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Editorial: Sex, sex, sex, that's all you think about!

Stephen M. Marson, Ph.D. Editor

After teaching undergraduate social work for 33 years, this will be my last semester. Although I don't have the space to reflect on trends found among social work students, I can reflect on a phenomenon that appears to be a recent trend. Within the last five years, social work students have been demanding concrete answers for ethical dilemmas. They want to be told that in all circumstances it is unethical to accept a gift from a client. For example, a student social worker who accepted a drawing from a child was guilt ridden. She accepted the drawing for fear of hurting the child's feelings but was distressed because she interpreted her action as a violation of the ethical code. To immediately relieve her anxiety, I told her I probably would have done the same thing. Among undergraduates, these kinds of conversations are becoming more and more common.

If I have time, I usually include a statement like: *There is only one unambiguous statement within the NASW Code of Ethics – no sex with clients and no justification.* (That's how I came up with the title of this editorial.) Every other standard within the *NASW Code* includes the word "should" and/or indicates that the ethical outcome rests solely on the shoulders of the practitioner. If ethical standards were clear cut, you would NOT need a college degree to be a social worker. Critical thinking skills are at the heart of ethical decision making. In the end, I'll usually refer the student to a particular article or book. If there is time, we will talk about it further. However, most of these conversations take place in the hallway!

For me, outdated concepts like "countertransference" proved to be helpful. Recently, I saw the term countertransference used in an adjudication document. A clinical social worker lost his license to practice because he had sex with a client. The adjudication board described the cause as "countertransference." At any rate, antiquated or not, the concept of countertransference seems to help BSW students deal with ethical dilemmas. In social work research courses, we have stopped offering systematic tools for assessing and identifying countertransference. A 1991 out-of-print book by Alter and Evens entitled *Evaluating Your Practice* offered a model and an example for assessing countertransference. BSW students who have used Alter and Evens' book seem to have a better handle on this type of decision-making.

In the end, tell me what you think. Send e-mail to smarson@nc.rr.com and let me know if you are seeing the same pattern among student social workers. It would be interesting to hear how field work supervisors handle the situation. Frankly and most curious for me, do people other than myself still use the concept of countertransference?

Letter to the Editor: Limits of a Code of Ethics

Dear Editor:

Spano and Koenig's latest response (2009) suggests a need to clarify the distinction embodied in the title of my last contribution to this discussion (Adams, 2009) between the *Code of Ethics* as set of duties and as statement of secular-liberal orthodoxy. The *Code*, I argue, neither does nor should impose any such ideological orthodoxy as the latter, and nothing compels such a restrictive reading of it. The difficulty here is that Spano and Koenig, in their apparent indignation at this view, ignore what I wrote and the arguments I made (Adams, 2009). For the record and with barely even a partial exception, I neither hold, nor did I argue, any of the positions they ascribe to me in their latest response.

For example, the authors say that George (2001) asserts that "only orthodox positions are Christian." What can I say? Read the book! Let me repeat: my argument, like George's analysis of the clash of orthodoxies, has *nothing* to do with the question of who is or is not Christian. George's point, and mine, is that the secular-liberal positions on life, death, sex, and marriage are no less an orthodoxy than those held by those who are--in a definable sense not limited to Christians--orthodox in religion. The orthodox-religious position is more defensible on rational, non-religious grounds than those of the secular-liberal orthodoxy (with whom religious liberals, Jewish and Christian) ally on these questions. In any case, the latter is *no less* an orthodoxy than the former. Neither one is or should be required by the *Code of Ethics*.

Again, I hold none of the views on marriage, abortion, or poverty that Spano and Koenig ascribe to me, and I agree with much of what they say about them. I simply point out the mass of research, some of which I cite, on family structure that shows it matters. Even controlling for the variables they mention, it is simply the case that children do much better when raised by their own two married parents (by birth or adoption) than by parents or others in cohabiting or single-parent arrangements. Both women and men in relationships are happier, healthier, better off financially, longer lived, and less likely to suffer domestic violence when they are married, and they lose those advantages when divorced—again controlling for the variables Spano and Koenig mention.

This is not the place to describe that research, which readers can consult for themselves, and on which there is broad consensus among researchers on marriage and family. But what is alarmingly symptomatic of the social work academy is the substitution of ideology for evidence, the refusal even to look at the evidence, to the great detriment of those we teach and the people with whom they subsequently work. None of which is to say (and I do not say) that strengthening marriage will solve all problems or that those problems do not have other causes.

The real difference between us, I think, has to do with the purpose of a code of ethics. In my view, it is not an ideological litmus test or screen or sieve, but a list of duties, a deontological code as many other European languages call it. It is about what we must do and not do. It mandates actions, not beliefs. The duties, not the accompanying rationale or ideology, are what bind us in a profession. Physicians who took the Hippocratic Oath for well over two thousand years promised not to participate or collude in assisted suicide, euthanasia, or abortion, whatever their view of Hippocrates' reasons, religion, or cosmology. In social work, as I argue, our duties typically include that of working—on a daily basis—with those of whose beliefs and actions we may disapprove. That is not the same as colluding in actions that are harmful to self, others, or society, nor does it mean imposing our own views or terminating the case.

A code of ethics is a very limited tool in the promotion of ethical social work behavior or the education of ethical social workers. (See my forthcoming article on “Ethics with Character” in the *Journal of Sociology and Social Welfare*.) A code will not support the burden these authors place on it, of defining an ideology above ideology to which members of the profession “must” conform. That is why I reject the principle they say I do not discuss— that social workers “must” submit to having their personal worldview “mediated through the *Code of Ethics*.”

Social work, like other professions, has a core set of values that are defined in the *Code of Ethics* and constitute part of the definition of the profession. But these values are accepted across the political spectrum in social work and are not ideologically exclusive. The dignity and worth of the person, for example, though derived from Christianity, is accepted by social workers who see themselves as liberal secularists, even though they may hold beliefs that are incompatible with that value, for example, support for euthanasia of some of the most weak and vulnerable individuals.

Another shared and core value is social justice, a value shared by the profession’s Evangelical founding mothers in the 19th century as by its secularist leaders in the 21st century. Spano and Koenig (2009) acknowledge that there are different conceptions of social justice, but, they say, social workers “must choose the one that is more useful than another to achieve the profession’s stated purpose of promoting the well-being of vulnerable populations” (emphasis added). But which is that? Barry’s (2005) case for social justice takes the term to mean the social-democratic welfare state. The U.K.’s Centre for Social Justice, on the other hand, seeks to address the same problems of poverty as concern Barry, but it “highlights the work of profoundly differing and unique small voluntary organisations and charities” and takes the view that “The war on poverty can be won if government gets off the back of the armies of compassion and helps them to succeed” (<http://www.centreforsocialjustice.org.uk/default.asp?pageRef=44>).

Again, who will decide what conception of social justice I “must” accept and teach? All major theorists of social justice (and social workers) to my knowledge claim that their conception best promotes the well-being of people in poverty. No one argues for social injustice. I do not want to contend here for or against any particular view of social justice, just to suggest that I would prefer to resolve the question through open argument, evidence, and democratic processes in the public square rather than be told what I must believe and argue on the authority of the current majority interpretation of the *Code of Ethics*.

Spano and Koenig seem to think that I am in favor of imposing my “personal worldview,” whatever that is, on clients. They say the same principle applies across the ideological spectrum. Yet their original essay is a sustained and one-sided attack on a much-maligned ideological minority within social work, Evangelical Christians. That is why I came to their defense—that and my worry about the authoritarian tendencies within liberal “political correctness” and about an accompanying ethical earnestness that tends to sanctimony.

My point is that the positions that Spano and Koenig take for granted and read into the *Code* are *no less* expressions of an ideology or orthodoxy than those of the Evangelicals they take to task. In advancing this argument, I make no religious assumptions. I do say I am not an Evangelical and I do hereby abjure, renounce, and forswear any aspiration to pronounce on who is a true Christian.

As I argue, the greater danger today of professors’ and practitioners’ imposing a worldview on clients and students comes from liberal-secularists (and their religious-liberal allies), whose views on these matters tend to be farther than those of Evangelicals from the views of

their clients. This is particularly dangerous if we ignore clients' beliefs and aspirations about marriage and pretend that single parenthood is as good a family form as marriage, perhaps because, in the words of the old feminist slogan, a woman needs a man like a fish needs a bicycle (which always struck me as an odd view of human reproduction and social life).
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Dear Editor:

A reading of Ogden Rogers' article regarding "Social Work and the International Humanitarian Law: Rights, Roles, and Responsibilities" in the "Journal of Social Work Values & Ethics," Vol. 5, Number 2 (2008), seems to show that the U.S. made all of the wrong choices going to war in Iraq. What about Afghanistan?

The article sets a sound foundation for understanding the relationship between international law and social work. I would imagine that as a Red Cross member/worker, Dr. Rogers may have pretty strong views on U.S. foreign policy/policies, as well as "in country/U.S." policy/policies when it comes to humanitarian law(s), particularly from the social worker perspective.

I wonder about the differences/similarities between the thinking and actions of the social workers of yore compared with social workers of today. Bringing more discussion and incorporation of the principles of the Geneva Conventions into schools of social work makes sense.

Is there a follow-up article?

Thank you, Dr. Rogers.

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Moral Philosophy and Social Policy

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Abstract

Policies in the United States regarding personal responsibility and deviant behavior often follow an underlying moral philosophy. This article examines the philosophies in American social policy, and how beliefs about personal responsibility, definitions of deviance, and the role of the social welfare system shape current policies.

Key Words: Deviance, social policy, moral philosophy, social work, policy analysis

Introduction

In all categories of policymaking, morality plays a role. Environmental policy, tax policy, and social policies all develop with a backdrop of moral philosophy. Beliefs about responsibility and personal rights often weave their way into legislation. In social welfare, this link can be blatant and far-reaching. When decisions are being made concerning policies and programs for human beings, the fact that people can play a role in their own destiny sparks the debate about the size and power of that role. Some, such as John Stuart Mill, feel that individuals should remain in complete control of their lives and the paths they choose to take based on individual circumstances. Others believe that it is the job of those with strong moral beliefs to guide and protect those who have “lost their way” (Reid, 1981). An argument further exists as to when others should step in and try to change a person’s desired behavior against his or her will. These discussions often occur as a reaction to deviant behavior committed by an individual or group.

Three moral philosophies, paternalist, consequentiality, and deontological, provide theories of the role of the will of man and social control in the evolution of society. At the heart of these philosophies are differing beliefs about under what conditions society should demand a person relinquish his or her free will for the good of the people and whether he or she should be judged by the consequences of his or her actions, or the actions themselves.

The Regulation of Deviant Behavior: Paternalism, Consequentialism, and Deontology

Behavior that exists outside the norms of a society is often subject to regulation. Which behaviors are chosen and how they are regulated can be influenced by the moral philosophies held by society. Three philosophies that often contribute to the identification and regulation of deviant behaviors in the United States are paternalism, consequentialism, and deontology.

