

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Abstract

Pharmacists stand at the forefront of patient interaction and medication management in the rapidly evolving landscape of healthcare and health equity. A Doctor of Pharmacy is a "doctor" who is uniquely positioned to influence health outcomes, particularly in underserved communities and medical deserts. This paper explores how the integration of empathy and care ethics into pharmacy practice can empower pharmacists to address the social, political, and moral determinants of health to the character of their work. By fostering a deeper understanding of these determinants, pharmacists can become pivotal agents of change, promoting equity, trust, and improved health outcomes in marginalized populations. This approach not only enhances patient care but also contributes to the broader mission of reducing health disparities and fostering a more inclusive healthcare system.

Keywords: Rural Health; Inner-City Health; Black Health; Black Bioethics; Pharmacy; Empathy; Care; Public Health; Ethics; Tuskegee

INTRODUCTION

In small communities, pharmacists are in position (and have always been in position) to bridge the gap between doctor and patient, or no doctor and indigent (or poor) patient. Rural and inner-city pharmacies serve as vital healthcare access points in underserved communities, providing essential services that extend beyond traditional medication dispensing. Roles that pharmacists play in rural and inner-city settings are multifaceted, particularly during challenging times such as the COVID-19 pandemic. Carpenter et al. [1], emphasizes the innovative partnerships rural and inner-city pharmacies have formed with local organizations to enhance community health, showcasing their adaptability and commitment to patient care. Wegmann et al. [2], further illustrates the evolving role of pharmacists as clinical resources, noting their involvement in point-of-care testing and the provision of additional health services, such as immunizations and diabetes management. Additionally, the critical role of empathy in pharmacy practice is underscored by the need for pharmacists to build strong relationships with their patients, which is essential for effective medication management and overall health outcomes BD Rowa Hub [3]. This article will explore Black bioethics and the intersection of empathy and care in rural and inner-city pharmacies, highlighting how these elements contribute to improved health outcomes and community well-being.

Recently, one of my colleagues contracted COVID-19. With a long career in public health and being a high-risk patient, her primary care physician prescribed nirmatrelvir-ritonavir (Paxlovid), an FDA-approved drug that reduces the severity of the disease. Despite her efforts, she struggled to find a pharmacy with Paxlovid in stock. When she finally located a national chain that carried the medication, it was the only pharmacy that didn't accept her insurance.

Faced with the option of paying $1,700 out-of-pocket for the essential medication, she decided to make the significant financial sacrifice due to the severity of her illness and her co-morbidities.

Fortunately, the pharmacist at this location empathized with her situation and went above and beyond his duties. He found a program that provided the medication at no cost. The pharmacist's thoughtful actions made a crucial difference in my colleague's immediate and longterm health, highlighting the positive impact that pharmacists can have on community health and healthcare.

This paper explores the intersections of Black bioethics, public health ethics, pharmacy ethics, and theological ethics, emphasizing their relevance to advancing health equity. For over five years, I have argued that public health professionals, especially epidemiologists, require more than cursory exposure to bioethics. Minimal inclusion of bioethics in public health ethics courses or brief seminars fails to address the deeper conflicts that arise when public health's focus on populations intersects with bioethics' individual-centered approach.

Drawing from liberation theology-such as the campesinos in Latin America, the minjung community in South Korea, feminist and womanist theology in the U.S., and Black theology globally—I connect these frameworks with virtue ethics and relational care ethics. These perspectives provide a foundation for reimagining mainstream bioethics, a process Black bioethicists term "Black bioethics."

Pharmacy ethics, as I propose it, builds on this foundation by prioritizing individual well-being within the broader context of community health. While deontological ethics, exemplified by Kant's principle to treat humanity as an end, offers a rule-based framework, it often lacks flexibility for addressing real-world complexities. In contrast, virtue ethics, emphasizing character and empathy, provides a more adaptable and compassionate approach. Incorporating these principles into pharmacy ethics fosters human flourishing and aligns healthcare practices with the goals of Black bioethics.

