Part 1

The basic building blocks to understanding ethics in clinical practice

1. Start at ‘Go’
2. Where did you get your values and beliefs?
3. Ethical issues and problems in health care
4. Clients’ and patients’ rights and protecting the vulnerable
5. The relationship of ethics to philosophy
6. Eastern philosophical traditions
7. Being part of a team: interprofessional care
8. ‘Why do they make me suffer?’ Pain and resuscitation
9. The experiences of illness and loss
10. Making decisions that are ethical
Board games such as Monopoly or snakes and ladders both request that players begin the game at the designated place of ‘Go’. There are possibly three reasons for this:

- First, the information provided for the players is in a set sequence, which tells the players what to do at each stage of the game.
- Second, that all the players commence at ‘Go’ means that they all have an equal opportunity to experience enjoyment of the learning experience.
- Third, with all the players starting in the same place at the same time, there is more likelihood of them completing the game together.

Likewise, with this book we ask readers to start at ‘Go’ so that the sequential information can be readily understood. This indicates what to do at each stage of the game in a logical order. Second, commencing with other students or peers at ‘Go’ means that you all have an equal opportunity to experience enjoyment of learning! Third, with a group starting in the same place and time, there is more likelihood of you all successfully completing the ethics module or course that you are studying.

The logical order mentioned above is a series of building blocks of new knowledge. In this book these building blocks begin with the definition and concept of ethics, followed by the next building block of values and beliefs; ethical issues and problems come next, followed by client or patients’ rights, protecting the vulnerable and so on.

When presented in this way the study of health care ethics is an enjoyable subject. Hence, the purpose of this book is to provide health care students with an easy-to-understand text which at the same time reflects contemporary health care practice by emphasising interprofessional practice, and is culturally sensitive to clients’ or patients’ needs. It is anticipated that students from different professions using this book will be provided with a common language in ethics which, in turn, will facilitate greater discussion of ethical issues and problems in interprofessional learning and collaborative practice.
Help along the way

The design of this book has been developed in such a way as to guide the novice learner in health care ethics through the various chapters. These include:

- Easy-to-understand language.
- Short paragraphs so that you are only reading about one item at a time.
- Frequent headings, for the reader who likes or needs these signposts to help their reading of the text.
- Gradual expansion of new knowledge: a word may be introduced in one chapter and then the concept expanded and discussed later where it is most applicable.
- The use of symbols, for the reader who likes or needs an alternative text to facilitate their learning.

The symbols used are:

Pause and think
This symbol asks for you to stop reading for a couple of minutes and think about the item listed.

Activity
This symbol asks you to undertake the listed activity. For example, ‘Read the following case study and answer the questions at the end’.

Professional development
This symbol is displayed toward the end of each chapter. The concept of ‘professional development’ means to gain knowledge and understanding about your profession. Since your registration body or council requires you to undertake clinical practice in a professional manner the aim of this section is to facilitate this development.

What does ‘ethics’ mean for health professionals?

In this chapter, first of all you will be introduced to the definition of ethics, followed by why we need to study ethics. Second, what is meant by multiprofessional and interprofessional. Likewise, what is meant by culturally sensitive care. The words ‘client’ or ‘patient’ are used throughout the book, as some health professions use client and others patient.

The word ‘ethics’ means the study of people’s moral behaviour. By moral behaviour, we mean what is right or wrong, or what is good and bad. For example, being truthful is regarded as morally right, whereas being deceitful is wrong. As health care professionals we have an obligation to provide care that is ethically (or morally) right, good or correct to clients and patients. In this book we do not make a distinction between the words ethics and moral, as it would be out of keeping with the style of text. Consequently, sometimes the word ethics or ethical and at other times moral or morals will be used; please treat them as synonymous if you wish.
Activity

It is now time for you to think and list behaviours which you feel are ethically or morally correct and those that are wrong for health professionals to use (Table 1.1).

Table 1.1 What is right or wrong, good or bad?

<table>
<thead>
<tr>
<th>Right or good</th>
<th>Wrong or bad</th>
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<tbody>
<tr>
<td>1 Telling the truth</td>
<td>Telling lies or deceitful</td>
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How did you get on? Perhaps you needed more room to list all the behaviours?

