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Ethical Issues in Health and Social Care Profession

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Abstract: *Health and social care profession is one of the most common professions in contemporary Britain. The health and social care industry is currently one of UK\'s largest employers. Over the years, there have been developments in the profession with more recognition to its status and more people getting into the work force. One major change to the profession is the creation of professional organisations which seems to protect and add more value to the profession. These professional organisations lay down ethical standards that professionals have to abide to in order to practice ethically. Some approaches to the ethical standards are normative (that is, they present standard of right or good action), others are descriptive (that is, they report what people believe and how they act), and still others analyze the concepts and methods of ethics (Beauchamp and Childress 1994). The morally prescribed behaviour (i.e., the "right" thing to do) would be a person's ethical duty, or moral obligation, in that situation. A theory of obligation is also a normative ethical theory because it presents rules of right and wrong conducts that apply to everyone.*

I. Introduction

The field of ethics is a philosophical discipline concerned with the morality of human behaviour, with right and wrong. Some ethical theories present arguments about what is most valuable in life. This type of theory, called a *theory of virtue,* is considered an ethical theory because whatever is valued most highly in human life, based on its own intrinsic worth, is argued to the greatest "good" in life (Ford, 2006; Seedhouse, 1988). A second type of ethical theory, known as a theory of obligation, presents arguments that particular behaviours are morally wrong (i.e., unethical), while certain other behaviours are right and ought to be performed under specified circumstances (Ford, 2006).

Ethics has to do with a wide range of questions about what is good, right, and virtuous and with questions of value. As Slote noted, "Over the millennia, thoughtful people and philosophers have asked what kind of life is best for the individual and how one ought to behave in regard to other individuals and society as a whole" (Slote 1995:721) to address Slote note, the different intertwined dimensions of ethics need to be understood. This includes professional ethics, clinical ethics, virtue ethics social ethics, cultural ethics and theoretical ethics (i.e. philosophical ethics or moral philosophy). (Singer, 1998) Before trying to understand these intertwined dimensions of ethics related to health and social care, first what is ethics?

There are about as many definitions of ethics as there are ethicists. Nevertheless, the definitions tend to share certain features. In *Discovering Right and Wrong,* philosopher Louis P. Pojman provides a definition of ethics that merits our close attention: "Ethics (or moral philosophy as it is sometimes called) will be used to designate the systematic endeavour to understand moral concepts and justify moral principles and theories" (Louis 1990:2). It undertakes to analyze such concepts as 'right,' 'wrong,' 'permissible,' 'ought,' 'good,' and 'evil' in their normal context. Ethics seeks to establish principles of right behaviour that may serve as action guides for individuals and groups. It investigates which values and virtues are paramount to the worthwhile life or to society. (Jong 1993)

Ethics builds and scrutinize arguments in ethical theories, and it seeks to discover valid principles for example 'never kill innocent human being' and the relationships between those principles for example 'do save life in some situations constitute a valid reason for breaking a promise?' (Jong 1993:13) Health and social care profession is one of the most common professions in contemporary Britain. The health and social care industry is currently one of UK's largest employers. Over the years, there have been developments in the profession with more recognition to its status and more people getting into the work force. One major change to the profession is the creation of professional organisations which seems to protect and add more value to the profession. These professional organisations lay down ethical standards that professionals have to abide to in order to practice ethically. Some approaches to the ethical standards are normative (that is, they present standard of right or good action), others are descriptive (that is, they report what people believe and how they act), and still others analyze the concepts and methods of ethics (Beauchamp and Childress 1994). The morally prescribed behaviour (i.e., the "right" thing to do) would be a person's ethical duty, or moral obligation, in that situation. A theory of obligation is also a *normative ethical theory* because it presents rules of right and wrong conducts that apply to everyone. Similarly, professional codes provide normative ethical expectations that apply equally to all members of a profession (Ford, 2006).