By grounding pharmacy ethics in virtue ethics and empathy, this framework addresses health inequities that mainstream bioethics has often overlooked. The syllabus I have developed reflects this vision,

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moving healthcare closer to achieving true equity.

The Problem: Excess Death Categories

Excess deaths in Black (and brown) communities are relentless, brutal and continue to expose the health and healthcare inequities. Excess deaths refer to the number of deaths that exceed what is expected based on historical data, considering the usual patterns of mortality. In the United States, excess death specifically refers to the number of deaths of Black Americans that exceed the baseline of their white counterpart. The CDC and other health organizations often monitor these deaths to identify and respond to public health crises. Nevertheless, "Although the nation made progress in closing the gap between white and Black mortality rates from 1999 to 2011, that advance stalled from 2011 to 2019. In 2020, the enormous number of deaths from

Covid-19 — which hit Black Americans particularly hard — erased two decades of progress. Because so many Black people die young — with many years of life ahead of them — their higher mortality rate from 1999 to 2020 resulted in a cumulative loss of more than 80 million years of life compared with the white population" (Liz Szabo, KFF Health News). As a result, it seems like Black and brown Americans are in a losing effort.

Excess deaths in Black, Brown, and underserved communities arise from chronic diseases, infectious diseases, violence, maternal and infant mortality, and substance abuse. Chronic illnesses like hypertension disproportionately impact Black Americans, leading to elevated rates of cardiovascular disease (Journal of the American Heart Association) [4]. Infectious diseases, including COVID-19 and HIV/AIDS, have highlighted systemic inequities in healthcare and social determinants of health, resulting in higher infection and mortality rates Mackey et al., [5]. Violence, particularly homicides, remains a leading cause of death for Black men, as noted by the American Journal of Public Health. Maternal and infant mortality data from the CDC show that Black women are three to four times more likely to die from pregnancy-related complications, and infant mortality rates are significantly higher in Black and Brown communities. Additionally, barriers to accessing substance abuse treatment, especially during the opioid crisis, have led to higher overdose death rates in Black Americans National Institute on Drug Abuse [6].

These disparities underscore the urgent need for targeted interventions to reduce excess deaths. Addressing the root causes of these inequities not only advances health equity but also strengthens communities and promotes a more just society.

Terse Overview of Ethics of Empathy and Care

The specific "brand" of care ethics I advocate for in this article, which I believe provides a solid foundation for pharmacy ethics, is relational and falls under the umbrella of virtue ethics. It's important to recognize that not all care ethics are the same. Our tendency to assume that all moral theories with the same label are monolithic or a one-size-fits-all approach to moral judgments is misleading. Care ethics, like other ethical theories (e.g., deontology in its absolutist or prima facie forms, or consequentialism in act or rule utilitarianism), is deeply exploratory. At least five scholars in care ethics-Carol Gilligan, Nel Noddings, Virginia Held, Grace Clement, and Michael Slote [7-11] - offer comparable but ultimately divergent views. I will now discuss these scholars and identify which view is most suitable for pharmacy ethics in rural and inner-city communities.

First, developmental psychologist, Carol Gillian [7] was the first person to contrast the ethics of care with the ethic of justice, arguing that traditional moral theories often emphasize masculinist (and abstract) justice at the expense of care (and caring relationships). She highlights the different moral voices of men and women, with women more likely to adopt an ethic of care. Gilligan's [7] work is grounded in developmental psychology, exploring how individuals develop moral reasoning. Gilligan's [7] work was in many ways a response to the deficiency of women in Lawrence Kohlberg's stages of moral development. As his research assistant at Harvard, she was disillusioned by his work and the work of Jean Piaget, Sigmund Freud and Erik Erikson, none of whom had a vision that incorporated women's moral reasoning.

Second, Noddings et al. [8], emphasizes the relational nature of human beings, arguing that ethical caring is rooted in natural caring, which originates from the relationship between a mother and her child. Caring involves "engrossment" (a deep understanding of the cared-for) and "motivational displacement" (putting the needs of the cared-for above one's own). The caring relation is nurtured by an "ethical ideal," which is a commitment to maintain and enhance caring relations.