The important thing with this task is to start identifying ethically right and wrong actions or behaviours. Later you will learn that ethics is not always this black and white, but you come to that after your confidence has grown through acquiring knowledge and understanding.

Why do we need to study ethics?

Quite simply, if we don't study ethics the people for whom we have been given a mandate to provide care will invariably suffer! There have been many tragedies over the years that could have been prevented if health professionals and the public who knew what was happening had spoken out about these situations. For example:

1 Willowcreek School, USA (1963–1966). This was a residential home for children with physical and mental impairments who were purposely infected (by injection) with hepatitis A to see how quickly the disease spread and whether or not the medication gamma globulin was effective.

2 Tuskegee, USA (1932–1972). This 40-year long experiment was performed to study the difference between syphilis patients who were treated with penicillin and those who were not. A public health nurse (Eunice Rivers) helped to persuade some 400 African–American men with syphilis to forgo penicillin treatment, even though it had already been tested and was the available and standard treatment for the disease. As this experiment was exposed, its immorality towards people who were not aware of their rights and informed consent gained the reputation of being an 'horrendous evil' and gross violation of justice (Cranston, 1973). There is more about this type of ethical problem in Chapters 3 and 4.

3 National Women's Hospital, New Zealand (1958–1987), also known as the Cartwright Inquiry. The story of this dreadful tragedy is written by Sandra Coney in the book Unfortunate Experiment. Women with cervical cancer were not given the correct care.

What does 'ethics' mean for health professionals? 5
A total of 948 women who had the disease were divided into two groups: those who received treatment and those who received no treatment except to have their disease state monitored. As a result, many women died and others were traumatically disfigured so that they were unable to have sexual intercourse (Report of the Cervical Cancer Inquiry, 1988). As a result of the inquiry other substandard practices which had been allowed to continue for over 20 or more years came to light (Bromberger and Fife-Yeomans, 1991).

The ethical problems uncovered during this inquiry centred on client or patient’s rights and research (see Chapters 4 and 14).

4 Chelmsford Hospital, Sydney, Australia (The Royal Commission Inquiry into Chelmsford Hospital, 1990). People with psychiatric illness were prescribed ‘deep sleep’ to cure their illnesses. This involved deep sedation for days on end. The full information about this can be found in the Royal Commission Inquiry into Chelmsford Hospital. Patients who survived gave evidence at the Royal Commission. The consequences of such immobility without appropriate adjunct care include bronchopneumonia, deep vein thrombosis, pulmonary embolism, decubitus ulcers, muscle wasting, contractures, etc. and death. This inquiry discovered that the rights of the mentally ill or psychiatric patient were abused (see Chapters 4 and 12).

5 Bristol Royal Infirmary Inquiry (1984–1995), also known as the Bristol Heart Inquiry. Babies and children requiring cardiac surgery were not provided with the correct standard of care, and many died as a result. This tragedy was not about bad or uncaring health professionals, but rather the ethical problems occurred because some lacked insight and their behaviour was flawed (Bristol Heart Inquiry, 2001). This was compounded by some professionals in the cardiac surgical team failing to communicate with each other and work effectively together as a team (see Chapters 3 and 7).

6 Alder Hey Hospital Inquiry (Report of the Royal Liverpool Children’s Inquiry 2001). This inquiry centred on the different collections of babies’ and children’s organs. During the inquiry it was discovered that the first collection was in 1948, with others being added over the years. Central to the investigation was Professor van Velzen who, shortly after his appointment as Professor of Foetal and Infant Pathology, issued an order that no human material was to be disposed of (including returning organs to a body at the end of a post-mortem examination). This activity is illegal under the Human Tissue Act of 1961. The inquiry also uncovered unethical practices within Alder Hey and Liverpool University, including the collection of children’s body parts at the Institute of Child Health (responsibility of the University), the Eye collection (held by the University), the Heart collection (joint responsibility between Alder Hey and the University), and the Foetal and Cerebellum Collections at Myrtle Street (responsibility of the hospital). The types of ethical problems uncovered during the inquiry are explained in Chapter 3.

