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Speech Pathology Australia

Ethics Education Package

2014

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Sections of the package are marked by icons:

This icon outlines a recommended learning activity. This will involve individual and/or group reflection, which may be followed by discussion and making notes of your ideas.

This icon guides you to a recommended reading activity to complete.

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Introduction

Welcome to the Speech Pathology Australia (SPA) Ethics Education Package[2]. It is designed to be used as a self-guided learning package, either individually or in a small group, or as a teaching package, for example with student speech pathologists.

Throughout the sections, you will be provided with material to read and articles you can access. The key articles are taken usually from SPA's *Journal of Clinical Practice in Speech-Language Pathology* (formerly known as *ACQuiring Knowledge in Speech, Language, and Hearing*) and are available on the SPA website[2]. Additional references for suggested further readings are also provided throughout the document.

To receive maximum benefit from this package, occasionally you will be asked to reflect, respond, and perform an activity that may be undertaken individually or in a small group.

Learning Outcomes

On completion of this education package, you will:

- appreciate the elements of ethical decision-making
- identify ethical dilemmas as they present in your practice
- apply strategies to your own ethical decision-making
- demonstrate a pro-active approach to ethical behaviour.

[2] This package was developed and piloted during 2011-2013 and is current at May 2014.
[2] http://www.speechpathologyaustralia.org.au/publications/jcpslp/jcpslp-acq-archives

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Learning Activity 1

Before you work through this package, please take a few minutes to reflect and then write some responses to these questions:

What do you currently know, think, and believe about ethical practice?
…. and the SPA Code of Ethics (The Speech Pathology Association of Australia, 2010a)?

Think of some of the ethical issues or professional problems you typically encounter in your workplace.

How would you describe them?

You may wish to refer back to these issues as you work through some of the activities in the package

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Learning Activity 2

Now carry out the following activity:

You have been given the task of orienting a new staff member to ethical practice in the workplace. The context for this may vary and could include:

individual orientation of a new staff member
how ethics might apply during clinical supervision
mentoring and/or discussion sessions around cases
working as a member of a multidisciplinary team
professional development for your staff/colleagues
revision of workplace policies.

Think about your chosen scenario, and consider your response to the following question:

How could you organise this orientation and what would you plan to include?

You might like to brainstorm some options with your colleagues.

You could also consider using these ideas with students you take on placement in their orientation or discussion sessions

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Overview

SPA revised its original 1986 Code of Ethics over 10 years ago, with the second edition launched in 2000. This document was a marked departure from the prior Code, taking a plain English, aspirational approach rather than that of a prescriptive approach (i.e., “You will not…”).

When launching the Code of Ethics in 2000, there was a clear intent for this core document to remain relevant and current to clinicians. Consequently, in 2009 the Ethics Board commenced a review of the Code of Ethics, concluding in 2010 with the publication of the revised third edition of the Code (The Speech Pathology Association of Australia, 2010a).

A range of mechanisms were utilised by the SPA Ethics Board to review the Code:

- Completion of a literature review, including Codes from other professions
- Analysis of trends/issues raised with the Board (and the Senior Advisor Professional Issues) from 2005-2009
- Direct feedback via an online membership survey and a targeted focus group at the 2009 National Conference (independently facilitated)
- A face-to-face meeting of the Ethics Board to work on the review in 2009, with invited input from Dr Belinda Kenny.

All Ethics Board members were actively engaged in the review, with particularly valued input received from the consumer representatives.

The launch of the revised Code in 2010 highlighted the need to update and develop educational materials to support it. A package of materials was developed in pilot form by the SPA Ethics Board. It was piloted for a period of two years in a range of settings, with both students and qualified speech pathologists. During this time, feedback was sought from the users using an electronic evaluation sheet. Based on this feedback, revisions were made and the package was updated for general release to the profession in 2014. A final phase will involve the package being developed in a multimedia and online format during 2014-2015.

The introductory section of this education package contains:

- Some history and background from the 2000 Ethics Education Package
- An overview of the revised 2010 Code of Ethics
- Direct links to the Code and related documents
- A guide to professional behaviours aligned with the values in the Code
- A philosophical introduction
- An introduction to decision-making.

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Background & History

The development of a Code of Ethics (1986-2000)

This section has been taken directly from 'The Development of a Code of Ethics' from the Ethics Education Package (The Speech Pathology Association of Australia, 2002) and is provided here as background.

"Our Code of Ethics has been significantly rewritten for a number of reasons. First, the scope of practice for speech pathologists has expanded considerably since the last code of ethics was written (1986). We work with more diverse client groups in more diverse work settings, and our Code of Ethics needs to acknowledge that diversity. Secondly, like all health professionals, speech pathologists increasingly work in climates of uncertainty where complexity of client problems and needs, a proliferation of legislation, and accelerated rates of change make prescriptive statements about ethical practices of limited use. In such workplace climates, mandatory ethics which set down what shall and shall not be done in all circumstances quickly become outdated and are of limited utility in helping speech pathologists recognise and understand the complexity of ethical issues which impact on our practice.

In order to assist speech pathologists in ethical decision making, we felt that the provision of an aspirational code of ethics was more in tune with contemporary approaches to ethics and with the needs of health professionals. Aspirational ethics outline the principles and values we aspire to use in our ethical decision making, in contrast to mandatory codes which attempt to tell us what we should and should not do in a specified range of contexts.

Feedback from speech pathologists, speech pathology students and the public about the previous Code suggested it was difficult to understand and interpret. The complexity of the language used meant that many people were not sure what was meant. In addition, people found the negative tone of the old Code of Ethics off-putting. Therefore in the preparation of this code we engaged a Plain English Language Consultant (PEC) (Mr. Bill Tearle) to help us write the code in easily understood language and in a positive tone. Stakeholders consulted in the development process have told us the code is now easy to understand and use.

The 2000 Code of Ethics uses five principles of ethics and five professional values as the underpinning for the code. These five principles, expressed in positive clear language are:

- *Beneficence (we bring about good) and non-maleficence (we prevent harm)*
- *Truth (we tell the truth)*
- *Fairness (justice) (we seek to ensure justice and equity for clients, colleagues and so on)*
- *Autonomy*
- *Professional integrity (we demonstrate professional integrity through fidelity)*

The values which are embedded in our work as speech pathologists are:

- *Dignity*
- *Respect for client rights*
- *Non-discrimination*
- *Professional interests take precedence over personal interests*
- *Objectivity.*

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The framework for the Code of Ethics is structured around our duties to four stakeholder groups:

- *clients and community*
- *employers*
- *profession*
- *colleagues.*

The Code of Ethics was developed by the task group using input from the profession, Council, other stakeholder groups, and the PEC in an iterative process of drafting, consultation and feedback, and redrafting" (p. 5)*.*

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Introduction to the Revised Code of Ethics (2010)

In 2010, SPA launched a substantially revised Code of Ethics (The Speech Pathology Association of Australia, 2010a). The revisions were undertaken as a result of changes to the nature and complexity of issues raised by members and consumers and an increase in the number of lodgements of formal complaints. Other factors influencing the revision included feedback from members about their knowledge and use of the Code in a practice setting; expert advice provided by the Ethics Board at that time; a literature review; and assessment of Codes currently used by other Health Professional Associations.

The Ethics Board comprises ten members, including seven speech pathologists who reflect a combination of experienced academics, researchers, managers, and clinicians. Of these, three are elected by the membership, the Board of Directors nominates three, and one is invited to be the Chair. The Ethics Board also includes three community representatives who provide expertise from a consumer perspective. The Senior Advisor Professional Issues supports the Board.

The Board has a role to promote responsible speech pathology practice by participating in and providing information and education to develop ethical professional communities. The Ethics Board investigates alleged breaches of the Code and provides recommendations to the Board of Directors in relation to the management of these breaches. The Board is active in promoting the application of high standards of professional practice and in applying principles that inform ethical decisions across the speech pathology profession.

This document introduces the revised Ethics Education Package, which updates and seeks to build on the original version (The Speech Pathology Association of Australia, 2002). **The package aims to promote pro-active ethical practice.** It presents theoretical approaches to ethical reasoning and supplements each approach with a set of activities, resources, and materials that will ultimately be developed into an online learning package. Several decision-making models have been included. As you work through the package, you will be able to generate a personal learning development plan.

It is intended that the use of the package and completion of the activities will provide evidence that can be used as part of the Professional Self-Regulation program conducted by SPA.

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Guidelines for use of the package

This package is designed to support members' exploration of the Code of Ethics of SPA and its application to their range of practice (The Speech Pathology Association of Australia, 2010a). It can be used by individuals to reflect on their own practice or in groups of colleagues as a trigger for a directed exploration of their understanding and application of the Code of Ethics. The package is organised to allow you to work through it systematically or to choose a section of particular interest or need.

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The Speech Pathology Australia Code of Ethics 2010 (Overview)

The SPA Code of Ethics comprises a number of sections and sub components.

The ***Values*** section forms the overarching framework for the Code and is now consolidated under 4 core headings:

- Integrity
- Professionalism
- Respect and Care
- Quality Standards and Continuing Competence.

The Code of Ethics continues to use five ***Principles of Ethics*** as the underpinning for the Code. These five principles, expressed in positive clear language are:

1. **Beneficence and non-maleficence:**

- We seek to benefit others through our activities (beneficence)
- We also seek to prevent harm, and do not knowingly cause harm (non-maleficence).

2. **Truth:**

- We tell the truth.

3. **Fairness (Justice):**

- We provide accurate information
- We strive to provide clients with access to services consistent with their need
- We deal fairly with everyone with whom we come in contact.

4. **Autonomy:**

- We respect the rights of our clients to self-determination and autonomy.

5. **Professional integrity:**

- We are respectful and courteous
- We are competent and follow the Association's Code of Ethics
- We honour our commitments to clients, colleagues, and professional organisations
- We comply with federal and state laws.

The framework for the Code of Ethics is also structured around ***Standards of Practice*** – our duties to four stakeholder groups, with increased emphasis in the revised Code on our duties to our profession and ourselves:

- clients and community
- employers
- profession and ourselves
- colleagues.

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Reading Activity 1

At this stage you should look through the SPA Code of Ethics (2010) and familiarise yourself with the contents at:

http://www.speechpathologyaustralia.org.au/library/Ethics/CodeofEthics.pdf

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Other Useful Resources

The Code is supported by other key SPA documents. You may choose to access these now or at some later stage as you work through the package. They are listed below with links to the SPA website.

The Ethics Board Procedures
This document sets out the procedures that the Association and its Ethics Board will follow when investigating a potential breach of the Code of Ethics. The procedures reflect the policies agreed upon by SPA.

What do you do if you believe someone has breached the Code of Ethics?
This document provides an overview of the Ethics Board procedures and provides a flowchart depicting the steps in the investigation process.

http://www.speechpathologyaustralia.org.au/library/Ethics/Ethics_Board_Procedures_Sept_2012.pdf

The Scope of Practice
This document describes the breadth of professional practice carried out within the speech pathology profession in Australia. It provides an overview of the 'who, what, where, why, and how' of speech pathology practice. It not only describes the knowledge and skill-set required by speech pathologists, but also the attitudes and ethical behaviours expected from members of the profession.

http://www.speechpathologyaustralia.org.au/library/Core_Assoc_Doc/Scope_of_Practice.pdf

Competency-Based Occupational Standards
This document sets out the Competency-Based Occupational Standards (CBOS) and outlines the minimum skills, knowledge base and professional standards required for entry-level practice in speech pathology in Australia.

http://www.speechpathologyaustralia.org.au/library/Core_Assoc_Doc/CBOS_for_Speech_Pathologists_2011.pdf

COMPASS®: Competency Assessment in Speech Pathology
COMPASS® is a competency based assessment tool designed to validly assess the performance of speech pathology students in their placements. COMPASS® is unique as it was developed according to sound educational principles and psychometrically validated as a result of a four-year national collaborative research program.

http://www.speechpathologyaustralia.org.au/resources/compassr

Evidence-Based Practice in Speech Pathology Position Statement
This position statement outlines the position of Speech Pathology Australia with regard to the integration of evidence-based practice into professional speech pathology practice. SPA expects that speech pathologists will incorporate the best available evidence into their clinical practice. SPA believes evidence-based practice is paramount to the practice of speech pathology in Australia, ensuring identification and use of the best available assessment tools and clinical interventions in clinical practice and facilitating the best outcomes for clients.

http://www.speechpathologyaustralia.org.au/library/position_statements/EBP_in_SP.pdf

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You may also like to look at the Codes of Ethics and Codes of Conduct of other health professionals.

Australian Association of Occupational Therapists. (2001). *Code of Ethics*.
Available from:
http://otaus.com.au/sitebuilder/about/knowledge/asset/files/1/codeofethics.pdf

Australian Association of Social Workers. (2010). *Code of ethics*.
Available from:
http://www.aasw.asn.au/document/item/1201

Australian Health Ministers' Advisory Council. (2014). *A national code of conduct for healthcare workers*.
Available from:
http://www.ahmac.gov.au/cms_documents/A%20National%20Code%20of%20Conduct%20for%20health%20care%20workers-Bulletin.pdf

Barblett, L., Hydon, C., & Kennedy, A. (2008). *The code of ethics: A guide for everyday practice*.
Available from:
www.earlychildhoodaustralia.org.au

Medical Board of Australia. (n. d.). *Good medical practice: A code of conduct for doctors in Australia*.
Available from:
http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

Nursing and Midwifery Board of Australia. (2008). *Code of ethics for nurses in Australia*.
Available from:
http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#codesofethics

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Application of the Values Used in the Speech Pathology Australia Code of Ethics (2010)

"It is fundamental to the professional responsibilities of speech pathologists that we observe the highest standards of integrity and ethical practice" (The Speech Pathology Association of Australia, 2010a).

SPA has identified fundamental ***Values*** that apply to our interaction with clients, colleagues, other professionals, us, and the community.

These ***Values*** are:

- Integrity
- Professionalism
- Respect and Care
- Quality Standards and Continuing Competence.

This section provides you with some descriptors and exemplars of the types of behaviours you could expect to see aligned to these values in responsible speech pathology practice as part of the broader ethical speech pathology community. These examples are not exhaustive, but are designed to illustrate professional behaviours in practical situations.

The Code of Ethics is core to membership of the Association. As a member, you are expected to make a commitment to read, understand, and apply the Code of Ethics within all professional interactions. You are also expected to take into account the spirit of the Code in order to resolve issues, problems, or conflicts that arise during the course of undertaking your practice.

SPA employs a Senior Advisor Professional Issues who can assist you when you are faced with ethical dilemmas or ethical problems. There is also a formal process that is applied when a formal complaint is lodged against a speech pathologist alleging a breach of the Code of Ethics.

For your guidance, we have provided the following examples to assist in developing your understanding of the types of desirable behaviours that you would expect to demonstrate in your practice.

Reading Activity 2

You are encouraged to read through these examples prior to working through the remainder of the package. You may find these useful to group discussion of values such as those described in the Code of Ethics.

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Desirable Behaviours

Integrity

- You seek to protect the confidentiality and privacy of the information of individual clients and all others with whom you interact professionally
- You act honestly and with integrity in all your professional decisions and actions
- You are obliged to give clients a full and frank disclosure of the suitability of the service you are offering
- You value the work done by others and give credit for work done by them where credit is due
- You are obliged to give clients a full and frank disclosure of the costs of the service you are offering
- You are responsible for maintaining your own reputation and not enhancing it at the expense of another person
- You have a duty to promote the profession and not to breach the public's trust nor cause the profession to come into disrepute
- You refrain from any behaviour or action in your professional role which may tarnish the image of the profession or detract from the good name of speech pathology
- You are aware of the possibility of potential conflicts of interest and advise any key stakeholders of this.

Professionalism

- You recognise the fact that speech pathology interacts with many other disciplines and your practice has implications for other health and social systems and structures and organisations in the community
- You promote equal access to all members of society who can benefit from the intervention of speech pathology
- You make every reasonable effort to enhance public knowledge and understanding of speech pathology
- You, through co-operation and communication with other professionals, students, and the public, advocate for the profession of speech pathology and the benefit to clients with communication and swallowing issues
- You make a clear distinction to yourself and others between your professional and personal opinions and advice
- You qualify your professional opinion when you know it is based on limited knowledge or experience
- You take appropriate action against members who engage in behaviour contrary to the Code of Ethics
- You do not attempt to exert influence on any speech pathologist or others which would involve a breach of the Code of Ethics
- You have pride in the profession and protect and promote professionalism in speech pathology.

