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Leave No Stone Unturned: The Inclusive Model of Ethical Decision Making

Donna McAuliffe and Lesley Chenoweth

Ethical decision making is a core part of the work of social work and human service practitioners, who confront with regularity dilemmas of duty of care; confidentiality, privacy and disclosure; choice and autonomy; and distribution of increasingly scarce resources. This article details the development and application of the Inclusive Model of Ethical Decision Making, created in response to growing awareness of the complexities of work in both public and private sectors. The model rests on four key platforms that are constructed from important foundational values and principles. These platforms are: Accountability, Consultation, Cultural Sensitivity and Critical Reflection, and underlie the dynamic five-step process that uses a reflective yet pragmatic approach to identify and analyze all relevant aspects of an ethical dilemma. The article begins by exploring the anatomy of an ethical dilemma, including the identification of competing ethical principles. It then moves on to highlight the different points in a decision-making process where difficulties typically arise for practitioners who may confront problems of interpretation of ethical codes, lack of access to needed resources and supports, or who may find themselves bound by legal or organizational restrictions. It is argued that this model has useful application for both social work education and practice.

Keywords Social Work; Ethical Decision Making; Accountability; Critical Reflection; Cultural Sensitivity; Consultation; Ethical Principles

Introduction

There is overwhelming evidence, and associated resistance to this evidence, that social work and human services are operating at this point in history within a framework of risk (Webb 2006). Policies, procedures, standards, codes of ethics, regulations and laws are commonly designed and revised with increasing regularity with a focus on preventing harm, although harm to 'who' or 'what' is not always immediately evident or transparent. There are two sides to the analysis of the risk-driven and risk-managed environment. The dangers are that

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creative and innovative practice, which is truly responsive to human need, will become stifled and bound up in rules and regulations. Well-intentioned efforts to routinize and standardize processes, assessments and interventions may take the many shades of color out of our world in an effort to reduce everything to 'safer' extremes of black or white.

Those who are aware of these dangers and who seek actively to avoid them may fall into the equally insidious trap of seeing all tools associated with risk management as oppositional to the core purpose of care for others, and effectively discard them—'throwing the baby out with the bathwater'. The discerning practitioner, it is argued, will acknowledge risk (for vulnerable service users, for self as practitioner), for it is virtually impossible and potentially could be negligent not to do so, but will selectively search for those foundational principles that underlie good practice and provide sound frameworks for consistent decision making that will hold up under scrutiny. Consistency is important because it enables the practitioner to build on knowledge and skill in a systematic way. Consistency in this sense should not be equated with robotic adherence to rigid formulas, but with well reasoned, value-based, tried and tested ways of making sense of situations and responding appropriately with regard to culture and context. In developing the Inclusive Model of Ethical Decision Making, efforts were made to balance the need for consistency and accountability (which does take the form of a checklist approach in some ways) with the critical element of reflection on practice, so that risk can be balanced alongside other equally important principles.

Overview of the Literature

The last decade has seen an impressive increase in social work and human service literature that promotes systematic ways of exploring and resolving complex ethical situations in clinical, group and community practice. The 'domains of practice' in which ethical dilemmas can arise include interpersonal work; work with groups; work with families and partnerships; community work; social policy; management, leadership and administration; research and evaluation; and education and training (Chenoweth & McAuliffe 2005). The steady proliferation of ethical decision-making models and frameworks in social work and in other professional groups such as nursing and allied health reflects the growing demands on practitioners and their quest for tools and processes to assist them in the increasingly dilemma-rich terrain of practice. In social work, ethical decision making has been defined as 'the process of critical reflection, evaluation and judgement through which a practitioner resolves ethical issues, problems and dilemmas' (AASW 1999, p. 22). Other professions (e.g., in health) have argued that practitioners need frameworks by which to systematically consider needs and wants, duties and consequences, legal and other practicalities for all those concerned in a given practice situation (Freegard 2006, p. 71). Such a framework when ideal, 'incorporates the traditional principles of

ethics, is case-based, addresses virtue, acknowledges conflicts between principles, considers consequences, invites consideration of social needs and biases, and advocates moral discourse and creativity' (Swisher & Kreuger-Brophy 1998, p. 22).

