



## Introduction

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This book is testament to many years of work in social work, health, human services and academia, through which it has become apparent that tertiary education has missed the mark in not, as a matter of principle, bringing together students from different disciplines to learn with, from and about each other. The concept of interprofessional education (IPE) has emerged over the past decade as an eminently sensible way to prepare graduates for the realities of working life, where organisations generally are not set up to employ only one discipline. Imagine a hospital that employed only doctors, or a disability service office that had only psychologists. A school that employs only teachers will neglect the issues that a guidance officer needs to address. A community legal service that is only staffed by lawyers may not be able to extend to advocacy for older people at risk of elder abuse who need a social worker for family intervention. A youth service that employs only recreational staff may miss out on the benefits of having a sexual-health nurse as part of the team. Evidence shows that collaborative care involving different skill sets and knowledge will ultimately provide better outcomes. Multidisciplinary teams have provided a model in health care for decades and have now extended into many other government and community-based workplaces. Tertiary education now needs to catch up with what has been happening in practice so that graduates are better able to move into work prepared and ready for collaborative team approaches to care and service provision.

This book has been inspired by two initiatives that have provided evidence of the benefits of interprofessional approaches to exploring professional ethics. The first was the development of a postgraduate interdisciplinary professional ethics course, taught online since 2009 at Griffith University, where students enrolled in social work, public health, mental health, and human service programs explored ethics together. As postgraduates, these students came from a broad range of disciplinary backgrounds, including psychology, nursing, law, education, communication and

media studies, criminology and policing. Part of their course assessment was to develop an ethical question and explore it through dialogue with two others from disciplinary backgrounds different from their own. This experience provided an opportunity for engagement with different perspectives on controversial issues and opened up a space for learning that is not often afforded when students stay within their own discipline. Students reported in course evaluation comments that they had a much greater appreciation of the differences in ethical perspectives of others and a better awareness of the provisions of ethical codes from different professions, and that they would feel more confident engaging in ethical decision-making as a member of a multidisciplinary team.

The second initiative that has influenced this book was a leadership project funded by the (then) Australian Learning and Teaching Council (ALTC), in which a workshop and learning resources were developed to bring students together to focus on multidisciplinary practice in mental health. In these workshops, students from social work, psychology, medicine and nursing came together to learn from and with each other. The first part of the workshop was exploration of each discipline's 'POEM'; that is, its philosophy, ontology, epistemology and method. Students first identified their own POEM and then moved on to identify the POEM of other disciplines. The potential for transformative learning from designing IPE in this way was clear (McAllister et al., 2011). The POEM activity clearly showed that students carry stereotypes about other disciplines and may lack awareness of what others have a legitimate mandate to do in practice. One of the greatest barriers to people working effectively together is the build-up of territorial walls, which can inhibit collaborative partnerships. Gaining an understanding of what colleagues from different disciplines know and can do is important, as is an understanding of what theoretical positions may be dominant within different professions. The role of the nurse is so much broader than just dispensing medication, for example, and psychologists do more than psychometric testing. Social workers do more than place people in nursing homes and fill out forms to secure income, and doctors have an eye to social factors as well as physical ones. This text is not suggesting that professional practitioners should encroach on discipline-specific roles, but rather that professional practice plays to the strengths and recognised disciplinary expertise in a spirit of shared learning with and about others.

This book, then, is about interprofessional practice and also about interdisciplinary professional ethics. It is argued in Chapter 1 that ethics and professional practice courses provide the best learning space for discussion of the myriad of complex practice issues that will inevitably confront workers in the field, as broad and diverse as it is. The opportunity for engaged dialogue about sensitive and morally controversial issues paves the way for more respectful relationships. Learning to listen to different opinions and perspectives is an important skill for anyone working in social, health or human

services. The codes of ethics for all professional disciplines – from medicine and nursing to psychology, social work, teaching, law, physiotherapy, occupational therapy, dietetics, pharmacy and journalism – embed respect for others as a primary ethical concern. When we respect another, we agree to treat that person well, afford them autonomy in making decisions that affect their life, pay attention to the issues that concern them, and allow them to hold views that may differ from our own. Throughout this book, we will explore the differences between truly respecting others and ‘tolerating’ them. The concept of ‘ethical literacy’ is explored within the context of interprofessional practice.

