

# Professional and Ethical Issues

ISW Day 2  
Sue Walsh, Univ of Sheffield  
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# Aims for the session

- **Contextualise** the discussion of ethics- the value of seeing the 'whole picture'.
- To discuss relevant philosophical/conceptual ideas
- To discuss challenges of ethical practice
- To apply principles in practice

- Of course, indifference can be tempting - more than that seductive. It is so much easier to look away. It is so much easier to avoid such rude interruptions to our work, our dreams, our hopes. It is after all, awkward, troublesome, to be involved in another person's pain and despair. Yet for the person who is indifferent, his or her neighbours are of no consequence. And therefore their lives are meaningless.
  - Elie Wiesel taken from Barker (2011) ' Mental Health Ethics: The Human Context'. (p5)

# Exercise 1

- What does being unethical mean to you?
- Discuss in pairs and feedback
- [https://youtu.be/\\_SsccRkLLzU](https://youtu.be/_SsccRkLLzU)
- <https://youtu.be/vDGrfhJH1P4>

# Thinking about ethics and supervisory practice (taken from Scaife 2009)

- An ethical framework is like scaffolding around action made up of moral philosophy, professional codes of behaviour, values inherent in the therapeutic models, personal ethics, the law, organisational context (Bond, 2008)
- General principles of ethical decision making- moral philosophical underpinnings.
  - Kant absolute duty
  - Consequentialist theories
  - Virtue theory
- Adopted by medicine in 1920' s/ 30' s led to a framework of a professional community guiding their own professional action. However **BRI scandal, Shipman, Liverpool Cancer Care Pathway** suggest the complexities.

# Codes of Conduct

- NHS and the culture of increased governance and litigation
- “All professionals make mistakes. What is important is that people do their best in the knowledge of principles of ethics, codes of conduct and legal precedents” p130 Scaife, J. (2001).
- HCPC Standards of Performance, Conduct and Ethics (2008)
- Who's Values? A workbook of values based practice for mental health (2004) Fulford and Woodbridge
- The Ten Essential Shared Capabilities for Mental Health Practice (2004)

# Professional codes

- The relationship between ethics and professionalism
- The limits of Codes of Ethics

# Ethical principles- a possible framework to explore ethical dilemmas in supervision Scaife/

- ***Autonomy*** -The principle that individuals have rights to freedom of action and choice.
- Eg the developmental model of supervision emphasises the right to more autonomy of supervisees as they become more experienced practitioners



- **Beneficence** *The principle that the actions taken should do good, using knowledge to promote human welfare.*

The application of this principle needs to take account of who judges what is for the good and for whom it is judged to be good. In determining what is judged to be for the good in supervision, the participants will need to bear in mind the welfare of the supervisee, the client and involved others.

- **Fidelity** *Being faithful to promises made and to ‘right’/ proper practices*

Attention to this principle helps supervisors to think carefully about what they can reasonably promise to supervisees during the contracting process with care taken not to go beyond what is possible. Eg. confidentiality

- **Justice** *Ensuring that people are treated fairly* ‘fair-opportunity rule’ requires that the supervisee be provided with sufficient assistance to overcome any disadvantaging conditions resulting from her or his learning abilities or difficulties, or social context. Eg. providing more supervision to a struggling supervisee versus equity to all; no discrimination.
- **Non-maleficence** *Striving to prevent harm*

The needs of one person or group may be privileged over another, eg children and families

# Organisational factors: Mandatory training

- Safeguarding children and adults
- Clinical risk/legality
- Conflict resolution
- Governance
- Health and safety
- Diversity

Mental Capacity

Prevent

# Case study 1

- You are supervising an older more experienced senior nurse in your team with 10 years experience. The whole team is under pressure and under scrutiny and there is a general worry about impending job cuts. You have noticed that recently a number of clients have dropped off of her case list. Uncharacteristically, she is arriving late for supervision and is unprepared and when things need following up she is not doing that and you have to keep remembering to follow things up.