This component of an ethical theory is referred to as *metaethical*. Metaethical arguments explains were those specific ethical duties come from and those ethical duties are sufficiently meaningful that everyone is

obligated to obey them. The relation of ethical (normative) to metaethical considerations is illustrated by the distinction between the specific duties presented in the ethical code of a health and social care profession and the underlying ethical principles that provide the philosophical justification for those specific duties. When people ask why confidentiality is such an important professional ethical duty, they are addressing the rational (i.e., metaethical) justification for such a duty. A professional's metaethical response might be a brief Kantian explanation of the rational principle of respect for persons (Ford, 2006; Ford, 2001).

II. Values In The Practice Of Health And Social Care Profession

Ethical values are not the only sort of personal values people hold that are important to their professional activities. Their personal likes and dislikes, along with their attitudes and beliefs about a multitude of issues in life, are also personal values that influence their perception of people and situations. For example, if a counsellor prefers quiet people and considers them "nicer" than more talkative, outgoing individuals, this personal preference constitutes a value judgement. To act on the basis of personal preferences or cultural biases, rather than be guided by objective, well-reasoned principles would be to behave arbitrarily rather than scientifically and would involve a very significant risk of acting unethically (Kitchener, 1980; Ford, 2006). In recent years, all health and social care professions are now beginning to acknowledge the pervasive influence of cultural values on the personal and professional values of health and social care professionals (e.g. ., American Psychiatric Association 2003) quoted (in Ford, 2006). Professionals' personal values also influence their view of human motivation and human behaviour, thereby affecting their choice of theoretical orientation in their professional activities. "In fact, every judgement health professionals make is, at least in part, a value judgement" (Ford 2006:3).

III. Why Do Health And Social Care Professions Develop Ethical Standard?

The ethical standards for a profession are generally developed by the dominant professional organisation. For example, the American Medical Association for the practice of medicine established the ethical code for the medical profession, the American Counselling Association (ACA) for counselling, and the American Psychological Association (APA) for the practice of psychology. Each of the mental health profession for instance (i.e., psychology, counselling, psychiatry, and social work) has developed its own ethical code (Ford, 2006). The creation of an ethical code can be viewed as a significant step in the development of a profession. As the profession begins to establish itself as an important contributor to society, practitioners experience an increasing need to clarify their sense of professional identity by distinguishing themselves from those practicing other professions and occupation. The establishment of an ethical code is a way of communicating to students and practitioners of the profession the basic principles, ideals and interests of the profession. Also, as a profession becomes larger, with more practitioners operating in increasingly diverse employment contexts, the frequency of questions and problems relating to ethical matters inevitably increases. The ethical code establishes standards of professional conduct that provide some specific behavioural guidelines and serve to sensitize all members of the profession to ethical issues involved in the practice of the profession (Ford, 2006).

The publications of a professional ethical code also serve a number of other purposes, such as influencing the public's perception of a profession. The code informs the public regarding the nature of the profession and the special talents and qualifications of those practising it. It asserts both the rights of professionals (e.g., to freedom of inquiry) and their commitment to uphold ethical standards of behaviour in their dealings with consumers. For example, the public is assured that mental health professionals maintain confidentiality regarding their interactions with clients and limit their practice to areas of demonstrated competence. This assurance of the "professionalism" of psychologists, counsellors, psychiatrists and social workers is quite different from what people can reasonably expect in most business dealings. Generally, people operate at their own risk in purchasing goods or services. However, a professional ethical code informs the public that the notion of *caveat emptor* (Let the buyer beware!) does not apply. Thus, a code of ethics enhances the respectability and prestige of a profession in the eyes of the public by publicizing the fact that the profession will protect consumers by regulating and monitoring the conduct of its members (Ford, 2006; Bloom, 1998).
Influential reflection on problems of biomedical ethics within the health care professions has evolved through formal codes of medical and nursing studies, codes of research ethics, the reports by government-sponsored commissions. Particular codes written for groups such as physicians, nurses, social workers and psychologist are sometimes defended by appeal to general norms such as not harming others (nonmaleficence) and respecting autonomy and privacy, even if these were not explicitly considered in the drafting of the codes. (Beauchamp and Childress 1994). Health care workers that have particular codes of practice are required to fulfil certain duties. For example, the 1992 code of practice from the UK central council of Nursing, Midwifery and Health Visiting states the duty to respect life, the duty to care, and the duty to do no harm (Naidoo and Wills 1994). Kant would have added the duty to be truthful in all declarations is a sacred, unconditional command of reason, and not to be

limited by any expediency (Kant 1909 quoted in Rumbold 1991; Naidoo and Wills 1994). Yet health care workers can probably think of numerous situations where a duty to tell the truth comes into conflict with other ethical principles such as avoiding harm. (Naidoo and Wills 1994)