In exploring the ways that models of ethical decision making have been constructed in the literature, it is often put forward that that such models, while numerous, can be understood as essentially sitting within defined categories. An overview of these categories is useful here to provide background thinking to the development of the Inclusive Model of Ethical Decision Making. It is important to note that these categories are not mutually exclusive, and there is a significant degree of overlap between different constructions of decision making.

Ethical decision making models and frameworks that rely on a linear structure with clearly defined steps are quite common in the literature of a number of disciplines, and have been referred to as '*process models*' (Chenoweth & McAuliffe 2005) or '*rational models*' (Bowles *et al*. 2006). In the health area, for example, Swisher & Kruger-Brophy (1998) and Kerridge *et al*. (2005) have developed models that follow a logical sequence of steps from identification of the issues through to resolution. These models are designed for practical exploration of a problem; however, there is little opportunity for critical reflection and cultural issues are often not acknowledged. Looking more specifically at social work, these process models range from the practical applicability of the five-step ETHIC model developed by Elaine Congress (1999), and the seven-step model outlined by Steinman *et al*. (1998) through to more multi-levelled models such as that developed by Dolgoff *et al*. (2005), which incorporates screening steps to cover ethical assessment, rules and principles. As Reamer (2006, p. 73) points out, 'no precise formula for resolving ethical dilemmas exists . . . but ethicists generally agree that it is important to approach ethical decisions systematically, to follow a series of steps to ensure that all aspects of the ethical dilemma are addressed'. Models that follow this formula are useful in ensuring that important steps are considered, but can become problematic due to their prescriptive nature (Corey, Corey and Callanan 2007).

A second general category is those ethical decision making models described as '*reflective*' (Chenoweth & McAuliffe 2005) in that decision making incorporates a strong focus on the intuitive as well as the rational. Reflective models in social work are usually based on feminist perspectives and address the issue of including clients in the decision-making process. These models tackle the problem of power in such decisions, and stress the importance of self-reflection and the importance of relationship. Hill *et al*. (1995), for example, invite practitioners to explore both the rational and the feeling processes in making decisions. Corey *et al*. (2007, pp. 19–20) support this reflective process stating that 'ethical decision-making is not a purely cognitive and linear process that follows clearly defined and predictable steps. Indeed, it is crucial to acknowledge that emotions play a part in how we make ethical decisions.' The ethical grid outlined by Seedhouse (1998) could be considered to sit within the reflective domain of ethical decision making models. This was developed as a way of

responding to the complexity of ethical analysis in health practice. The grid is made up of four boxes each with layers that are interrelated. While the model does not specify reflection in the process, it does outline a progression whereby the practitioner works through the layers, which provide opportunities for deeper analysis and thoughtful consideration. The 'cycle of reflection' developed by Mattison (2000) is another example of a model that focuses on critical reflection as an integral part of ethical decision making. These models sit well with social work as exploration of personal values and styles of decision making are an integrated part of the process.

The third 'category' are referred to as '*cultural* models' as they prioritize the cultural context of the decision making and advocate consultation with cultural experts to ascertain cultural values, worldviews and so on. The most comprehensive example of a cultural model has come from the work of Garcia *et al*. (2003) in the development of the Transcultural Integrative Model of Ethical Decision Making in the counselling context. Bowles *et al*. (2006) discuss this model and make the point that as respect for cultural diversity is central to social justice, the inclusion of cultural dimensions in decision making is critical to good social work practice.