Third, Clement et al. [10], attempts to integrate care ethics with liberal principles such as justice and rights. She argues that care and autonomy are not mutually exclusive but can be integrated to form a more comprehensive ethical theory. Clement et al. [10], advocates for a dual perspective that combines the strengths of both care ethics and traditional ethical theories.

Fourth, Held et al. [9], extends the notion of care beyond the traditional mothering discourse begun in Noddings, [8] arguing that care should be a central moral concern for all individuals. She emphasizes the importance of caring relations in social and political contexts, advocating for a transformation of societal structures to support care. Held [9] argues for the integration of care ethics into both the private and public spheres, challenging the traditional separation between the two.

The fifth care ethicist is the one I find most beneficial to grounding and sustainability of care ethics in pharmacies. Slote [11] integrates care ethics with virtue ethics, emphasizing the character traits of the moral agent. Central to Slote's theory is empathy, which he considers the basis for moral action and ethical behavior. He adopts a form of moral sentimentalism, arguing that moral judgments are based on emotional responses. No one in the current literature has done more work in synthesizing virtue ethics, care ethics, and empathy ethics. Each of these theories similarly emphasize the importance of care and interpersonal relationships in ethical decisionmaking, critique traditional moral theories for neglecting the relational and emotional aspects of human life, and each theory acknowledges the role of empathy and understanding in moral judgments.

In terms of their focus, Noddings [8] and Gilligan [7] focus more on the relational and emotional aspects of care, while Slote [11,12] integrates care with virtue ethics, Held [9] emphasizes social and political dimensions, and Clement [10] attempts to reconcile care with liberal principles. Slote's integration of these two venerable ethical theories, as well as a more enhanced view of empathy on the philosophical landscape (e.g., the role empathy and motives play in right action and moral knowledge, epistemology), represents a more systematic approach to care ethics.

Slote's Virtue and (Empathic) Care Ethics

I don't want to draw to sharp a distinction between these different nuances of care ethics; I don't want to miss the forest for the trees. Care ethics, generally, is superior to other moral theories in that (like bioethics) it is concerned about the individual—it is concerned about relationships. This is agreed upon by all the serious architects of care ethics. Now, care ethics is not without its detractors. Some of the most pressing and valid critiques include emphasis on gender differences might reinforce stereotypes, care ethics may not provide clear guidance for resolving moral conflicts, there are potential conflicts between the principles of

care and justice, and care ethics may be too idealistic and difficult to implement in practice. There is also a concern that some approaches might not adequately address conflicts between caring responsibilities and other moral obligations, or care ethics is too particularistic and lacks universal applicability. Critics also point out potential gender bias, as it draws heavily on traditional female roles. With respect to Michael Slote et al. [12], some say that his reliance on empathy and emotions might lead to subjective and inconsistent moral judgments.

I want to avoid making overly sharp distinctions between the nuances of care ethics, as I don't want to lose sight of the broader picture. Care ethics, in general, is superior to other moral theories because it, like bioethics, focuses on the individual and prioritizes relationships. This emphasis on relationships is a common thread among all the key proponents of care ethics.

However, care ethics is not without its critics. Some valid concerns include the potential reinforcement of gender stereotypes due to its focus on gender differences, the lack of clear guidance for resolving moral conflicts, possible conflicts between care and justice principles, and the challenge of implementing care ethics in practice. Critics also argue that care ethics can be overly particularistic and may lack universal applicability, drawing heavily on traditional female roles, which may introduce gender bias. Specifically, regarding Michael Slote's [13] approach, some suggest that his reliance on empathy and emotions could lead to subjective and inconsistent moral judgments.

I acknowledge these objections to show that I am fully aware that no ethical theory is perfect. Humanity was not provided with a universal or objective rulebook, but we were given emotions, reason, pleasure, and pain. Additionally, we possess something else—motives—that have the power to override other considerations. Let me outline the four key features in Slote's defense— motives, virtue, empathy, and care—and demonstrate [11-16], how they can be applied to my account of Black bioethics and pharmacy ethics. Finally, I will present my personal perspective, which extends beyond Slote's view, by emphasizing the power of love, particularly as Jesus taught it.