**How might you go about addressing these issues in your supervision?**

❖ adapted from Pickvance (2016)

## Case study 2

- Your trainee who is pregnant has been working with a male client for a time limited therapy. The client is asking increasingly personal questions of the trainee about her and the baby. Your trainee arrives at supervision tearful and afraid.
  - **How might you go about addressing these issues in supervision?**

❖ **Adapted from Pickvance (2016)**

# Case study 3

- You are supervising a junior psychiatrist on placement in your department who is working with a young Hindu woman, Permala with a long history of self harm and depression. The clinical work with this young woman has only just got going. Permala has one child who has been diagnosed with ADHD and is linked into the CAMHS services. Permala tells the psychiatrist that a friend of hers is caring for a young child whose mother had gone abroad for a few weeks and that this friend has left the child with Permala after a weekend away. The friend has not returned after the weekend.

**How might you go about addressing these issues in supervision ?**

(❖ adapted from chp.5 Pickvance and Parry, 2016)

## Factors to consider

- Case study 1- speaking openly and honestly (embedded in your contract). Validated worries and life stress. Explore impact on work on self. Explore steps to be taken ( discuss manager, reduce work, go off sick), refocus the work drawing on theoretical model)
- Case study 2 –balance leaping in vs. review of real threat. Explore how trainee had managed any boundary infringements- had she discussed them with client, the meaning of these interpretations, leading to assessment of risk and whether to carry on



## Factors to consider

- Case study 3- how empowered do you feel to influence practice of an experienced colleague? Accountable to own professional body. Tension between absolute duty and breaching client confidentiality, the safeguarding reporting issue, cultural differences, a matter of professional judgement vs enacting a legislative duty

# The Francis Report 2010/2013

## The Mid Staffs Public Inquiry

- Evidence of appalling patient suffering. TRUST BOARD primarily held to account. However, nursing (RCN) and the Medicine (RCS) also mentioned
- NHS system of checks and balances did not prevent serious systemic failure
- Causes of this failure include- a culture focused on business not on patients, an over-reliance on positive information about the service, measuring standards and compliance which did not focus on the effect of the service to patients, a toleration of poor standards, a failure to communicate between agencies, that performance monitoring was someone else's problem, a failure to build a positive culture, the result of repeated re-organisation and disruption

# Francis Report 2013

- A FOCUS ON FINANCIAL AND GOVERNANCE ISSUES AND NOT CLINICAL STANDARDS. Debate underway about the extent to which senior management can be held to account

# Ethical and legal issues in supervision

- Confidentiality
- Vicarious responsibility
- Responsibility to clients/ensuring standards
- ‘Due process’
- Supervisor competence/accountability/power
- Colleagues

# Small group work

- Consider an ethical issue that has emerged in the context of your supervisory work
- What are the blocks to responding ethically? How did you respond? Would you do anything differently now? Why?

# Practising ethically can be difficult

- Follow due process
- Organisational framework/ role of whistleblowers/ duty of candour
- Do not hide. Ensure you have space to make sense of the whole picture.
- Deal with the emotion
- Documentation and clarity- the small things
- Need support and courage

(see Kish-Gephart, J.J. (2010). Bad apples, bad cases and bad barrels: Meta-analytic evidence about sources of unethical decisions at work. *Journal of Applied Psychology*, 95(1); 1-31.)

# References

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Pickvance, D. and Parry, G. (2016). Clinical Supervision and ethical challenges. In D. Pickvance, (Ed)., Cognitive Analytic Supervision: A Relational Approach. Sage Publications: London.

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- **Learning resource - Guidance on conduct and ethics for students HCPC**
- [http://www.hcpc-uk.org/education/learningresource/?dm\\_i=2NJF,DS73,PE89D,1E3VD,1](http://www.hcpc-uk.org/education/learningresource/?dm_i=2NJF,DS73,PE89D,1E3VD,1)