Theories of paternalism state that individuals are responsible for preventing others from harming themselves or other people. The word “paternalism” comes from the word “paternal” for father. Indeed, Aristotle described paternalism as an extension of a family. In this way, paternalism can be viewed much as a parent-child relationship. Parents are responsible for ensuring that their children do not harm themselves. Furthermore, if a child harms another person, it is the parent who is ultimately responsible (New, 1999). Another aspect of paternalism states that the intervener is logically more adept, knowledgeable, and a better judge of welfare than the person being paternalized (Leonard, Goldfarb, & Suranovic, 2000). Many social policies in the United States contain a type of paternalism called soft paternalism. In this view, individuals’ rights should only be overlooked when they are incompetent, incapacitated, or coerced (Leonard, Goldfarb, & Suranovic, 2000). This view of paternalism complicates social welfare issues such as coerced treatment, which occurs when a person’s competence might be subjective. In this case, the question of whether to force someone into treatment might be evaluated in either a consequentialist or deontological nature, which will be discussed later. As far as situations in which paternalism is warranted, consideration is sometimes given to the role of the intervener (New, 1999). Paternalism assumes that the paternalized person is unable to make a healthy decision and that the intervener is capable of making a better decision. New (1999) provides three situations in which a person might not be able to make as sound a decision as the intervener. The first occurs when the individual faces a “weakness of will,” meaning that temptation might prevent an individual from making a decision in his or her best interest. This situation is the most subjective. The second involves situations in which the person making the decision has little firsthand information to aid him or her in arriving at a decision. Third are complicated situations in which the intervener can provide specific and specialized knowledge.

Paternalism focuses on the right of those with knowledge, power, and ability to interfere in the lives of those deemed to be harming themselves or others, consequentialist and deontological

theories center around whether the decision to interfere should be based on the person's actions or the consequences of his or her actions. Therefore, both consequentialist and deontological theories can be carried out paternalistically.

Consequentialist policies are concerned with the consequences of the behavior in question, rather than the behavior itself. The term for this is *agent-neutral*. Consider, as an example, the act of driving drunk and hitting a neighbor's mailbox. A consequentialist would argue that the only crime committed was destruction of property. In this case, the action of drinking and driving is neutral in deciding the outcome. Rather, it is the consequence of hitting the mailbox that calls for punishment (Louise,2004). Consequentialist theory can be described as focusing on the consequences of a person's actions when deciding whether to intervene. Two questions arise when considering this theory: 1) consequences for whom? And 2) what kinds of consequences?

Part of consequentialism considers who benefits or suffers from the consequences. To this end, there are two competing theories. *Egoism* states that decisions should be made based on the consequences for the individual, regardless of the consequences to others. By contrast, *utilitarianism* contends that decisions should be made based on the consequences for society, regardless of personal sacrifice. Both of these theories are considered consequentialist, because they focus on the consequences of actions, rather than on the actions themselves (Scheffler, 1994). A second aspect of consequentialism examines what kind of consequences result from a decision. Arguments exist within consequentialism as to what consequences are the ultimate aims. *Hedonic consequentialism* claims net pleasure to be the ultimate consequence. A variation on this is *eudemonic consequentialism*, which has the stated goal of happiness. Some consequentialist theories have the goals of material equality or personal liberty (such as John Stuart Mill). In these cases, actions are taken to achieve these goals, regardless of other, less important consequences (Scheffler, 1988). An example of current consequentialist policies in the U.S. is gun law. It is not illegal to own a gun, as long as the consequences of that ownership do not involve crime. It is not the action of owning a gun or firing a gun that is illegal; rather it is the consequence of shooting someone or something or committing a crime with a gun that breaks the law.

In contrast to consequentialist theory, deontological theory focuses on the innate morality of the actions themselves, regardless of the consequences. In deontological theory, lying is wrong, even if it is done to bring about good consequences. As previously mentioned, consequentialist

theory is *agent-neutral* and deontological theory is *agent-relative*. That is, in deontological theory, it is the action of the agent that is important, rather than the consequence of that action (Encyclopedia of Philosophy, 2004). Consider again the example of drunken driving policy. This policy is deontological in nature, because it is not only the consequences of drunk driving that are illegal, but also the act of driving drunk itself, on the premise that it is an inherently wrong, agent-centered action. One of the biggest proponents of deontological theory is Immanuel Kant. Kant introduced the idea of the categorical imperative. This idea maintains that a person's motives for his or her actions should be acceptable as universal law. That is, people should act on motives that can be used by everyone in a moral society (Darwell, 2002). For example, a person's motive for going to work should be such that if everyone adopted that same motive, it would be acceptable in society. For example, if a person's motive for going to work is to provide for his or her family, it would be an acceptable motive for everyone to have. On the other hand, if a person's motive for going to work is to steal from the company, even if it is justified in that particular case, it does not matter, because it is not an acceptable motive for everyone in the work force to have.

Deontological theorists believe that having the correct motive and action is preferable over achieving the desired outcome. However, this notion of an acceptable motive lends itself to judgment and subjectivity. Furthermore, deontology leaves little room for adjusting the action to fit the situation. One criticism of deontological policy-making is the power to decide what is inherently right. Deontological theories often find their way into so-called "victimless crime" policies. These policies, revolving around unacceptable private behavior, only consider the behavior itself, regardless of the consequences. If a person uses drugs, even if the only negative consequence is to that individual, deontics would view the drug use as inherently wrong and would therefore encourage policies prohibiting drug use. Sodomy laws are another example of deontological policies. The private behavior of consenting adults is prohibited because of the belief that the behavior is inherently wrong.

Another aspect of deontological policy is that the context in which the behavior occurs is not taken into consideration. This rule often softens even the most rigid deontic believers in extreme situations. For example, although deontological theory holds that killing an innocent person is inherently wrong, modern deontological theorists maintain that killing an innocent person might be acceptable if it is in the context of preventing a catastrophe. Furthermore, deontological

theorists recognize that moral obligations have a ranking order, even among several inherently “right” options, in the context of the situation (Haydar, 2002). To this end, consequentialist and deontological theories disagree as to the best method of making a decision. Consequentialist theory dictates that to make a decision, all the alternatives are laid out and the decision that leads to the intended consequence is chosen. In deontological theory, there is an innate “right” answer for any decision, so laying out alternatives is not necessary (Encyclopedia of Philosophy, 2004).

At the heart of the differences in moral philosophy is the argument about whether it is the consequence or the action that is most important. Consequentialists maintain that it is the consequence that should be considered when making a decision. This can be a consequence for an individual (egoism) or a consequence for society (utilitarianism). The consequence can also be psychological in nature, such as happiness, or principled in nature, such as personal liberty. Consequentialist policies, such as gun control, often develop laws based on the consequences of actions, rather than the actions themselves. On the opposite end, deontological theorists insist that it is the action itself that should be the focus. Furthermore, deontics believe that each action is inherently good or bad, although modern deontics allow some exceptions based on the magnitude of the situation and the order of importance among competing moral values. One major criticism of this is, again, that it is up to those in power to decide what is inherently right or wrong and legislate accordingly, often criminalizing private, consensual behavior on the grounds of morality and a societal or political definition of deviance. Each of these theories can be carried out in a paternalistic way. That is, both consequentialist and deontological policies can incorporate different levels of intervention and different levels of coercion within the intervention. The following sections of this article will focus on how these philosophies play out across three areas of social policy around deviant behavior: welfare, drugs, and sexual behavior.

Social Policy

Social policy development encompasses problem identification and definition, and policy design and implementation. Before considering how moral philosophy plays into the development of social policies, it is important to differentiate between two ways of defining social policy. Social policies can be activities of Federal and local governments, such as laws or programs that are aimed at improving the well-being of members of society (Jansson, 1999). Sometimes social policies are aimed at the general population, such as in the case of drug laws, and sometimes they

are designed for a particular segment of the population, such as in the case of disability insurance. The population for which the policy is intended can influence the philosophy on which the policy is based and the level of paternalism with which the policy or program is carried out. This influence is the second part of defining social policy. Social policies can also refer to the authoritative distribution of values. How a social problem is defined and what determines the “success” of a social policy is often determined by the values of those in power who design and implement the policy. Therefore, social policies are both legislative actions and reflections of the values and morals of those who design the policy. For example, welfare policies are legislative acts of government. However, stipulations for receiving aid and the funds allocated to ensure the quality and success of welfare programs reflect the ideas of “right living” held by those who created the policies: that is, marriage, stable employment, owning a house, and no drug use. Furthermore, the lack of program funding and strong paternalistic nature of these policies speaks to the underlying idea that vulnerable members of society do not deserve as much as the rest of society and are applicable to the enactment of soft paternalism, even though they might be adults of sound mind and body (Leonard, Goldfarb, & Suranovic, 2000). Indeed, the ways in which social problems are identified and operationalized is also influenced by underlying moral philosophies. Why is drug use acceptable if a doctor prescribes it and not if a person decides to use it on his or her own? There is a commonly held belief that drug use is dangerous, doctors are experts, and dangerous activities should only be done under the watch of an expert. This situation would fall under New’s (1999) criteria for the use of paternalism. However, if this is true, then why is alcohol acceptable to use without a doctor’s note, when it, too, is dangerous? This example shows that within social policies lie conflicting messages about right and wrong. This conflict stems from the influence of moral philosophy on the identification and definition of social problems. If laws concerning the use of drugs were based solely on the scientific research concerning their harm to the user and society, they would look very different from the laws that exist today.

Regardless of how a social problem is defined, the subsequent policy has elements designed to ensure compliance. These elements can be normative or coercive. Moral philosophy can influence which type of compliance tool is used. When a policy is designed to encourage behavior deemed “desirable” by those in power, normative compliance tools are used, which reward the individual for engaging in the desired behavior. Examples would be tax credits for

being married and having children, and access to the carpool lane for hybrid vehicles. When a policy is designed to discourage behaviors deemed “unacceptable” by those in power, coercive, and therefore paternalistic, elements are used. For example, those who receive public housing can lose it if they are caught using drugs, and students can lose their college funding if they incur a drug conviction. The act of rewarding those who engage in “desirable” behaviors, and punishing and controlling those who engage in “undesirable” behaviors, and rely on the government for aid, reflects the influence of moral philosophies in controlling behavior.

Moral Philosophy in the Development of Social Policies that Address Deviant Behavior

Now that paternalism, consequentialism, and deontological theory have been discussed in relation to their definitions and role in social policy, and the issues surrounding the definitions of social problems and the development of such policies have been explored, I will look at three specific and often controversial issues in social welfare dealing with perceived deviant behavior. These issues are examined with respect to how current policies reflect the moral philosophies discussed in the first section. The three areas are: welfare policy, drug policy, and sexual policies.

The deontological basis for welfare policy can be traced back to the idea of the “deserving poor.” This idea maintains that certain people deserve aid because of physical, emotional, or psychological impairment. Those deemed unimpaired are expected to be able to pull themselves up and succeed without extra assistance. This ideal has prevailed in current welfare policy. Those who apply for public aid but are not on disability are labeled as lazy and irresponsible. Welfare to work programs are a way of asking that population to prove their worth by fulfilling work and other welfare-related requirements. These requirements send a message to recipients that society will not support them unless they pay a penalty. What is commonly overlooked is the idea that many welfare recipients cannot hold stable employment because of family status, completely unrelated to responsibility and laziness (Reamer, 1982; Rainford, 2004). Rainford (2004) conducted a qualitative study (n=30) looking at the barriers that exist for welfare recipients that keep them from completing work requirements. The barriers identified included domestic violence, lack of education, health issues, lack of child care/transportation, no caseworker, and communication disconnect. Furthermore, the sanctions put in place after failure to complete work requirements did not have an effect on future requirements. In this case, a deontological approach is expressed in a punitive and retributive manner, enforcing the agent-relative status of the policy.