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Respect and Care

- You understand that others may have differing perceptions of the work you undertake with clients and you should ensure that you are receptive to all feedback
- You respect the rights and dignity of your clients and all others with whom you interact professionally
- You respect the intellectual property of colleagues
- You respect, and seek when necessary, the professional expertise of colleagues in their areas of competence
- You understand that discrimination is unlawful and any behaviour that discriminates against others is unprofessional
- You ensure that bullying or harassment does not occur in your work setting, and you actively promote non-bullying or harassing behaviour
- You promote and model respectful behaviour by focusing on and building strengths and by encouraging team development and well being
- You adopt an open communication style which seeks to enhance the interactions you have, and deal with issues as they arise
- You intervene early to resolve potential conflicts and dilemmas
- You recognise and describe the difference between acceptable value-driven behaviours and behaviours that are not acceptable
- You actively self-evaluate and reflect on your own behaviour.

Quality Standards and Continuing Competence

- You recognise the role that you may play in potentially enhancing the quality of life of *all* people with communication and swallowing disorders, not just that of your clients
- You accept only such work that you believe you are competent to perform and, when needed, obtain additional expertise from appropriately qualified and credentialed speech pathologists
- You seek always to accurately represent your skills or knowledge
- You are aware of current legislation, regulations, and standards that are relevant to your area of practice
- You upgrade your knowledge and skills regularly by participating in continuing professional development and undertaking professional self-regulation as a responsibility of being a certified practising speech pathologist
- You increase your awareness of issues affecting the profession and its relationship with the public
- You encourage your colleagues and students to continue their own professional development
- You support education, training, and professional development that addresses the needs of the diverse perspectives of individual professionals and their various career pathways.

Ethical issues may fall into a number of the categories outlined above and, over time, gaining a practical and meaningful working knowledge of the Code of Ethics is what we should all strive to achieve.

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Learning Activity 3

Now carry out the following individual learning activity:

At this point, think about how you might discuss the development of values driven behaviours in your work setting.

You may consider using this section as a framework for discussion in a staff meeting or session devoted to professional behaviours and professional standards.

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Ethical Speech Pathology Practice in a Complex and Challenging Environment

Complex and challenging environments exist across all workplace jurisdictions (including healthcare, education, disability, aged care, and justice). An environment may be considered complex and/or challenging:

- where demand and supply diverge
- where distance such as in rural and remote locations further impacts on service delivery
- where access issues arise such as transport, mobility, educational levels, cultural expectations, and finances
- where vulnerable client groups (especially those with a communication need) are even more disadvantaged
- where emerging technologies prompt speech pathologists to re-examine and change practice
- where client issues are diverse, complex and complicated, chronic, or long term
- where organisations are experiencing constant change, leading to ambiguity and uncertainty about funding levels and changes, program directions, and even organisational shape and structure
- where there is increasing or changing legislation and compliance required at federal and state levels.

Not only do *familiar* interventions pose ethical issues and dilemmas in the delivery of treatments, but expanding practices to deal with government changes, structural redesign, and healthcare reform give rise to new challenges. This, coupled with new technologies such as tele-health, new and emerging client groups (such as working with refugees, older Australians, or in developing communities), and an increasing consumer interest and knowledge about services, all necessitate that speech pathologists understand and manage the risks (ethical and otherwise) inherent in developing and mastering *new* practices.

In addition to shared ethical values each clinician brings a unique set of underlying perspectives and beliefs to each event, whether it is clinical, teaching, research, interpersonal, or performance based. For newer graduates, it may be that these perspectives cannot yet be clearly articulated and are implicit in behaviour.

This complexity means that there is an increasing need to move away from the view that an isolated event can be mapped back to the SPA Code of Ethics and dealt with in a single linear perspective. SPA believes everyday clinical practice must integrate ethical problem solving, including how we view ethical dilemmas as they arise and what approaches we use to resolve and even anticipate them. The use of ethical enquiry as we continue to practice and develop allows us to make explicit the elements of our decision-making processes.

It is a useful aspect of professional practice to reflect on the Code from time to time, undertake some work to develop and review knowledge of ethical concepts, and engage in dialogue with trusted colleagues. Our aim is that this package will support you in doing so.

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The literature identifies three major areas that are having an impact on future speech pathology practice:

- Client based (e.g., clients are becoming increasingly older, culturally, linguistically and religiously diverse, and more complex)
- Organisational (e.g., systems are becoming more complex, resource-driven and consumer-oriented, in addition to the increasing demands on speech pathology services which are often paralleled by increases in unmet need)
- Scope of practice (e.g., advances in technology, emerging areas of speciality, and inter-professional practice).

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Reading Activity 3

At this stage you should download or access and read a selection of the articles listed below (many written by SPA Ethics Board members and colleagues since 2008) that discuss these issues and concepts. The abstracts have been included in the list to support your selection.

Read at least two from the suggested list below and reflect on your response to the issues raised.

How does this article apply to your workplace context?

Access these from the SPA Publications website at:
http://www.speechpathologyaustralia.org.au/publications/jcpslp/jcpslp-acq-archives

Atherton, M., & McAllister, L. (2009). Emerging trends impacting on ethical practice in speech pathology. *ACQuiring Knowledge in Speech, Language, and Hearing, 11*(1), 31-35.

The significant societal, systemic and technological changes of the past two decades have contributed to the Australian health system now facing a number of specific challenges. The increasing diversity and sophistication of health technology, the proliferation of legislation, the ageing health workforce and changing community demographics are key trends impacting on the future viability of health service provision within Australia and internationally. These trends will also impact on health practitioners' ability to provide care that meets demand while simultaneously meeting the moral and ethical considerations which are inherently tied to health service provision. In 2006, Speech Pathology Australia members identified a number of key ethical concerns related to these trends and challenges, including not only those that arise at an individual client–practitioner level but also at a systemic level. Specifically, Speech Pathology Australia members expressed concern regarding prioritisation of services, the impact of fiscal constraints on service delivery, and the potential for conflict between professional values and values that may underpin management decisions and health policies. Ethical issues associated with the delegation of tasks, the need for continuing professional development and the use of evidence based practice were also identified. For the profession to meet current and future challenges, it is essential to remain vigilant and responsive to trends and changes that will impact on service provision. Practitioners must also demonstrate an ethical awareness that extends beyond specific "ethical dilemmas" as may arise in clinical practice to thinking and acting ethically in our daily routines.

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Eadie, P., & Atherton, M. (2008). Ethical conversations. *ACQuiring Knowledge in Speech, Language, and Hearing, 10*(3), 92-94.

The purpose of this "Ethical Conversations" column is to promote reflection and discussion on what demonstrates ethical practice in speech pathology, and to encourage us to think about using a framework that considers ethical practice in a proactive way. We may think about the Association's Code of Ethics (2000) as something to turn to when faced with a dilemma, but it can also be a useful guide in our everyday practice, "in thinking and acting ethically within the routine, ordinariness of professional life" (McAllister, 2006).

Kenny, B. (2008). The ethics of clinical decision-making. *ACQuiring Knowledge in Speech, Language, and Hearing, 10*(1), 4-6.

Ethics are an integral factor in effective clinical decision-making. While codes of ethics do not provide a recipe for resolving ethical dilemmas, knowledge and open discussion of bioethical principles may facilitate ethical practice in the speech pathology profession. This paper focuses upon some of the ethical issues that may confront speech pathologists in contemporary health care practice and aims to facilitate discussion of ethical practice in the speech pathology profession.

Leitão, S., Bradd, T., McAllister, L., Russell, A., Kenny, B., Scarinci, N., . . . Wilson, C. (2012). Emerging ethical and professional issues. Journal of Clinical Practice in Speech Language *Pathology, 14*(1), 33-36.

In this paper, Suze Leitão, Chair of the Speech Pathology Australia Ethics Board, reflects on emerging ethical and professional issues and discusses some of the Speech Pathology Australia documents that can act as a resource for members of the profession. Members of the Board were then asked to respond to the question 'What do you consider to be emerging ethical and professional issues in your workplace?' This article discusses some of the key themes that emerged and reflects on the need to be pro-active in our professional lives.

Articles in:
ACQuiring Knowledge in Speech, Language, and Hearing 2008, volume 10, issue 1
The theme of this issue was ethical practice:
Ethical Practice: Personal choice or moral obligation?

In addition, this text is recommended:
Body, R., & McAllister, L. (2009). *Ethics in speech and language therapy*. Sussex: Wiley-Blackwell.
Especially Chapters 1 & 2 at this point.

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An Introduction to Ethical Decision Making

What is an Ethical Problem?

Purtilo & Doherty (2010) discusses the difference between ethical issues and ethical problems:

- An *ethical issue* is where one or more moral principles or norms are raised which highlight issues rather than a problem;
- In contrast, an *ethical problem* is where one or more moral principles or norms are raised which then create a challenge about what to do.

Four basic types of ethical problems are identified. The first three focus on the question "*What should be done*?"

1. **Ethical distress:**
   Where a health professional knows what ought to be done but there is a barrier to the right course of action, such as institutional policies or procedures.

   For example, a speech pathologist tries to implement evidence-based practice with her clients but organisation policy or management limits the number of sessions for all clients, irrespective of age, diagnosis, severity, impact and evidence, preventing this.

2. **Ethical dilemma:**
   Which occurs when there are at least two appropriate courses of action but pursuing one course of action prohibits you from pursuing the other course(s) of action. Consequently, you can find yourself doing the right thing at the same time as doing the wrong thing.

   For example, a client in a hospital Rehabilitation Unit may be considered ready for discharge following his stroke because he can now walk, eat, shower and dress independently. His place in the Unit is needed for new patients and he is considered medically fit for discharge. However, his communication skills are still poor, he is widowed, lives alone and you consider there is a real risk of social isolation and are worried about his ability to manage household duties and activities of daily life.

3. **Ethical dilemma of justice:**
   This involves the distribution of resources or services. Atherton and McAllister (2009) reported that this type of ethical problem is becoming more prominent for Australian speech pathologists.

   For example, by prioritising pre-school children over school-aged children for services within a community health centre, school aged children who may benefit from services are denied justice. Similarly, a public health facility may decide to discontinue services for people who stutter, and consequently only those who can afford private therapy will receive intervention.

The fourth type of ethical problem focuses on the question "*Who should do it*?"

4. **Locus of authority issues:**
   In these types of problems the issue around who is responsible or should act is not clear. This may be because of differences in professional expertise, professional hierarchies and power, historical ways of doing things in an organisation, or lack of clarity around current arrangements and processes.

   For example, who leads the team? Whose decisions count – those of the doctor or the allied health professionals?

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Other Useful Resources

Body, R., & McAllister, L. (2009). *Ethics in speech and language therapy*. Sussex: Wiley-Blackwell. *pp. 163-166*

For a discussion on ways to manage the need to ration healthcare resources in more equitable ways.

Cross, R., Leitão, S., & McAllister, L. (2008). Think big, act locally: Responding to ethical dilemmas. *ACQuiring Knowledge in Speech, Language, and Hearing, 10*(2), 39-42.

This paper asks speech pathologists to consider the impact of ethical dilemmas upon their own work–life balance. In raising awareness of the impact of workplace ethical dilemmas on individuals, this paper challenges speech pathologists to consider how systemic responses, in addition to individual action, may assist in developing and maintaining an equilibrium between work and life.

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Summary

For ethical problems to be effectively managed, they need to be identified, understood, and decisions need to be made about how to manage them. The most common approach to this in the speech pathology field is the use of ethical decision-making protocols or frameworks. These have intrinsic appeal because of their structure: they signal the sorts of things to consider in managing ethical problems and provide a procedure or sequence with which to do this.

Decision-making protocols are also very useful for assisting with documenting consideration of ethical problems as well as the reasoning used to identify possible courses of action. Indeed, the Ethics Board draws on the decision-making protocol developed by Brown and Lamont in the original Ethical Education Package (The Speech Pathology Association of Australia, 2002). This protocol helps structure the documentation of outcomes resulting from the deliberation and investigation of Investigation Panels formed to consider complaints to the Board.

Kenny (2008a) found that ethical decision-making protocols were the preferred approach to ethical reasoning by students, new graduates, and experienced speech pathologists facing new types of problems as well as those not previously or commonly encountered.

McAllister (2006), in her invited presentation at the SPA National Conference in 2005, concludes:

> *"In this paper I have argued that codes of ethics and ethical decision-making protocols have both strengths and limitations. They cannot account for all possibilities in our increasingly complex and conflicted workplaces. I have argued that what is needed in addition to such protocols is a need for professionals to think and act ethically in the daily routines of the workplace, not just when confronted with an ethical dilemma. I have acknowledged that learning to think and act in this way is a developmental task which can be fostered through professional development and supported by mentors, managers and colleagues. While workplaces and the Association certainly have roles to play in professional development of ethical and moral reasoning, I believe the responsibility for thinking and acting ethically ultimately lies with the individual professional. I invite readers to reflect on what they are already doing as individuals to develop their ethical and moral reasoning and abilities to act as a moral agent in their workplace"* (pp. 79-80).

With this in mind, the next four sections of this package are organised into four theoretical models (shown in the table below).

Within each section you will be provided with information on the theoretical approach, and examples of decision-making applied to specific cases and scenarios. You will also be asked to carry out some reflection activities and work through some cases on your own or within a group.

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An overview of four theoretical models and applied ethics approaches

Applied Ethics Approaches	Approaches to Ethical Reasoning	Reasoning Tools
Principles based (Hypothetico-deductive)	Draws upon bioethical principles of respect for autonomy, beneficence, non-maleficence, and justice.	Principles. Codes of ethics. Hypothetico-deductive models.
Casuistry	Draws upon precedent cases.	Enduring cases. Professional experience.
Ethics of Care	Focuses upon health care relationships.	Analysis of effective care relationships and discriminatory barriers.
Narrative	Focuses upon individuals' life stories.	Interpreting and retelling texts.

Useful Links and References

Body, R., & McAllister, L. (2009). *Ethics in speech and language therapy*. Sussex: Wiley-Blackwell.

Freegard, H., Milsteed, J.,Isted, L., & Goddard, T. (2006). *Ethical practice for health professionals* (1st ed.). Victoria: Cengage Learning.

Chapter 3: Ethics in a nutshell; Chapter 6: Making ethical decisions

Kenny, B., Lincoln, M., Blyth, K., & Balandin, S. (2009). Ethical perspective on quality of care: The nature of ethical dilemmas identified by new graduate and experienced speech pathologists. *International Journal of Language and Communication Disorders, 44*(4), 421-439. doi: 10.1080/13682820902928711

Background: Speech pathologists are confronted by ethical issues when they need to make decisions about client care, address team conflict, and fulfil the range of duties and responsibilities required of health professionals. However, there has been little research into the specific nature of ethical dilemmas experienced by speech pathologists and whether the nature of ethical conflict changes as they acquire experience in the professional workforce. Speech pathologists' perceptions of ethical issues provide insight into factors impacting upon quality of care in contemporary healthcare settings.

Aims: To describe, compare, and contrast the nature of ethical dilemmas identified by new graduate and experienced speech pathologists.

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Methods & Procedures: A narrative methodology was used to explore the ethical dilemmas that participants experienced in the professional work place. Primary data were collected through in-depth interviews with ten new graduate and ten experienced speech pathologists in their work settings. During these interviews, participants were asked to 'tell the story' of ethical dilemmas they identified at work.

Outcomes & Results: An ethical story was constructed for each participant based upon keywords and concepts from interview transcripts. These keywords and concepts were coded into group themes that reflected the nature of ethical dilemmas experienced by new graduate versus experienced speech pathologists. Comparing the results of thematic analysis for both groups of participant revealed similarities and differences in ethical dilemmas identified by new graduate and experienced health professionals.

Conclusions & Implications: Participants identified ethical dilemmas in the professional practice areas of client management, professional relationships, service delivery, and personal/professional identity. Themes from new graduates' ethical dilemmas included: making safe choices; avoiding conflict, following service delivery rules, and building professional identity. Experienced speech pathologists' themes included: life choices, adapting policies, and professional status. Supporting client autonomy, managing risk taking, adopting fair service delivery policies, and supporting health professionals' ethical practice are part of ethical quality care. The results support the need for an increased focus on ethical practice in the workplace and further support for speech pathologists experiencing ethical conflict in response to service delivery policies.

McAllister, L. (2006). Ethics in the workplace: More than just using ethical decision-making protocols. *ACQuiring Knowledge in Speech, Language, and Hearing, 8*(2), 76-80.