First, Slote [11] emphasizes the importance of motives in ethical decision-making, arguing that the moral worth of an action is heavily dependent on the motives behind it. He believes that ethical behavior arises from good motives, particularly those rooted in empathy and care. This is quite valuable when applied to Black bioethics and pharmacy ethics. From a public health/governmental view, focusing on motives involves understanding the deeper intentions behind healthcare policies and practices, especially as they affect marginalized communities. In pharmacy ethics, this translates to pharmacists prioritizing the well-being of Black patients, motivated by a genuine concern for their unique health challenges and needs. This approach challenges the traditional focus on outcomes alone and encourages a deeper reflection on why healthcare professionals make certain decisions.

Second, Slote [12] aligns care ethics with virtue ethics by suggesting that empathy and care are not just actions but virtues to be cultivated. He argues that these virtues are central to leading a morally good life. Virtue in Black bioethics would involve cultivating qualities such as justice, compassion, and integrity within healthcare systems that serve Black communities. For pharmacy ethics, this means pharmacists should embody virtues like empathy, fairness, and a commitment to health equity. By fostering these virtues, healthcare providers can better address the systemic inequities that disproportionately impact Black patients.

Third, Empathy is at the heart of Slote's care ethics. He views empathy as the emotional capacity to understand and share the feelings of others, which is crucial for moral decisionmaking. In Black bioethics, empathy is essential for understanding the lived experiences of Black individuals (and all marginalized) and communities, particularly the historical and ongoing injustices they face. For pharmacy ethics, incorporating empathy means pharmacists actively listen to and understand the specific needs and concerns of Black patients. This empathic approach helps to demonstrate trustworthiness, build trust and improve patient outcomes by ensuring that care is tailored to the individual rather than relying on one-size-fits-all solutions.

Finally, care, according to Slote, [14] is a fundamental aspect of moral life. He sees care as an expression of our concern for others, which should be central to ethical decision-making. In Black bioethics, care involves creating healthcare environments that are genuinely concerned with the holistic well-being of Black individuals (and all marginalized), addressing both physical and mental health needs. For pharmacy ethics, this care is reflected in pharmacists going beyond dispensing medication to considering the broader social determinants of health that affect Black patients, such as access to care, socioeconomic status, and community support. By doing so, pharmacy ethics aligns with the broader goals of health equity and justice.

To be sure, by integrating these four features—motives, virtue, empathy, and care—into Black bioethics and pharmacy a framework is created that not only addresses individual, and community needs but also challenges and transforms the existing structures that contribute to health disparities, but there is more to be considered. In the United States, Black life is characterized not only by healthcare deficiencies and excess deaths, it is also characterized by deep religious affection and affirmation, particularly Christianity. The 2022 PEW report states, "Christianity plays an important role in the lives of many Black Americans, with 71% of Black Americans identifying as Christian in 2022. Black Christians often say that churches are important for providing a sense of community, spiritual comfort, and moral guidance." (The numbers are slightly higher for brown communities). In this regard, it's not an overreach to include the teaching of Jesus on love as normative.

A decade ago, I chose to present Jesus as a virtue ethicist, where the focus is on developing moral character rather than merely following rules or evaluating consequences. The emphasis is on embodying virtues such as compassion, humility, and justice, which of course, like Slote [16] does in his moral theory. Where I respectfully extended my view is by including (universal) love as Jesus envisioned, where Love is portrayed as the supreme virtue in Jesus's ethical teachings. For Jesus, love is not just an emotion but a guiding principle that shapes all actions and relationships. It is unconditional and extends to all, including enemies. Jesus's view of love goes beyond abstract principles; it is meant to be lived out in everyday interactions. This love is self-giving, sacrificial, and seeks the well-being of others, reflecting a deep concern for justice and compassion. It this idealistic? Perhaps. But can it be transformative? Certainly. Jesus's concept of love has the power to transform individuals and communities. It challenges societal norms and calls for a radical reorientation of one's life toward the good of others, fostering a more just and compassionate society. This view has been well documented in history, and most recently in the life and work of Martin Luther King, Jr.