Chapter 2 provides solid information about moral philosophy and ethical theory, and explore why it is important that we understand the rationales that we commonly use when we make decisions. We live in a time where political and economic imperatives override moral arguments, and we see this playing out in a range of ways. We see time and again that the world’s most disempowered and most vulnerable are used as political footballs. When goals need to be scored, it is refugees and asylum seekers, people with mental illness and disabilities, neglected and abused children, and homeless families who take the spotlight. Questions of who is ‘deserving’ or ‘not deserving’ constantly play out in decisions about how resources are allocated. Behind all of these people are professional workers who battle unfair and inequitable systems to ensure that basic human rights are observed.

The exploration of how professionals can work together to support each other in the pursuit of social justice and human rights is the focus of Chapter 3. This chapter also explores the concept of activism. How do we stand up and be counted, make our voices heard, and demand changes to social structures, laws and policies that disempower, discriminate and oppress? More importantly, how do we band together to do this? Readers are challenged to consider ways in which activism can be used to advocate and lobby to address structural disadvantage. The chapter also considers the intersection of ethics and law using examples from recent government policy initiatives, before opening up the topic of resource allocation and questioning the impact of economic rationales for division of resources on the moral imperatives of fairness and justice. We will explore examples of implications of the ‘deserving/undeserving’ dualism and how different ethical theories support different ways of dividing resources in a climate of economic austerity. Content in this chapter takes a more global view of distribution and focuses on both macro and micro levels when looking at how economic imperatives and political ideologies influence resource allocation.

Chapter 4 focuses on the way that professions are regulated, how complaints are managed within different disciplines, and how codes of ethics, practice standards and codes of conduct are constructed and kept relevant. The system of regulation

of professions in Australia is highly dependent on political will, and there are many inequities in the management of regulated and unregulated professions. The Australian Health Practitioner Regulation Agency (AHPRA), which sits within the National Registration and Accreditation Scheme (NRAS), is continuously under review and many professions continue to lobby for inclusion under this scheme so that vulnerable clients may be afforded better protection. The chapter explores how professions can cause harm, and what structures need to be in place to safeguard people from harm. Chapter 5 begins with the proposition that ethical decision-making is a skill required by all who work in a professional capacity in social, health or human services. Ethics is at the centre of what we do and cannot be avoided; ethical dilemmas are commonplace in all fields of practice. Individual practitioners will have their own personal values, and most times these will align well with professional values. There will, however, be many times when values (personal and professional) collide and conflict. The ability to use ethical decision-making models and reach well-justified decisions is a critical part of ethical practice. Attention to principles of respect for diversity, cultural sensitivity, autonomy and privacy may be important, as is a willingness to consult appropriately with others, consider the range of accountabilities and remain critically reflective.

Chapter 6 moves on to explore ethical principles in practice, including autonomy, informed consent, confidentiality and privacy. There is also discussion of obligations as these relate to duty of care, and duty to warn within the context of the justice/care debates. A number of cases will be used to highlight ethical dilemmas across different fields of practice. Management of information, documentation and keeping of records will also be covered in this chapter, as they relate to the other principles. The theme of professional integrity continues into Chapter 7, where content covers the differences between personal and professional relationships and explores issues of sexual-boundary violations, dual and multiple relationships and personal self-disclosures. These are all issues that require clarity so that expectations about professional conduct across different disciplines are transparent. Given significant advances in technology and the impact of such advances on the delivery of services, it is important to address the emerging issue of 'e-professionalism'. Essentially, this is the way that people construct their online persona and engage in online communications in a way that is consistent with professional expectations. Implications for engagement with social media and social networking are explored, as are guidelines and protocols for online behaviour.

Chapter 8 explores interprofessional and collegial relationships and the strategies that practitioners use to manage workplace tensions, value differences and avert conflict. The role of organisational policies and industrial protocols is discussed as

well as the responsibilities of management and the place of professional supervision, mentoring and peer support. The chapter builds on earlier chapters to explore further the place of activism, particularly whistleblowing, and highlights the ethical responsibilities of self-care and collegial support. Finally, Chapter 9 sets out the 'ethics agenda' for organisations that employ professional staff, and proposes a number of strategies that individual practitioners, groups of co-workers, and organisations can employ to enhance interprofessional ethics literacy. Continuing professional development, the role of critical reflection, and the construction of practice frameworks that incorporate an ethical dimension are discussed. The need to keep ethics on the agenda for the professions is a strong message threaded through this book.