This paper asks speech pathologists to reflect on what it means to think and act ethically in routine clinical practice. The purposes of the paper are fourfold. First, I discuss my views of the strengths and limitations of the current Code of Ethics of Speech Pathology Australia (2000) and Ethical Decision-Making Protocol contained in the Ethics Education Package (Speech Pathology Australia, 2002). Second, I discuss some pressures in contemporary practice which call for ethical thinking deeply embedded in daily practice rather than a focus just on ethical dilemmas. Third, routine challenges for speech pathologists in thinking ethically are considered, and finally I conclude with some suggestions for approaches to professional development of ethical thinking.

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Conclusion

This Ethics Education Package can be used:

- as a self-study package
- as a group study package/workplace resource
- as a teaching tool
- with students on placement
- by an inter-professional group where therapists are working as sole members of the profession in teams with other professionals.

You are encouraged to read and work through the introductory section and at least two of the four sections that are underpinned by ethical approaches.

We hope that you find this package allows you to reflect on what YOU are already doing to develop your ethical and moral reasoning, and abilities to act as a moral agent in your workplace.

Learning Outcomes

On completion of this education package, you will:

- appreciate the elements of ethical decision-making
- identify ethical dilemmas as they present in your practice
- apply strategies to your own ethical decision-making
- demonstrate a pro-active approach to ethical behaviour.

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The Principles Based Approach to Ethical Reasoning

A trusted colleague tells you that they have started blogging as a way of debriefing about workplace issues. They assure you that they have de-identified all people mentioned, but you are still concerned. You feel their behaviour could be deemed unethical but are unsure.

What is the principles based approach?

The principles based approach to ethical reasoning is based on a key set of guiding principles that assist health professionals to uphold their professional code in all areas of practice.

Where did these principles come from?

The principles of autonomy, beneficence, non-maleficence, and justice are principles that originated in early philosophical teachings and have been interpreted for health care contexts by Beauchamp and Childress (2008). These principles are common across health care disciplines, and therefore facilitate a universal language for identifying and resolving ethical issues in interdisciplinary practice.

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How does the principles based approach align with Speech Pathology Australia's Code of Ethics (2010)?

Speech Pathology Australia (SPA)'s Code of Ethics recognises the following principles, which are of equal value and are interrelated (The Speech Pathology Association of Australia, 2010):

1. **Beneficence and Non-maleficence**
2. **Truth**
3. **Fairness (Justice)**
4. **Autonomy**
5. **Professional integrity**

The principles based approach aims to enable speech pathologists to uphold the duties and values of their profession, behave ethically, avoid ethical traps and identify breaches of professional ethics in their workplace.

What do the SPA ethical principles mean[3]?

1. **Beneficence** means that we try to benefit others in our role as a speech pathologist, and **non-maleficence** means we do not harm others when fulfilling our professional duties. Speech pathologists need to evaluate professional benefits and harms to others.
2. **Truth** means that we tell the truth and provide accurate information to people we come into contact with in our everyday practice.
3. **Fairness (Justice)** means we deal fairly with everyone with whom we come in contact irrespective of race, religion, gender, sexual preference, marital status, age, disability, beliefs, contribution to society, or socioeconomic status.
4. **Autonomy** means we respect the rights of our clients to make their own informed decisions.
5. **Professional integrity** means we are respectful, competent, and work within the ethical and legal guidelines of the profession.

[3] You are encouraged to refer back to page 13 for an overview of the 2010 Code of Ethics.

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How can speech pathologists implement the principles based approach?

This type of ethical reasoning consists of knowing, understanding, and applying these ethical principles to everyday clinical practice. It means adopting these principles to guide our own professional behaviour and using them to solve ethical issues and problems as they arise. There are a number of guiding questions, which can be used to support the process of analysis:

- *What ethical principles are at stake here?*
- *What do each of the principles mean to me?*
- *What do each of the principles mean in my place of work?*
    - *How is the ethical principle interpreted in this context?*
    - *Why is the principle at stake?*
    - *Is there conflict between ethical principles?*

- *What strategies am I currently using to uphold these principles?*
- *Are there any changes that need to be made to uphold these principles?*
- *What logical steps can I take to resolve the problem?*
    - *What information do I need before making a decision?*

- *What options are available to me?*
    - *What additional support do I need to manage the problem?*
    - *Will the option uphold an ethical principle?*

- *What is the best decision?*
    - *What are the possible outcomes of this problem?*
    - *Can my decision be rationalised by ethical principles?*
    - *What additional actions can I take to facilitate ethical practice in response to this problem?*

When could you use a principles based approach?

This approach was developed to specifically address ethical issues or problems in health care settings. The ethical principles address diverse ethical problems and have interdisciplinary and cross-cultural relevance. Hence, this approach may support speech pathologists to examine ethical problems in individual client care and across a broader range of professional issues, including service delivery and professional and inter-professional interactions.

The principles based approach also enables problem solving responses to situations and allows speech pathologists to pro-actively plan ethical practice.

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What decision-making model can be used to implement the principles based approach?

SPA's Decision-Making Protocol (originally prepared by Brown and Lamont for the first edition of the Ethics Education Package; The Speech Pathology Association of Australia, 2002) is one decision-making model that can be used to implement the principles based approach.

You start the process by describing the problem or issue, and consider for whom it is an issue. SPA's 2002 Decision-Making Protocol consists of five stages, which can be used to guide your thinking:

1. **The facts (these allow you to define the issue or problem as clearly as you can)**

    - What are the facts and how did you learn about them?
    - Who is involved?
    - What are the client-related factors?
    - What are the external considerations?
    - Do you need any other facts or information?

2. **Is there a problem that requires action?**

    - List possible actions that you are considering at this early stage of your ethical reasoning. What are the practical alternative actions and likely outcomes?

3. **The problem**
    - Which ethical principles apply?
        - Beneficence (benefit others) and Non-maleficence (prevent harm)
        - Truth
        - Fairness (Justice)
        - Autonomy
        - Professional integrity (fidelity).
    - Which duties, obligations or rules are not being met?
        - Standards of Practice set out in the Code of Ethics (The Speech Pathology Association of Australia, 2010)
        - Laws
        - Competency-Based Occupational Standards (CBOS; The Speech Pathology Association of Australia, 2011)
        - Employer's policies
        - Clinical Guidelines and Position Papers
        - Other.
    - What and where is the conflict? (e.g., between principles; between duty versus outcome; between ethics and external factors)

4. **Proposed decision and action plan**
    - Make a decision and indicate your action plan.

5. **Evaluation**
    - Consider how you will evaluate and reflect on this process and its outcome.

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One strength of SPA's 2002 Decision-Making Protocol is that it asks people to consider first what is known about the problem, what other information might be needed, and from whom this information may be obtained. With this information, a decision can be made about whether people are dealing with an ethical problem. If it is identified that it is not an ethical *problem*, rather an ethical *issue,* then other options for managing the concern can be pursued (e.g., counselling, legal action). If there is an ethical problem, then consideration begins about which ethical principles, duties, and rules are involved, and where the conflict lies. Another strength of this protocol is the incorporation of an evaluation strategy. This ensures follow up but also learning from experience, hopefully to pre-empt or better manage similar problems in the future (similar to the casuistry approach covered in the next section of the package).

One potential limitation of this protocol is that it adopts a sequential, problem solving approach that may oversimplify ethical problems experienced by 'real' professionals working with 'real' clients.

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Worked Case Study 1

You are a relatively recent graduate working as the sole speech pathologist in a rural community health centre. Some months ago you assessed a five-year-old bilingual girl, referred by her preschool teacher because she does not talk much at preschool. The child's second language is English, to which she has been exposed only since the family's arrival in Australia one year ago. Her Australian aunt accompanied her to the assessment and explained that because the child's parents do not speak much English, they did not wish to come to the centre. Nonetheless they wish their daughter to receive help. You were unable to access an interpreter who spoke the relevant language for the appointment. The family member agrees to interpret for you. The Australian aunt did this to the best of her ability, as although she speaks and understands the language to some extent, she is not a native speaker of the family's language. On the basis of your assessment, you believe the girl does have a language problem and have been seeing her for therapy, with the aunt's involvement in those sessions. After some weeks, you are questioning whether you have an accurate picture of the child's language skills, and are anxious that therapy goals may be inappropriate.

This case will now be discussed using SPA's Decision-Making Protocol (The Speech Pathology Association of Australia, 2002). As you read and work through this case, you may like to add any points of your own.

1. The facts

- *What are the facts and how did you learn about them?*
  - The child is five years old and has only been in Australia a short time
  - There is concern about her language development, as reported by the preschool teacher
  - No trained interpreter has assisted with the assessment
  - The diagnosis of language impairment is being reconsidered by the speech pathologist
  - The speech pathologist is a recent graduate
  - The speech pathologist feels she is not delivering 'best practice' therapy
  - The parents who speak little English have not been involved in assessment, planning management, or therapy
  - All these facts have been reported by the speech pathologist.

- *Who is involved?*
  - Speech pathologist, child, aunt, preschool teacher, family, interpreter service.

- *What are the client-related factors?*
  - She is from a non-English speaking background
  - She is five years old (critical age for establishment of literacy and social skills at school)
  - Possible language disorder, no diagnosis
  - Less than best-practice therapy possibly being delivered.

- *What are the external considerations?*
  - No interpreter available
  - Parents not directly involved – a concern about informed consent for service to daughter and a query about motivation levels.

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- *Do you need any other facts or information?*
    - Accurate profile of language skills and bilingualism at home, school, and in the clinic
    - Family views and information
    - Knowledge of language performance at home: is the child bilingual?
    - Knowledge of family's culture and their knowledge of child development and services
    - As a non-native speaker, is the aunt able to give cultural information?
    - What information can you get from the preschool teacher?

2. Is there a problem that requires action?

Yes.
There is not enough information on home culture and language, and the child's language skills to ascertain if there is a problem.
There is a problem of unavailable interpreter services and not following best-practice guidelines.

- **Possible actions:**
    - Further investigate options for interpreter services such as tele-health based interpreter services
    - Find another (non-family) member of the language community to interpret
    - Further investigate options to better engage parents in the therapy program
    - Liaise with the school and preschool teacher.

3. What is the nature of the problem?

This is an ethical issue for the speech pathologist, which may well also be an ethical problem. She knows she is not providing the best possible service. There may also be legislative obligations to ensure non-discriminatory equity and access to services.

- *Which ethical principles apply?*
    - **Beneficence**: The speech pathologist is upholding the principles of beneficence and distributive justice by attempting to provide a service, and upholding the value of non-discrimination (she could justify non-service on the basis of no available interpreter)
    - **Non-maleficence**: She is unable to uphold the principle of non-maleficence, as she cannot be sure she is not doing harm through lack of information and an accurate diagnosis
    - **Truth**: She feels she cannot truthfully say to the client that she has done all she can to access interpreter services. She is not sure that she is upholding the principle of truth in her diagnosis of the child's language disorder
    - **Fairness (Justice)**: She has attempted to uphold the principle of fairness – providing equal access to therapy resources and striving to provide equal access to other resources (interpreters)
    - **Autonomy**: Because the family have not been directly consulted, partly due to their own decision not to attend the centre, their autonomy may have been compromised.

- *What duties, obligations, rules or laws are not being upheld?*
    - Standards of Practice are set out in the Code of Ethics (The Speech Pathology Association of Australia, 2010). The speech pathologist is not meeting her duties to the client, family, and preschool for:
        - the provision of accurate information (as she cannot provide an accurate diagnosis and a discussion of prognosis due to unavailability of interpreter services)
        - the exercise of professional competence (as without interpreting she cannot deliver the best possible service)
        - advocacy for her client's need for interpreting services.

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- Although she is upholding the implications of the anti-discrimination legislation, she is not following:
  - the requirements of CBOS (The Speech Pathology Association of Australia, 2011), or
  - Working in a Multilingual and Culturally Diverse Society Position Statement (The Speech Pathology Association of Australia, 2009).

- The speech pathologist is also not meeting her duties to her employer to:
  - resolve conflict between policy (no available interpreter) and professional standards. The support of a senior speech pathologist may assist her to appropriately advocate for her client.

- The speech pathologist is not meeting her duties to the profession in terms of:
  - upholding professional standards.

- She may also be putting at risk professional reputation if the community becomes aware that she is providing a less than best practice service.

- *What is the conflict?*
  - The conflict is between ethical principles, particularly the principles of non-maleficence and autonomy, and external factors that prevent the provision of interpreter services. There is a conflict between available resources and anti-discrimination legislation.

4. Proposed decision and action plan

- Further explore options to access suitable interpreter services for the client and for engaging the family in therapy
- Contact the school and preschool teacher
- Consult with a senior colleague regarding options for interpreter services and methods of working with culturally and linguistically diverse families
- Seek support from mentor if no senior colleague available. Consider opportunities for relevant professional development
- Use someone who speaks the family's language as their first language to act as interpreter and cultural informant.

5. Evaluation

- Ensure future sessions have use of an appropriate interpreter
- Reassess client if required using a culturally and linguistically appropriate assessment or method of data collection.

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Worked Case Study 2

Before you commenced your speech pathology degree you qualified as a childcare worker. You are now a final year speech pathology student with some clinical placement experience in paediatric speech and language assessment and treatment. To support yourself through university, you work in a childcare setting one day per week, and in university holidays. As a carer you have a responsibility to monitor and develop the skills of the children in your care (fine/gross motor, speech/language, literacy, social, and emotional). Five of the seven children assigned to your care have suspected speech and/or language problems and one of these children appears to have multiple needs. Most of these children spend five days a week in care.

Knowing that you are also a speech pathology student, the parents of the children have requested that you do therapy with their children even though it has been explained to them that you are not yet qualified. Such demands from these parents have recently increased as they have now all been referred to the speech pathologist at the local community health centre but are on an 8-12 month waiting list for assessment. In the meantime, according to regulations, you are required to assist these children with their speech and language development within the childcare context. As a final year student you feel you could do a lot to help these children, but are unsure what your role should be. It is hard to know what is therapy and what is everyday language stimulation that any well-informed carer could do. As a student member of SPA, and as a result of classes on ethics, you understand the Code of Ethics and are anxious not to breach the code. But you are worried about fulfilling your carer obligations to the best of your ability.

This case will now be discussed using SPA's Decision-Making Protocol (The Speech Pathology Association of Australia, 2002). As you read and work through this case, you may like to add any points of your own.

1. **The facts**

- *What are the facts and how did you learn about them?*
  - As a carer and a student speech pathologist, you have to consider the Code of Ethics for early childhood carers (Barblett, Hydon, & Kennedy, 2008) as well as SPA's Code of Ethics (The Speech Pathology Association of Australia, 2010)
  - There are children who need speech and language stimulation, which you can provide as a carer
  - There are children who need speech and language therapy, which you have the skills and knowledge to provide as a final year speech pathology student, but not the qualifications to provide. You know all these things from your educational programs and self-assessment
  - Parents request that you do 'therapy' during childcare hours
  - There is a long waiting list at the local community health centre, as reported by parents.

- *Who is involved?*
  - Children
  - Parents
  - The childcare director
  - Other childcare workers at the centre
  - Your university clinical coordinator.

- *What are the client-related factors?*
  - Children with language therapy needs
  - Children with a long wait for therapy at local community health centre

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- Age of the children (critical period for language development)
- Anxious parents pressuring for services.

- *What are the external considerations?*
  - Local community health centre has long wait for assessment for the children
  - Critical period for language input may pass before assessment can occur
  - Carer has dual sets of skills but not yet qualified as speech pathologist
  - Job description of the carer
  - SPA's CBOS, Scope of Practice, and Code of Ethics (The Speech Pathology Association of Australia, 2003; 2010; 2011).

- *Do you need other facts or information?*

  - Expectations of the director for the carer to respond to parent pressure
  - Nature and content of training as a carer regarding communication development
  - Carer/student's own expectations of self
  - Carer/student's ability to identify nature of dilemma in which she finds herself
  - Care settings policy on monitoring and provision of education and support to parents of children with special needs
  - Nature of children's communication problems
  - Definition of 'therapy' versus 'stimulation'
  - What is the role of the director in dealing with such situations?

2. Is there a problem that requires action?

- *List possible actions you are considering at this stage.*

First problem: Student feels pressured by parents to provide service beyond her level of qualification

- Possible actions include:

  - Student refuses request and defines her role to the parents and directly, only providing routine language stimulation as taught in carer training program
  - Student agrees to fulfil request and does 'therapy'
  - Student asks university staff to supervise her therapy at care setting (i.e., turns it into a placement)
  - As a professional carer, she, or the director, could lobby for increased speech pathology services in the area
  - Student refuses request and asks director for new caseload of children without special needs.
  - Student contacts the speech pathologist to suggest she works as an aide under his/her direction.