The barriers mentioned above are all considered consequences of both poverty and system involvement. If sanctions are imposed for agent-relative behavior (i.e., completing work requirements, staying sober, making meetings, etc.) while ignoring the consequences, then the policies are directed at punishing and changing personal behavior, in a coercive way, by an agent of change deemed more adept than the recipient. Current welfare policy can be described as deontological, with its provision paternalistic in nature.

In 1996, welfare reform brought about work and time requirements as motives for recipients to get off welfare and enter the working world within a certain amount of time (Fellowes & Rowe, 2004). This illustrates the belief that not working is a deviant behavior that is not allowed in this society. Moral philosophy has informed welfare policy at both an organizational and individual level. Paternalism, in the philosophical sense, is defined by a non-consensual intervention in which the intent is to stop harmful behavior and the intervener is deemed more adept than the subject of the intervention. However, when discussing welfare policy, paternalism is defined as “social policies aimed at the poor that attempt to reduce poverty and other social problems by directive and supervisory means” (Mead, 1997, p. 2). It is these directive and supervisory means that take on a paternalistic tone. As previously mentioned, a policy can be either consequentialist or deontological and be carried out paternalistically (although deontological policies often lend themselves more easily to paternalistic provision). In the case of welfare policy, the requirements set forth by the government in exchange for public assistance are paternalistic in nature. The intervention may, however, be viewed as consensual, since the welfare recipient agrees to these requirements. But, if fulfilling the requirements is the only means by which aid can be received, then the agreement cannot be recognized as fully consensual. If current welfare policy is intended to be deontological in nature, as many suggest (Kaplow & Shavell, 2004; Wilson, Stoker, & McGrath, 1999; Rainford, 2004; Fellowes & Rowe, 2004; Reamer, 1982) does the paternalistic provision overshadow the moral intent? One criticism of an over-reaching paternalistic welfare system is that too many requirements lead to the disruption of the moral message intended by a deontological policy. The assertion is that the time spent between welfare recipients and caseworkers filling out forms distracts from the ability of the caseworker to act as a moral role model, if that is indeed their intended role. Supposing that welfare caseworkers ARE proposed moral leaders as suggested by Wilson et al. (1999), the paternalistic requirements associated with

welfare policy distract workers from providing guidance and knowledge, one of the requirements of a paternalistic intervention.

Fellowes and Howe (2004) provide a thought provoking discussion on the possible ways that individual states can adopt either consequentialist or deontological policies regarding aid distribution. These theories are all acted out in a paternalistic manner, as described above. First, Fellowes and Howe discuss the reproductive behavior of recipients and its effect on aid distribution. If reproductive behavior, operationalized by the number of unwed births, increases in a state, the state can react deontologically and restrict aid and increase requirements to send a message that the immoral behavior of having a child out of wedlock will be punished. However, reproductive behavior can also result in a consequentialist situation in which, in response to rising out of wedlock births, the state increases aid and relaxes requirements as to address the consequence of having a greater number of children in the system. This moral crossroads can also be seen in relation to a state's level of welfare dependency. Like reproduction, dependency can lead to the reduction of benefits to punish the increase in immoral behavior, or an increase in benefits to deal with the consequences of greater dependency (Soss, Schram, Vartarian, & O'Brien, 2001). In addition to welfare policies, drug policies in the United States are also derived from the legislation of morality.

The War on Drugs has been the motivation for drug policies developed during the past 40 years. This punitive approach calls for the imprisonment of drug users and long, mandatory sentences for drug sellers. Furthermore, drug users are portrayed as deviants by the media and the government, and the normalization of drug use is forbidden (Duster, 1970). U.S. drug policy is heavily deontological and is presented within a paternalistic framework. The punishments for drug use often disregard the consequences of that use when deciding the punishment. This is not the same thing as the punishment for a car accident increasing in severity if drugs are involved, but rather the punishment for using the drug itself. If a person is walking erratically in a park and is stopped and searched by police, the discovery of drugs would likely lead to an arrest, even if the consequence for using the drugs has yet to be determined. Rather, the agent-relative act of drug use and possession is the crime. This follows a deontological perspective. A consequentialist policy would not place the person under arrest unless the consequence of the drug use infringed on the rights of others. In the example given above, a consequentialist policy would allow the

person to possess drugs and walk erratically in the park. However, if the person destroyed another's property or assaulted someone, that would be grounds for arrest, again, not because of the role of the drugs, but rather the consequence of the situation. Today, drug policy seeks to legislate the moral behavior of individuals by imposing illegality on the consumption of certain substances and not others, rather than legislating negative consequences, no matter what the antecedent.

After a person is arrested for drug use, the system takes on a paternalistic role. The authorities offer the offender choices concerning his or her punishment, sometimes offering a deal for information, sometimes offering treatment. In each case, the assumption is that the offender needs the help of the authorities and that the authorities know what is best for the offender. Even though the threat of jail prevents the cooperation of individuals and authorities from being consensual, soft paternalists would argue that a drug addicted person is not capable of making decisions in his or her best interest. Therefore, it is appropriate for the authorities to intervene in a non-consensual manner. Many drug-related paternalistic policies intersect with social welfare. Stipulations for receiving food stamps, public aid, public housing, and employment involve a person being free of drug related charges and not using drugs. This paternalistic design ensures that in order to receive an intervention from the system, the recipient must follow the rules set forth concerning drug use. This is also deontological in that it is up to the agent (agent-relative) to behave appropriately, rather than up to the system (agent-neutral) to help the agent identify choices for achieving the desired consequence. If this were the case, drug use would only become an issue if it stood in the way of the agent following through on what has been identified as the best course of action, therefore putting the desired consequence in jeopardy.

Those involved in researching and constructing drug policy often differ on when the intervention should occur. The current drug control strategy focuses on intervening at the agent level, by prohibiting use, intercepting drug shipments and making a drug free life a stipulation for receiving many benefits from the Federal government. In 2001, 55% of Federal inmates were incarcerated on drug charges. In state prisons, 20.4% of all inmates were drug offenders (Harrison & Beck, 2003). This process is, by definition, deontological, because of the focus on the actions of the agent, rather than the consequences of those actions. The other group of researchers, policy makers, and scholars in the drug arena seek to intervene in a consequentialist manner, by focusing their interventions around harm reduction and treatment. Harm reduction, the act of minimizing

the harmful consequences of a behavior, exists outside of the realm of drug policy. Wearing a seatbelt, a helmet, or a condom are all harm reduction strategies, aimed at minimizing the potential harm of a car accident, bike accident, or sexual experience. Similarly, services such as needle exchange centers and Ecstasy testing at raves seek to minimize the harm that might result from drug use. The common reaction from deontologists when faced with harm reduction strategies is that they “send the wrong message.” This insinuates that by accepting that people are going to use drugs and trying to minimize harmful consequences, the moral message is that drug use is okay, which strongly contradicts their deontological message about the innate wrong or “*mala in se*” of drug use.

One scholar who supports this notion of deontological drug policy is Jerome Skolnick. Skolnick (1992) presents the two sides of drug policy presented above in terms of “*mala in se*,” drug use as a natural or moral wrong and “*mala prohibitum*,” a regulatory issue. Skolnick argues that the current drug control strategy in the U.S. is based on the principle of “*mala in se*.” To support this idea, he refers to the first National Drug Control Strategy, written in 1989, in which then-President George Bush referred to drug use as a sign of deficient moral character and a weakness of will. Furthermore, the strategy called for an increase of \$1.5 billion dollars for both the enforcement and interdiction arms of drug control, but only \$321 million for treatment and \$250 million for education. Again, this puts the emphasis on punishing the personal decision to use drugs, rather than attempting to lessen the negative consequences of drug use. Skolnick suggests that a consequentialist drug policy would look very different, relying on a more evidence-based approach, in which great care would be taken to determine the most effective method for addressing the negative societal consequences of drug use, rather than trying to control individual behavior with the threat of imprisonment or the denial of Federal aid.

Another framework in this area suggests that although those in favor of harsh penalties for drug use often cite morality, they cannot be ruled out as consequentialists. MacCoun and Reuter (2001) explore this idea by looking at the full arguments of typically deontological policy makers and scholars, such as former Drug Czar William Bennett and author James Q. Wilson. While both Bennett and Wilson have cited moral repugnance for drug use, they often provide consequentialist reasons for their feelings, such as the effect that drug abuse has on the family and the community. However, MacCoun and Reuter conclude that even though some moral anti-drug arguments are

backed with the inherent consequences of drug use, the policies surrounding drugs and their use in society still come from a place of personal morality and responsibility. It is my belief that if Bennett and Wilson truly believe that the negative consequences of drug use should be the primary rationale for their legal status, there would not be as much support for punishing users and sellers. Rather, funding would be channeled to programs and policies directed at reducing the negative consequences of drug use on the family and community and the rigorous and constant evaluation of their effectiveness.

Similarly, to drug policies, the inherent question concerning sexual policies surrounds the legislation of an act that is consensual based on its view by some as “immoral.” Deviance from the traditional structure of a monogamous marriage between a man and a woman has elicited a backlash from religious groups and many Republicans, including former President Bush, who favors a Constitutional amendment to prevent “deviant” sexual behavior. Legislation against homosexuality, gay marriage, and prostitution are based in the deontological argument that sexual acts of this manner are mala in se, natural wrongs. Sexual behavior is another arena in which harm reduction has played a role in attempting to inject some consequentialist programs into a deontological policy. Other countries have embraced the role of harm reduction in their sexual policies. Countries such as Amsterdam provide services for prostitutes, such as AIDS testing and condoms, in the hopes of preventing disease and unplanned pregnancy. Again, in the United States, services such as condom distribution are seen as “sending the wrong message.” Just as with drugs, the stance is that addressing the consequences of sexual actions rather than the decision to engage in the act is somehow saying to society that the act is okay. This is an argument often heard in respect to giving teens access to condoms. A deontologist would argue that premarital sex is morally wrong, and to give out condoms is saying otherwise. A consequentialist would note that if unplanned pregnancy or disease is a possible consequence of sexual activity, addressing and trying to prevent those consequences through means proven effective (condoms) is the best course of action for the good of society. Legislation and policies surrounding sexual behavior bring up issues about privacy and the role of a paternalistic system.

As previously mentioned, in a paternalistic policy there exists an unequal relationship between those in power and those who need to be helped. Soft paternalists qualify the need to be helped as someone who is a minor, weak willed, or otherwise unable to make his or her own

decisions. The premarital sex issue speaks to this because of the involvement of minors. However, the issue becomes cloudier when dealing with consensual acts between adults, such as homosexuality or prostitution. First, a note, it is in no way my intention to equate prostitution with homosexuality or to insinuate that they are similar acts. Rather, they are both examples of sexual acts with differing and subjective measures of consensually.