All of these tragedies demonstrate that there is no place for ignorance in health care, and that it is imperative for all professionals to have a high degree of knowledge and not simply be prepared to follow what other members of the team are doing or the orders of another professional.

These scandals are all well known and perhaps outstanding in the degree of unethical behaviour; it would be easy to think that ethical problems and dilemmas are only high
profile. This is not the case; there are many small and less well-known incidents that occur everyday in health care. It is when these incidents are allowed to continue unabated and grow that they become publicly known. It is the little ethical problems or dilemmas that professionals need to remain vigilant, because once the little problems are identified, the big ones will be lit up as ‘neon lights’ and be very easy to recognise.

Why it is important for you to act when little problems occur

Because the big ones all commenced as little problems and became huge because the health professionals didn't recognise the inherent problem or, if they did so, were blocked from doing something about it. Sometimes, a junior person will think ‘well I don't think that is right, but surely “the powers-to-be” know about it and are doing something’. My advice is, if you feel that something is wrong, do not assume anything, and tell whoever it happens to be who needs to know.

We need to study health ethics or bioethics not only for the clients and patients that we care for now, but also in the future (not forgetting all the clients and patients who suffered in the past because of unethical care). Surely, this is ample reason why it is imperative that health professionals today are educated in health ethics in clinical practice!

Interprofessional health care

In contemporary health care, a team consisting of different professionals invariably provides the treatment and care to clients and patients. This team approach is called ‘multiprofessional’ (that is, meaning involvement of two or more academic disciplines or professions). For example, the team at the primary health care centre may consist of the practice nurse, a physiotherapist, several general practitioners, a midwife and, depending on the population, perhaps a podiatrist or social worker. When this multiprofessional team change their working relationship with each other, then it becomes interprofessional. The term interprofessional implies that there is learning from each other about each other’s roles in a collaborative relationship to provide an improved quality of care to clients or patients.

All health professionals are accountable for their own standard of practice and all different registration bodies or councils emphasise the importance of providing care that is ethically correct or good; some will de-register professionals whose conduct is unethical. In the UK recent reported examples have been a general practitioner who sexually assaulted patients and in nursing, a practitioner who verbally and physically abused elderly patients.

Sue Hutchins and Kevin Reel write more about working in a team in Chapter 7.

Culturally sensitive care

In today's world there are very few countries that are not affected by faster communication, shorter travelling times, employment transfers and migration for socioeconomic reasons (including war). Therefore, the idea of one country having one specific philosophy and culture (including religion), compared to another country, has, or is, disappeared.
Inherent within a person’s culture are not only their own personal values and beliefs but also their society’s. It is that society’s values and beliefs that become encoded into politics, law, government, education, health care and religions. That is, the values and beliefs of a country are communicated and transmitted through the legal process, the government’s action or inaction, and cultural practices (which in many cases include spirituality or religious practices).

Earlier, ethics was described as the study of people’s moral behaviour of what is right or wrong, good or bad. Therefore, we can understand that what one culture might regard as ethically or morally right may be regarded by another culture as wrong or bad. For example, as an Australian I am quite used to people using certain words when talking with each other. However, in the UK these same words are frowned upon and termed ‘swearing’. That is, what might be acceptable (or right) in Australia may be unacceptable (or wrong) in the UK.

Similarly, in some cultural groups it is quite normal to lie or be deceitful, whereas in others it is not. Likewise, in some cultural groups young women are expected to abstain from sexual intercourse prior to marriage (as it is regarded as morally right and good), whereas in other cultural groups this is not an expectation (and therefore not classified as morally right or wrong). Take that behaviour pattern (of a young woman being expected to abstain from sexual intercourse) and place it in another country where that standard is encoded in the legal system; this could mean that the young woman might be punished by the courts (if she was found guilty of having sexual intercourse prior to marriage).

In health care, as professionals providing ethically competent care, we need to be mindful that we are not insensitive to clients’ or patients’ cultural beliefs. Therefore this book will provide the reader with the tools (to gain knowledge and understanding) to provide care which is culturally sensitive. Dr Elizabeth Settelmeir and Moira Nigam write more about values and beliefs and our connections with other people in Chapter 2.