Second problem: Director is not protecting staff (the carer) from unreasonable requests from families

- Possible actions include:

  - Director delineates boundaries with families
  - Director helps carer explore her role and its boundaries
  - Director supports carer to say no.

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3. What is the nature of the problem?

The problem is one of delineating boundaries between roles as carer and student, and achieving balance between the two codes of ethics which the student must adhere to: the Early Childhood Code of Ethics (Barblett et al., 2008) and SPA's Code of Ethics (The Speech Pathology Association of Australia, 2010). There is also tension in ensuring two ethical principles are followed: **beneficence** and **non-maleficence**. At some level, there is also a management problem occurring within the care setting, in that the manager is not supporting the student/carer.

- *Which ethical principles apply?*

As a student member of Speech Pathology Australia, she is obliged to uphold the principles of the profession:

- **Beneficence:** To act with beneficence and benefit the children with her knowledge and skills
- **Non-maleficence**: To act non-maleficently by avoiding harm, which may well come from being on 8-12 month waiting list, when she has the skills to help significantly. However, if because of lack of knowledge and skills the student offers 'therapy' that is not appropriate, then she breaches this principle
- **Truth:** To act with fidelity, ensuring the parents understand the limitations of her skills as a speech pathologist
- **Fairness (Justice):** To strive for fairness in terms of access for her clients to speech pathology services
- **Professional Integrity**: To maintain professional integrity. In this case, she is a carer, not yet a speech pathologist.

- *What duties, obligations, rules or laws are not being upheld?*

She is required to fulfil her duties:

- *to clients:* to provide best possible care (which may not be yet within the scope of her expertise)
- *to the families and community:* to provide accurate information and to advocate for clients and to act within the limits of her professional competence. As a student she cannot claim professional competence to provide speech and language therapy independently
- *to the profession of speech pathology:* to work within her recognised level of competence and to uphold the reputation of the profession
- *to her employer:* to practice only within the scope of her qualifications and legal requirements.

- *What is the conflict?*

There are several areas of conflict:

- Between SPA's Code of Ethics and the Early Childhood Code for carers
- Between ethical principles of **beneficence** and **non-maleficence**
- Between parental demands and ethics, and perhaps legal requirements (e.g., registration).

4. Proposed decision and action plan

- Seek support from university clinical coordinator or other staff member about the role conflict and establishing boundaries and appropriate roles
- Advise parents that she will not be acting as a speech pathologist and providing therapy for their children. She should avoid making diagnoses and planning speech and language therapy programs, but use enhanced knowledge and skills as a carer with subsequent education to provide high quality language enrichment and stimulation

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- The childcare manager should contact the speech pathologist at the local community health centre and advocate for early assessment and provision of speech and language therapy programs, so that the student can implement these using a collaborative model of service delivery, as would normally be the case under best practice guidelines
- The manager should make clear to parents in writing the limits of the student's role as a carer, establishing professional boundaries, while outlining what can reasonably and ethically be provided in collaboration with the local speech pathologist
- As a qualified carer the student can advocate for increased speech pathology services in the area
- The student should document contacts with parents, speech pathologist, and local agencies regarding this matter
- The student should maintain clear records of what she does to implement the speech and language therapy program in the care setting, as well as any self-generated language enrichment activities she implements.

5. Evaluation

Document any work in providing general language stimulation and in following speech pathology programs for the children. If steady progress is being made, continue with current actions until children are seen for therapy at the local community health centre, and then request revised plans for implementation in care setting. If no progress is being made, advise local speech pathologist at community health centre and request urgent assessments. Advise parents of actions and outcomes, and advise them to lobby for increased speech pathology services if indicated.

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Useful links and references

See the Australian Health Ministers' Advisory Council website for information on the development of a national Code of Conduct for Health Professionals
Available from:
http://www.ahmac.gov.au

Australian Health Ministers' Advisory Council. (2014). *A national code of conduct for healthcare workers*.
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http://www.ahmac.gov.au/cms_documents/A%20National%20Code%20of%20Conduct%20for%20health%20care%20workers-Bulletin.pdf

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Learning Activity 4

Now carry out the following individual learning activity:

What do you think are the relevant strengths and limitations of the principles based approach for your workplace setting?

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What are the strengths and limitations of the principles based approach?

Strengths:

- It draws upon knowledge and application of SPA's Code of Ethics (The Speech Pathology Association of Australia, 2010)
- It focuses on facts/evidence and therefore provides a solid rationale for decision-making processes
- It provides clarification on whether a professional issue is really an ethical dilemma
- It is useful for biomedical situations (e.g., hospital based practices)
- It provides a universal 'language' for discussing ethical practice
- It may increase awareness of ethical issues in professional practice
- It provides a strong base for analysing and evaluating clinical service delivery
- Evidence suggests that students, new graduates, and practising speech pathologists find this approach helpful

Limitations:

- The approach puts the onus on the speech pathologist to identify and manage ethical dilemmas, resulting clients and family members potentially being excluded from the process
- It requires detailed knowledge of the Code of Ethics and skills in applying these principles to the workplace, rather than making assumptions about ethical practice based upon personal attitudes, values, and morals.
- The principles set out by the Code of Ethics may be in conflict with workplace policies and procedures, leading to barriers applying the principles
- Theoretical solutions that are consistent with the Code must be applied according to the needs of individual clients or work place settings
- The principles based approach tends to be used more reactively in response to ethical problems and less so pro-actively.

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Facilitating the principles based approach to ethical reasoning

Firstly, you need to be familiar with the principles and values within the Code and the decision-making process covered in this section. In addition, some suggestions include:

- Managers/mentors may directly refer to SPA's Code of Ethics (e.g., when discussing complex cases and considering new models of service delivery)
- Managers should ensure the Code of Ethics is visible and readily accessible in the workplace
- The Code of Ethics may be included as a regular agenda item during speech pathology meetings to raise awareness of ethical issues
- Regular workplace discussions that facilitate an understanding of how the principles based approach may be interpreted in speech pathology contexts.

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Individual Learning Activity

Case vignette to work through either on your own or as a group activity

Susan rang the Senior Advisor Professional Issues, concerned about the treatment of her 35-year-old intellectually disabled son, John. John recently moved into supported accommodation from an institutional care setting.

Susan was keen for John to improve his communication and decided to pay for a private speech pathologist. The therapist conducted an assessment over four sessions and presented the results in a report. The speech pathologist stated that, as John could already say a number of phrases, it was likely his speech could be improved. She recommended that John attend twice weekly therapy for three months, to which Susan agreed.

Susan accompanied John to his therapy sessions but was asked to wait in the waiting room. She asked for feedback after the first month. The therapist assured her that John was saying more sentences and was improving. Susan had not noticed this and so asked the staff at John's home about their views. One staff member felt John did say more phrases but another felt there was no change in his skills. At the next appointment, Susan raised this with the therapist who reiterated that John was improving and that ongoing therapy would be helpful.

At the end of three months, Susan stopped the therapy, as she could see no significant change in John's communication skills. She felt she had been promised that John's skills would improve and had spent a lot of money hoping this would be the case. She felt the therapist had misled her. The therapist responded that three months of therapy was a short time in which to address John's long-standing difficulties and that Susan should be pleased with the outcome.

Now consider and discuss this case using the decision-making protocol as per the earlier worked examples in this section.

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Extended Background to the Principles Based Approach

If you would like to extend your learning in this area, the next section includes an extended background and suggested further readings around the principles based approach.

Theoretical background

Bio, or "life", ethics is devoted to the study of problems in medical practice, health care delivery, and medical and biological research (Bailey & Schwartzberg, 2003). In response to these bioethical concerns, many health professionals have turned to guiding principles to resolve ethical dilemmas. The "four principles approach" of Beauchamp and Childress (2001), incorporates bioethical principles of autonomy, beneficence, non-maleficence, and justice. Each principle is considered an 'equal' determiner of ethical health care outcomes.

Respect for Autonomy
The bioethical principle of autonomy determines that a person should be free to choose and perform whatever action he or she wishes, provided that such actions do not infringe on the autonomous actions of others (Beauchamp & Walters, 1982). Autonomy in health has increasingly been equated with rights-based approaches, the intrinsic right to self-determination, the right to control how our bodies are treated, and the right to control information about our health and lifestyles (O'Brien & Chantler, 2003). In health care settings, respect for autonomy generally means empowering clients to make their own choices about health care and then providing opportunities for clients to realise these choices.

Beneficence
The bioethical principle of beneficence addresses a duty to do and promote good. In health care settings, the principle of beneficence directs professionals to provide clients with best practice in all aspects of service delivery with the aims of facilitating physical, social, psychological, and spiritual health. The virtues of compassion, honesty and fidelity are consistent with the health professionals' aims of helping others and promoting good. Pellegrino and Thomasma (1988) argued that such virtues are required so that health care professionals interpret the duty of beneficence as binding even when there may be some discomfort or cost to acting in clients' interests. Another interpretation of beneficence – utility – requires health professionals to evaluate benefits, risks, and costs to provide the most benefits overall to a client and/or community (Beauchamp & Childress, 2008).

Non-maleficence
The bioethical principle of non-maleficence eschews actions that are malicious, selfish, deceptive, or that risk causing harmful consequences for clients (Horner Catt, 2000). Adherence to the bioethical principle of non-maleficence underpins expectations for professional competence and concepts of 'duty of care' and 'due care' in all professional interactions (Horner Catt, 2000).

Justice
Justice may be described as the bioethical principle of fair allocation of resources and burdens within the community (Berglund, 2007). Equality and fairness have become increasingly paramount in health care decisions, as choices have to be made about the distribution of resources (Freegard, Milsteed, Isted, & Goddard, 2006). Beauchamp and Childress (2008) discussed different theoretical interpretations of justice in health care. Utilitarian theories focus upon justice outcomes that maximise social welfare and produce the greatest good for the most people. Egalitarian interpretations consider the needs of each individual to access opportunities within society.

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Key features

To apply bioethical principles to health care dilemmas, professionals need to identify the principles at stake and apply appropriate sections of their Code of Ethics to decision-making. Hypothetico-deductive reasoning supports the process of analysing and applying bioethical principles to solve health care dilemmas.

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The Casuistry Approach to Ethical Reasoning

You have been asked to see a client with a communication impairment of a type with which you have limited professional experience. You recall managing a client with a similar disorder as a student but you are worried that you do not have the skills to assist this person.

What is the casuistry approach?

The casuistry approach to ethical reasoning is anchored in the case experiences of health professionals. Casuistry draws on a legal perspective using precedent or test cases to solve current ethical dilemmas (Robertson, Ryan, & Walter, 2007). The 'test case' becomes the focus of the clinician's ethical reasoning.

Where did the casuistry approach come from?

The casuistry approach was developed in the early Middle Ages by philosophers and religious commentators who resolved issues of ethics and law by comparing a new or complex case with more straight-forward paradigm cases (Strong, 1999). Health care ethicists have adopted a process of using precedent cases and expert commentary to inform professional practice.

How does the casuistry approach align with Speech Pathology Australia's Code of Ethics (2010)?

The casuistry approach involves identifying the key ethical concerns relevant to an ethical issue or problem. These ethical concerns may relate to either the principles of SPA's Code of Ethics (i.e., beneficence and non-maleficence, truth, fairness, autonomy, and professional integrity; The Speech Pathology Association of Australia, 2010) or the Standards of Practice (The Speech Pathology Association of Australia, 2011a), including: duties to clients and to the community; duties to our employers; duties to our professional and ourselves; and duties to our colleagues. These Principles and Standards are applied to a specific clinical case.

How can speech pathologists implement the casuistry approach?

The casuistry approach is all about case-based learning. Jonsen, Siegler, and Winslade (2006) proposed three dimensions of effective case deliberation. The first dimension incorporates a comprehensive understanding of the case and key ethical issues at stake. The casuistry approach then involves consideration of the relevant communication and swallowing diagnosis and prognosis, client preferences, quality of life issues, and the health care context. The second dimension involves searching for relevant cases or scenarios, which may relate to the current case and inform decision-making. Relevant cases may be drawn from speech pathologists' professional experience or clinical guidelines, position statements, expert commentaries, legal cases, and/or advice from experts in the field. Within the third dimension, details regarding the current case are compared and contrasted with existing knowledge in the area to facilitate decision-making (Edwards, Braunack-Mayer, & Jones, 2005). The clinician must carefully consider if there are any individual factors pertinent to the current case, which may affect the course of action selected.

There are a number of guiding questions, which speech pathologists can use to support the process of casuistry:

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What are the most important issues in this case?

- *What is the client's diagnosis and prognosis?*
- *Are there quality of life issues to consider?*
- *Has the client expressed a strong preference for or against an intervention?*
- *What is the nature of the ethical dilemma (with reference to the Code of Ethics)?*

Have I managed a case like this before?

- *How did I approach previous cases?*
- *Is there empirical evidence to inform case management?*
- *What were the outcomes in other cases?*
- *If I haven't managed a case like this before, are there any similar professional cases or resources I should investigate?*

How similar are the cases?

- *How closely do the features of my current case match previous cases?*
- *Are there new or distinguishing features about this case?*
- *What are the reasons for maintaining or changing my response to this dilemma?*

When could you use the casuistry approach?

Speech pathologists value professional experience as a guide for ethical reasoning. Evidence indicates that experienced speech pathologists develop their decision-making processes based on their experiences with identifying and resolving ethical conflict (Kenny, Lincoln, & Balandin, 2010). Casuistry supports the development of strategies that are based upon positive outcomes and is consistent with the use of evidence based practice (i.e., drawing upon published research cases relevant to the issues at stake). The approach may be most appropriate with recurring ethical dilemmas and where the 'case' involves a specific client. Casuistry may also support decision-making when a case includes ethical and legal concerns, including issues of informed consent (Berglund, 2007). Casuistry may be more readily applied by experienced clinicians because they have a greater breadth of professional case experience to draw upon, but could also be used by less experienced clinicians in discussion with their senior colleagues or mentors.

What decision-making model can be used to implement the casuistry approach?

The Ethical Grid (Seedhouse, 2009; Seedhouse & Lovett, 1992) is one decision-making model that can be used to implement the casuistry approach (see Figure 1). The Ethical Grid was developed for practising health professionals and incorporated the need to revisit ethical issues as new information or alternative viewpoints became available. The Ethical Grid may support health professionals to consider diverse factors important to their case and to justify their final decisions (Freegard, 2007). Seedhouse first published his grid to help health professionals 'engage in moral reasoning' in 1998. It has since been updated minimally, with the most recent version appearing in his 2009 book *Ethics: The heart of healthcare* (Seedhouse, 2009).

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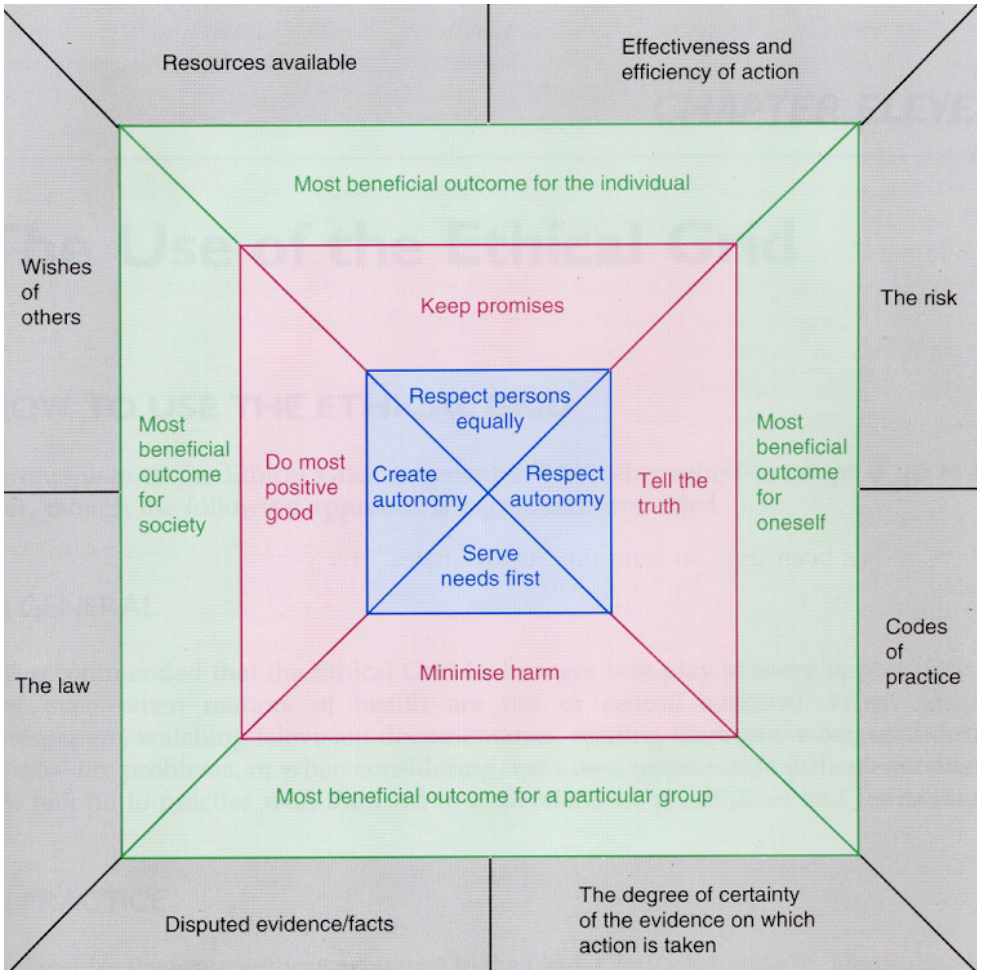

Figure 1. The Ethical Grid. From "*Ethics: The heart of health care"* (p. 164), by D. Seedhouse, 2009, Chichester: John Wiley & Sons. Reproduced with the author's permission. Retrieved from http://www.priory.com/images/ethicgrid.JPG

The most recent version (shown above) of the Grid shows four layers of independent but interrelated analyses as nested boxes. Each layer is a different colour, beginning with **blue** in the centre, then **red**, **green**, and finally **grey** as the outer layer (Seedhouse, 2009).