IV. The Limitations Of Ethical Codes

The ethical codes of health and social care professions are intended to guide the moral decisions making the members of a profession by informing them of both specific rules and the values and principles that are fundamental to the profession. In real sense, the codes generally consist of a set of overly general moral platitudes, an odd combination of nitpicky specific standards regarding some matters (e.g., informed consent), and a vague treatment of other, seemingly equally important issues (e.g., sexual relationships with former therapy clients). This results should not be overly surprising, Since, as Bersoff (2003a) points out, ethical codes are created by a small group of (usually politically poerful) members of a profession selected for the task. "Thus, a code of ethics is, inevitably, anachronistic, conservative, ethnocentric, and the product of political compromise" (Bersoff, 2003:1).

A second major limitation of professional ethical codes as a guide for ethical problem solving is that they generally present ethical considerations one at a time. This approach may give students and professionals the misleading impression that ethical considerations (e.g., confidentiality, competence) are independent of one another and that behaving ethically is simply a matter of faithfully obeying the "rules" and standards presented in an ethical code, rather than learning to think ethically (Pedersen, 1997). Nothing could be further from the truth. Consequently, trying to follow a professional's ethical code and standard of conduct in a route manner will not enable professionals to function ethically (Pettifor, 2001). Situations arise in the daily practice of health and social care profession that involve multiple ethical considerations actually conflict with one another (Kitchener, 1984). For example, social work's *Code of Ethics* acknowledges that it "does not specify which values, principles and standards are most important and ought to outweigh others in instances when they conflict" (NASW, 1999:3). But how are professional to deal with conflicts between principles when professional ethical codes have traditionally tended "to deemphasize the responsibility of individual counsellors for moral thinking, moral dialogue, and moral development" (Pedersen, 1997:27).

The frequent interaction of the legal system with professional and ethical issues in the health and social care professions is a compelling reason for becoming familiar with state and federal laws concerning health and social care practice. For example, the confidentiality of clients health records is legally protected by the Health Insurance Portability and Accountability Act (HIPAA), a set of federal standards addressing security and confidentiality issues in the creation, storage, and disclosure of Protected Health Information (PHI; Privacy Rule, 2003 quoted in Ford 2006). Failures to comply with these standards are punishable by penalties ranging from civil fines to criminal prosecution (Ford 2006).

Case Example 1

"A counsellor is treating a female client for an anxiety problem. The client is a lawyer trying to earn a junior partnership in a firm, so she works long hours and is under considerable stress. She tells the counsellor that she occasionally takes her frustration out on her 10-year-old son. She gives an example of having come home from work the previous week to find that her son had not mowed the lawn as he was supposed to. The client relates that she "lost it" and began hitting the boy with the bukle end of a belt all over his body. She said she always feels 'awful' after these episodes. The counsellor informs her that her behaviour qualifies as physical abuse of a child and that he is legally required to report her behaviour to Child Protection Service. The client responds that the counsellor had told her that everything they discussed was confidential. She says that if he violates her confidentiality by reporting her, she will sue him for malpractice" (quoted in Ford, 2006: 12-13).

V. Ethical Dilemmas In Health And Social Care Profession

Abortion:

Abortion is sometimes said to be a terrible dilemma for women who see the idea of abortion as morally right. In most of the industrialised world abortion is not a criminal offence until a series of anti-abortion laws were passed during the second half of the nineteenth century. Proponent of the prohibition of abortion generally stressed the medical dangers of abortion. It also sometimes argued that fetuses are human beings from conception onward, and that deliberate abortion is therefore a form of homicide (Singer 1991). Although not all moral philosophers believe that there are such things as moral rights. 'Rights are not mysterious entities that we discover in nature; they are not, in fact, they are not entities at all' (Singer 1994:305). The denial of abortion also infringe upon women's rights to liberty, self determination and physical integrity. To be forced to bear a child is not just an 'inconvenience', as opponents of abortion often claim (Summer 1981; Singer 1993).

