THINK BIG, ACT LOCALLY:

Responding to ethical dilemmas

Robyn Cross, Suze Leitão and Lindy McAllister

This article has been peer-reviewed

This paper asks speech pathologists to consider the impact of ethical dilemmas upon their own work–life balance. In raising awareness of the impact of workplace ethical dilemmas on individuals, this paper challenges speech pathologists to consider how systemic responses, in addition to individual action, may assist in developing and maintaining an equilibrium between work and life.

Keywords:
dilemma,
ethics,
health care,
service rationing

Robyn Cross

Suze Leitão

Lindy McAllister

Act local, act global

"What ought one to do?" is the fundamental question of ethics (St James Ethics Centre, 2008). The term "ethics" can be defined as "relating to morals, treating or moral questions" (Sykes, 1976, p. 355), or, as noted by Speake (1979, p. 112), as "a set of standards by which a particular group or community decides to regulate its behaviour – to distinguish what is legitimate or accepted in pursuit of their aims from what is not". The speech pathology profession within Australia, under the auspices of Speech Pathology Australia has long sought to practice ethically, currently guided by its *Code of Ethics* (2000). The Association's revised *Code of Ethics* was developed in 1999/2000 (Speech Pathology Australia, 2000), and its application to practice was supported by the development of an *Ethics Education Package* (2002). Based on the concept of aspirational ethics (what we aspire to do well) as opposed to prescriptive ethics (what we must do/not do), and written in plain English, the code of ethics is again due for review.

The Speech Pathology Australia *Code of Ethics* (2000) contains standards with the intent of identifying the values of the profession, providing a means by which people outside the profession may evaluate us. It also provides a basis for the decision-making of the Association's Ethics Board. At an individual level, the standards are also stated to "reinforce the principles on which to make ethical decisions" and "assist members of our Association adopt legitimate and professionally acceptable behaviour in their speech pathology practice" (Speech Pathology Australia, 2000).

A convergence of ideas, values and language becomes apparent when comparing the Speech Pathology Australia *Code of Ethics* (2000) with the codes of ethics of other professional and public service agencies in the western world (ASHA, 2003; AMA 2006). The existence of a code draws distinctions between the values of the organisation and/or profession, the legal obligations of an individual or employee and the personal values of a professional. While there is a clear distinction between these three domains, there is also great overlap and potential for conflict between them. Conflict between these domains may lead to ethical distress, which the authors suggest can be one factor contributing to disrupted work–life balance and indeed to professional burnout. This paper provides two frameworks for thinking about ethics in the workplace, which may assist professionals to avoid or manage ethical distress. These frameworks are proactive workplace ethical thinking (at the individual or local level), and professional lobbying and advocacy (at the bigger picture or global level). We provide examples of successful lobbying and advocacy conducted by the professional association in recent years that have helped client groups access appropriate services and which may have lead to reduced ethical distress of speech pathologists who were unable to adequately balance conflicting ethical principles and duties in their workplaces.

McAllister (2006) identifies escalating pressure on professionals from increasingly complex workplaces, highlighting the need for ethical awareness and broad ranging ethical thinking. She highlights the strengths and limitations of a code of ethics in guiding contemporary practice, citing health service rationing as just one example of how increasingly frequent ethical questions or dilemmas can seem removed from current approaches to ethical decision-making. An example of health service rationing is seen in the frequent prioritisation of preschool children for therapy over school-aged children, even though school-aged children may clearly need our services, given the risk of residual communication impairments having lifelong impacts on educational, social, employment and mental health outcomes (Felsenfeld, Broen & McGue, 1994).

As an interesting aside, let's have a quick look at the word "dilemma"; it comes from the Greek *di* (equivalent to) *lemma* (an assumption or premise). In other words, a dilemma is a situation in which, when a person is faced with a choice of alternatives, neither of which seems adequate or both of which seem equally desirable. The situation about health service rationing highlighted above presents such a dilemma: if we prioritise school-aged children over preschool children, we may deny services to children who also require them and for whom "early intervention" might yield significant and long-lasting gains. If we prioritise preschool children over school-aged children, what effect may that have on the quality of life of those children who go into adult life with untreated communication impairments? We know that competence in early speaking and listening and the transition to literacy are seen as a crucial protective factor in ensuring later academic success, as well as positive self-esteem and long-term life chances (ICAN, 2006). Such a situation underlines the conflict between the ethical principles of beneficence, non-maleficence and fairness, and duties to clients as well as employers who set workplace policies (Speech Pathology Australia, 2000). The sense of unease, distress and conflict that arises within an individual when confronting a dilemma such as this can significantly impact on the balance between "work" and "life". Personal as well as

professional values will be challenged in such situations. The ability to draw on the principles within our *Code of Ethics* and to problem solve within its framework may assist in identifying and voicing our ethical concerns in the workplace setting, limiting the potential for any internal disquiet to impact on other parts of our lives.