- The innermost **blue** layer is principle based, dealing with the basis or rationale for health care: the imperatives to respect persons equally; respect autonomy; serve needs before wants; and create autonomy
- The **red** layer focuses on the level of duties which align with the key ethical principles in SPA's Code of Ethics (The Speech Pathology Association of Australia, 2010): telling the truth; minimising harm (non-maleficence); and doing the most positive good (beneficence)
- The **green** layer considers consequences for: the individual; a particular group; society; as well as for the person faced with the ethical problem
- The outer **grey** layer is the layer most closely aligned with the casuistry approach and draws attention to workplace contexts, and considers practical implications of taking action. This includes: any risks associated with actions; Codes of practice; evidence or facts to support the decision; relevant law; the wishes of others involved in the problem; resources available; and the effectiveness and efficiency of proposed action(s).

It is important to note that the Ethical Grid is a tool to support reasoning, and is not a decision-making protocol that will lead to a single 'right' response. Application of the Ethical Grid may give rise to a number of potential decisions, and speech pathologists may select the most appropriate course of action based on the needs and wishes of individual clients (Seedhouse, 2009).

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What is missing in Seedhouse's (2009) Ethical Grid is 'evaluation' – something that is also missing in many other approaches to decision-making. It is important that speech pathologists develop and implement an evaluation plan for whatever approach they use. This allows them to reflect on outcomes so that individuals and workplaces may learn from the experience of managing ethical problems and implement changes to pre-empt similar events in future. This is an essential skill if using casuistry for ethical reasoning.

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Worked Case Study 1

Katie, a seven-year-old child from a remote community, has been identified by the local aboriginal health worker as potentially having speech and language difficulties secondary to chronic otitis media.

The school has made a referral for assessment by a speech pathologist. The visiting education department speech pathologist assesses the child in Standard Australian English using the designated standardised test, as required by the Department of Education if the child is to access learning support funding.

English is a second language for the child and no linguistic or cultural support is provided during the assessment process.

Using the Ethical Grid as a tool to support reasoning in this ethical dilemma, factors to be considered include:

a) The basis or rationale for healthcare (**blue** layer of the grid):

- There are a number of factors in this case that lead to the child being vulnerable to educational disadvantage. Factors influencing this finding include: the remote location; the health status of aboriginal people; cultural and linguistic diversity, including English as a second language; and the presence of a chronic health condition (i.e., otitis media)
- The communication and education needs of the child are not currently being met.

b) Levels of duties aligning with key ethical principles – beneficence and maleficence (**red** layer of the grid):

- Assessment of the child without an interpreter
- The child's right to access appropriate services
- The child's right to access appropriate assessment
- The speech pathologist's duty to provide competent, evidence based assessment.

c) Consequences (**green** layer of the grid):

- Has a communication difficulty been demonstrated in Katie's first language and not as a consequence of an inappropriate assessment?
- Issue of equity and availability of services for other children from this community
- Appropriate use of health care resources
- Consequences of assessment, diagnosis, and management on Katie's family, classroom teacher, and community
- Longer term consequences of health care gaps between indigenous and non- indigenous Australians.

d) Other contextual factors – legal and social (**grey** layer of the grid):

- Access to funding contingent on use of a culturally inappropriate assessment tool, which does not align with SPA's Code of Ethics (The Speech Pathology Association of Australia, 2010)
- Appropriateness of service according to SPA's Position Paper on Working in a Culturally and Linguistically Diverse Society (The Speech Pathology Association of Australia, 2009) and SPA's Clinical Guideline for Speech Pathology Services in Schools (The Speech Pathology Association of Australia, 2011b)

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- Relevant antidiscrimination and Aboriginal and Torres Strait Islander Social Justice legislation (http://www.humanrights.gov.au/publications/aboriginal-and-torres-strait-islander-social-justice?source=our-work)
- Assessment tool and processes mandated by another government department
- Speech pathologist's access to continuing professional development and mentoring or supervision
- History and rationale for speech pathology service delivery models provided within this school.

Following careful analysis and interpretation of the case using the Ethical Grid and a consideration of precedent or 'test' cases to draw upon, a number of possible courses of action can be determined for this case. These include:

- Exploring funding guidelines for Katie's access to appropriate support services (see article by Scarinci, Arnott, & Hill, 2011)
- Involving the local Aboriginal health worker, Katie's classroom teacher, and family in the assessment and information-gathering process
- Ensuring appropriate referrals have been put in place for the management of otitis media
- Exploring alternate models of assessment for Katie
- Seeking advice from a senior speech pathologist or a speech pathologist with experience in this area
- Working with the classroom teacher to look at a collaborative and whole of system approach to managing school aged children with communication difficulties in the future
- Documenting cases, analysing outcomes, and using clinical information to advocate for resources and/or service delivery changes.

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Worked Case Study 2

For this learning activity you will need to access the following article, which explores a range of cases linked to clinical education within a casuistry framework. Read the article and reflect on the issues raised by the authors.

Quail, M., Sanderson, B., & Leitao, S. (2013). Ethical reasoning in clinical education: Achieving the balance. *Journal of Clinical Practice in Speech Language Pathology, 15*(2), 99-103.

Ethical reasoning within the context of clinical education is explored using the casuistry approach to ethical decision-making through the layers of the Seedhouse ethical grid (a decision-making tool). The casuistry approach guides clinicians' actions by encouraging them to map previous experiences onto the profession's underlying principles in order to help them proactively plan for future clinical education experiences. In this paper, we present a model which highlights the unique and delicate balance between the multiple stakeholders involved in clinical education, and the shift in responsibilities and relationships that can occur. The need to understand ethical decision-making processes, be proactive with ethical thinking, and ensure clarity in expectations is discussed. A framework is proposed to assist clinical educators in finding the balance between their ethical obligations to their students, their clients and themselves.

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Useful links and references

Alfred, R., Forsingdal, S., & Baker, R. (2002). Working together to improve the health status and health outcomes for Indigenous children and their families living in urban settings. *ACQuiring Knowledge in Speech, Language, and Hearing, 4*(3), 166-169.

The speech pathologist has an increasing role in service provision to Indigenous children and their families, yet few families access the available support. This article details how the development of a speech pathology position in the Indigenous Hearing Health Service, Brisbane has sought to address hearing health issues of speech and language impairment in children and to improve access to services. The article also focuses on identifying access barriers to speech pathology services and was to promote a culturally sensitive service.

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Gould, J. (2008). Language difference or language disorder: Discourse sampling in speech pathology assessments for indigenous children. In J. Simpson & G. Wigglesworth (Eds.), *Children's language and multilingualism: Indigenous language use at home and school* (pp. 194-215). London, UK: Continuum International Publishing Group.

Kenny, B., & Lincoln, M. (2012). Sport, scales, or war? Metaphors speech-language pathologists use to describe caseload management. *International Journal of Speech-Language Pathology, 14*(3), 247-259.

Professionals' experiences, perceptions, and attitudes may be reflected in the metaphors they use to describe and discuss important professional issues. This qualitative study explored speech-language pathologists' experiences of caseload management through metaphorical analysis. Metaphors provided a lens for reflecting participants' lived experiences and professional knowledge construction. Data was obtained from 16 practising speech-language pathologists during individual work place interviews. Participants included new graduate and experienced speech-language pathologists who were employed in hospital and community settings. Metaphors for caseload management were identified from participants' transcribed narratives, then coded and organized into themes. Participants produced a total of 297 metaphors during professional practice narratives. Thematic analysis indicated that participants used three salient metaphors of sport, measuring scales, and war when they addressed caseload issues. Metaphors of sport, scales, and war reflected speech-language pathologists' concerns about managing clients efficiently, perceived caseload burdens, and the conflict they experienced when resources were inadequate. These metaphors may also represent a continuum in speech-language pathologists' personal and professional responses to caseload demands. Shared metaphors may contribute to the professional socialization of individuals entering a profession and to changing or maintaining workplace culture. Hence, speech-language pathologists need to consider the impact of using metaphors of sport, measuring scales, and war during interactions with clients and colleagues

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Pearce, W. M., & Williams, C. (2013). The cultural appropriateness and diagnostic usefulness of standardized language assessments for Indigenous Australian children. *International Journal of Speech-Language Pathology, 15*(4), 429-440.

Speech-language pathologists experience uncertainty about how to interpret standardized assessment results for Indigenous Australian children. There are risks for inappropriate diagnosis: both over- and under-diagnosis of language impairment may occur due to a convergence of linguistic features which causes difficulty in distinguishing between impairment and difference. While the literature suggests that standardized assessments are inappropriate for Indigenous Australian children, there is an absence of empirical documentation to show how Indigenous children perform on standardized tests of language ability. This study examined the performance of 19 Indigenous Australian children, aged 8;01–13;08, from one school on the Clinical Evaluation of Language Fundamentals, Fourth Edition, Australian Standardized Edition. Standardized scores were compared with teacher ratings of children's oral language skills. Analysis showed poor alignment between teacher ratings and language assessment, and assessment scores were negatively influenced by features of Aboriginal English. Children rated with above average language skills presented with different linguistic profiles from the children rated with average and below average language abilities. The inappropriateness of current standardized language assessments for Indigenous children and the need for further research to guide appropriate assessment are discussed.

Scarinci, N., Arnott, W., & Hill, A. (2011). The role of speech pathologists in assessing children with language disorders: Does the need for funding make a difference? *ACQuiring Knowledge in Speech, Language, and Hearing, 13*(1), 41-43.

This edition of Ethical Conversations is one which many readers will find pertinent to their everyday speech pathology practice. In this column we will discuss the ethics of assessment and report writing for children with language disorders when funding for additional services for the child is being sought. Specifically, we will discuss (a) the speech pathology assessment process and the role of reports in disseminating results and recommendations to different recipients, and (b) potential changes in the perception of the role of the speech pathologist when the assessment process involves funding outcomes. This discussion will highlight ethical issues faced by speech pathologists working with paediatric language disorders. It is not our intention to offer answers to these issues but to facilitate discussion by posing reflection questions for consideration by readers

Smith, H., & Muller, N. (2009). To tube or not to tube: Who can ethically answer that question? *ACQuiring Knowledge in Speech, Language, and Hearing, 11*(3), 163-164.

In this edition of Ethical Conversations, we consider ethical issues related to informed consent and the placement of feeding tubes. Informed consent is the right of individuals to make decisions about their treatment based on all relevant information of the risks and benefits of that treatment (Mitchell, Kerridge, & Lovatt, 1996). It is predicated on the principle of client autonomy. Autonomy is about respecting the rights of people to self-determination in relation to decisions which affect them (Speech Pathology Australia, 2000). Autonomy is the principle that underpins issues such as consent, refusal of treatment, and confidentiality (Smith, 2007). In certain circumstances a person's right to give consent may be removed. This can occur as a result of impaired capacity to make decisions or in the case of severe mental health issues when a person's choice could result in harm to themselves or others (Trobec, Herbst, & Žvanut, 2009). In these circumstances another person or statutory body may become the designated substitute decision-maker. Three cases are provided to illustrate a number of issues speech pathologists may want to consider when contemplating substituted informed consent for the placement of feeding tubes (either short-term such as nasogastric tubes [NGTs] or long-term such as percutaneous endoscopic gastrostomy tubes [PEG tubes]).

The Speech Pathology Association of Australia, Limited. (2009). *Working in a culturally and linguistically diverse society: Position Paper*.

Available from:

http://www.speechpathologyaustralia.org.au/library/Clinical_Guidelines/Working_in_a_CALD_Society.pdf

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The Speech Pathology Association of Australia, Limited. (2011). *Speech pathology services in schools: Clinical guideline*.
Available from:
http://www.speechpathologyaustralia.org.au/library/Clinical_Guidelines/ServicesInSchools.pdf

Speech Pathology Australia Clinical Guidelines
Available from:
http://www.speechpathologyaustralia.org.au/information-for-members/clinical-guidelines-a-position-statements (full guidelines available to members only)

The Speech Pathology Association of Australia, Limited. (2010). *Code of ethics*.
Available from:
http://www.speechpathologyaustralia.org.au/library/Ethics/CodeofEthics.pdf

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Learning Activity 5

Now carry out the following individual learning activity:

What do you think are the relevant strengths and limitations of the casuistry approach for your workplace setting?

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What are the strengths and limitations of the casuistry approach?

Strengths:

- Draws upon professional experience and clinical reasoning skills
- Considers evidenced based practice
- Supports speech pathologists in developing a repertoire of precedent cases for guiding ethical decision-making
- Ethical reasoning skills may be developed by evaluating and refining decision-making based upon observation, reflection, and analysis of each case
- Effective for experts who may draw upon a rich repertoire of tested cases
- A 'case' may also provide a powerful learning tool for experienced speech pathologists to share ethical reasoning with colleagues.

Limitations:

- A problematic element of casuistry may be a tendency for speech pathologists to maintain ethical decision-making frameworks without adequate critical analysis
- During the process of ethical decision-making, appropriate precedent cases must be selected for comparison and speech pathologists must respond to the individual features of new cases and new health care settings
- Student and new graduate speech pathologists may have access to a limited repertoire of precedent cases
- Limited access to published case studies that specifically address ethical issues may impact upon critical reasoning
- A workplace culture of 'that's the way it's always been done here' may prevent speech pathologists from extending and maintaining ethical practices. This may be the case particularly for less experienced new graduates.

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Facilitating the casuistry approach to ethical reasoning

Strategies are based upon experiential learning:

- Experienced speech pathologists adjust their decision-making frameworks as they learn from clients dealing with chronic illness or significant life changes (Kenny et al., 2010). Therefore, skills in casuistry may be acquired by a gradual process of evaluating and refining decision-making frameworks based upon observation, reflection, and analysis
- Experienced speech pathologists constantly re-evaluate frameworks for making ethical decisions by accessing evidence based resources. Involvement in continuing professional development activities and accessing theoretical and clinical advances available through interest groups, professional conferences, and peer-reviewed online updates provides an opportunity to test current practice with emerging best practice (Kenny & Block, 2014)
- Given the limited case experience of new graduates, they typically seek advice from, and/or observe behaviours of, experienced colleagues who serve as role models (Kenny, Lincoln, & Balandin, 2007; Kenny, Lincoln, Blyth, & Balandin, 2009). Hence, clinical educators and managers have an important role in shaping ethics culture in the work place
- Accessing ethics literature facilitates the acquisition of different perspectives and may add to the repertoire of cases that can be applied during ethical reasoning
- A department may consider the value of having a regular time set aside to discuss cases and raise ethical issues for reflection, perhaps as part of existing mentoring, professional development, or interdisciplinary case conferences. This would support the construction of a repertoire of precedent and test cases to draw upon as a group.