All these decision-making models have a number of helpful and appropriate attributes that are constructive to the process of making ethical decisions in practice. However, it has been our experience that practitioners need to utilize elements of more than one model in making decisions. From our work with practitioners and students, we identified a need for a model that was *inclusive* of both important concepts on which practice is based, and systematic steps to create a more comprehensive and robust model suited to many practice situations. The model also needed to be inclusive of the most important values that form the foundation of social work and human services. These core values have been described by Chenoweth and McAuliffe (2005) as: *valuing humanity*, which encompasses respect for others and seeing the uniqueness of the individual within their social context; *valuing positive change*, which relies on a belief in the capacity for change and development; *valuing choice*, which incorporates understanding of self-determination, autonomy and empowerment; *valuing quality service*, which speaks to competence, integrity, honesty, accountability, transparency, prudence, reliability and impartiality; *valuing privacy*, which includes rights to privacy, associated confidentiality (and its limits) and anonymity; and *valuing difference*, which acknowledges respect for difference and diversity that is broader than merely a stance of tolerance dressed up as non-discrimination. These core values are woven through the model that is detailed in the following section.

The Inclusive Model of Ethical Decision Making

This model was developed from the authors' combined experience of many years practice in fields of mental health, disability, community development,

healthcare, youth work, legal social work and relationship counselling. This practice experience was combined with years of social work education in academic settings, leading to an interest in professional and applied ethics in social work and human services. The inclusive model was first published in an introductory social work and human services text by Chenoweth and McAuliffe (2005), and an account of the reflective process of collaborative writing of that text was published in McAuliffe and Chenoweth (2006).

The inclusive model has a foundation that is built on four 'essential dimensions' or platforms that are important to decision making and good practice. These foundation platforms, which are also action-oriented, are: Accountability, Critical Reflection, Cultural Sensitivity and Consultation. The diagrammatic representation of the core of the model (Figure 1) shows these platforms slotting together as pieces of a jigsaw.

Accountability has been described by Banks (2004, p. 150) as liability to 'being called on to give an account of what one has done or not done', and in the current risk management context of human services, this has become quite problematic as accountability has been linked to responsibility and 'blame'. As a foundation platform of the Inclusive Model of Ethical Decision Making, the focus