Reviews by the Chair of the Ethics Board, Vice-President Communication and/or the Senior Advisor Professional Issues of the enquiries received by the Ethics Board of Speech Pathology Australia (informal summary reports to either National Council or Ethics Board, 2006–2008) reveal that this notion of "dilemma" is not just a theoretical concept. Members contact the Association seeking guidance, support and/or direction in responding to a range of issues, including:

- providing services to a group of clients demonstrating limited gains, while being aware that individuals who may benefit more from the service remain on the waiting list;
- ceasing services to clients when their quota of services has been fully utilised, yet who continue to make progress in intervention;
- managing a service within finite resources (staffing and/or financial) and having to determine who is prioritised above others for service;
- being required to work through an assessment waiting list at such speed that the assessment does not follow the evidence base and is superficial;
- knowing that a colleague is doing their planning and report writing at home because they are unable to manage the load at work, raising issues of client confidentiality, underresourcing at the workplace and workforce burnout.

In each of these examples, individuals may struggle with decision making, with limitations in how the *Code of Ethics* can support thinking about the ethical issues involved and the decision-making required. How can the key principles of professional ethics be upheld in these situations? McAllister (2006) suggests that the *Code of Ethics* and decision-making protocols cannot account for all possibilities. So, how do we as individuals develop an ability to address these dilemmas and in so doing, maintain equilibrium between work and life?

Local and systemic responses to ethical dilemmas

McAllister (2006) notes the need for clinicians to think and act ethically in their daily work life, not just when faced with specific ethical dilemmas. In other words, part of the answer lies in the proactive application/use of the code to shape our practice, rather than only drawing on it in times of dilemma or ethical emergency. Proactive ethical thinking may support professionals in maintaining balance between work and life, rather than trying to recapture balance once an ethical dilemma or emergency arises.

Further, using the example of health care rationing provided earlier in this paper, it is argued that, in addition to our individual level of response, we may also benefit as individuals and as a profession by stepping back from the immediate and "local" ethical dilemma facing us to gain a broader perspective. Recognising that individual clinicians lobbying their individual managers is unlikely to lead to change at the local level compels us to approach these issues from a larger or systems level which attempts to influence public policy through the provision of "evidence" and economic arguments.

Rationing of health services, while not a new issue, has had greater prominence in the last 20 years. The Honourable Justice Michael Kirby, in the inaugural Kirby Lecture on Health, Law and Ethics (1996) highlighted "the complex public policy questions raised by the attempts to apply ethical principles to the allocation of health care resources and, in particular, to adopt cost benefit analysis in the context of healthcare". Adding a further layer of complexity, there is recognition that "health care" can be an ill-defined term, which not only encompasses the physical aspects of health but extends to the social and economic determinants of health. The National Health and Medical Research Council (1993, p.1) identifies that "the allocation process involves different levels of decision-making ranging from the macro level of the governmental policy maker to the … micro patient/physician level. As a result, ethical considerations cannot be introduced into the allocation debate directly and unilaterally." Given the above, the reality for a health professional working in a clinical setting may be that while attempting to address the impact of health care rationing at the personal level through advocacy, debate and discussion (McAllister 2006), ongoing ethical dilemmas may arise because health care rationing extends beyond the "local" clinical level, and is entrenched within the broader health system.

What are our roles as clinicians then? Without doubt, there is a requirement for us to continue to advocate for change; but if only limited effect can be gained at the local level, should we be resigned to this? It is suggested that we might also meet our obligations under the *Code of Ethics* if we address such ethical dilemmas through broader, more "global" mechanisms.

Advocacy – from the macro to the micro

At the most "macro" level, as participants in a democratic system our ability to vote is demonstration of our ability to actively support (or inversely deny our support of) the stated policies of political parties in relation to social, economic and health care policies. Our individual contribution in providing expert opinion and advocacy to national and state committees and lobby groups allows input to public policy debate, review and development. Similarly, as members of our professional organisation, our lobbying and representation of the profession and how it may contribute to the provision of health care and education allows us to contribute to the shaping of public policy. The introduction of Medicare Plus is one example of how public policy has attempted to meet the dilemma of restricted community access to allied health services. Previously, access to services was limited to allied health services in the public sector, or the individual client had to pay for private providers. Following a change in government policy, Medicare Plus now allows general practitioners to refer clients requiring support for a chronic condition to registered private allied health professionals at a subsidised cost for up to five sessions. Another example of influencing public policy is the submission by Speech Pathology Australia to the National Inquiry into the Teaching of Literacy (Speech Pathology Australia, 2005), which resulted in increased awareness of the role of speech pathologists in this area. As a consequence, speech pathologists were listed as appropriate service providers to those in the community with literacy problems, and the Department of Education, Science and Training (DEST) asked the Association for input into policy development.

Continuing at the macro-level, research and/or continuous quality improvement undertaken by the profession adds to

the body of evidence to support further lobbying and debate on the value of health care services. This may include challenging the traditional scientific constructs of evidence, and ensuring that psycho-social and -economic factors are also considered. For example, data reported by Felsenfeld et al. (1994) refers to educational and occupational outcomes for adults identified in childhood as having speech impairment. Such data could be used by speech pathologists to lobby for provision of intervention services in childhood that are economically more cost effective than social welfare or work skills training later in life. Utilising this and other evidence, and presenting it against the framework of the profession's (and/or organisations') ethics could prove to be a powerful lobbying tool.