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Individual Learning Activity

Case vignette to work through either on your own or as a group activity

You are a manager of a large speech pathology department that provides clinical services across the health care continuum. Commonwealth funding has resulted in one area of service provision receiving a significant enhancement in staffing levels. This has led to workload inequity within the clinical team

Now consider and discuss this case, using the guiding questions and then the Ethical Grid (Seedhouse, 2009) to identify the ethical issues at stake and propose some management options. You may also wish to return to the dilemma presented in the introduction and consider some alternative strategies for addressing this situation.

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Extended Background to the Casuistry Approach

If you would like to extend your learning in this area, the next section includes further information and readings around the casuistry approach.

Theoretical background

Casuistry was developed in the early middle Ages by philosophers and religious commentators. This approach was characterised by the use of key cases or paradigms, analogical thinking to compare past and current issues, and the weighting of competing factors to find ethical solutions for recurring moral dilemmas (Arras, 1991). The 'case', past and present, becomes the focus of ethical reasoning. Jonsen et al. (2006) have adapted the approach to address ethical concerns that may arise in health care practice. Jonsen (1991) proposed three dimensions that health professionals should use for comparing current with precedent or test cases: morphology, taxonomy, and kinetics.

Morphology
Ethical reasoning commences by obtaining a comprehensive description of the current case and key ethical concerns. Medical indications, patient preferences, quality of life, and context are four important morphologic details for health professionals to consider (Jonsen et al., 2006).

Taxonomy
Casuistry involves a process of generating hypotheses inductively from similar cases and then testing the hypotheses against more complex or new professional scenarios (Edwards et al., 2005). Reasoning in a current case may be informed by similar cases or ethical dilemmas. Hence, health professionals must search for similar clients, contexts, or issues to support ethical reasoning.

Kinetics
Kinetics addresses the closeness of the relationship between a current case and previous experiences. By critically analysing the process and outcomes of previous decision-making, health professionals may retain or reject similar approaches when subsequent ethical dilemmas occur in the workplace. While Jonsen et al. (2006) developed their approach for use with patients in medical settings, these three dimensions may be readily applied to client care in speech pathology settings.

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Additional references

The following references provide further information and critique of the development of casuistry as an approach to ethical reasoning.

Beauchamp, T. L., & Childress, J. F. (2008). *Principles of biomedical ethics* (6th ed.). Oxford: Oxford University Press.

Berglund, C. (2007). *Ethics for health care* (3rd ed.). Victoria: Oxford University Press.

Braunack-Mayer, A. (2001). Casuistry as bioethical method: An empirical perspective. *Social Science and Medicine, 53*(1), 71-81.
This paper examines the role that casuistry, a model of bioethical reasoning revived by Jonsen and Toulmin, plays in ordinary moral reasoning. I address the question: 'What is the evidence for contemporary casuistry's claim that every-day moral reasoning is casuistic in nature?' The paper begins with a description of the casuistic method, and then reviews the empirical arguments Jonsen and Toulmin offer to show that every-day moral decision-making is casuistic. Finally, I present the results of qualitative research conducted with 15 general practitioners (GPs) in South Australia, focusing on the ways in which these GP participants used stories and anecdotes in their own moral reasoning. This research found that the GPs interviewed did use a form of casuistry when talking about ethical dilemmas. However, the GPs' homespun casuistry often lacked one central element of casuistic reasoning — clear paradigm cases on which to base comparisons. I conclude that casuistic reasoning does appear to play a role in every-day moral decision-making, but that it is a more subdued role than perhaps casuists would like.

Campbell, A. T., Sicklick, J., Galowitz, P., Retkin, R., & Fleishman, S. B. (2010). How bioethics can enrich medical-legal collaborations. *The Journal of Law, Medicine, and Ethics, 38*(4), 847-862. doi: 10.1111/j.1748-720X.2010.00538.x
Medical-legal partnerships (MLPs) — collaborative endeavors between health care clinicians and lawyers to more effectively address issues impacting health care — have proliferated over the past decade. The goal of this interdisciplinary approach is to improve the health outcomes and quality of life of patients and families, recognizing the many non-medical influences on health care and thus the value of an interdisciplinary team to enhance health. This article examines the unique, interrelated ethical issues that confront the clinical and legal partners involved in MLPs. We contend that the ethical precepts of the clinical and legal professions should be seen as opportunities, not barriers, to further the interdisciplinary nature of MLPs. The commonalities in ethical approaches represent a potential bridge between legal and health care advocacy for patient/client well-being. Bioethics has a role to play in building and analyzing this bridge: bioethics may serve as a discourse and method to enhance collaboration by highlighting common ethical foundations and refocusing legal and clinical partners on their similar goals of service for patients/clients. This article explores this bridging role of bioethics, through a series of case studies. It concludes with recommendations to strengthen the collaborations.

Gillon, R. (1994). Medical ethics: Four principles plus attention to scope. *British Medical Journal, 309*, 184-188.
The "four principles plus scope" approach provides a simple, accessible, and culturally neutral approach to thinking about ethical issues in health care. The approach, developed in the United States, is based on four common, basic prima facie moral commitments--respect for autonomy, beneficence, non-maleficence, and justice--plus concern for their scope of application. It offers a common, basic moral analytical framework and a common, basic moral language. Although they do not provide ordered rules, these principles can help doctors and other health care workers to make decisions when reflecting on moral issues that arise at work.

Jonsen, A. R., Siegler, M., & Winslade, W. J. (2010). *Clinical ethics: A practical approach to ethical decisions in clinical medicine* (7th ed.). United States of America: McGraw Hill.

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Jonsen, A. R., & Toulmin, S. E. (1988). *The abuse of casuistry: A history of moral reasoning*. London, England: University of California Press.

Kenny, B., & Block, S. (2014). Responsible and ethical clinical practice: A framework for knowledge translation. *Journal of Clinical Practice in Speech Language Pathology, 16*(1), 37-40.
In this paper Belinda Kenny and Susan Block, members of the Speech Pathology Australia Ethics Board, reflect upon the challenges and opportunities facing speech pathologists as they make decisions about client interactions and intervention. Such challenges can be particularly stressful when clinicians attempt to evaluate, interpret and maintain best practice and emerging evidence, and balance the demands of everyday clinical practice.

Kuczewski, M. (1998). Casuistry and principlism: The convergence of method in biomedical ethics. *Theoretical Medicine and Bioethics, 19*(6), 509-524. doi: 10.1023/A:1009904125910
Casuistry and principlism are two of the leading contenders to be considered the methodology of bioethics. These methods may be incommensurable since the former emphasizes the examination of cases while the latter focuses on moral principles. Conversely, since both analyze cases in terms of mid-level principles, there is hope that these methods may be reconcilable or complementary. I analyze the role of principles in each and thereby show that these theories are virtually identical when interpreted in a certain light. That is, if the gaps in each method are filled by a concept of judgment or Aristotelian practical wisdom, these methods converge.

Nordgren, A. (2002). Wisdom, casuistry, and the goal of reproductive counseling. *Medicine, Health Care, and Philosophy, 5*(3), 281-289. doi: 10.1023/A:1021105606636
Reproductive counseling includes counseling of prospective parents by obstetricians, clinical geneticists, and genetic counselors regarding, for example, the use of assisted reproductive technologies, prenatal testing, and preimplantation genetic diagnosis. Two different views on wisdom and the goal of reproductive counseling are analyzed. According to the first view, the goal of reproductive counseling is to help prospective parents reach a wise decision. A specific course of action is recommended by the counselor in contrast to other possible alternatives. According to the second view, the goal of reproductive counseling is not to help prospective parents reach a wise decision but to help them reach their own decision wisely. It is the prospective parents who should make the decision, and it is their value commitments that should be decisive. It is argued that the second approach is to be preferred to the first. It combines respect for autonomy with a recognition of the need for assistance in decision-making. Both the first and second views relate the goal of reproductive counseling to wisdom. A problem is, however, what wisdom more precisely means — there are many different views. A casuistic view of wisdom is investigated. This view roughly defines wisdom as practical prudence in dealing with particular cases. What characterizes a casuistic decision-making method is elaborated in more detail. Applied to the second view, a casuistic view of wisdom implies that the counselor should encourage prospective parents to take into consideration the nature of the particular problem at hand, the context of the problem, their own individual identities, their personal value commitments, and various alternative perspectives, values and arguments.

Park, E. J. (2012). An integrated ethical decision-making model for nurses. *Nursing Ethics, 19*(1), 139-159. doi: 10.1177/0969733011413491
The study reviewed 20 currently-available structured ethical decision-making models and developed an integrated model consisting of six steps with useful questions and tools that help better performance each step: (1) the identification of an ethical problem; (2) the collection of additional information to identify the problem and develop solutions; (3) the development of alternatives for analysis and comparison; (4) the selection of the best alternatives and justification; (5) the development of diverse, practical ways to implement ethical decisions and actions; and (6) the evaluation of effects and development of strategies to prevent a similar occurrence. From a pilot-test of the model, nursing students reported positive experiences, including being satisfied with having access to a comprehensive review process of the ethical aspects of decision making and becoming more confident in their decisions. There is a need for the model to be further tested and refined in both the educational and practical environments.

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Strong, C. (2000). Specified principlism: What is it, and does it really resolve cases better than casuistry? *Journal of Medicine and Philosophy, 25*(3), 323-341.
Principlism has been advocated as an approach to resolving concrete cases and issues in bioethics, but critics have pointed out that a main problem for principlism is its lack of a method for assigning priorities to conflicting ethical principles. A version of principlism referred to as 'specified principlism' has been put forward in an attempt to overcome this problem. However, none of the advocates of specified principlism have attempted to demonstrate that the method actually works in resolving detailed clinical cases. This paper shows that when one tries to use it, specified principlism fails to provide practical assistance in deciding how to resolve concrete cases. Proponents of specified principlism have attempted to defend it by arguing that it is superior to casuistry, but it can be shown that their arguments are faulty. Because of these reasons, specified principlism should not be considered a leading contender in the search for methods of making justifiable decisions in clinical cases.

Vieth , A. (1999). The revival of casuistry in applied ethics and its problems. *Medicine, Health Care, and Philosophy, 2*, 51-53.
[No abstract]

Weidema, F. C., Molewijk, B. A., Kamsteeg, F., & Widdershoven, G. A. (2013). Aims and harvest of moral case deliberation. *Nursing Ethics, 20*(6), 617-631.
Deliberative ways of dealing with ethical issues in health care are expanding. Moral case deliberation is an example, providing group-wise, structured reflection on dilemmas from practice. Although moral case deliberation is well described in literature, aims and results of moral case deliberation sessions are unknown. This research shows (a) why managers introduce moral case deliberation and (b) what moral case deliberation participants experience as moral case deliberation results. A responsive evaluation was conducted, explicating moral case deliberation experiences by analysing aims (N = 78) and harvest (N = 255). A naturalistic data collection included interviews with managers and evaluation questionnaires of moral case deliberation participants (nurses). From the analysis, moral case deliberation appeals for cooperation, team bonding, and critical attitude towards routines and nurses' empowerment. Differences are that managers aim to foster identity of the nursing profession, whereas nurses emphasize learning processes and understanding perspectives. We conclude that moral case deliberation influences team cooperation that cannot be controlled with traditional management tools, but requires time and dialogue. Exchanging aims and harvest between manager and team could result in co-creating (moral) practice in which improvements for daily cooperation result from bringing together perspectives of managers and team members.

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The Ethics of Care Approach to Ethical Reasoning

You are working with a vulnerable family who, following research on the Internet, ask you about a new treatment option. You wonder whether this would be a waste of time and money. They wonder if they should embark on this treatment.

What is the ethics of care approach?

The ethics of care approach to ethical reasoning is based on the use of effective care relationships to solve health care dilemmas. In keeping with a relationship-based approach, ethics of care is underpinned by features of interpersonal relationships including empathy, compassion, loyalty, and sensitivity (Gilligan, 1982). Olthius (2012) stresses that human beings are interdependent and that without the care of others we can never be autonomous. Ethics of care refers to the willingness of health professionals to serve as advocates for individuals, families, and communities (Beauchamp & Childress, 2001). The ethics of care approach is a commonly applied ethical decision-making approach in speech pathology (Smith, 2004).

Maeckelberghe (2004) incorporated feminist ethics in a four-phased model of effective health care. Each phase of the care process requires specific ethical skills or attitudes. *Caring about* requires abandoning assumptions and 'typical' responses to clients and attending to the needs and wishes of individuals and their families. *Taking care of* requires health professionals to take responsibility for providing quality care. *Care giving* emphasises the competencies required for appropriate health care service delivery. *Care receiving* emphasises the need for health professionals to be responsive to the reactions of clients who may be disempowered health care consumers. An ethic of care stresses the importance of context, politics, and power in understanding ethics and health care.

Where did the ethics of care approach come from?

Ethics of care originated primarily in feminist writings. Hence, the care approach is based upon the assumption that women possess knowledge of ethics grounded in their experiences, roles, and life relationships. More recent studies indicate that ethics of care may not be gender-specific but, rather, reflect health professionals' perceptions of their caring roles (Branch, 2000; Grundstein-Amado, 1997; Oberle & Hughes, 2001). ter Meulen (2011) further contends that chronic diseases and palliative care perhaps require a different ethical approach than curative medicine. However, the underlying virtues of ethics of care remain relevant for speech pathologists that perceive caring for clients and their families as core business.

How does the ethics of care approach align with Speech Pathology Australia's Code of Ethics?

The ethics of care approach is embedded within the entire SPA Code of Ethics (The Speech Pathology Association of Australia, 2010). Effective interpersonal relationships are at the heart of the profession and therefore the ethics of care approach is central to upholding the values of the Code of Ethics, which apply to our interactions with clients, colleagues, professionals, ourselves, and the community.

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How can speech pathologists implement the ethics of care approach?

Ethics of care focuses upon clients' relationships with family, community members, and the health care team. This approach requires health professionals to identify and address imbalances in power relationships between health care consumers, professionals, and organisations. There are a number of guiding questions that can be used to support the process of analysis:

1. *What are the needs of the individual and family affected by this ethical issue or problem?*
2. *Are my clients empowered to make decisions about their health care?*
3. *What are the roles and responsibilities of the health care team in providing quality care?*
4. *Are there any barriers to effective care?*
5. *What resources are required to provide competent health care?*
6. *How are clients responding to care?*
7. *How can I improve care offered to clients?*

When could you use an ethics of care approach?

Ethics of care approaches are consistent with client and carer focussed interventions. Although this approach may be applied to professional scenarios wherein clients and carers may be perceived as disadvantaged or disempowered health care consumers, this is not the only situation in which the ethics of care approach can be applied.

What decision-making model can be used to implement the ethics of care approach?

An ethics of care approach may be adopted by following guiding questions that prompt us to carefully consider key relationships involved in a dilemma.

What are the needs of the individual and family affected by this dilemma?

- *How would this client define 'quality care'?*
- *What key relationships does this client have with family, friends, community, and others from social, educational, spiritual, and employment organisations?*
- *How will care provided help the client to maintain important relationships?*

What are the roles and responsibilities of the health care team in providing care?

- *What are the speech pathologists' responsibilities for care?*
- *How can the team collaborate to facilitate care outcomes?*

Are there any barriers to effective care?

- *How effective is communication between the client, carers, and health professionals?*
- *Are there any factors, including policies, structure of health services, attitudes, and values of health professionals, which may disempower this client?*

What resources are required to provide competent health care?

- *Do you require more knowledge or training to manage this client?*
- *Are the available resources appropriate?*

How are clients responding to care?

- *What feedback mechanisms are in place?*
- *How does the team/service respond to client feedback?*

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How can I improve the care offered to clients?

- *How can I effectively advocate for an individual client and family?*
- *What steps can I take to facilitate knowledge, skills, and resources for clients in my community?*
- *How can I advocate for changes in policies/service delivery that will enhance client care?*

Worked case study 1:

Solarsh and Allan (2010) published the following worked case to demonstrate the application of ethical principles. Their case has been adapted here to illustrate an ethics of care approach:

Jenny is a four-year-old little girl with Downs Syndrome, who lives with her mother Mandy, and eight-year-old brother, in a small regional town. Jenny is starting to show signs of frustration when she wants something and her mother cannot understand what she wants. Jenny does not use speech, but does vocalise and will sometimes take Mandy to something she wants and point to it. The visiting early intervention speech pathologist, Bev, has assessed Jenny and provided a comprehensive report, recommending that Jenny should use Makaton key word signing plus picture based communication aids. Jenny was very responsive when Bev used basic gesture to ask Jenny to bring a ball. Bev also recommended that Jenny attend the local pre-school where teachers have agreed to accept her but have expressed the need for information and support as they have never had a child with disability at the pre-school before. They have also expressed the need for a teachers' aid. Bev feels that with time Jenny could learn to use a basic speech-generating device to make simple choices, like choosing a song at school or to help her to actively participate at circle time, e.g. have animal sounds recorded on the device so she can 'sing' Old MacDonald had a farm.