The book aims to provide a synthesis of theory, research and practice, so that a sound foundation can be built for interprofessional collaborations. Learning objectives at the beginning of each chapter provide the blueprint for the overall structure of the book. The voices of practitioners are woven throughout the structure of the book in inserts labelled 'Through the eyes of a practitioner', and these give examples of insights, reflections and situations that have resulted in learning from experience. Colleagues have contributed these examples at our request, providing valuable signposts to illustrate themes in the book. Case examples, provided to demonstrate the application of particular principles, have been gleaned from practice experiences as well as literature. The final aim is to ensure that professional practitioners can attain greater confidence in their own value positions, understand more clearly what professional expectations exist around ethical issues, and engage more consciously in ethical dialogue with colleagues from different disciplines. Ultimately, it is hoped, this will improve the quality of care for clients, patients and users of social, health and human services.



## Ethics in professional practice: an interprofessional perspective

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### ■ Learning objectives

- **TO ESTABLISH** the context of interprofessional practice and identify the need for interprofessional education (IPE)
- **TO DEFINE** what is meant by a 'profession', identify common perceptions of different disciplines, their value positions and ethical foundations
- **TO EXPLORE** interprofessional ethics education and the need for ethical literacy within the professions

### ■ Introduction

**W**HEN WE THINK about contemporary workplaces in the broad human services, health and social care industries, and consider who works alongside each other on a daily basis in the delivery of services, it is not difficult to see the interprofessional context in action. Casting an eye across the vast terrain of social, health and human services in Australian and international contexts, it is clear that members of the professionally trained workforce rarely work in isolation, unless we are in a very remote area. If workers are isolated by geography, connections are now more possible due to advances in technologies. In hospitals, health and community centres, mental health agencies, income security organisations, schools, prisons, aged-care facilities, and childcare centres, staff from a wide range of disciplines work together in close proximity. When students graduate from professional programs and move into the social, health and human service workforce, they will inevitably find themselves sitting alongside colleagues from different discipline backgrounds. A social worker employed in a community mental health team will work closely with psychiatrists, medical registrars, nursing staff, recreational officers, dieticians and occupational

therapists. A nurse working in a paediatric setting may work closely with a speech therapist, psychologist, pharmacist and chaplain. A police officer will work daily with lawyers, correctional staff with training in criminology, and human service workers. A teacher in a typical school may work with a librarian, a guidance officer and a multicultural liaison worker. The complementarity of many professional disciplines is what gives strength and coherence to the workforce, just as the differences between professions gives each a unique place and prevents duplication of service delivery.

### ■ Negotiating working together

Clark, Cott and Drinka (2007) propose that different professionals who work together in teams must learn to negotiate and understand three important elements: (1) principles (guidelines for behaviour); (2) structures (established forms of knowledge and patterns of behaviour); and (3) processes (how things are done). As new practitioners, the difficulty many of us face when we first enter the workforce is the lack of understanding about fundamental differences in roles and responsibilities, and value positions between different professional staff. We need to learn quickly what defines the roles of others and what they are trained to do. We may not necessarily have gained this knowledge from our own studies, and we may have had little to do with different professions unless we have personal experience of them. For example, the role of a teacher will be clear enough because most of us have been to a school of some description; in the same way, most of us will have been to a doctor, an optometrist or a dentist, and most will have come to understand the roles played by police, lawyers, nurses and journalists. However, unless there has been cause in our lives to encounter a psychologist, social worker, occupational therapist, audiologist, acupuncturist, osteopath or podiatrist, we may have much more limited knowledge of what defines these professions. It is common for us to build up stereotypes of what we think different professions are about, and popular media largely contributes to these stereotypes. When moving into the professional workforce, these stereotypes can be carried along and may cause a degree of confusion if they are skewed or inaccurate. One of the common perceptions of social workers, as an example, is that they are either 'bleeding heart do-gooders' or 'Rottweilers' who snatch children away from their families. The media has largely contributed to these quite inaccurate public perceptions. There is often little understanding that social workers train for four years to obtain a degree that gives them deep understanding of individuals, groups and communities, and the social context within which social issues and problems occur, as well as skills in assessment and intervention guided by an extensive code of ethics and values. Perceptions of occupational therapists, as another example, have traditionally been of 'basket weavers' or people who help others to engage in crafts or

recreational activities. Like social work, occupational therapy is an extensive degree program focused on knowledge of anatomy and physiology with a view to assisting rehabilitation and assessment of activities of daily living and specific interventions designed towards recovery and re-engagement with optimal functioning. It is important, then, as a starting point to considering how professions work together, to examine what knowledge and stereotypes we already hold about different disciplines, and identify those professions about whom we realise we have very little knowledge at all. In considering the range of professions, we can be guided by the following definition provided by Professions Australia (2013):

A disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others. It is inherent in the definition of a profession that a code of ethics governs the activities of each profession. Such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. Further, these codes are enforced by the profession and are acknowledged and accepted by the community.