The notion of paternalism that the agent is somehow weak willed and in need of intervention is held up by the claim that homosexuality is a choice and not an innate quality. For those who believe the choice model, it is easy to justify why a paternalistic intervention might be necessary. For those who support the notion that one is born homosexual, it is difficult to understand the rationale for legislating private behavior between two consenting adults who are more than capable of making their own decisions.

Similarly, the paternalistic nature of legislation against prostitution assumes that the prostitute is weak willed and unable to decide for herself or himself what is right. This follows directly with the deontological argument that prostitution is *mala in se*, and the very fact that a woman chooses to engage in prostitution shows her incompetence and therefore calls for an intervention by the system. Another aspect of paternalism is using misinformation or withholding information as long as it supports the message of the Paternalist. In his book, *The Legislation of Morality*, Duster (1970) refers to a TV movie entitled *Never on Sunday*, which was banned in many places in the United States. This was not because of sexually explicit content; rather, it was banned because of its portrayal of a prostitute as a compassionate person with feelings and morals. To show a prostitute with character would have violated both the deontological idea that someone cannot be a moral person if he or she engages in what is considered an immoral act and the paternalistic notion that prostitutes are capable of making strong willed, informed decisions about their well-being without professional intervention.

Implications for Social Work

Moral philosophy plays a role in policy formation, but how does moral philosophy intersect with the profession of social work? Social work often addresses society's deviant behaviors and seeks to integrate those classified as "deviant" by society into healthy, happy lifestyles. On the macro level, moral philosophy helps shape social work as a profession. On the micro level, moral philosophy connects with social work practice around specific issues, such as coercion. Although

the client side of social welfare focuses more on avoiding negative consequences and generating viable alternatives, the professional side of social work is more ambiguous as to whether the appropriate course of action is agent-relative or agent-neutral.

The profession of social work follows both deontological and consequentialist philosophies. Reamer (1982) identifies three questions that guide the social work profession and its associated ethics: authoritative, distributive, and substantive. These three areas can come into conflict with one another, presenting ethical dilemmas for social workers.

The authoritative question asks how social workers know when and how to intervene in a client's life. Reamer points out that there are many reasons why a social worker might intervene. There are three classifications of factors that might influence the decision to intervene: technical, empirical, and ethical. The technical reasons are highly consequentialist, such as a successful consequence with another client in a similar situation, or specific knowledge about the effectiveness of a particular intervention. The empirical reasons for intervention are also consequentialist and based on research and program evaluation. Ethical reasons for intervention are deontological, such as a disagreement with the morals and practices of a client. Reamer claims that a social worker cannot rely on any one way to make the decision to intervene. Rather, the contribution of each type of decision should be weighed and looked at in terms of its effect on the client. For example, social work research may show that condom distribution in schools lowers the pregnancy and disease rates of sexually active teens. However, this contribution of empiricism might be overlooked if the school counselor insists on an abstinence only program, as a result of his/her personal beliefs.

The distributive question focuses on two issues. First, whose interests should social workers concern themselves with? This question brings about the issue of paternalism. If society is truly paternalistic, then it is the moral responsibility of citizens who are doing well in life to intervene and aid those who are down on their luck. Under the current welfare structure, the system takes responsibility for providing aid to those who need help. However, the deontological underpinnings of the welfare system put moral requirements on those who wish to receive aid. As Reamer points out, the beginnings of social work's Charity Organization Societies greatly revolved around the Christian principle of helping those who have lost their way see the light. The second part of the distributive question concerns how goods and services should be distributed.

Consequentialists such as Hume and Bentham argue that goods should be distributed based on what will provide the best consequences for larger society. Aristotle believed that goods should be distributed according to virtue; Marx felt that need was the most important criteria. The question of service distribution can also be affected by the professional's moral philosophy. For example, if a social worker receives a charitable donation and must decide how to distribute the money, a deontological social worker might give the money to a program that subscribes to his or her own idea of morality, such as Planned Parenthood, if the worker believes strongly in a woman's right to choose. A consequentialist social worker might research the effectiveness of various programs when making his or her decision. Or, that social worker might find a way to distribute the money that would help the greatest number of programs, therefore increasing the positive consequence for society.

The substantive question asks which actions, goods, and services are regarded as helpful and worthwhile, and why. This question revolves around the idea of morality. The evaluation of actions calls for the determination of their innate right or wrong. When evaluating goods and services, the question becomes whether that program is morally good or bad. For example, is the action of breaking confidentiality morally right or wrong? Similarly, is the service of needle exchange morally good or bad? A deontic would argue that the answers to these questions are the same in every situation and should be based on whether the action in question could be committed by anyone in society and deemed acceptable. A consequentialist would interject that rather the consequence of any action or program should be the primary focus in determining its worth.

This conflict is addressed by Ross's (1930) idea of the difference between a *prima facie* duty and an *actual* duty. A *prima facie* duty is one that the social worker should perform, all other things being equal. The *prima facie* duty lends itself well to a deontological argument, since it ignores the other circumstances of a situation in favor of deciding what is innately right and moral. An *actual* duty is what the social worker ends up doing, once the circumstances and intended consequences of the situation have been established. For example, confidentiality is a *prima facie* duty of social work. It is considered an innate right of the profession to keep client information confidential. A deontologist would claim that this virtue should be followed, no matter what the circumstance. However, if a client tells the social worker that he/she is going to harm a co-worker,

breaking confidentiality becomes the *actual* duty; the decision that is considered morally right once the circumstances and consequences are considered.

The morality of social work as a profession continues down through the general code of ethics and into specific practice situations. One of those situations is coercion. Although the decision to intervene has ties to both deontology and consequentialism, how that intervention takes place falls in line with the idea of paternalism.

Social Work Practice: The issue of coercive care

The paternalistic relationship assumes two things, a power differential and the necessity of intervention to prevent harm. Although, as previously discussed, the current welfare system is paternalistic in nature, the limits of that paternalism, especially in the area of coercive treatment, have been important to the profession of social work. Hutchinson (1992) claims that the question is not whether social workers have the obligation to intervene and use their authority to prevent harm, but rather when and to what degree that intervention should take place. Furthermore, it should be expected that issues such as coercion will be met with competing moral values, and the importance lies in establishing guidelines that recognize this moral struggle. Hutchinson suggests that careful attention should be paid to the client's level of self-determination (a *prima facie*) when deciding when involuntary treatment is necessary. Another suggestion is that if coercion is deemed necessary, the social worker should explain to the client what competing values are at stake and why involuntary treatment has been chosen as the most viable option. Even though Hutchinson supports coercion, she notes that this only applies to two specific situations: if the coercion is to fulfill a contract between the client and agency or state (such as mandatory treatment for batterers) or if the client is in danger of harming himself or herself, or others.

Concerning the paternalistic nature of the mental health system, Breeze (1998) points out that the *prima facie* duty of empowerment is in conflict with paternalism as a result of the emphasis on autonomous client decisions. The role of paternalism in mental health care, specifically around coercion, is brought into question due to the paternalistic assumption of incompetence. As Breeze points out, competence can be a subjective and value laden term. Both deontologists and consequentialists speak of the importance of autonomy. Deontology protects autonomy with the belief that autonomy enables a person to follow a universally accepted moral code. Consequentialists protect autonomy so that people can make choices that result in the most good

for themselves and/or society. However, both sides agree that paternalism is acceptable in the absence of rationality. The problem becomes, as previously mentioned; that the assessment of rationality can be subjective, especially around issues such as cultural and socioeconomic differences.

Conclusion

The very nature of social policy and social work calls for morally based decisions about how to address deviant behavior. Creating policies and programs aimed at aiding people deemed to have a weakness by the rest of society brings up issues of self-determination, innate morality, and the limits of systemic intervention. Deontology approaches this area with a built in set of expected moral behaviors. Although this approach might be the most straightforward, with rights and wrongs spanning situational and personal differences, it is unrealistic in that it assumes the ability to prevent undesired behaviors to the point that dealing with their consequences is not necessary. A more realistic approach is consequentialism, which accepts that undesirable behaviors are a given, and resources are better spent focusing on preventing harmful consequences and improving outcomes for society. Consequentialism recognizes that different people and circumstances call for various approaches. Furthermore, consequentialism accepts the contribution of client input, evaluation, and empiricism when deciding on the best alternative.

Whether policies or programs are deontological or consequentialist in nature, they can be carried out paternalistically. That is, the person in power intervenes on behalf of a person deemed incompetent with the primary goal of preventing harm or ensuring benefit. As previously discussed, two problems with paternalism are the subjective and relative nature of incompetence and the conflict between paternalism and the prima facie obligations of social welfare empowerment and self-determination.

Policies surrounding welfare, drugs, sexual activity, and other deviant-related issues are morally charged and based on deontological views of how people should behave and what they should be able to achieve. The profession of social work itself struggles with the incorporation of morality and rationality. Fostering discussions of ethical and moral practices might be one way to bring this issue into the spotlight of social work practice. The fact that social work deals with the delicate balance of good and harm around vulnerable populations calls for a careful examination of the morals, consequences, and objectives held by the profession.

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Why Addressing the Over-Representation of First Nations Children in Care Requires New Theoretical Approaches Based on First Nations Ontology?

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Abstract

First Nations children have been dramatically over-represented in the Canadian child welfare system for more than 50 years. As western theoretical approaches have not successfully informed effective interventions to address the problem, this article suggests that new theories based on First Nations ontology and western physics may be more promising. The discussion begins with a general exploration of First Nations and western ontology before analyzing ecological theory, structural theory, and anti-oppressive approaches in the context of First Nations child welfare. The article goes on to suggest that physics' theory of everything more closely approximates First Nations ontology and provides a framework for the presentation of a new First Nations theory called the breath of life theory, which will be fully presented in a future article.

Key Words: First Nations, ontology, culture, science, theory

Introduction

Fifty years after western¹ social work² began imposing its child protection systems³ on the 633 First Nations⁴ communities in Canada, there are more First Nations children in state care today than at any point in history, including during residential school operations (Blackstock, 2003; Assembly of First Nations, 2007). The Assembly of First Nations (AFN) estimates that there are more than 27,000 First Nations children in child welfare care, representing about 30 percent to 40 percent of all children in care, even though First Nations children compose less than 5 percent of

¹ Describes the general characteristics of Canadian society influenced by British and French cultures

² Describes the overall profession of social work, including child protection services

³ Describes statutory protections provided by the state, or a state delegated authority, to respond to child maltreatment

⁴ Describes indigenous peoples in Canada who self-identify as First Nations.

the overall child population (Farris-Manning & Zandstra, 2003; Blackstock, 2003; Blackstock & Trocmé, 2005; Assembly of First Nations, 2007). The Auditor General of Canada (2008) suggests that First Nations children are eight times more likely to come into child welfare care than other children. Two previous cycles of the Canadian Incidence Study on Reported Child Abuse and Neglect (CIS) found that First Nations children were not over-represented among reports of abuse but were more than twice as likely to be reported for neglect than non-Aboriginal children (Trocmé, Knoke, & Blackstock, 2004; Trocmé, MacLaurin, Fallon, Knoke, Pitman, & McCormack, 2006). In unpacking neglect, CIS researchers drew a relationship between structural factors such as poverty, poor housing, and substance misuse with the over-representation of First Nations children among substantiated neglect cases (Nelson, Landsman, Cross, Tyler, Twohig, & Allen, 1994; Blackstock, Trocmé, & Bennett, 2004; Blackstock & Trocmé, 2005; Trocmé et al., 2006). Despite the growing evidence that structural factors play a key role in the over-representation of First Nations children in child welfare, there is very little theoretical work relevant to First Nations. Social science theories frequently applied to First Nations child welfare such as ecological theory, structural theory, and anti-oppressive frameworks are imbued with western cultural preferences for reductionism, individuality, and determinism that do not easily interface with First Nations ontology or bridge the gap between the source of structural risk and its manifestation among disadvantaged groups (Blackstock, 2007a). As ontology and theory are intrinsically linked (Archer, 1995), this article contrasts the general characteristics of First Nations and western ontology before moving on to examine the cultural validity of three western theories within a First Nations child welfare context. The article ends by suggesting that the assumptions of western physics' theory of everything more closely approximate First Nations ontology than contemporary social science theories. These discussions set the context for the proposition of a new theoretical framework, called the "breath of life" theory, based on First Nations ontology and physics' theory of everything (TOE), which will appear in a future article.