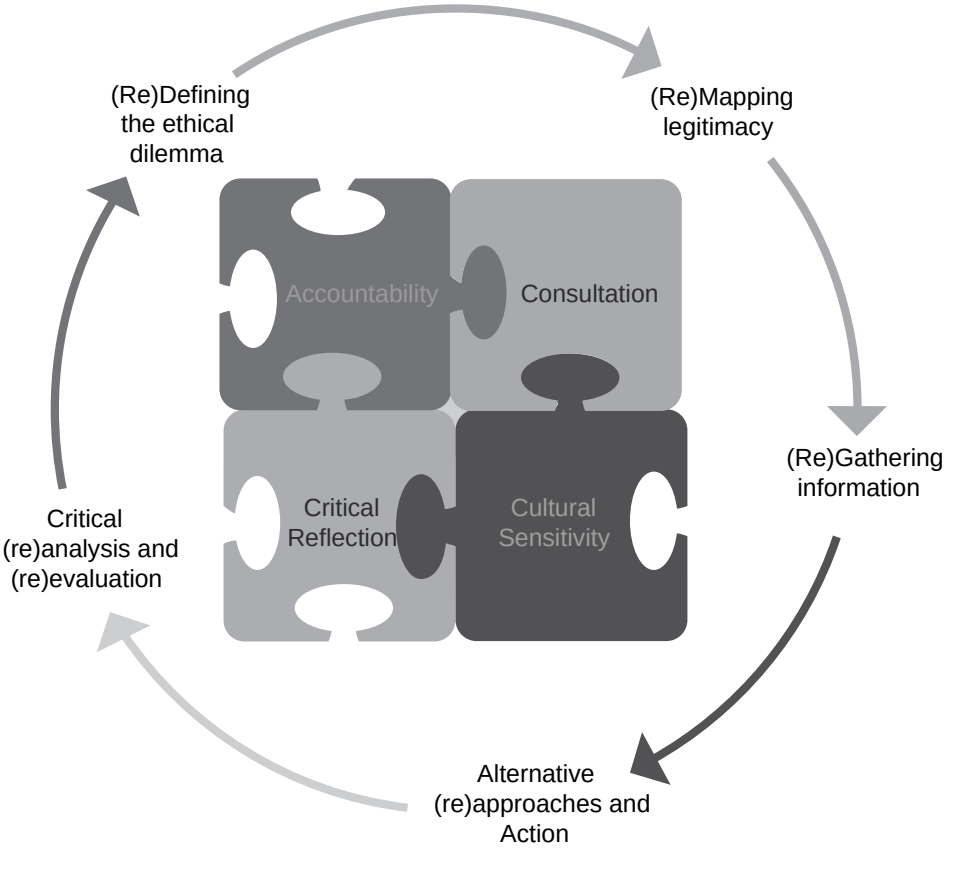

Figure 1

of accountability is on the ability of the worker to clearly articulate and justify decisions made, while taking into account the broader social context in which they operate. Accountability is about being open, transparent and honest, and therefore links closely to another foundation platform, *critical reflection*, which urges practitioners to open up their decision making to scrutiny by self and others in a way that will lead to better future practice. Critical reflection is a cornerstone of good practice, and a critically aware and reflective worker is much more likely to acknowledge their own value patterning and the impact that personal values might have on decisions. The third foundation platform, *cultural sensitivity,* is a necessary inclusion in the postmodern world where respect for the worldviews of others is paramount. Practice that is not culturally sensitive can leave workers open to claims of discrimination, and can have devastating results if actions are taken that circumvent appropriate cultural responses or ignore important cultural norms. The final foundation platform is *consultation*, which is the action of using the wisdom and counsel of others wisely and to engage in discussions with others who may assist the practitioner to uphold important values in the interests of integrity and prudence. Consultation is an often neglected part of ethical decision making, and many practitioners shoulder complex ethical burdens in silence for fear of being seen by colleagues as 'unprofessional' or 'indecisive' (McAuliffe & Sudbery 2005). These four platforms are interlinked, and rely on each other to strengthen the core of decision making. When working through the steps of the inclusive model, these foundation platforms should remain in focus at each stage.

Step One: Defining the Ethical Dilemma

A very useful distinction has been drawn to clarify the difference between ethical issues, ethical problems and ethical dilemmas (Banks 2005, pp. 12–3). The Inclusive Model of Ethical Decision Making has been designed for use in the case of an ethical dilemma, defined by Banks as occurring 'when a worker is faced with a choice between two equally unwelcome alternatives that may involve a conflict of moral principles, and it is not clear which choice will be the right one' (Banks 2005, p. 13). While a situation might well present an ethical problem, it will only become an ethical dilemma if the two competing principles can be clearly defined. Rothman (1998, p. 4) refers to this process as 'dilemma formulation' and argues that one cannot move forward until this identification of competing principles is clearly understood and stated. Defining competing principles may require assistance from someone with ethical expertise in the particular situation, or there might be a need for legal advice. The questions that should be asked in this early stage of defining the ethical dilemma include:

- Can I clearly define competing ethical principles in this situation? If so, what are they? If not, do I need to consult with an appropriate other to clarify my thoughts? Are issues of culture involved here? (consultation; cultural sensitivity)

- If I determine that this is an ethical dilemma, where am I placed within it? Is it my role to make a decision, or should this situation be referred to someone with higher authority? (accountability)
- Is this situation familiar to me or do I need new knowledge? Can I draw on past experience or on what I have learnt from work in other contexts? (critical reflection)

Step Two: Mapping Legitimacy

An important part of good practice is the ability to conduct a thorough assessment of a situation and determine the nature of relationships of those involved at various levels of interpersonal, family and community systems. Ethical dilemmas can involve many people, and it is not easy to decide who has a legitimate place in the decision-making process. Sometimes, people who should be involved are excluded (e.g., families of patients in health care settings; same sex partners), and at other times inappropriate people are engaged in discussions that should by rights not concern them (e.g., employers, relatives with alternate agendas). Consideration needs to be given to whether the ethical dilemma as defined by the practitioner should be shared with a client. In some cases, the ethical dilemma will have implications for professional practice, but may not necessarily impact on the client who may remain unaware of any problem. The questions that could be asked at this stage include:

