



Introduction

The second edition of this book comes at an opportune time, eight years after the release of the first edition. Few countries across the world have escaped the ravages of the COVID-19 pandemic, bringing with it countless ethical issues and dilemmas on macro and micro levels. Management of the virus itself saw health systems under pressure and collapse, with decisions needed about who should have access to treatment and increasingly scarce resources. Moral questions arose about what criteria should be used to allocate resources such as ICU beds and ventilation for those most at risk of death. Public health responses to curtail virus spread resulted in disputes about lockdowns, the mandatory wearing of masks, and the closing of borders and travel between countries and internal geographical areas. Governments of all political persuasions and ideologies were forced to make policy decisions based on health and safety versus economic viability. As science took centre stage with development and release of vaccines, more questions arose about risks, distribution and criteria for administration of vaccination. Should frontline health and essential workers be given priority over those with age- or health-related risk factors? Should those who can afford to pay be given access on the basis of wealth and privilege? Should more financially secure countries reach out to offer assistance to those with less and with higher need? These issues and many others that highlight an escalating environmental crisis confronting the planet, serious problems of racism and violence, and a lack of acceptance of diversity and difference create a problematic backdrop that makes exploration of ethics more important than ever.

In the first edition of this book, the claim was made that higher 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. It seems there has unfortunately been little movement forward although it is generally accepted that the concept of interprofessional education (IPE) is 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. 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. Higher education needs to catch up with the workforce so that graduates can move into work prepared and ready for collaborative team approaches to care and service provision.

This book was originally inspired by two initiatives that 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, disability and human service programs explored ethics within an inter-professional framework. Part of the 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. Student comments about the value of studying ethics are included in the final chapter of this book.

The second initiative that influenced this book was a leadership project funded by the (then) Australian Learning and Teaching Council (ALTC), in which workshops 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 potential for transformative learning from designing IPE in this way was clear (McAllister et al., 2011). 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. 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, corrections, physiotherapy, occupational therapy, dietetics, pharmacy, environmental practice, public health 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 explores 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. Unfortunately, the stark examples of the COVID-19 pandemic illustrate this well. Behind all of these people are professional workers who battle unfair and inequitable systems to ensure that basic human rights are observed. This chapter explores not only Western philosophy, but other Eastern and Middle Eastern philosophies and Indigenous worldviews.

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 many countries is highly dependent on political will, and there are many inequities in the management of regulated and unregulated professions. As a salient example, 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 professionals 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 human dignity, diversity, cultural sensitivity, autonomy and privacy may be important, as are a willingness to consult appropriately with others, consider the range of accountabilities, and remain contemplatively and critically reflective. The concept of interdependence has been incorporated into the ethical decision-making model in this edition to highlight reciprocity and interconnect- edness with the environment and all species who share it.

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 are 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 in Chapter 7, where content covers the differences between personal and professional relationships and explores issues of intimate and sexual-boundary violations, dual and multiple relationships and personal self-disclosures. These are all issues that require clarity so that expectations about profes- sional conduct across different disciplines are transparent. Given significant advances in technology and the impact of such advances on communications and the delivery of services, it is important to address the emerging issue of ‘e-professionalism’ and the increasing dominance of the digital and networked world. 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 ethical 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 well-being, self-care and collegial support.

Finally, Chapter 9 sets out the ‘ethics agenda’ for organisations that employ profes- sional 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, which remains unchanged from the first edition. The voices of practitioners are woven throughout each chapter 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 the themes in the book. A number of additional case studies have been provided to demonstrate the application of particular principles, 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 service users, clients, and patients of social, health and human services.



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Ethics in professional practice: an interprofessional perspective

Learning objectives

- To establish the context of interprofessional practice and identify the need and rationale 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

When 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 many countries and 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 significant advances in technologies. In hospitals, health and community centres, mental health agencies, income security organisations, schools, prisons and correctional centres, aged-care facilities, and childcare centres, staff from a wide range of disciplines work 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 disciplinary 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 may work daily with lawyers, youth workers, correctional staff with training in criminology, and human service workers. A teacher in a typical school may work with a librarian, a guidance officer, a child protection worker 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.

Case study

Cassandra is a nurse who works in a school in an area that has a high prevalence of family and domestic violence and child protection concerns. She has come to know a family of three siblings who live with their mother, who has recently been diagnosed with ovarian cancer. Her prognosis is poor. Cassandra is worried that the children may be sent to live with their father, who has been estranged from the family due to past violence. One of the children appears to have an eating disorder and was caught stealing from a local shop; another has a very pronounced stutter and high anxiety. School attendance has been sporadic. The eldest child excels at violin and has been offered a place in a highly esteemed music academy. Cassandra wants to make sure that the family have all the supports in place that they need before they face a major life event with the death of their mother.

Questions

Think about the different professionals who are likely to be involved with this family and could be of assistance.

- 1 What roles might they all play?
- 2 How might these professionals work together to maintain a cohesive family unit in the face of impending loss?

Negotiating working together

Clark et al. (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 of 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 the Australian Council of Professions (2020):

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 that call on practitioners to take a stance on a contentious issue need to be made.

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 voluntary assisted dying or euthanasia, capital punishment, termination of pregnancy, surrogacy, genetic research, animal experimentation 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