First Nations and Western Ontology: The Shaping of Theory

Despite the diversity of First Nations cultures in Canada, there are several common differences between First Nations and the general character of western ontology: (1) First Nations believe their ancestors were right about most things (Knudtson & Suzuki, 1992; Assembly of First Nations, 1993; Auger, 2001), and westerners believe their ancestors were either mostly wrong or

their ideas could be substantially improved upon (Postman,1993; Wright, 2005); (2) First Nations believe in an indivisible reality, whereas westerners believe in a reductionist and deterministic reality (Blackstock, 2007b; Cross, 2007); (3) First Nations knowledge is situated within more expansive concepts of space, dimensions of reality, and time (Campbell & Moyers, 1991; Auger, 2001; Blackstock, 2007b); (4) First Nations ontology and science are constructed as part of the natural world (Knudtson & Suzuki, 1992; Assembly of First Nations, 1993; Auger, 2001), whereas western culture largely views human experience as separate from the natural world (Postman, 1993); (5) First Nations believe in multiple dimensions of reality, whereas western culture tends to focus on only the observable dimension of reality (Greene, 2003; Blackstock, 2007b; Kaku, 2006); and (6) First Nations believe there are sufficient resources to meet everyone's needs (T. Cross, personal communication , January 19, 2009), whereas westerners focus on a scarcity of resources primarily driven by a conflation of want and need (Campbell & Moyers, 1991; Postman, 1993).

One of the most fundamental differences between First Nations and non- Aboriginal ontology relates to concepts of time. First Nations believe in expansive concepts of time in which the past, present, and future are mutually influencing, whereas western culture focuses on the present and, to a lesser extent, on the future. In terms of children, First Nations often consider their actions in terms of the impacts of the “seven generations.” This means that actions are informed by the experience of past generations and by considering the consequences for the seven generations to follow (Assembly of First Nations, 1993). If western child welfare followed First Nations ontology, it would need to assess child maltreatment based on the ancestral experience of the child and actively consider the consequences of intervention on the subsequent seven generations of children. This simply does not happen in any meaningful way in western child welfare.

The same pattern is apparent in western theories. Although western theories such as ecological theory and complexity theory include concepts of time, they are limited to one life cycle and are, therefore, not as expansive as the seven generation concept. Another fundamental difference that should be emphasized pertains to the western child welfare cultural bias toward one dimension of reality. In the main, western child welfare defines reality as that which is seen and experienced, relegating other dimensions of reality to fictitious or futuristic status. First Nations

believe in multiple dimensions of reality, some of which are based on legend, but many are considered nonfictional. Although it varies by culture, First Nations usually access alternate dimensions of reality using spiritual and/or ritualistic ceremonies (Blackstock, 2003) and use the information gleaned to inform life experience and decision making.

In general terms, the world looks much different from the western perspective. Western ontology typically proclaims those who came before as either mostly wrong or less developed; contemporary and futuristic knowledge are highly valued, and the past is usually only relevant as a starting point for creating better knowledge (Campbell & Moyers, 1991; Postman, 1993; Wright, 2005). The western bias toward individual rights and reductionism segments knowledge into a series of different and discrete theoretical models applied to child welfare with little tolerance for plurality of perspective (Lather, 2006). For example, feminism, critical theory, positivism, and modernity all explore reality using different lenses, but they exist like single flashlight beams in a dark room. Sometimes the beams cross each other, but little attention is paid to the intersections or unlit areas. Instead, the holder of the flashlight tends to see only those things enlightened by the narrow epistemological beam (Blackstock, 2007b). Some epistemological approaches in social work acknowledge interconnections, such as the ecological model and structural theory, but even these theories bracket the time frames and dimensions of reality (Blackstock, 2007b).

Several authors have tried to collapse western social science theories to try to account for interconnected phenomena, but there is no accepted process for combining social work theories. Nor is there often much reflection by authors about the symbiosis, tensions, and gaps created when different theories are combined (Houston, 2002; McCurdy & Daro, 2002; Ventegodt, Merrick, & Anderson, 2003).

The impact of ontological differences can be seen when comparing child welfare organizations run by First Nations versus non-Aboriginal peoples. For example, Blackstock and Trocmé (2005) found that First Nations child welfare agencies were more likely to take a community development approach to child safety, drawing on ancestral knowledge, than their non-Aboriginal counterparts. It is important to note that there is no evidence that child safety is less valued within the First Nations community development model than in the western model that focuses primarily on the manifestation and intervention of risk at the level of the child. Rather, differing worldviews suggest different starting points for dealing with the risk. For First Nations,

the assumption is that if communities are well, families do better and are able to keep their children safe. For western social work, individual families can keep their children safe with adequate services.

The differences between western and First Nations ontology are so vast in dimension, scope, and value that they cannot be substituted for one another without significant impact to the theoretical model or question under study. They can, however, bring very different and valuable perspectives to the same phenomena, opening up new pathways of understanding and intervention in child welfare and other fields.

Cross Cultural Validity of Western Theories to First Nations Child Welfare

Despite all of the challenges, many child welfare social workers remain wedded to western social work theories when working with First Nations peoples while continuing to exclude or marginalize First Nations alternatives. This section briefly evaluates three of the most common western theoretical approaches applied to First Nations child welfare--ecological theory, anti-oppressive approaches, and structural theory--from a First Nations perspective to judge their merits in: 1) cross cultural validity, 2) capacity to respond to structural child welfare risk, and 3) testability. The limitations of western social science theories in a First Nations child welfare context open space for the later discussion of theoretical alternatives that more closely reflect First Nations ontology.

Ecological Theory

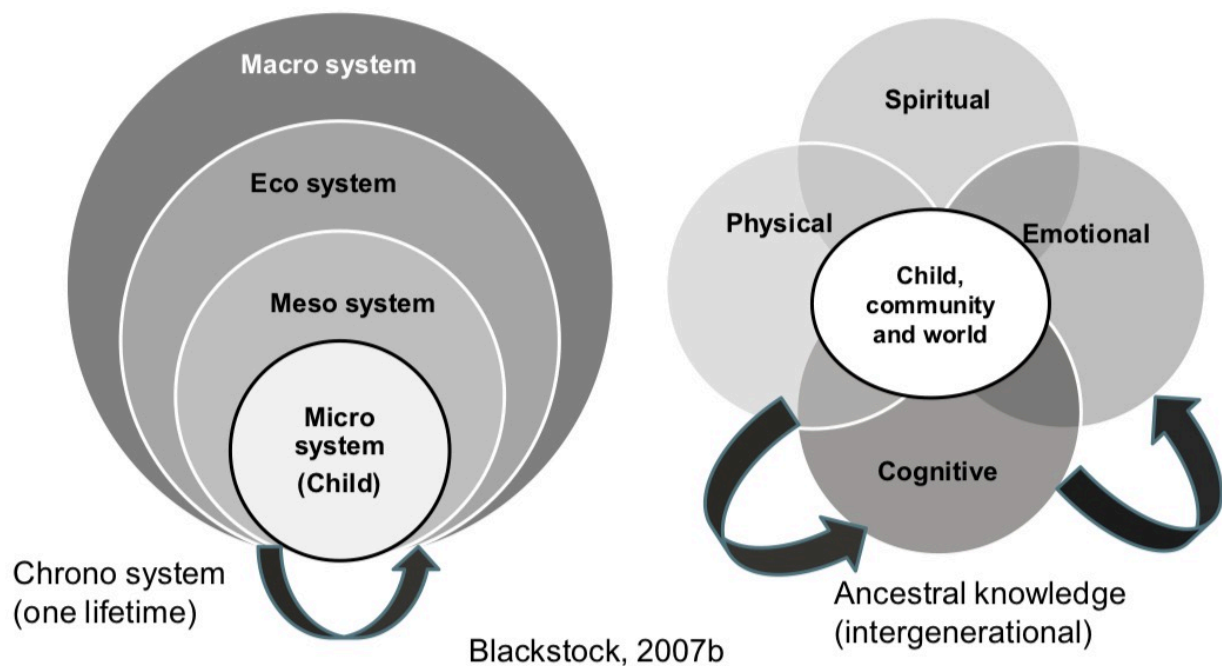
Rooted in developmental psychology, ecological theory was one of the earliest theoretical approaches applied to First Nations peoples in Canada (Ungar, 2002). Some believe that ecological theory is particularly well suited to First Nations' holistic worldview, as it situates individual experience within the nested layers of community and societal experience (Ungar, 2002). But as McGregor (2005) notes, indigenous peoples have been reluctant to reduce indigenous knowledge to the fit within the western ontological limitations of ecological theory.

Bronfenbrenner (1979) proposed four different layers of experience that have an impact on individuals: 1) the microsystem, which has an immediate and persistent impact on the individual, such as family, neighbors, and workplace; 2) the mesosystem, which connects micro system environments, such as family and workplace; 3) the exosystem, including external environments that tangentially affect the individual, such as school boards or proximal neighborhoods; and 4)

the macrosystem, encompassing broader societal culture and context. Bronfenbrenner (1989) later added time as a dimension of the model by including the chronosystem to reflect patterns of change over the life course.

Figure 1 shows how differences in time and ancestral knowledge, values, and beliefs play out when the ecological model is viewed from western and First Nations ontological perspectives.

Figure 1: Ecological theory viewed from the perspective of Indigenous ontology



Under the western ecological approach, the child is seen in a fixed moment in time within a larger interconnected context of family and world. Although the concept of the chronosystem captures experience across the life cycle of a child, it does not consider ancestral knowledge. If a First Nations epistemology is applied, the child, family, community, and world are wholly affected by four interconnected dimensions of knowledge (emotional, spiritual, cognitive, and physical) informed by ancestral knowledge, which is to be passed to future generations in perpetuity (Assembly of First Nations, 1993; Royal Commission on Aboriginal Peoples, 1996; Blackstock, 2007b).