In short, Jesus as a virtue ethicist whose teachings on love provide a comprehensive ethical framework that prioritizes the development of virtuous character and the practice of unconditional, transformative love. Black bioethics is not grounded in theological ethics, but it does have pragmatic access. Thus, pharmacists serving black and brown, rural and inner-city communities, would often be of Christian orientation or serve patients who are.

Syllabus for Moral Education Pedagogical Praxis for Pharmacists in Rural, Inner-city and Small Communities: *How Community Pharmacists Can Make a Difference in Black Health*

Course Title: Virtue Ethics and Empathy-Based Practices for Rural and inner-city Pharmacists: Addressing Health Disparities Duration: 1 Week (Six Week Syllabus)

OBJECTIVE: To equip pharmacists in rural and inner-city and small communities with a virtue ethics framework and empathy-based practices to improve health equity, enhance community engagement, and mitigate excess deaths, particularly in Black and Brown communities.

AIM: IMPROVING HEALTH EQUITY

To mitigate excess deaths and improve health equity, it is essential to implement comprehensive strategies that address the root causes of health disparities. This includes:

1. Improving Access to Healthcare: Ensuring that underserved populations have access to affordable and quality healthcare services.

2. Addressing Social Determinants of Health: Tackling issues such as poverty, education, housing, and employment that significantly impact health outcomes.

3. Enhancing Community Engagement: Involving community members in the design and implementation of health programs to ensure they meet the specific needs of the population.

4. Implementing Culturally Competent Care: Training healthcare providers to deliver care that is sensitive to the cultural and social contexts of the patients they serve.

5. Promoting Preventive Care: Focusing on prevention and early intervention to reduce the incidence of chronic diseases and other health conditions.

Syllabus Overview The syllabus provided at the end of this paper outlines a comprehensive training program designed to integrate empathy and care ethics into pharmacy practice. The course will cover the following key areas:

- Introduction to Black Bioethics and its relevance to pharmacy practice.
- The role of social determinants in health equity and how pharmacists can address them.
- Practical applications of empathy and care ethics in daily pharmacy interactions.
- Strategies for supporting the entire pharmacy team in adopting these practices.
- Collaborations with local health departments and public health initiatives to enhance preventive care.
- Role-playing, reflection, and action planning to ensure the immediate implementation of course principles.

Day 1: Foundations of Virtue Ethics and Empathy in Pharmacy

Morning Session: Introduction to Virtue Ethics

- Reading: Michael Slote's [11-13] *Morals from Motives* (selected chapters on virtue ethics)
- Lecture: Overview of Virtue Ethics—Focus on Aristotle's concept of virtue and Slote's emphasis on moral character and motivations.
- Activity: Personal Virtue Inventory—Pharmacists assess their own virtues and values and discuss how these align with ethical practices in pharmacy.

Afternoon Session: The Ethics of Empathy and Care

- Reading: Michael Slote's [14-16] motives, virtue, empathy, and care (selected chapters on care ethics)
- Lecture: Understanding Empathy and Care Ethics—Exploration of empathy and its importance in patient care and community involvement.
- Activity: Empathy Role-Play—Pharmacists practice empathetic communication through role-playing scenarios with simulated patients [17-19].

Evening Reflection:

- Discussion: How do virtue ethics and empathy contribute to effective and compassionate pharmacy practice?

Day 2: Improving Access to Healthcare

Morning Session: Enhancing Healthcare Access

- Lecture: Strategies for Improving Access to Affordable and Quality Healthcare—Focus on identifying and overcoming barriers to healthcare access.
- Activity: Mapping Barriers-Pharmacists identify common barriers in their communities and brainstorm potential solutions.

Afternoon Session: Community Health Needs Assessment

- Workshop: Conducting a Community Needs Assessment-Pharmacists learn methods for assessing health needs and gaps in their local populations.
- Activity: Design a Community Outreach Plan-Create a plan to improve access to healthcare services, focusing on underserved populations.