Jenny's mother works part-time and is overwhelmed by the need to learn Makaton and become the agent for developing all the aided language resources Jenny needs in order to learn to communicate effectively. Mandy is also concerned that if she introduces other ways of communicating, Jenny will never learn to speak. Bev can only offer her services monthly according to the service model of her organization and the demand regionally for speech pathology services.

What are the needs of the individual and family affected by this issue?
Bev is very aware that Mandy is already feeling stressed by all the intervention Jenny will need. Bev realises that her hours with the family would be most beneficial if directed to developing Mandy's skills and confidence in facilitating Jenny's communication and working with the teachers, rather than working directly with Jenny.

Are my clients empowered to make decisions about their health care?
There is no way that Mandy could travel to a centre where a Makaton course may be held, but it is possible for her to purchase a DVD and learn Makaton signing that way (http://www.makaton.org). This will require her to be very committed to the task.

What are the roles and responsibilities of the health care team in providing care?
Bev has a good understanding of what Jenny needs and the critical importance of introducing communication strategies immediately. She has the skills to offer the support needed, but does not know how she will do all this with a monthly visit of two hours. If Bev does not provide support both to the mother and the teachers there is the potential for harm in that negative attitudes will develop towards the communication intervention and to Jenny, placing strain on the system.

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Are there any barriers to effective care?
Bev needs many more funded hours for an effective augmentative and alternative communication (AAC) intervention. A classroom aid would take much pressure off the teachers, but Bev still needs to go through the process of applying, and it may take time. Bev realises the need to respond to the many opportunity barriers, but does not have sufficient hours to do so as effectively as she would like. She knows this will lead to much slower progress for Jenny, unless she develops skill and motivation in Mandy and Jenny's teachers.

What resources are required to provide competent health care?
There is evidence of the importance of early intervention for AAC in establishing patterns for active communication, cognitive development, and for social participation (Lund & Light, 2007). Visual aids provide an immediate form of communication, but have to be designed, produced, and introduced in all communication environments. Makaton key word signing is an unaided strategy and Jenny has responded well to gesture so there is good likelihood that Jenny will take to Makaton (Branson & Demchak, 2009). It is also very effective in conveying meaning, but Mandy and Jenny's brother as well as teachers must learn the system. Bev also sees the potential for a basic electronic communication aid which she will need to apply for, and again will require training and monitoring.

How are clients responding to care?
Mandy has reservations about Makaton and aided language, which will impact on her attitude to learning and implementing the communication strategies. Bev needs to counsel Mandy to help her understand the evidence that aided language and Makaton keyword signing facilitates oral language (Millar, Light, & Schlosser, 2006). However if Mandy is not convinced by Bev's information it is her right to refuse to use aided language. This would be very difficult for Bev who knows how important this is for the development of communication.

How can I improve care offered to clients?
In addition to applying for the communication device, Bev needs to motivate and lobby for a class aid for Jenny. Bev is not a Makaton trainer, but could show Mandy some signs and refer her to the Makaton DVD (http://www.makaton.org). She could show Mandy and the teachers how to encourage Jenny to sign using the 'hand-over-hand' technique (http://en.wikipedia.org/wiki/Tactile_signing). She could also assist Mandy by informing her about the Adapted Learning website (http://adaptivelearning.com) – a website set up by Boardmaker™ for parents to share picture based resources. She could inform Mandy about Boardmaker™ and try to encourage the local library to purchase it (http://www.mayer-johnson.com/boardmaker-software).

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Learning Activity 6

Now carry out the following individual learning activity:

What do you think are the relevant strengths and limitations of the ethics of care approach for your workplace setting?

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What are the strengths and limitations of the ethics of care approach?

Strengths:

- Responsive to the needs and emotions of clients and their families
- Considers the client as a whole, within the context of their support networks rather than in isolation
- Acknowledges the complexity of human relationships including the interaction between the carer and the client.
- Facilitates an awareness of the impact of power relationships in ethical decision-making
- A proactive approach that calls for speech pathologists to adopt leadership roles in advocating for clients with communication and swallowing impairments.

Limitations:

- May require an extended skill set
- Requires highly competent interpersonal skills and skills in analysing professional relationships
- Speech pathologists need to monitor personal and professional boundaries with clients
- Speech pathologists may need support to address injustices in the health care system
- Change requires tenacity, time, and willingness to engage in wider professional issues.

Facilitating the ethics of care approach to ethical reasoning

- Promote the sharing of ethical dilemmas within an ethics of care framework
- Encourage both newly graduated and experienced speech pathologists to seek support to manage the personal and professional concerns that can arise during ethical conflict, including underlying attitudes that may impact upon care behaviours
- Develop a clear professional identity both personally and among your work colleagues by clearly defining and negotiating professional roles, responsibilities, and boundaries
- Demonstrate care for clients and colleagues in the work place by modelling virtues of empathy, compassion, loyalty, and sensitivity
- Be aware of natural justice and relevant legislation, health care politics, and the impact of changing health care policies upon the health status of disadvantaged communities
- Experienced speech pathologists can represent positive ethics role models by demonstrating ethical courage in fulfilling professional roles and responsibilities.

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Individual Learning Activity

Case vignette to work through either on your own or as a group activity

Two-and-a-half-year-old Sophie is seen by you, the community speech pathologist on the recommendation of the early childhood nurse (ECN) due to concerns about Sophie's speech and language. Julie, Sophie's mum, has been visited by the ECN following the recent birth of Jack.

During the session you observe that mum appears tired, with flat affect and that she does not interact with Sophie or the new baby.

You discover that Sophie has a moderate speech and language delay. Due to the waiting list, the only option for this family is a parent-training group. When you discuss this with Julie, she bursts into tears.

Now consider and discuss this case using the approach as per the earlier worked example in this section.

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Extended Background to the Ethics of Care Approach

If you would like to extend your learning in this area, the next section includes further readings regarding the ethics of care approach.

Additional references

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Further information available from:
www.Ethicsofcare.org

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The Narrative Approach to Ethical Reasoning

You are new in a workplace and another member of your team, during an inter-professional case conference, states that speech pathology for one particular client is a waste of time. You are concerned about the statement and the implications for the client, the speech pathologist concerned, and the reputation of your profession. There may be a further issue that relates to the poor professional behaviour of your colleague. You are planning to run a group intervention program with this colleague, and the client may now be excluded from participation.

What is the narrative approach?

The narrative approach to ethical reasoning involves the interpretation of clients' life stories to resolve ethical dilemmas. Narrative ethics urges health professionals to consider the past and future, rather than simply the 'here and now' of an ethical problem (Nelson, 2002). In narrative approaches, the health professional must demonstrate skills in eliciting and interpreting a client's story and assume responsibility for retelling the client's story to others (Childress, 2002). Narrative approaches do not always provide a right or wrong answer to an ethical problem, but rather aim to heighten awareness of the nature, source, and reason for conflict (Rubin, 2002). The narrative approach recognises that a 'right' ethical decision rests upon attending to the voices of all participants in an ethical conflict, rather than relying predominantly upon the knowledge and experience of health professionals.

Where did the narrative approach come from?

Narrative ethics emerged as doctors, ethicists, and clinicians found themselves listening to their clients and thinking about the human response to health and illness (Charon & Montello, 2002). The focus of the narrative approach is on interpreting ethical dilemmas within the context of the client's story and perspective. By listening to clients' stories, health professionals are open to the vulnerability of people in crisis and their emotions (Abma, 2005).

How does the narrative approach align with Speech Pathology Australia's Code of Ethics?

The narrative approach to ethics is consistent with many of the values, principles, and standards of practice outlined in SPA's Code of Ethics (The Speech Pathology Association of Australia, 2010). Specifically, speech pathologists strive to respect the rights and dignity of our clients and *the context in which they live.* Narrative ethics is consistent with the ethical principles of autonomy, beneficence, and non-maleficence but the focus is on interpreting informed choice, health care benefits, and potential risks and harms within the context of the client's life story.

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How can speech pathologists implement the narrative approach?

In the narrative approach, understanding the client's personal story is the central factor in ethical decision-making. The quality of ethical reasoning reflects the richness and completeness of the story on which it is based. Narrative reasoning may be considered a multi-vocal approach that is consistent with interdisciplinary health care practice and an understanding that no single health professional can fully assess a client's needs and options.

There are a number of guiding questions that can be used to support the narrative approach:

Who are the important characters in this dilemma?

- *Who needs to tell their story (e.g., client, carer, health care professional, and employer)?*
- *What are the different perspectives that each character may bring to this dilemma?*

What strategies will facilitate important stakeholders to have a 'voice' in this dilemma?

- *Are there any sociocultural, communication, or physical barriers that must be addressed?*
- *Is the setting appropriate for hearing and sharing stories?*
- *How can 'open' communication be maintained?*
- *What verbal and non-verbal messages must be attended to during interactions?*
- *How can I check that I have 'heard' each character's story?*

What is the background story?

- *What do the characters perceive as important factors in their history?*
- *Apart from medical history, what other past factors may influence a client's current values and choices?*

What is the current story?

- *What are the client's concerns and goals?*
- *What are the roles and responsibilities of other people who are part of the client's life?*
- *What options do interdisciplinary health professionals bring to the story?*

What is the future story?

- *What are the possible outcomes for the client?*
- *How can the client's choices be incorporated into planning future management?*
- *How can I actively support the client to achieve his/her most positive future story?*
- *How can I retell the client's story in a coherent and respectful way so that members of the health care team provide intervention consistent with the client's goals?*

When could you use the narrative approach?

The narrative approach may support ethical decision-making involving vulnerable health care consumers who may experience barriers to 'being heard'. The approach may be well suited to ethical issues or problems that address complex care issues, where the health and wellbeing of an individual client is at stake (Råholm, 2008). Such care issues may include progressive or lifelong disability or palliative care. Narrative ethics provides opportunities for clients from diverse cultures and social backgrounds to articulate health care goals and preferred outcomes.

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What decision-making model can be used to implement the narrative based approach?

While the structure of decision-making protocols is useful in some contexts, this same structure can also be a constraint to thoughtful and comprehensive consideration of ethical problems. They can lead health professionals to move into 'solution mode' too quickly before seeking to fully understand the ethical problem they are facing. These solutions can be quite superficial and naïve as a result of not considering the problem from the perspectives of all stakeholders in the historical context of the problem (Vergés, 2010).

The narrative approach to ethical reasoning provides an alternative approach to understanding and managing (and indeed, pre-empting) ethical problems. A narrative approach considers a client's past, present, and future life stories and how these inform current management. As noted earlier, narrative ethics is useful in working with clients who may have barriers to 'being heard', literally or metaphorically. This approach is also useful for clients and their families facing lifelong disability and experiencing long-term care needs. Narrative approaches are also helpful in understanding the perspectives of the multiple stakeholders, professionals and non-professionals, engaged with such clients (Skott, 2003). In addition, consideration of a client's past, present, and future life stories can be useful in pre-empting ethical problems.

Effective use of narrative approaches to ethics is predicated on eliciting and interpreting past, present, and future life stories of a client and their significant others, usually their family unit. When using the narrative approach, it is helpful to initially reflect and discuss without recourse to the 'language of ethics' (e.g., beneficence, non-maleficence, and so on) and focus instead on what is important for the client and significant others (Montello, 2014).

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Worked case study 1:

Mark is concerned about a breach of confidentiality. His daughter, Chloe, was assessed by a speech pathologist who told him that she thought that Chloe had autism which was affecting her communication skills. Mark was shocked. While he was pleased with the treatment Chloe had received so far, he did not agree with the speech pathologist's diagnosis of autism. He and his wife had not noticed any unusual behaviour nor had the paediatrician who saw Chloe regularly.

Mark spoke with the speech pathologist about his concern regarding what he felt was an inappropriate diagnosis.

A month later when Chloe started preschool, Mark was extremely distressed to discover that the speech pathologist had both contacted the preschool about Chloe without their permission and had raised the issue of autism. He and his wife felt that there had been a breach of confidentiality and that there was a possibility that Chloe would be labelled as autistic, despite the diagnosis not being appropriately established.

Below is a worked example of this case study, using the narrative approach.

What is the background story?

- Chloe has a communication concern, which her parents have identified and for which they are actively seeking assistance. There are other professionals involved, for example the paediatrician. Mark remembers a cousin who was institutionalised following diagnosis of autism as a child. Mark's understanding of 'autism' has been coloured by this experience
- The speech pathologist appears to have unilaterally determined that the child is on the autistic spectrum. This finding clearly does not align with the views of Chloe's parents.

What is the current story?

- Mark is shocked at the suggestion that Chloe has autism and distressed that Chloe's situation has been discussed with the preschool teachers without his consent
- Mark is also concerned about the stigma that may result with the labelling of autism, having observed this with his cousin
- Chloe is a vulnerable health consumer: a child with a communication disorder
- Her father perceives that the family not been 'heard' by the speech pathologist who disclosed Chloe's information despite their concerns. Although the quality of speech pathology treatment met his expectations, Chloe's father now perceives that his child has been harmed by the speech pathologist
- The speech pathologist may have acted with what she perceived to be Chloe's best interests, specifically so Chloe could access support she needed at preschool. The current funding context means that children with a diagnosis of autism are able to access additional resources and support which would not be available without this diagnosis
- The speech pathologist has a long-standing professional relationship with staff members at this preschool and has two other clients, diagnosed with autism, who attend the same preschool
- The speech pathologist perceives Chloe's father is 'in denial' regarding his daughter's behaviours and that Chloe will benefit from additional support before she starts school
- The paediatrician has not endorsed the opinion of the speech pathologist. An opportunity for interdisciplinary consultation and management has been missed and the speech pathologist has provided a diagnosis that she was not competent to make.

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What is the future story?

- Clearly, Mark is now concerned that his daughter's future story will be shaped by her diagnostic label and that her preschool teachers may respond differently to Chloe compared with her peers. Mark planned for Chloe to continue her speech pathology intervention but did not want her identified with a communication disorder in educational settings. Future intervention is now at stake
- The speech pathologist focussed upon preparing Chloe for success at school. She planned to provide intensive support in the year prior to school so that Chloe could succeed in a mainstream classroom. Her professional relationship with this family, the preschool, and the paediatrician is now at stake
- The use of the narrative ethics approach may enable the family and speech pathologist to move forward so that Chloe has a positive future story.

There are several key issues which could be explored in this situation including:

a) *Breach of Confidentiality*: There are legal mandates in most states and territories in relation to confidentiality and privacy that all health professionals must comply with. A breach of confidentiality also typically violates SPA's Code of Ethics because the client's right to make an informed choice regarding dissemination of information is disregarded by the health professional (The Speech Pathology Association of Australia, 2010). Additional harm may occur when the breach includes inaccurate and/or sensitive information. The speech pathologist may have avoided ethical and legal breaches by using the narrative approach. Hearing Mark's concerns and learning of his family experiences indicated a need for caution and sensitivity when discussing Chloe's diagnosis. Whilst both family and health professional shared goals for Chloe to succeed academically, the speech pathologist made assumptions about 'what was best' without including her father in intervention planning. A future story may include discussing Mark's concerns for his daughter and priorities for her care. Opportunities for negotiating Chloe's support needs may be based upon an understanding of her family's values and goals.

b) *Restoration of Trust*: The professional relationship between the speech pathologist and Chloe's parents must be restored should the family decide to continue accessing services from this therapist. A future story may include the development of protocols for obtaining written consent from family members and consulting the family before sharing any further diagnostic or management details. Trust may be restored if the speech pathologist demonstrates respect towards the family's right to disclose information regarding Chloe's care. However, it may also be appropriate to provide the family with alternative options for speech pathology so that Chloe will continue to receive treatment. The speech pathologist must also reflect upon her professional role and carefully consider boundaries when discussing clients formally or informally with during future interactions with staff members at the preschool so that further breaches of confidentiality do not occur.

c) *The diagnostic process*: A multidisciplinary team approach is typically required to diagnose autism. The speech pathologist should, therefore, review SPA's Scope of Practice (The Speech Pathology Association of Australia, 2003) and referral mechanisms. The narrative approach is consistent with holistic approaches to care and if this client is diagnosed with autism, family counselling may support Chloe's family to come to terms with her diagnosis. Evidence based information and education may allay their concerns about including the preschool in a support program, if required. However, if Chloe is not diagnosed with autism, resources may be directed towards children who will most benefit and this family will be spared unnecessary concerns. A future story for the speech pathologist may include the development of professional support networks and continuing access to professional development to facilitate competent assessment practices.