**Ethical care in clinical practice**

It would be easy to treat the subject of ethics as a separate entity divorced from clinical practice. That is, learn about the ethics *per se* in a purely theoretical way. However, this would not assist you as a practitioner who will need to make ethical decisions both as an individual and as part of a team. Consequently, in this book there is an emphasis on tying the theory of ethics with case studies that illustrate ethical or moral problems and/or dilemmas from clinical practice.

For example, Case study 1.1 is about a man who has had a cerebrovascular accident (CVA). Therefore, to know what is ethical or not in providing care, the practitioner needs to know also about that type of CVA. That is, for the care provided to be ethically right or good, current practice standards for your profession must be reflected. For example, for a physiotherapist to be ethically correct the standard would reflect current evidence based on CVA rehabilitation. Likewise, for nurses care would reflect nursing evidence-based practice.

Part of the tragedy of the Bristol Heart Inquiry was caused by this lack of current practice standards; the same applies to the ethical problems uncovered during the National Women’s Hospital Inquiry.
The following scenario, entitled ‘Mr Chui and the physiotherapy students’, is designed to see if you can begin to discern what could be regarded as ethically right or wrong.

**Activity**

Read the following case study and try to answer the questions at the end.

**Case study 1.1  
Mr Chui and the physiotherapy students**

Mr Chui has experienced a stroke and has left-sided hemiplegia. He is receiving treatment in a stroke rehabilitation unit, which has won accolades for its interprofessional approach to care.

One day, a group of physiotherapy students come to observe the team. Among other activities that they observe, they watch Mr Chui as he is instructed how to move from a chair back onto the bed. He is being helped and taught by a physiotherapist and a nurse.

Mr Chui is feeling tired from the exercises he has done in the gym that morning, and tells the physiotherapist and nurse that he can’t do it and wants them to lift him on to the bed.

The physiotherapist tells Mr Chui, ‘I think you should at least try standing up and straightening your left leg’.

Mr Chui starts to stand with their assistance, but when they try to straighten his left leg, he tells them to stop as they are hurting him.

The nurse responds ‘Mr Chui, your leg is nearly straight, and I think in the long term you would rather have a little bit of pain now than not being able to walk later on’.

No! No? He shouts ‘Leave me alone! I will sit in the chair if you won’t lift me onto the bed!’

One of the observing students, named Peter, states in a loud critical voice to the physiotherapist and nurse ‘Why are you so cruel to Mr Chui by causing him pain? It is unethical!’

**Questions**

- Do you think the physiotherapist treating Mr Chui was acting in an ethical manner? If yes, why is that? If no, why?
- Do you think the nurse treating Mr Chui was acting in an ethical manner? If yes, why is that? If no, why?
- Do you think the student acted ethically? If yes, why is that? If no, why?

**Exploring case study 1.1 – Mr Chui and the students**

In answer to the previous questions, you may have decided that both the physiotherapist and the nurse were not acting in an ethically correct manner towards Mr Chui. This could have been because you felt that they should have been kinder to him. After all, he was tired and they could have lifted him up onto the bed. In this way Mr Chui would not have had to do anything, including straightening his left leg.

On the other hand you might have decided that both the nurse and physiotherapist were acting ethically in that the patient should, as part of his rehabilitation, do some of the work himself to get back on his bed.
In relation to the student Peter, you may have said that what he did was not appropriate. In fact, it may even have been bad manners to voice his opinion in front of the patient and health care professionals when his role was to observe. However, you may feel that what Peter did was right, by being an advocate for Mr Chui.

Your perception based on your values and beliefs

How you answered the questions above will have depended on your own perception of the scenario, your knowledge of health care, and your professional education to date. However, the most important influence on the way in which you answered these questions comes from your own values and beliefs, drawn from both your life experiences and education. Your values and beliefs are very powerful components of the whole ‘you’ as a person, as up until now, you made all your decisions based upon your values and beliefs. These values and beliefs reflect:

- the culture in which you live;
- what your parents taught you;
- what you learnt at school; and
- what society said was right and wrong when you were growing up.