Overall, ecological theory is primarily descriptive in nature. It acts like a theoretical zoom lens, allowing the viewer to see how one individual is nested within different layers of his or her environment. From a child welfare perspective, it is often very helpful to think of children within the social spheres that influence them particularly, given the growing evidence that structural risks located outside of the family can increase risk for maltreatment. However, ecological theory does not provide a clear pathway for identifying or responding to structural risks affecting intergenerational groups of disadvantaged children. Bronfenbrenner (1979, 1989) also does not specifically propose a null hypothesis for his theory or propose the development of measures for the micro, meso, macro and chronosystems. These limitations, coupled with the questionable cultural validity of the model, compromise its value in a First Nations child welfare context.

Structural Theory

Structural social work theory focuses on the influence of societal inequality and power differentials on the systemic marginalization of certain individuals or groups (Mullaly, 1997, 2007; Baskin, 2002). Structural theory advocates a societal change perspective in order to mediate inequality (Mullaly, 1997, 2007) but it does not explicitly define or measure structural risk, nor does it set out a way of exploring the intersection between structural risks and the experience of individuals or groups across dimensions of reality or time (Blackstock, 2007b).

On the face of it, structural theory seems to lend itself well to dealing with the child welfare structural risks faced by First Nations children and families in child welfare, but despite its promise, it has substantially failed to influence the plight of First Nations children coming into contact with the child welfare system in Canada. As Baskin (2002) argues, structural theory is consistent with a First Nations worldview in that it does zoom out from the experience of risk at an individual level to explore the sources of that risk at a societal level. However, the overall cross cultural validity of the model in a First Nations context is limited, given its primary focus on structural issues and not accounting for ancestral knowledge, intersections between realities, or interconnections to other phenomena.

Bob Mullaly (2007), a leading structural theorist, differentiates structural theory from ecological and systems theory approaches, suggesting the latter are too general to be tested, falsely presume the overall goodness of societal systems, and are primarily descriptive, giving little attention to suggesting remedies to identified oppression. I agree with Mullaly's critique, but he

leaves readers with the impression that structural theory is distinguished from the others on these points. I find little evidence of this.

Like ecological theory, structural theory provides an important vantage point for the analysis of structural risk, but it does not specifically define structural risks in a way that they can be measured or tested, nor does it account for how structural risks interact with each other and with other dimensions of experience at a societal level. As it currently exists, structural theory does not adequately address the experience of First Nations children in child welfare.

Anti-Oppressive Approaches

Anti-oppressive social work (AOP) is a broad, sweeping set of practices and approaches that are intended to free the potential of each person and honor diversity with a particular focus on addressing structural oppression arising from power imbalances between individuals and groups (Williams, 1999). Although AOP is broadly respected and practiced in Canadian child welfare, there is little evidence to suggest it is effective when applied to First Nations child welfare.

Frankly, the plurality of the approach coupled with the lack of specificity of definition makes it difficult to empirically evaluate the model even in western applications, let alone to evaluate its cross cultural validity in a First Nations context. AOP's centrism on oppression raises important questions about its validity when set against First Nations ontological beliefs in an indivisible reality in which oppression would form only one perspective on experience-- not the defining one. AOP also does not explicitly account for differences in First Nations ontological value of ancestral knowledge, concepts of time, interconnection with other dimensions of reality, or references to the natural world.

It is difficult to evaluate these ontological differences within the context of First Nations child welfare, because there is no historical evidence that the anti-oppressive social work movement engaged in any widespread or sustained action in the area. For example, the historical record shows no evidence that AOP social workers protested against residential schools throughout their 100 years of operations ending in 1996, nor have they mobilized to address the vast over-representation of First Nations children in care today (Blackstock, 2007a).

In addition to the questions about AOP's cross cultural validity to First Nations, other factors that may further erode AOP efficacy in responding to the oppression experienced by First Nations include: 1) the tendency for social workers to be employed in bureaucracies that reinforce

standardization and conformity to institutional norms, thereby muting social justice activities (Bauman, 1989); 2) social work motivations to feel good by doing good can serve to usurp constituents' right to self-determination and the right to define the "good" (Milloy, 2005); and 3) a lack of pragmatic ways to deal with widespread systemic risk, once it is identified.

As an approach to First Nations child welfare, it may be an interesting lens, but it is not robust or comprehensive enough to meet the challenge of informing new approaches to deal with structural risk factors affecting First Nations.

Western Theories: Parts of the Whole?

One of the most pronounced features binding First Nations knowledge and the theory of everything is that all reality across time and space are interconnected. Social work theories are often segmented in terms of population (e.g., feminism, anti-oppressive practice, and queer theory), scope (e.g., structural theory and anti-oppressive approaches), or in time (e.g., ecological theory and complexity theory), but little thought has been given as to whether or not these theoretical frameworks are themselves only components of an all-encompassing theory of humanity. It is with regard to this theoretical question that First Nations knowledge has the most to contribute to social work, because First Nations peoples have lived according to a master set of unification principles that bind all reality, time, and life for millennia.

Creating Space for First Nations Ontology and Epistemology in Child Welfare

Given that western child welfare approaches informed by western ways of knowing are not robust enough to address the cultural and contextual realities facing First Nations children in child welfare (Royal Commission on Aboriginal Peoples, 1996; Absolon & Willett, 2004; Trocmé et al., 2004), how do First Nations approaches get re-centered in the social science theoretical discourse?

It begins by challenging assumptions that Lather (2006) typifies in her description of non-western epistemologies as "born of the interstices of dominant discourses" (p. 45). There are two problematic assumptions here: 1) that undiscovered epistemological approaches are new instead of newly recognized by western-dominated knowledge and knowledge institutions, and 2) that these new or newly recognized approaches only fill in the gaps of western knowledge rather than setting out a whole new process of knowledge or emphasis on a dimension of knowledge that western epistemology has not considered. This type of epistemological bracketing would

admonish First Nations epistemologies to fill in the gaps in social work knowledge. The dissimilarity between First Nations and western epistemologies suggests differences on the dimensional scale not at the shorelines and by confining what Lather (2006) terms new epistemologies, she misses an opportunity to explore multiple epistemological positions that go beyond the boundaries of western thought (Blackstock, 2007b). Fawcett and Hearn (2004) also describe the challenges of researching the other, but they do not necessarily introduce a strategy for understanding the epistemologies of the other on the other's own terms. Rather, they introduce western-based critical theory as a framework for building this understanding. In effect, they advocate using an outsider epistemological framework to understand the insider, something they discuss in other parts of their article as being problematic because it distorts understanding (Blackstock, 2007b).

The cultural mismatch between research epistemology, methods, and research participants is fraught with problems (Smith, 1999; Kovach, 2007). For example, when the gold standard of western research, the randomized control trial, is applied to First Nations knowledge, it fails. At best, randomized control trials describe a phenomenon in relation to a bracketed number of variables and in a defined period of time. Even when replicated, a control trial is usually limited to exploring relationships between variables identified in the source study and, thus, may miss the influence of unexplored variables or changes of context over long periods of time. For example, one need look no further than the pharmaceutical industry to see how randomized clinical trials suggesting a drug is safe and beneficial can over time prove to be harmful when the long-term effects of the drug or its interactions with unintended variables become apparent. Qualitative social work research methods offer some similarity to First Nations ontology, but they too are imbued with western concepts and so may not be suitable for exploring questions situated within expansive concepts of time, dimensions of reality, or interconnected realities (Blackstock, 2007b).

First Nations research methods are also limited by their ontological viewpoint. For example, First Nations methods of storytelling would not necessarily be the best approach for understanding truly new phenomena from which no prior history or knowledge can be drawn. First Nations and western ontology, theory, and research methods should not be rank ordered in terms of their implicit value, but rather should be measured against the nature and context of the question and population under study. By drawing on the richness of these diverse ontological standpoints

and those offered by other cultures, we can significantly expand our efficacy in all fields of academic study and human understanding.

Unfortunately, the current reality in many schools of social work in Canada is that western ontology, epistemology, and research methods practically remain the only choice recognized as legitimate on the academic menu. In some ways, it is not surprising, given the colonial context in which Canadian social work has developed. Western social work, and its derivative research, struggles to understand First Nations ways of caring for children and has not in most cases even acknowledged that First Nations peoples have well- developed knowledge and knowledge-building systems on the subject, let alone invested any time learning about them (Cross & Blackstock, 2005). By assuming vacancy of knowledge in First Nations cultures, western-based social work applies its distorting concepts on First Nations (Blackstock, 2007b). This extends to the overreliance on western theoretical paradigms by social workers to explore the experience of First Nations peoples.

Given that western social work theories are inadequate for exploring structural issues in a First Nations child welfare context, then what about theories from western sciences? Is it possible that, as social work was often judging the pure sciences for being too reductionist to apply to human experience, the pure sciences were busy capturing a view of reality that approximates First Nations ontology to a degree that social work has not even contemplated?

Symbiosis Between Western Physics and First Nations Ontology

Is the theoretical whole of human experience really just a sum of its parts? First Nations ontology suggests that people are interconnected with the universe, the natural world, and each other—across time and dimensions of reality. First Nations believe the whole can be understood only as an interconnected reality governed by a set of simple principles that must be in balance to achieve optimal balance for individuals and groups in the system. In effect, First Nations believe that western theories of parts of things are false realities and, instead, what should be pursued is the understanding human existence within the context of a unified theory. First Nations are not alone in favoring a unified theory of nature; many disciplines in western science are actively investigating the same.

Although unified theories of reality have been recorded in western thought dating back to ancient Greece, Einstein was the first person to seriously contemplate a theory of everything in

science when he succeeded in drawing a relationship between Sir Isaac Newton's notion of gravity and electromagnetic force and developed the theory of relativity (Falk, 2002; Isaacson, 2007). The theory of relativity unites these forces by suggesting that the universe is composed of a space-time fabric that contours under the pressure of large masses, such as planets, thus creating gravity. It turned out that in the cosmos, both of these forces operated in a predictable and interdependent manner in what would later be termed the "world of the big" (Public Broadcasting Corporation, 2003). This inspired Einstein and others to see if general relativity could bond with quantum mechanics in what was then termed the unified theory or the theory of everything.

Einstein's quest for a unified theory was cast into doubt when quantum mechanics physicists revealed that subatomic particles--the world of the small--operated in a highly unpredictable manner (Falk, 2002; Greene, 2003). Quantum mechanics basically suggests that specific subatomic outcomes cannot be predicted as a result of the unpredictable behavior of individual particles; the best one can do is predict the probability of an outcome. Quantum mechanics proved so accurate under scientific study that it cast serious doubt amongst physicists that marrying the unpredictable world of quantum mechanics with Einstein's predictable physical world of cosmology would ever be possible. Einstein was unshaken by the skeptics and pursued the theory of everything to the time of his death, despite the professional segregation that came with studying what was then viewed as improbable (Isaacson, 2007).