- Who has legitimacy in this situation? Who is included and who is excluded? Are there any cultural factors to take into account (e.g., extended family or kin in the case of indigenous clients)? (cultural sensitivity)
- Is it appropriate to share this ethical dilemma with others? Is this an ethical dilemma that I am facing alone, or are others also involved? Who should be talking to whom at this stage? (consultation; accountability; critical reflection)

Step Three: Gathering Information

Information gathering is an essential part of any process of assessment; however, the difference with ethical decision making is that the information to be gathered is more specific to practice standards, codes of conduct, protocols, legal precedent and organizational policies. Documents and policies/procedures are one side of the equation (the material), while the other side involves an analysis of personal, professional and societal values (the philosophical). With experience, practitioners amass a great deal of information that comes from managing case after case, and the longer one works in an organization, the more familiar one becomes with policy and procedures. Unfortunately, practitioners are not always clear about what codes of ethics dictate, what research has found

or what case law exists when confronted with the more unusual situations that often characterize ethical dilemmas. Nor are workers always entirely clear about their own values, and whether these are in line with organizational or professional expectations. The extent of information gathering will depend on familiarity with the situation, the ability to access resources in a timely manner and the availability of people who can provide necessary information. Some questions that can guide information gathering include:

- What guidance is provided by professional codes of ethics, protocols, policies or procedures, and are there any legal considerations? (accountability)
- Are there any conflicts between personal values, professional requirements and organizational mandates, and are these conflicts likely to present problems for the decision-maker or others? (critical reflection)
- Are there other resources that could shed light on this dilemma such as research, literature or the experiences of others? (consultation, critical reflection)
- Who could be consulted at this stage for the acquisition of new knowledge, or for clarification of positions taken by ethical codes, policies or law? (consultation)
- Is specific cultural knowledge required, and if so, who should be consulted for this? (cultural sensitivity)

Step Four: Alternative Approaches and Action

The gathering of relevant information, and the discarding of the irrelevant, should result in a package of knowledge about the situation that can then be sorted and examined for potentially unhelpful or damaging outcomes, should a particular course of action be taken. One of the key principles underlying ethics is the notion of 'do no harm' (non-maleficience)—social workers and others in the helping professions are well aware of the potential for abuse of power, and the dangerous consequences of acting without due regard for the vulnerable and often disempowered position of others. It is not always possible to foresee future harm, and problems that come from 'left field' are always a risk. Decisions can only be made based on the information available at the time, after proper assessment and evaluation of all facts and positions, and with clear understanding of the rationale on which a decision is ultimately based. It is important to consider the significant contributions of ethical theory, which will assist understanding of whether a decision is based on concern for rules, law, policies, guidelines or universal application (a deontological position) or whether the concern is more for consequences or notions of the greater good (a utilitarian position). Should one be more concerned with relationships or good character (ethic of care, virtue ethics), then decisions might take a different course again. Some questions that can guide decision making at this stage include:

- What are the available courses of action now that I have gathered knowledge and information and considered the range of value positions? (accountability)
- On what basis will I make this decision and how will I justify my actions? (accountability)
- Am I missing other alternatives, and how can I be sure that I have weighed up all the options? Who can I talk to about this and can someone else play 'devils advocate' to help me clarify my position? (consultation)
- Are any of these options culturally discriminatory or insensitive? (cultural sensitivity)
- How do I feel about the decision I have come to, and is there anything I need to do differently? Can I live with this decision and can I justify it if called upon? How do I implement and document this decision? (critical reflection; accountability)

Step Five: Critical Analysis and Evaluation

One of the realities of busy practice is that the important stage of critical analysis and evaluation is neglected as one case is resolved and another presents itself for attention. As Clark (2007, p. 66) points out in his discussion of the rationalist model of decision making, 'mature reflection, if it happens at all, is often after the fact and when significant and often irrevocable decisions have already been made'. Making the time for critical reflection on practice will allow space for consideration of the impact of the decision-making process on self and others, and can shift what could have been a difficult and emotionally draining experience (as many ethical dilemmas turn out to be) into a more constructive learning experience (McAuliffe 2005). In critically analyzing how a situation played itself out, a practitioner can move practice from a routinized and rote response to a more dynamic and thoughtful engagement with moral issues that lie at the heart of human services work.