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Useful links and references

Australian Advisory Board on Autism Spectrum Disorders. (2012). *Autism Spectrum Disorders (ASD) and the National Disability Insurance Scheme (NDIS): Position paper*.
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Assessing and managing people with dysphagia at the end of their life is an integral part of most adult speech pathologists' everyday practice in hospitals, nursing homes, and domiciliary care settings throughout Australia. Good palliative care is no longer viewed as important only for people with cancer. Long-term, life limiting conditions such as increasing frailty, vital organ failure, dementia, and degenerative neurological conditions (e.g., amyotrophic lateral sclerosis, multiple sclerosis, or Parkinson's disease) account for 47% of deaths (Kellehear, 2009; Mahtani-Chungani, Gonzalez-Castro, Saenz de Ormijana-Hernandez, Martin-Fernandez, & Fernandez de la Vega, 2010). Where people have long-term, life-limiting conditions and are receiving care, speech pathologists have a clear role in supporting those clients (who develop dysphagia as part of their symptoms) and their carers through the cycles of wellness and decline in chronic palliative care as well as in the final phases of a terminal illness.

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The Speech Pathology Association of Australia, Limited. (2009). *Evidence based speech pathology practice for individuals with autism spectrum disorder.*
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Learning Activity 7

Now carry out the following individual learning activity:

What do you think are the relevant strengths and limitations of the narrative approach for your workplace setting?

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What are the strengths and limitations of the narrative approach?

Strengths:

- Consistent with holistic approaches to client care, incorporating activities, participation, wellbeing, and environmental and personal factors
- Draws upon speech pathologists' communication skills and willingness to engage in 'story telling' with clients for the purposes of client-centred care
- Considers ethical decision-making as a shared, collaborative interaction between clients, carers, and health care teams.
- Provides opportunities for clients to have a 'voice' within the health system
- Outcomes are functional rather than theoretical because they are based upon what the client perceives as 'good' and important.

Limitations:

- Takes time because many voices must be heard and many perspectives must be considered by the speech pathologist
- Clients' life stories may be confronting or difficult to interpret. Clients with communication disorders may need support to voice their experiences, goals, and concerns
- Each story may be different and there may not be a 'right' answer. New graduates may struggle with the absence of a decision-making model and the unstructured approach to resolving ethical issues (Kenny, Lincoln, Blyth, & Balandin, 2009).
- The client's future story may not match the professional and/or personal values of the speech pathologist
- Narrative competence requires high levels of interpersonal, relational, and cognitive skills. Without such competence, speech pathologists may fail to attend to clients' concerns or may make decisions based upon incomplete or inaccurate stories.

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Facilitating the narrative approach to ethical reasoning

Strategies for facilitating the narrative approach to ethical reasoning may involve facilitating opportunities for storytelling and developing the psychosocial and interpersonal skills to attend, interpret, and respond to clients' stories. Strategies may include:

- Seeking different cultural perspectives of health, disability, death, and dying that challenge one's own beliefs and attitudes (Montgomery, 2001). For example, hearing and reading the autobiographies of clients with communication and swallowing impairments and their carers may support a broader understanding of positive and negative health care outcomes
- Considering case histories from a story as well as an information gathering perspective (Rubin, 2002)
- Practicing listening to and writing or retelling client narratives from the perspectives of different characters in the story (Chambers & Montgomery, 2002). Learning to tell the health care stories of clients with diverse backgrounds and beliefs requires skill and practice
- Speech pathologists may need to evaluate the communication processes occurring during staff meetings and mentoring conferences to ensure that there is opportunity to explore evidence and ethics
- Checking with clients that their story has been interpreted correctly. Speech pathologists must focus less upon their personal reaction to clients' stories and more upon their clients' experiences
- Sharing stories with peers may provide further opportunities for developing narrative competence (Poirier, 2002). Experienced speech pathologists may be more attuned to subtle meanings in clients' stories than novice clinicians and may offer new interpretations of clients' concerns. Interdisciplinary colleagues may provide insights into medical, physical, or psychosocial issues and concerns impacting upon clients' responses to health services. To develop a narrative approach to ethics, speech pathologists must hear the stories of their colleagues and share their own stories of ethical dilemmas in professionally appropriate contexts
- Speech pathologists must remain mindful that the story is a powerful tool that may benefit or harm the storyteller. Speech pathologists must tell clients' stories responsibly for the purposes of advocating for positive health care changes and in an environment that is respectful of clients' values and beliefs.

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Individual Learning Activity

Case vignette to work through either on your own or as a group activity

Jessica has struggled throughout her speech pathology degree. Although she works very hard, she has significant difficulty in integrating theory with practice. She has failed all of her clinical placements at least once to date and is now very anxious at the start of a repeated final placement. This anxiety is affecting her ability to communicate with clients and their carers, other team members, and her clinical educator. Jessica has mentioned several times that she has 'always wanted to be a speech pathologist' and that her parents have encouraged her to keep working hard because she is 'almost there.'

Jessica's clinical educator was not aware of her previous difficulties but as a Student Unit Supervisor is often sent 'struggling' students. She quickly notes Jessica's difficulties and decides to contact the University when Jessica has not made measurable gains by week four of the placement.

How would you interpret this story from Jessica's perspective?
How would you interpret this story from the clinical educator's perspective?
What do you think are the key ethical factors for the broader profession in this situation?

Now consider and discuss this case using the narrative guidelines presented in the earlier worked example from this section.

Further suggestions for individual or group learning activities

- *One speech pathologist tells a client story to the group, demonstrating the importance of understanding a client's perspective of 'benefit' 'harm' and 'autonomy'.*
- *Group reflection upon an interaction with a client, identifying specific narrative skills required, validating a story with a client.*
- *Departmental case discussions where emphasis is placed upon integrating clients' stories with intervention approaches/models of service delivery or policy so that clients have a stronger voice.*

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Extended Background to the Narrative Approach

If you would like to extend your learning in this area, the next section includes further information and readings around the narrative approach.

Theoretical background

Narrative ethics draws upon an interpretive worldview whereby clients perceive options, benefits, and harm within the context of their life stories. A narrative approach urges health professionals to consider temporal context rather than the 'here and now' of an ethical conflict (Nelson, 2002). The temporal context includes the *backward story*: an understanding of the history or events preceding the issue or problem. Temporal context also includes the *forward story*: predicting the consequences of the dilemma for an individual, family, or community. According to Nelson (2002), a backward looking story is explanatory and a forward-looking story may be action guiding. In narrative approaches, the client–health professional relationship is cast as an ongoing, constructive conversation wherein the health professional must demonstrate skills in eliciting and interpreting a client's story, and assume responsibility for reflecting coherence and meaning in retelling the story to others (Childress, 2002). By attending to backward and forward stories, narrative ethics are consistent with trends towards person and family-centred speech pathology practice.

Narrative approaches do not always provide a right or wrong answer to an ethical problem, but rather aim to heighten awareness of the nature, source, and reason for conflict (Rubin, 2002). By listening to clients' stories, health professionals are open to the vulnerability of people in crisis and their emotions (Abma, 2005). A narrative approach recognises that a 'right' ethical decision rests upon attending to the voices of all participants in an ethical conflict rather than relying predominantly upon the knowledge and experience of health professionals. The professional narrative voice of medicine presents medical and some psychosocial information efficiently and consistently, but may not address the ethical or emotional complexity inherent in client care (Poirier, 2002).

Additional references

Adams, T. E. (2008). A review of narrative ethics. *Qualitative Inquiry, 14*(2), 175-194. doi: 10.1177/1077800407304417

If we use stories as "equipment for living," as tools to understand, negotiate, and make sense of situations we encounter, then a discussion of narrative ethics is a relevant, if not required, endeavor. In other words, if we learn how to think, feel, and interact with society via narratives, we also learn ethical ways of being with others, "correct" and "appropriate" ways that serve as foundations for many of our interactions. This latter epistemological assumption guides this study. In this article, the author synthesizes ethical themes of life research, themes of narrative privilege, media, and evaluative criteria. He then illustrates how these themes influence narrative inquiry.

de Vries, M. C., Houtlosser, M., Wit, J. M., Engberts, D. P., Bresters, D., Kaspers, G. J., & van Leeuwen, E. (2011). Ethical issues at the interface of clinical care and research practice in pediatric oncology: A narrative review of parents' and physicians' experiences. *BMC Medical Ethics, 12*(18), 1-11.

Background. Pediatric oncology has a strong research culture. Most pediatric oncologists are investigators, involved in clinical care as well as research. As a result, a remarkable proportion of children with cancer enrolls in a trial during treatment. This paper discusses the ethical consequences of the unprecedented integration of research and care in pediatric oncology from the perspective of parents and physicians.

Methodology. An empirical ethical approach, combining (1) a narrative review of (primarily) qualitative studies on parents' and physicians' experiences of the pediatric oncology research practice, and (2) comparison of these experiences with existing theoretical ethical concepts about (pediatric) research.

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The use of empirical evidence enriches these concepts by taking into account the peculiarities that ethical challenges pose in practice.
Results. Analysis of the 22 studies reviewed revealed that the integration of research and care has consequences for the informed consent process, the promotion of the child's best interests, and the role of the physician (doctor vs. scientist). True consent to research is difficult to achieve due to the complexity of research protocols, emotional stress and parents' dependency on their child's physician. Parents' role is to promote their child's best interests, also when they are asked to consider enrolling their child in a trial. Parents are almost never in equipoise on trial participation, which leaves them with the agonizing situation of wanting to do what is best for their child, while being fearful of making the wrong decision. Furthermore, a therapeutic misconception endangers correct assessment of participation, making parents inaccurately attribute therapeutic intent to research procedures. Physicians prefer the perspective of a therapist over a researcher. Consequently they may truly believe that in the research setting they promote the child's best interests, which maintains the existence of a therapeutic misconception between them and parents.
Conclusion. *Due to the integration of research and care, their different ethical perspectives become intertwined in the daily practice of pediatric oncology. Increasing awareness of what this means for the communication between parents and physicians is essential. Future research should focus on efforts that overcome the problems that the synchronicity of research and care evokes.*

Dwyer, L. L., Nordenfelt, L., & Ternestedt, B. M. (2008). The nursing home residents speak about meaning at the end of life. *Nursing Ethics, 15*(1), 97-109. doi: 10.1177/0969733007083938
This article provides a deeper understanding of how meaning can be created in everyday life at a nursing home. It is based on a primary study concerning dignity involving 12 older people living in two nursing homes in Sweden. A secondary analysis was carried out on data obtained from three of the primary participants interviewed over a period of time (18—24 months), with a total of 12 interviews carried out using an inductive hermeneutic approach. The study reveals that sources of meaning were created by having a sense of: physical capability, cognitive capability, being needed, and belonging. Meaning was created through inner dialogue, communication and relationships with others. A second finding is that the experience of meaning can sometimes be hard to realize.

Ellos, W. J. (1998). Some narrative methodologies for clinical ethics. *Cambridge Quarterly of Healthcare Ethics, 7*(3), 315-322.
The increasing role played by medical ethicists in the clinical setting both as teachers and consultants has brought with it a demand for new methodologies that speak more precisely to the multiple problems encountered in actual attempts at case resolution. Some of these moves have to do with a revival of the truly classic case study approach to ethics, casuistry. This approach is anchored in the revelatory text of Jonsen and Toulmin, The Abuse of Casuistry. A fine example of this methodology is an article in The Journal of Clinical Ethics, "Gathering Information and Casuistic Analysis." Conjoined to this approach is a renewed interest in virtue ethics. The groundwork for this was laid by MacIntyre's masterful history of its demise in After Virtue. A clear and concise application of this ancient but always new approach is given in Pellegrino and Thomasma's book The Virtues in Medical Practice. This way of doing ethics is particularly congenial to the practice of healthcare ethics in that it understands that virtue is just a rather fancy name for a good habit or skill. Since the practice of clinical medicine is quintessentially the learning and application of a range of often highly complex patterns of professional abilities and skills, a virtue ethics approach will allow for the concomitant development of a whole set of ethical skills. But both casuistry and virtue ethics may well be seen to be operative in a larger context now known as narrative ethics.

Frank, A. W. (2014). Narrative ethics as dialogical story-telling. *Hastings Center Report, 44*(1), S16-S20. doi: 10.1002/hast.263
The narrative ethicist imagines life as multiple points of view, each reflecting a distinct imagination and each more or less capable of comprehending other points of view and how they imagine. Each point of view is constantly being acted out and then modified in response to how others respond. People generally have good intentions, but they get stuck realizing those intentions. Stories stall when dialogue breaks down. People stop hearing others' stories, maybe because those others have quit telling their stories. The narrative ethicist's job is to help people generate new imaginations that can restart dialogues.

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Fredriksson, L., & Erikson, K. (2003). The ethics of the caring conversation. *Nursing Ethics, 10*(2), 138-148. doi: 10.1191/0969733003ne588oa

The aim of this study was to explore the ethical foundations for a caring conversation. The analysis is based on the ethics of Paul Ricoeur and deals with questions such as what kind of person the nurse ought to be and how she or he engages in caring conversations with suffering others. According to Ricoeur, ethics (the aim of an accomplished life) has primacy over morality (the articulation of aims in norms). At the ethical level, self-esteem and autonomy were shown to be essential for a person (nurse) to act with respect and responsibility. The ethical relationship of a caring conversation was found to be asymmetrical, because of the passivity inflicted by suffering. This asymmetry was found to be potentially unethical if not balanced with reciprocity. In the ethical context, the caring conversation is one in which the nurse makes room through the ethos of caritas for a suffering person to regain his or her self-esteem, and thus makes a good life possible.

Milton , C. L. (2004). Stories: Implications for nursing ethics and respect for another. *Nursing Science Quarterly, 17*(3), 208-211. doi: 10.1177/0894318404266317

Stories are narratives co-created in the human-universe process which reflect authors' priority projects, ideas, and creative artistry. These articulations may be utilized as methods for understanding health and quality of life in the discipline of nursing. Stories are living entities of community that may be used for research, education, and practice. They are vital tools for professionals asking ethical questions about doing what is right in the human-universe-health process. This article shall examine the use of stories and provide notions for further ethical thinking and implications for human regard from a nursing theoretical perspective.

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Overall Summary

This package can be used as

1. a self-study package
2. a group study package/workplace resource
3. a teaching tool
4. a resource with students on placement
5. a resource in an inter-professional group where therapists are working as sole members of the profession in teams with other professionals

You should have read and worked through the introductory section and at least two of the four sections that are underpinned by ethical approaches.

Learning Outcomes

At the outset, we stated that on completion of this education package, you will:

- appreciate the elements of ethical decision-making
- identify ethical dilemmas as they present in your practice
- apply strategies to your own ethical decision-making
- demonstrate a pro-active approach to ethical behaviour.

In the introductory section we provided you with the conclusion from the paper by McAllister (2006):

> '*In this paper I have argued that codes of ethics and ethical decision-making protocols have both strengths and limitations. They cannot account for all possibilities in our increasingly complex and conflicted workplaces. I have argued that what is needed in addition to such protocols is a need for professionals to think and act ethically in the daily routines of the workplace, not just when confronted with an ethical dilemma. I have acknowledged that learning to think and act in this way is a developmental task which can be fostered through professional development and supported by mentors, managers and colleagues. While workplaces and the Association certainly have roles to play in professional development of ethical and moral reasoning, I believe the responsibility for thinking and acting ethically ultimately lies with the individual professional. I invite readers to reflect on what they are already doing as individuals to develop their ethical and moral reasoning, and abilities to act as a moral agent in their workplace*.'

We hope that you have found this package has allowed you *to achieve these learning objectives and to reflect on what YOU are already doing as an individual to develop your ethical and moral reasoning, and abilities to act as a moral agent in your workplace.*

In order to complete the process, you will now complete a final individual and/or group reflection activity. This is described below.

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Learning Activity 8

Personal learning activity/reflection:

Undertake a personal reflection activity grounded in your own experience
Develop your own case example relevant to your own workplace setting.

Use one of the four ethical approaches and a decision-making process to guide your thinking.

Work through this case.

Group learning activity/reflection:

Undertake a group reflection activity grounded in your experience
Develop your own case example relevant to your workplace setting.

Use one of the four ethical approaches and a decision-making process to guide your thinking.

Work through this case as a group.

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