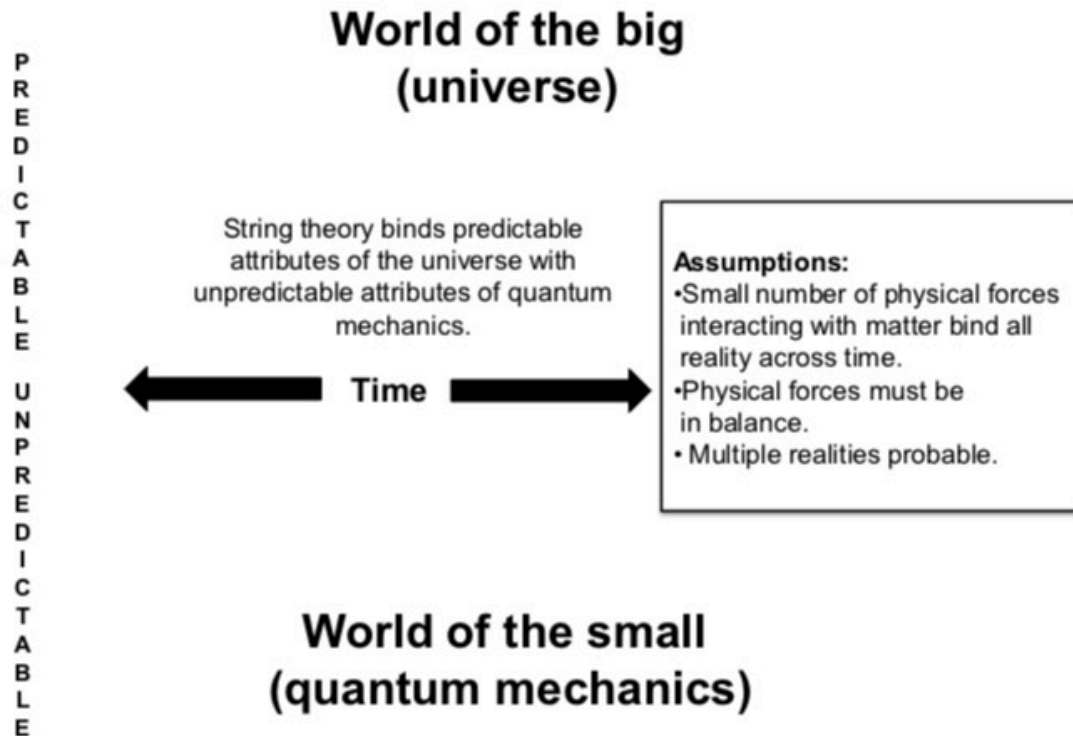
The puzzle of marrying Einstein's predictable world of the big with the unpredictable quantum mechanics world of the small was so ominous that mainstream physics largely ignored the question for several decades. There were, however, a small number of theory of everything devotees who continued to focus on the intersection between the world of the big and the world of the small, and this gave rise to string theory. Early TOE theorists believed that the same principles that gave rise to the harmonized universe could also explain the erratic behavior of particles in quantum mechanics (Falk, 2002). This belief was fuelled by studies of black holes. Black holes form when a small but very heavy and dense particle (relevant to quantum mechanics) is set on the space-time fabric (relevant to cosmology), creating a very sharp contour in a "V shape" versus more of a wave shape normally created by planets. This phenomenon sets Einstein's theory of relativity in play as the gravitational pull created by the deep and sharp imprint on the space-time fabric is so strong it draws everything into it, including light (Hawking, 1988, 2005). Because

black holes can only be created when something very small but large in mass penetrates the space-time fabric, there had to be some mechanism to bind the physical principles of quantum mechanics and cosmology. It turned out that Einstein could be right after all (Hawking, 1988).

String theory is physics' answer to how the world of the big (cosmology) and the world of the small (quantum mechanics) can be married together. It suggests a way in which the erratic behavior of individual particles can be harmonized to a degree such that the physical principles are compatible with those governing the universe. Before string theory, most physicists thought that the smallest subatomic particles existed as independent units, which created conditions for relatively free and unpredictable movement. String theory basically rejects this idea. Instead, subatomic particles exist as strings that moderate the movements of individual particles in such a way that they become more predictable and can therefore be united with the world of the big (Falk, 2002). In the same way, we moderate unpredictable behaviors of children by stringing them together with family and community. String theorists further propose that varying vibrations of strings gives rise to different types of matter and energy (Greene, 2003), in the same way that culture and context gives rise to the rich diversity of human experience.

After years of refinement, string theorists eliminated the mathematical anomalies plaguing earlier designs achieving mathematical and theoretical balance between the world of the big and the world of the small, thus paving the way for the unified theory of everything (see Figure 2).

Figure 2: Physics' theory of everything



Physics' pursuit of TOE suggests a number of things about reality:

- Only about 4 percent of all matter is visible, suggesting that a study of reality based only on what can be seen would be extremely limited (European Organization for Nuclear Research [CERN], 2008).
- There are multiple dimensions of reality, also known as *degrees of freedom*—four of which we can observe in everyday life and six or seven of which cannot be seen (Greene, 2003; Public Broadcasting Corporation, 2003; Kaku, 2006).
- All reality is formed in strings of particles (in circles or strands or circles and strands), and variations in string vibrations give rise to different forms of matter and energy (Falk, 2002; Greene, 2003).
- There are 18 numeric constants of nature known as the standard model. Each constant has a precise value, and when these values are altered, the universe as we know it will cease to exist (Greene, 2003; Oerter, 2006).
- Although the standard model is very robust, it does not explain all matter and energy in the universe, and thus there is ongoing work to achieve a true Theory of Everything (Hawking, 2005; European Organization for Nuclear Research, 2008).

Some have suggested that string theory should not be considered a true scientific theory, because strings are not visible using current technology, and thus the theory cannot be disproved using

contemporary technology (Woit, 2006; Cartwright & Frigg, 2007). They are right in a literal sense, in that science has not evolved to a point at which the existence of strings can be confirmed, but string theory does at least posit a plausible test for the theory-- if strings do not exist, the theory is wrong. String theory advocates suggest that it is reasonable to believe that technology capable of seeing strings will be available in the foreseeable future (Kaku, 2006). Moreover, they argue the sophisticated mathematical balance in string theory is very unlikely to be achieved in error and that “fingerprints” of strings, such as the Higgs Boson particle, will be detectable as new technologies are employed, such as the large hadron collider (LHC) that just began operations in Switzerland (Cartwright & Frigg, 2007; European Organization for Nuclear Research, 2008; Quigg, 2008). Discounting a theory solely on the basis that available technology cannot conduct a reliable test would be ill advised. If this same thinking had applied in Newton’s time, then his law of gravity would have never gotten off the ground. It is critical that any proposed theory has a strong evidence base and a plausible way of being disproved. These are characteristics that too many social work theories simply fall short on.

There is something else at work as well, relating to the question of why an empirical science like physics can investigate the creation of the universe when it occurred more than 13.7 billion years ago (Falk, 2002). Some believe that there is no way science can empirically investigate something that happened so long ago, charging that such an endeavor rings more of philosophy than science. This same argument is often leveraged at First Nations ancestral knowledge.

In studying the origins of the universe, physicists were challenged to find empirical evidence of an event that happened billions of years before. That empirical evidence is found in starlight. The longevity of starlight allows physicists to better understand the characteristics of the universe across time. Similarly, understanding First Nations oral history allows one to chronicle child caring values and practices over multiple generations. Oral history is the oral preservation of knowledge, values, and practices within a cultural group. For the evidence suggesting that First Nations oral history is valid, one need look no further than the detailed study and ruling made by the Supreme Court of Canada in the historic Delgamuuk case, in which the Court ruled that the oral history of the Gitksan and Wet’suwet’en meets the test of valid evidence in legal proceedings in Canada (Delgamuuk vs. British Columbia, 1997) equal in validity as western written evidence.

Theoretical development and testing in western physics takes on a more collective flavor than in the western social sciences. For example, the European Organization for Nuclear Research (CERN) has brought together hundreds of scientists from all over the world to develop the large hadron collider at a cost of more than 3 billion Euros to test string theory and build toward a theory of everything (European Organization for Nuclear Research, 2008). This approach is largely consistent with First Nations concepts of knowledge building, which promote a collective, multi-disciplinary and multi-generational approach. In comparison, social science theory development and testing remains a rather solitary undertaking in which theoretical development is often done by individuals and, in the absence of ways to empirically test the theories, the involvement of others is often limited to exploring the application of the theory in a variety of contexts. Although theoretical enterprise in physics is more robustly funded than the social sciences, the collective approach to theoretical development and testing is something by which social science should be inspired.

A Social Work Theory of Everything?

The longstanding over-representation of First Nations children in care calls for new theories to inform more effective interventions. I am not suggesting that the physics theory of everything can be imported wholesale into First Nations child welfare, but rather that its basic tenets can be applied in a bicultural way to inspire new thinking about the relationship between structural risk and groups of First Nations children.

This article provides the background for the emergence of a new social work theory rooted in First Nations ontology and inspired by the theory of everything, known as the breath of life theory, which will be presented in a future article. Fundamental to the breath of life theory is the assumption that optimal personal and family well-being is achieved when Cross's relational worldview principles are in balance (Cross, 1997, 2007) across time.

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What Is Our Ethical Duty? Social Work Education and Plagiarism

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Abstract

Social work educators play a critical role in student ethical development. Social work programs have plagiarism policies which address academic dishonesty. Additionally, social workers are governed by codes of ethics, which explicate obligations to address unethical behavior. Academic administrators are also called on to ensure compliance with these codes. This article discusses academic dishonesty within the framework of the National Association of Social Workers' *Code of Ethics* (1999) and argues that detecting and responding to plagiarism are professional ethical obligations.

Key words: Social work education, ethics, plagiarism, detection, response

Introduction

The professional education of social workers is guided simultaneously by the policies of institutions of higher learning and by professional social work organizations. While in the United States, the National Association of Social Workers (NASW) *Code of Ethics* (1999) specifically addresses plagiarism, most national and international organizations' codes of ethics (i.e., the Australian, British, Canadian Associations of Social Workers, and the International Federation of Social Workers) address issues of competence and integrity, which are linked to the issue of plagiarism. For the purpose of this paper, The NASW *Code of Ethics* (1999) will be used as a framework for exploring plagiarism, as it spells out standards of conduct for social workers and social work students explicitly regarding plagiarism.

Although previous work has explored academic dishonesty, including plagiarism, through the *Code* (Culpepper, 2008; Riolo, Buryk, & Bromley, 2008), this paper builds on and extends the efforts with an in-depth examination, complete with pragmatic suggestions. Within the context of

the *Code*, educators are expected to teach students the knowledge and skills required to practice the profession, as well as to impart a deep-rooted understanding of professional ethics. One key component of ethical development that is of increasing concern in many educational settings, including schools of social work, is plagiarism (Ercegovac & Richardson, 2004; Evans, 2006; Pickard, 2006; Pittman-Munke & Berghoef, 2008; Saunders, 1993).

As plagiarism becomes more rampant with the proliferation of access to electronic media (Brock, 2008; Ercegovac & Richardson, 2004; Gibelman, Gelman, & Fast, 1999; McLafferty & Faust, 2004; Riolo, Buryk, & Bromley, 2008; Vernon, Bigna, & Smith, 2001), this ethical issue becomes a crucial topic of examination in social work education, especially in light of the fact that the act of plagiarism is tantamount to compromised critical thinking and assessment skills. Although academic institutions have policies in place to address plagiarism, social work educators are bound by unique ethical obligations to the profession in terms of diligent scrutiny of student work regarding concerns of academic dishonesty. As Pittman-Munke and Berghoef (2008a) emphasize, plagiarism is an intertwined issue for social work educators. The *Code* (NASW, 1999) unequivocally delineates the professional obligation to actively address unethical behavior among fellow social workers, to avoid treachery and duplicity of action, and to uphold the integrity of the profession. Based on these tenets, administrators of social work education programs should be encouraged to establish an ethical working environment that promotes compliance with the *Code*.