You will learn more about how your values and beliefs are part of you in the next chapter. For now, you only need to realise that the way you make decisions at present is based upon your own values and beliefs. Consequently, this book will help you to utilise other methods to make ethical or morally correct decisions in your professional practice.

Behaviour of health professionals

In health care, professionals interact with clients and patients to make decisions about the care and treatment required. Consequently, they have the potential power to do good or harm. For this reason it is imperative that they learn and understand ethics so that they use only those behaviours which their profession regards as good or correct, and refrain from those behaviours which are wrong, bad or incorrect.

Summary

Ethics is the study of moral behaviour, which can be regarded as good and correct or bad and wrong. As health professionals we have an inherent responsibility to provide care that is good and refrain from that which would be regarded as wrong or harmful.

Health professionals, as with ordinary people, have learnt what is right and wrong within their own society. Equally they are ordinary people, and are not exempt from the human frailties of good and bad behaviour. However, on becoming a registered health professional, it is necessary to undertake clinical practice which can only be regarded as ‘professional’. This professional standard is made mandatory by each of the different professional councils (for example, the Nursing and Midwifery Council or Chartered Society of Physiotherapists). Therefore, it is important for you as a student to learn what
standard of conduct and behaviour your profession regards as ethically correct or good. Similarly, you need to learn what behaviour and standard of practice would be regarded as unprofessional. In this way, learning about professional standards of practice and all the other topics that constitute health ethics or bioethics also assists in improving the standard of care clients or patients receive.

Since health care is invariably provided within a multiprofessional setting there is a need to approach the learning of ethics from that same perspective. That is, learning the different disciplines of health and social care together. Most countries are multiracial, multicultural or multiethnic and therefore there is a need for health professionals to be able to include these cultural perspectives into treatment and care plans.

If the team do not know what is culturally acceptable for a client or patient there is the possibility that they could recommend a treatment which is not acceptable, and therefore immoral or unethical, and with which the client or patient does not comply. In such circumstances the client or patient may wonder ‘Why don’t they know about my culture? And do they have no respect for me?’ When such questioning occurs this can lead to mistrust and the breakdown of the therapeutic relationship. For example, a client or patient who has values and beliefs of the Hindu culture may not comply with taking medication that is in capsule form. This is because cows and pigs are a source of manufacture of some capsules.

**Professional development**

The aim of this professional development session is to:

- introduce you to the concept of developing an ethics portfolio that will demonstrate your professional learning over the next few months as you work through this book;
- raise your awareness of some of the ethical issues and problems that can occur in health care.

1 Commence an Ethics portfolio. Ideally this needs to be a large lever arch file in which you can keep the paper work that you use from the professional development section. File dividers could be used for each of the chapters so that when you collect papers such as the codes of practice from your professional body or journal articles they can be filed in the appropriate section that corresponds to that chapter. It is in the portfolio that you will write the answers to questions and discussions. You might also like to write about incidents that occur in clinical practice or at university.

Alternatively, instead of a file, you could have a folder on your computer with a file for each chapter. The articles could be collected via electronic copies and stored in the files. An important part of your Ethics portfolio will be your reflective journal writing. The purpose of writing the reflective journal is for you to examine in a systematic manner the journey or process of moral learning that you are now undertaking. One of the advantages of keeping the journal is that at the end of a course or in 2-3 months’ time you can look back and see how you have grown professionally.
In summary, your Ethics portfolio will be:

- A large file or folder, either hard copy or electronic.
- Divided into sections, one for each of the chapters.
- In each of these sections you will add:
  - readings, such as journal articles;
  - answers to questions that are raised in each of the chapters, discussions, incidents or situations;
  - reflective journal writing.

2 Your next task is to answer the following questions and write your answer in your Ethics portfolio in the section for this chapter.

- Is it right or wrong for a health care professional to treat the Professor of Immunology from the USA who is on holiday in China and injures his back with the same care and attention as a travelling backpacking student who sustains the same injury?
- Should the professor, because of his status and importance to the medical world, receive preferential treatment?
- Should a mental health nurse inform the police after reading about a horrific murder in the newspapers, when the description exactly fits the bizarre and secret wishes expressed by a patient?