There are a broad range of reflective techniques that have been detailed in literature (Osmond & Darlington 2005) and drawing on these either as a self-reflective activity, or by active discussion with another, is one way of ensuring integrity, competence and accountability in practice. Who a practitioner chooses to consult also warrants scrutiny as it is always easier to share a difficult situation with someone who will be unlikely to offer a different or more challenging perspective. Some questions that can assist this process include:

- What have I learnt from this situation about the way I make decisions and have I changed my behavior from previous decision-making patterns? (critical reflection)
- Do I feel confident that I acted in a culturally sensitive manner throughout the process or were there any aspects of culture that I neglected to explore? (cultural sensitivity)

- Did I use consultation and support wisely, and who did I choose to talk with about the ethical dilemma? Were there others that I could, or should, have contacted for information? (consultation)
- Are there issues that I need to bring attention to in relation to deficits in organizational policies/procedures, ethical codes or other processes that impact negatively on service users? At the end of the day, can I own my decision and confidently discuss my actions and take responsibility for my own part in the decision-making process? (accountability)

A common criticism of ethical decision making models is that ethical dilemmas often happen 'out of the blue' and such models do not allow for those circumstances in which a decision needs to be made quickly. There is often no time to consult, or to gather information, or even to reflect; a response needs to be given or a decision needs to be made on the spot. While not denying the reality of these situations, we do concur with Manning (2003, p. 171) on this point where she reiterates that 'the use of a framework for decision-making may seem cumbersome and time consuming at first. However, with some practice, most of the topics and questions will become second nature; they will be internalised and routinely come to mind.' Critical reflection as an integrated part of professional practice will certainly assist this process.

Conclusions

The Inclusive Model of Ethical Decision Making was developed from analysis of literature and from our own experience as practitioners and social work educators. While this model has been used in professional development workshops with social workers in health, disability and rural practice, and with students, there has not, as yet, been any systematic evaluation of its relevance and use in practice. The practicality of the model in crisis settings or with so-called 'hard to serve populations', such as homeless people or those with challenging behaviors, is as yet untested and further research is needed in different organizational contexts. Testing the model to develop empirical evidence of its application would determine how practitioners might use the model and what outcomes it might deliver to clients and service users. This is work yet to be undertaken.

It is also important to acknowledge that the model sits within practice in social work and human services contexts. We do not assume its relevance to other professional groups, though there has been interest from colleagues in nursing and allied health to explore application within those fields of practice. The applicability of the model at an interdisciplinary level is also yet to be tested.

Social work educators are also charged with the responsibility of ensuring that students have good knowledge of ethical codes pertaining to social work practice, an analysis of personal and professional values, and are able to demonstrate ability to articulate and justify decisions about practice issues.

Students should, in our view, be exposed to a range of ethical decision making models and frameworks, and should be encouraged to integrate an understanding of the ethical dimensions of practice into their emerging practice frameworks. The Integrated Model of Ethical Decision Making could be a useful addition to the plethora of models now available, offering as described by Bowles *et al*. (2006, p. 205), a model that emphasizes the importance of personal responsibility as well as a reminder of the 'open-ended and interdependent nature of ethical argument'.

Finally, as with any model of ethical decision making, there are limits to what ethical issues and problems it can address. It is beyond the purview of the model, for example, to provide guidance for individual practitioners on ethical domains or dilemmas that exist in wider society. In our experience, these broader issues, such as moral conflicts between personal and social work stances and those of the organization or government policy, repeatedly arise as sources of concern and stress to social workers. Such ethical issues require social action or collective lobbying on the part of groups such as professional associations. What appears to be useful in the application of this model is the identification of these issues and clarification of what can and cannot be readily addressed within individual interventions.

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