In popular rhetoric, especially in the United States, the abortion issue is often seen as purely and simply one of 'women's right to control their bodies'. If women have the moral right to abort unwanted pregnancies,

then the law should not prohibit abortion. But the argument for this right, do not entirely solve the moral issue of abortion. For it is one thing to have a right and another to be morally justified in exercising that right in a particular case. If fetuses have a full and equal right to life, then perhaps women's right to abort should be exercised only in extreme circumstances. (Mohr 1978; Tooley 1983; Singer 1993). Where infanticide is generally classified as a form of homicide, abortion even where prohibited generally is not. (Tooley 1983)

Screening Dilemma:

Screening illustrates the complexities of ethical decision making and how attempting to follow they key ethical principles of doing good and avoiding harm is not a simple process. Most preventative services like screening are offered with an explicit promise that they will do some good and an implicit understanding that they will do no harm. Yet what is the nature of that good? Screening, for example only tells someone they are healthy at the present. A negative result does not mean that illness will not develop the following year. Screening can not promise a good outcome. Early detection can mean more effective or less radical treatment in some cases, but they be no medical benefit and no treatment available. This is currently the case with HIV infection. Hopes that drug AZT would arrest the progression of HIV infection have not been confirmed by research (Naidoo and Wills 1994).

In 1990 changes in the GP contract compelled GPs to undertake certain screening procedures on patients. Doctors are required to offer a 'health check' once every three years to all patients between 16 and 74. It is commonly said that the basic purpose of screening are to reduce preventable morbidity and mortality, and to save the NHS money. On the face of it, it is hard to see how anyone might object to screening since it seems to offer the opportunity to diagnose medical troubles early and treat with the greatest effectiveness and at the lowest possible financial cost. However it is not simple. In a recent paper in the British Medical Journal Mant and Fowler points out: "Screening has the potential to do more harm than good" (quoted in Seedhouse and Lovett, 1992). The authors go on to say that in the general enthusiasm for prevention rather than cure screening is often promoted without appropriate consideration of its efficacy or practical feasibility (Seedhouse and Lovett, 1992).

VI. The Problem

Does all this set of rules in health and social care profession amount to morality? Morality enters the picture when certain actions ought not to be performed because of the considerable impact these actions can be expected to have on the interests of other people. Secondly, the codes are very general and cannot be expected to cover every possible case, but agreed-upon general principles to provide an important starting point. Thirdly, does the adoption of ethical code resolve moral disagreement? Probably no single set of considerations will prove consistently reliable as a means of ending disagreement and controversy and resolutions of cross-cultural conflicts will always be especially elusive. Finally, one possible response to the problem of professional ethical dilemmas and disputes in the (health and social profession) is that we do not actually have and are not likely to ever have a single ethical theory or a single method for resolving disagreements (Beauchamp and Walters, 1994).

VII. Conclusion

Ethical issues in the world of health and social care professions have become a great concern for professionals. Ethical standards are becoming problematic with different dilemmas and problems emerging from ethical codes and conduct where by professionals find them selves in difficult situations in practice. What is still yet unknown is how this ethical codes and standards are created. Who's idea? Who implement are them? More ethical issues are likely to emerge as most social care professions involve professionals working independently. How can they be trusted? How can they perform efficiently without discrimination or racism? How do they apply equal opportunity during there call for duty. In the late modern society, ethical issues in health and social care profession now seems to cause moral panic in different ways including through the media. The media's interpretation can cause fear on its own. Ethical issues in this professional have also been seen as a contemporary challenge that we have to deal with in a post modern society. They will be occasions where professionals will be in the middle of circumstance where they will not be able to differentiate the greatest good anymore.

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