Evening Reflection:

- Journaling: Reflect on the impact of improved access on community health and personal practice.

Day 3: Addressing Social Determinants of Health

Morning Session: Social Determinants of Health

- Lecture: Understanding Social Determinants—Discussion on how factors like poverty, education, housing, and employment impact health outcomes.
- Reading: Relevant literature on social determinants of health and their effects on health disparities.

Afternoon Session: Integrating Social Determinants into Pharmacy Practice

- Workshop: Developing Strategies to Address Social Determinants—Pharmacists work on creating strategies to address these determinants within their practice.
- Activity: Case Study Analysis—Review cases where social determinants have affected patient health and discuss potential interventions.

Evening Reflection:

- Discussion: How can addressing social determinants enhance

the role of pharmacists in improving health equity?

Day 4: Implementing Culturally Competent Care

Morning Session: Cultural Competency in Healthcare

- Lecture: Importance of Culturally Competent Care—Training on delivering care that is sensitive to the cultural and social contexts of patients.
- Activity: Cultural Sensitivity Workshop—Pharmacists engage in exercises to enhance their cultural competency and awareness.

Afternoon Session: Applying Culturally Competent Care

- Workshop: Creating Culturally Competent Care Plans—Pharmacists develop plans to integrate cultural competence into their practice.
- Activity: Role-Playing—Simulated interactions with culturally diverse patients to practice and refine culturally competent communication skills.

Evening Reflection:

- Journaling: Reflect on the challenges and benefits of providing culturally competent care and how it impacts patient outcomes.

Day 5: Promoting Preventive Care and Community Engagement

Morning Session: Focusing on Preventive Care

- Lecture: The Role of Preventive Care in Reducing Chronic Diseases—Overview of preventive strategies and early intervention.
- Activity: Designing Preventive Care Programs—Pharmacists create programs to promote preventive care in their communities.

Afternoon Session: Enhancing Community Engagement

- Workshop: Building Effective Community Partnerships—Strategies for involving community members in health program design and implementation.
- Activity: Developing Community Engagement Initiatives—Pharmacists design initiatives to enhance community involvement and support.

Evening Reflection:

- Discussion: How can promoting preventive care and engaging the community help reduce health disparities and excess deaths?

Final Assignment:

- Project Report: Pharmacists submit a detailed report on a project or case study where they applied virtue ethics and empathy-based practices to address health disparities, including outcomes and reflections.

Assessment:

- Participation in discussions, workshops, and role-plays.
- Quality of community outreach and engagement plans.
- Insightfulness of reflective journaling and project reports.

Outcome: Pharmacists will gain the skills and knowledge needed to integrate virtue ethics and empathy into their practice, improve access to healthcare, address social determinants of health, deliver culturally competent care, and promote preventive measures. This approach aims to enhance community health, reduce excess deaths, and contribute to greater health equity, particularly in underserved Black and Brown communities.

APPENDIX

Understanding Black Health as a Dimension of Health Equity

Black health is a crucial component of health equity due to longstanding disparities in healthcare access, treatment, and outcomes. These disparities are influenced by social determinants of health, including socioeconomic status, education, and geographic location. Addressing these issues requires a focused approach that acknowledges and responds to the unique challenges faced by Black communities.

Black Bioethics: A Framework for Ethical Practice

Black Bioethics emphasizes the importance of cultural competence, empathy, and care in healthcare delivery, particularly for Black communities. It advocates for ethical principles that are rooted in understanding and addressing the historical and systemic inequities that impact Black patients. This approach aligns with the core values of community pharmacists, who are often the most accessible healthcare professionals in underserved areas.

The Ethics of Empathy and Care in Pharmacy Practice

The Ethics of Empathy and Care involves recognizing the emotional and social context of patients' lives and responding with compassion and understanding. Pharmacists, especially in rural areas, are well-positioned to practice this approach as they often have longstanding relationships with their patients. This practice can improve patient trust and adherence to treatment, particularly in Black communities where trust in healthcare systems may be lower.