The idea behind asking you to consider these questions is that you start to think about such issues and in due course discuss such questions with your peers and colleagues in order to develop ethical standards of care.

3 Next, access your university library catalogue and identify the code/s for books and journals on ethics (Hawley, 1997a and b). This may be ethics per se or bioethics; perhaps nursing ethics if you are a nurse or, if you are medical student, look to see what you can find on medical ethics. You might like to list these codes in your portfolio for when you need them at a later date. For example, the Dewey classification number for ethics is 174, and the various disciplines and topics have numbers related to 174. However, not all books and journals related to ethics will be found at this number; others may be in the 600s or elsewhere.

When exploring the catalogue for information about ethics:

- Examine the range and extent of the ethics books and journals.
- Write down the names of books and journals by topic (e.g. research ethics or interprofessional ethics).
- Also include those journals that have a regular ethics column or feature.
- Now, examine the range of books and journals on transcultural, multicultural and intercultural care.
- See if any of these combine ethics and culture.
Listing these books and their identifying numbers or codes will assist you in the future when you are preparing answers to the questions contained in the Professional Development sections at the end of each chapter (Hawley, 1997a and b).

4 If you don’t already have a copy of your professional body’s standards or codes of ethics of professional practice, contact the organisation so that you can understand your obligations and responsibilities.

**Critical reflection**

Write your reflective journal entry for this chapter. This writing will help you to gain insight into the world of ethics in relation to your own values and beliefs, knowledge and understanding of various situations and personal behaviour.

- Reflective writing is a process that can be used as a means to help us learn from our experiences. This involves a person engaging in and completing a reflective cycle of writing.
- This type of writing is different from essay writing in that the aim of the reflection is for the sole purpose of learning.
- This reflective way of learning will enable you to come to a different or deeper understanding of knowledge and understanding of ethics and professional behaviour in clinical practice. This reflective writing process requires you to describe, analyse, evaluate and write an action plan on ethical issues and/or problems. The success of your reflective writing will be measured by you engaging in the process and completing each full cycle so that you give yourself opportunity to grow as a professional.
- If you are not familiar with the stages of reflective writing, you will find instructions on how to do this at the end of this chapter.
- If you are familiar with reflective writing, do not just list your feelings and values and beliefs about a specific situation, but continue through the reflective cycle so that learning occurs (Johns, 2000; Gibbs, 1988). For example, when using Gibbs (1988), not only would you describe the situation/reading/discussion and identify your feelings and thoughts, but you would also try and make sense of the situation through evaluation and analysis, and then finally identify your learning in an action plan or steps that you will undertake. This action plan needs to list strategies that you will undertake to increase your learning, or of adjustment to a situation or of coping.
- The types of things you will write about in reflection are those issues which are personal to you. For example, this might include something that you read in this book or an issue that arose when doing one of the case studies or as a result of a discussion with other students, or even something from clinical practice.

For example, say you are assigned to an intensive care unit (ICU), and your mentor or preceptor attends a quick team meeting to decide which patient should be transferred out of the unit to make way for a new patient to be admitted from the emergency department (ED) or Accident and Emergency. You observe the meeting and you become shocked at the necessity to transfer someone out of the ICU. When you mention this to your mentor,
he says ‘yes, I can understand that you are upset, but this is life, and the unit can only hold 16 patients. Therefore, for us to take the new patient from ED someone needs to be transferred out; this happens all the time in health care – in ethics it is called the allocation of resources’.

Such issues in clinical practice need to be explored systematically through reflection, so that you can learn from the experience.

- You will be asked to complete a reflection journal entry for each chapter of this book.
- For this reflective journal entry you might like to consider any of the following possibilities:
  - Commencing an ethics course. For example, how you feel about reading this book (if you are not using it as a text) or undertaking this module or course/unit on ethics. Think of possible outcomes that could occur, and then in the action plan section how you might cope or adjust to these outcomes or changes.
  - An issue from the case study, or from the questions raised in this chapter.
  - Something from clinical practice. Perhaps it was something that you saw or perhaps was mentioned as a comment to you.