### ■ Ethical difference: tensions between the professions

In noting the explicit mention of the importance of ethical standards and moral obligations in the definition of professions, it is important to understand that this is the area that can often contribute to tensions between professions. These ethical differences may not become apparent until a situation arises in which decisions need to be made that call on practitioners to take a stance on a contentious issue.

In daily life, we are all confronted with moral questions and will have developed individual responses to these. Our socialised experiences, religious and spiritual beliefs, cultural backgrounds and political leanings will all influence our attitudes towards issues as diverse as euthanasia, capital punishment, termination of pregnancy and mandatory reporting of child abuse. While we can hold these beliefs at a personal level, it is when the professional context intersects that challenges may arise. The concept of people from different disciplines working together and needing to find common ground in the interests of continuity of care and consistency of standards is certainly not new. Multidisciplinary teams, particularly in health care, have been in existence for many decades, and the difficulties inherent in this model due to professional differences, status and hierarchy are well documented. The fact that people have continued to work together reasonably well despite



professional tensions implies that the benefits of this model may outweigh the costs. Organisational structures and culture can promote or impede constructive working relationships, which is why it is so important to have a good understanding of roles, responsibilities, duties and obligations, not just within our own discipline but also in those of colleagues. Understanding the professionalisation or socialisation of others is also important so that behaviour can be understood within a context. Hall (2005) explains, for example, that medical education focuses on educating doctors to be authoritarian, take charge of decisions, and give preference to maintaining life over quality of life. Clergy are trained to preserve absolute confidentiality. Nurses and social workers will value the narrative and story of the patient and his or her family. One of the essential goals of this book is to help readers understand why it is important to pay attention to others.

D’Cruz, Jacobs and Schoo (2009, p. 3) provide a useful analysis of why professions are different. They state:

the most salient differences between professions relate to the substantive disciplines and knowledge informing professional education. These disciplines are, broadly, the natural sciences (including biology) and the social sciences (including the humanities). Further differences include concepts, theories and practices that are peculiar to a profession; the extent to which professionals use technology as part of their helping repertoire; and the degree of visibility afforded to the interventions offered, for example through medication or testing, as opposed to counselling or ‘talk’ therapies. Differences between professions may also relate to the rigour with which their claims about the efficacy of interventions – problem, intervention, outcome – can be assessed empirically.

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### REFLECTION 1.1

Review this list of professional disciplines.

- Acupuncturist
- Audiologist
- Chiropractor
- Dentist
- Dietician
- Doctor
- Human resource manager
- Journalist
- Lawyer
- Midwife
- Nurse
- Occupational therapist

- Optometrist
- Osteopath
- Pharmacist
- Physiotherapist
- Podiatrist
- Police officer
- Psychiatrist
- Psychologist
- Social worker
- Speech therapist
- Teacher

- 1 Think about the first three words that come to mind when you think about each of these professional disciplines. Which discipline was the hardest to describe, and which the easiest? Why do you think this is?
- 2 Does any discipline bring up positive or negative imagery for you and, if so, why? It may be helpful to consider any personal experience you have of being treated by, or having a connection with, someone from another professional discipline.
- 3 Looking again at the list, can you describe in fewer than 10 words what practitioners of each discipline do?

### ■ What makes a profession?

The understanding of what it is to be a 'professional' has developed over time from a singular notion of a group of like-minded people working towards a common goal, to that of groups of people (not necessarily like-minded) being able to work together to achieve a reasonable compromise. Human nature being what it is means that, in realistic terms, people are not always going to agree, or even agree to disagree. Part of the hallmark of belonging to a professional discipline is the baseline that professionals 'profess' to hold knowledge and wisdom that gives them the edge in their territory. A professional strives to have the knowledge to be 'right', and with this often comes arrogance that if one is right, then others have to be wrong. Many longstanding professional rivalries have been based on this contention. In efforts to secure territory and status, professional disciplines generate their own knowledge, conduct their own research, and promote their own evidence base. This evidence gives legitimacy, on the basis of which the public trusts that people who belong to this professional discipline will act with integrity. The goal of every professional's discipline is to hold expertise in his or her field, to be sure of what he or she is doing and of the effectiveness of his or her interventions, and to have good faith in outcomes. When we work together, there is opportunity for scrutiny of the practice of others, which can lead to either respect for the work of others, or hostility and tension if professional rivalry takes the upper hand. Good management is needed to ensure that a workplace does not disintegrate into disharmony and develop what is often known as a