Applying Black Bioethics and Care Ethics to Pharmacists

Community pharmacists can apply Black Bioethics and Care Ethics by engaging with patients in a culturally sensitive manner, understanding the social determinants that impact their health, and advocating for equitable healthcare resources. This includes recognizing and addressing barriers to care that Black patients may face and working collaboratively with other healthcare providers to ensure comprehensive support.

Supporting the Pharmacy Team, Not Just the Pharmacist

The well-being of the entire pharmacy team is crucial. Training should focus on enhancing emotional intelligence and care ethics across all staff, helping them identify conditions that support these practices and addressing barriers. This training should be concise, practical, and integrated into daily routines, rather than adding new responsibilities that could contribute to burnout.

Practical Training Focused on Application

Training should be brief, focusing on role-playing, reflection, and sharing strategies that can be immediately implemented. A workshop could effectively cover these topics, allowing pharmacists and their teams to explore the application of care ethics and emotional intelligence in their daily interactions with patients.

Role of Pharmacists in Preventive Health

While pharmacists should be involved in preventive health programs, these initiatives should primarily be led by local hospitals and public health departments. Pharmacists can support these efforts

through collaboration and participation, without shouldering the full responsibility.

Reducing Additional Burdens

It is essential to avoid adding more responsibilities to already overburdened pharmacists. Instead, there should be a focus on integrating support from other professionals, such as social workers or health educators, to alleviate the workload and enhance patient care.

CONCLUSION

By embracing Black Bioethics and the Ethics of Empathy and Care, community pharmacists can play a pivotal role in advancing health equity for Black patients. This approach, when supported by practical and sensitive training, can improve the well-being of both pharmacists and the communities they serve.

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REFERENCES

1. Carpenter D. Rural pharmacies provide multi-faceted value to rural communities. The Rural Monitor. 2023.
2. Wegmann B. The evolving role of pharmacists in rural healthcare. 2023
3. BD Rowa Hub. The critical role of pharmacists in providing care in rural areas. (2023).
4. Shay CM, Ning H, Allen NB, Carnethon MR, Chiuve SE, Greenlund KJ et.al. Status of cardiovascular health in US adults: Prevalence estimates from the National Health and Nutrition Examination Surveys (NHANES) 2003–2008. Journal of the American Heart Association. 2017; 6: e005150.
5. Mackey K, Ayers CK, Kondo KK, Saha S, Advani SM, Young S et.al. Racial and ethnic disparities in COVID-19–related infections, hospitalizations, and deaths: A systematic review. Anna Intern Med. 2021 174: 362-373.
6. National Institute on Drug Abuse. Overdose Death Rates. 2020.
7. Gilligan C. In a different voice: Psychological theory and women's development. Harvard University Press. 1982. 24-39.
8. Noddings N. Caring: A relational approach to ethics and moral education. University of California Press. 2013.
9. Held V. The ethics of care: Personal, political, and global. Oxford University Press. 2006.
10. Clement G. Care, autonomy, and justice: Feminism and the ethic of care. Westview Press. 1996.
11. Slote M. The ethics of care and empathy. Routledge. 2008; 1: 144.
12. Slote M. From morality to virtue. Oxford University Press. 1995.
13. Slote M. Moral sentimentalism. Oxford University Press. 2013.
14. Slote M. A sentimentalist theory of the mind. Oxford University Press. 2014.
15. Slote M. From enlightenment to receptivity: Rethinking our values. Oxford University Press. 2014.
16. Slote M. The impossibility of perfection: Aristotle, feminism, and the complexities of ethics. Oxford University Press. 2011.
17. Blumstein A. Racial disproportionality in the U.S. prison population revisited. University of Colorado Law Review. 1993; 64: 743-760.
18. Hodge D. Jesus the virtue ethicist: A metaethical anticipation of moral sentimentalism, empathy and care. 2015.
19. Petersen EE, Davis NL, Goodman D, Cox S, Syverson C, Seed K. Racial/ethnic disparities in pregnancy-related deaths - United States, 2007–2016. MMWR Morb Mortal Wkly Rep. 2019; 68(35); 762-765.