Our willingness as a profession to extend our education beyond the knowledge and skills required for provision of clinical services, to areas such as management, policy development and academia, further supports efforts to provide systemic responses to ethical dilemmas. The Speech Pathology Australia publication *ACQuiring Knowledge in Speech, Language & Hearing* regularly features speech pathologists who have continued to utilise their training and skills in arenas beyond that of the immediate clinician–client interface. In many cases, an impetus for pursuing change has been to allow individuals to further contribute, shape and/or drive development of initiatives in response to dilemmas arising from or frustrations experienced in clinical practice.

Raised public awareness through support of media campaigns promoting the profession and advocacy for relevant issues can build a momentum of political awareness. This was demonstrated by parent groups who successfully lobbied political parties during the recent federal election in relation to services for children with autism. The increase in Medicare funding for allied health services was similarly won through the influence of earlier lobbying campaigns.

Our ability to reflect and think critically about our own practice as clinicians, managers, researchers and academics assists us to be open to new ideas, welcome constructive challenge to our practice and trial new models and approaches. Many of the "grass roots" quality improvements that are implemented in the clinical setting contribute to the effectiveness of the services provided by clinicians and the outcomes for clients. And, at the most fundamental level, there is the everyday application of ethical thinking and action within the workplace. As argued by McAllister (2006), this requires personal courage.

From the big picture of national politics to the individual level, frameworks for thinking about ethics and a range of strategies that can assist us to proactively identify and respond to ethical dilemmas have been presented in this paper. These suggestions reflect the authors' views of how we may as individuals respond more "systemically" to ethical dilemmas in addition to responding at a "local" level in the workplace. These strategies will not provide a panacea for all ethical dilemmas that will be faced in the workplace. However, they may provide other means by which we can constructively and proactively address emerging or ongoing ethical dilemmas. In doing so, they may ultimately alleviate some internal conflicts about our practices that can impact on the work–life balance.

References

American Speech and Hearing Association. (2003). *Code of Ethics*. Retrieved April 2008 from http://www.asha.org/docs/html/ET2003-00166.html

Australian Medical Association. (2006). *AMA code of ethics – 2004* (rev. 2006). Retrieved April 2008 from http://www.ama.com.au/web.nsf/doc/WEEN-6VL8CP

Felsenfeld, S., Broen, P. A., & McGue, M. (1994). A 28-year follow-up of adults with a history of moderate phonological disorder: Educational and occupational results. *Journal of Speech and Hearing Research 37*, 1341–1353.

ICAN. (2006). *The cost to the nation of children's poor communication*. Holborn, London: ICAN. Retrieved April 2008 from http://www.ican.org.uk/upload/chatter%20matter%20update/mcm%20report%20final.pdf

Kirby, Hon. Justice M., AC, CMG. (1996). *Inaugural Kirby lecture on health, law and ethics*, First Annual Conference of the Australian Institute of Health, Law and Ethics, Canberra, 15 November 1996. Retrieved April 2008 from http://www.hcourt.gov.au/speeches/kirbyj

McAllister, L. (2006). Ethics in the workplace: More than just using ethical decision-making protocols. *Australian Communication Quarterly 8*, 2, 76–80.

National Health and Medical Research Council. (1993). *Ethical considerations relating to health care resource allocation decisions*. Canberra: Commonwealth of Australia.

Speake, J. (Ed.). (1979). *A dictionary of philosophy*. London: Pan Books.

Speech Pathology Australia. (2000). *Code of Ethics*. Melbourne: Author.

Speech Pathology Australia (2002). *Ethics Education Package*. Melbourne: Author

Speech Pathology Australia. (2005). *Reading and spelling are language-based skills. Speech pathology is a language based profession. What roles can speech pathologists play?* Submission to the National Inquiry into the Teaching of Literacy, DEST 2005. Melbourne: Author.

St James Ethics Centre (2008) What is ethics all about? Retrieved April 2008 from http://www.ethics.org.au/about-ethics/what-is-ethics/what-is-ethics.html

Sykes, J. B. (1976). *The concise Oxford dictionary of current English* (6th ed.). Oxford: Oxford University Press.

Robyn Cross, Lindy McAllister and **Suze Leitão** are chair and senior members of the Speech Pathology Australia Ethics Board respectively. They all have a longstanding interest in ethics from a theoretical and applied perspective. This paper represents the first paper from the Ethics Board and aims to stimulate thinking and discussion among members of the profession.

Robyn is a senior manager within ACT Health, managing allied health at the Canberra Hospital and multidisciplinary diabetes services across both hospital and community settings. Suze works part-time at Curtin University as a senior lecturer in human communication science and part-time in private practice as a clinician. Lindy is an associate professor at Charles Sturt University, half-time in the speech pathology program in School of Community Health and half-time as deputy director of the Education for Practice Institute.

Correspondence to:
Robyn Cross
C/- Senior Advisor Professional Issues
Speech Pathology Australia Ethics Board
Level 2 / 11-19 Bank Place
Melbourne Vic 3000