Despite the fact that the *Code* (NASW, 1999) is infused across the social work curriculum in the United States, the literature to date has failed to examine plagiarism in relation to these ethical standards. This paper provides an overview of academic dishonesty within the framework of the NASW *Code of Ethics* (1999) and argues for viewing educator and institutional detection of and response to plagiarism as professional and ethical obligations. The authors, who have experience teaching in both public and private undergraduate and graduate social work education programs, have had multiple experiences in which they have identified and responded to student plagiarism, with differential responses from program administration and colleagues. As a result, the authors have outlined guidelines for detection and models for responses to plagiarism.

For purposes of this discussion, plagiarism will be defined as:

- 1) copying text directly without giving credit to the original source,
- 2) copying text directly from one source while crediting another,
- 3) copying text directly while citing the information as a paraphrase, or

4) presenting a unique idea from another source as original work.

Ethical Framework

Although the issue of academic dishonesty is of concern to all scholars, social work educators have a more imperative responsibility in ensuring the integrity of students because social work is not merely an academic pursuit; it is also an ethically guided profession. Thus, in addition to academic roles and duties that direct social work faculty, such professionals are also compelled to impart to students a distinct understanding of and commitment to the ethical principles of a profession that is grounded in boundaries and that maintains an obligation to society at large. To fulfill this role, social work educators must convey to students an unequivocal understanding of the *Code* (NASW, 1999) and its role in directing social work practice and actions.

Core Social Work Values and Ethical Principles

Two core social work values, integrity and competence, as explicated in the *Code* (NASW, 1999), speak directly to plagiarism. To support the core value of integrity, the *Code* establishes the ethical principle that “social workers behave in a trustworthy manner” (p. 6). This ethical principle is further clarified by the call to “act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated” (p. 6). Through this principle, the NASW underscores the critical nature of veracity and honor that must be inherent in the profession.

The second core value, competence, is supported by the ethical principle that “social workers practice within their areas of competence and develop and enhance their professional expertise” (p. 6). This principle reflects the essence of the educational process and specifically indicates the need for social workers, including students, to “continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession” (p. 6). Certainly, copying the work of others does little or nothing to either enhance one’s own knowledge or to broaden the overall base of knowledge.

Ethical Standards

In addition to core values and ethical principles, the notion of academic dishonesty is covered by several ethical standards in the *Code* (NASW, 1999). Two standards (2.01 and 4.08) specifically address the role of the student; two standards (2.11 and 3.03) address the role of the educator; one (3.07) speaks to the role of the administrator; and two additional standards (4.04 and 5.01) point

to the roles of all three groups. Taken together, these directives illustrate the professional stance on addressing plagiarism in social work education programs.

Students. Standard 2.01 addresses the issue of respect. A key component of respect, as described in the *Code* (NASW, 1999), is that

- (a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues (p. 15).

As noted, the views of others are to be respectfully regarded, which undoubtedly includes the obligation to give truthful, proper, and appropriate credit to original sources of reference materials in an academic setting.

Most obviously, the *Code* (NASW, 1999) pointedly identifies plagiarism as unethical, stating that proper credit must be given for the work of others.

In Standard 4.08, the *Code* states:

- (a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.
- (b) Social workers should honestly acknowledge the work of and the contributions made by others (p. 24).

This standard is explicit and dictates that students, like other social work professionals, expressly provide appropriate citation information regarding the original sources of any and all resources utilized in preparing academic work.

Educators. Educators are in a unique position to implement additional components of the *Code of Ethics* (NASW, 1999). Two standards are applicable if one views interactions between social work students and educators in a collegial light. With this viewpoint, the *Code* (1999) spells out obligations that educators have to respond to incompetence and unethical behavior of colleagues.

Standard 2.11 addresses the issue of plagiarism directly by outlining individual responsibilities related to the unethical behavior of fellow social workers. Specifically, the *Code* (NASW, 1999) asserts,

- (a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues (p. 18).

The unmistakable message here is that educators have a duty to ensure that students understand and follow the guidelines, and this provision of the *Code* (1999) places the onus on social workers to confront rather than disregard academic dishonesty.

When an educator becomes aware of an incident of academic dishonesty, that individual must discuss the situation with the student involved and ensure that the student is aware of the unethical nature of this action. In fact, this standard of the *Code* gives clear guidance on this issue, stating

- (c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive (p. 18).

In addition to discussing concerns about academic dishonesty with the student, this standard further obliges educators to be informed about and prepared to carry out established institutional procedures to contend with plagiarism. The *Code* (1999) explicitly states:

- (b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations (p. 18).

As employees of academic institutions, following procedures to address academic dishonesty is not optional for social work educators. Not only is this an obligation of employment, but it is also an ethical duty. In fact, social work educators would be expected to refer incidents of plagiarism to an ethical oversight committee, even if such mechanisms were not inherent in academic institutions. For example, Standard 2.11 (NASW, 1999) indicates that social workers should not attempt to handle their concerns in isolation, but

- (d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees)" (p. 18).

The second standard of the *Code* (1999) that speaks to the role of the educator is 3.03. This standard attends to evaluating the performance of another social worker and indicates that "Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria" (p. 19). Because evaluation of student work is a primary duty of educators, this standard has clear implications for the need to have established guidelines that are consistently followed. In other words, *not* subjecting all students who plagiarize to the same criteria and procedures is unethical.

Administrators. Standard 3.07 of the *Code* (NASW, 1999) identifies responsibilities of social work administrators, including administrators of social work education programs. The initial provisions of this standard discuss the need for adequate resources and equitable resource allocation, but the key component of this provision that is applicable to academic dishonesty is:

- (d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the *NASW Code of Ethics*. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the *Code*. (p. 21).

With regard to plagiarism, this standard calls for administrators of social work education programs to not only maintain institutional guidelines and procedures, but also to actively support faculty members as they confront the problem of academic dishonesty.

Students, educators, and administrators. All parties concerned with academic dishonesty in social work education programs are guided by two additional standards of the *Code* (NASW, 1999), including 4.04, which discusses dishonest and deceptive behavior, and 5.01, which discusses the need to maintain professional integrity. With regard to dishonest and deceptive behavior, standard 4.04 asserts that “social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception” (p. 23). This clearly applies to students, educators, and administrators equally. Simply put, dishonesty has no place in social work education.

Standard 5.01 calls all social workers to make active efforts to sustain the integrity of the social work profession by upholding high personal standards and working to enhance the profession as a whole. This standard of the *Code* (NASW, 1999) states:

- (a) Social workers should work toward the maintenance and promotion of high standards of practice.
- (b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.
- (c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. (p. 24).

Allowing a student, or other social worker, to sidestep the ethical guidelines provided by the *NASW Code of Ethics* is, in and of itself, an unethical act and denigrates the profession.

Ethical Absolutism

When a student who is guided by a professional code of ethics, such as is the case in social work, commits an act of academic dishonesty, more than just scholarly activity is called into question. Because this dishonesty reflects a form of professional judgment, the notion of ethical absolutism comes into play and begs the question of whether or not a plagiarist can be an ethical social worker. If poor decisions, such as choosing to plagiarize, characterize a student's lack of willingness and ability to follow established guidelines and standards, what, then can be expected of this student's performance as a social work practitioner? Might not such a student also be expected to push the boundaries of other ethical principles? Poor judgment in the academic realm, if repeated in a practice setting, could have a devastating impact on assessing and serving clients.

Moreover, when a social work educator, also guided by this same professional code, overlooks plagiarism, the idea of ethical absolutism points to the question of whether or not a social work educator can ethically ignore plagiarism. The *Code* (NASW, 1999) spells out an obligation to hold colleagues accountable to the ethics of the profession by taking steps to address the unethical acts of others, and this obligation can readily be interpreted as faculty having an inherent duty to, not only instruct students in the *Code*, but to also hold students responsible for adhering to the principles therein.

In the cases of both students and educators, the simple fact is that the principle of ethical absolutism dictates that one cannot behave unethically in one realm and still be considered ethical in other realms. Either one maintains an ethical standard, or one does not. Are academic integrity and clinical/professional integrity mutually exclusive? The simple answer is "no."

Social work educators are guided by multiple forces as they seek to teach practitioners. The NASW *Code of Ethics* (1999) provides guidance for educators' own practice and for their roles as instructors. Not only are such educators obligated to maintain academic integrity as members of the academy, they are also responsible for leading students along an ethical pathway into the profession. Students look to faculty as role models for appropriate judgment and standards. A key consideration in addressing plagiarism is to maintain an opposite role as an educator rather than as a therapist. Just as scholars in other professions have a primary responsibility to instruct students rather than to provide professional services to students, social work educators need not approach

academic dishonesty as a clinical concern. Rather, plagiarism should be addressed in a consistent and formalized manner that reflects its status as an academic concern.

Barriers

Certainly, many social work educators face barriers to addressing plagiarism. Some barriers may be personal, while others reflect an institutional view. Among reasons that faculty do not address academic dishonesty are:

- ⇒ Lack of detection, in which educators do not review student work with plagiarism in mind and assume that all students are engaging in academically honest practices
- ⇒ Ambivalence, in which educators identify plagiarism but do not respond to it
- ⇒ Minimization, in which educators identify plagiarism but see the issue as minor or not important enough to address
- ⇒ Rationalization, in which educators identify plagiarism, but do not pursue this with the student because the educator believes that reasons exist which excuse the behavior (i.e., lack of knowledge on the student's part)
- ⇒ Lack of time, in which educators identify plagiarism, but do not pursue a course of action because the act of doing so is time consuming
- ⇒ Lack of familiarity with the rules of citation, in which educators themselves are not fully aware of the particulars of a social work program's preferred citation format
- ⇒ Lack of administrative and institutional support, in which educators believe that there is no point in initiating a course of action regarding student plagiarism because colleagues or the program minimizes plagiarism
- ⇒ Lack of awareness about existing procedures, in which educators do not respond because they are unaware of program or institutional guidelines regarding plagiarism
- ⇒ Lack of comfort with consequences, in which educators do not respond because they do not want to be responsible for giving a student a failing grade or dismissing a student from the program
- ⇒ Lack of clear guidelines from the institution, in which the institution itself does not provide clear guidelines on how to respond to plagiarism

Oftentimes, faculty members overlook academic dishonesty in ways that appear rather innocuous. However, the *NASW Code* (1999) is unambiguous about the obligatory nature of addressing such concerns and points to the clear need for both individual educators, as well as administrators in social work education programs, to make detection of and routine response to plagiarism priorities.

As social workers themselves, some faculty members may believe that social work students always behave ethically and hesitate to believe that students would take credit for the work of others. Beyond this belief in the best intentions of students, some educators may simply not have the time to devote to adequate evaluation of student work. While this ambivalence can be

understandable at some level, even the ambivalent social worker must comply with the standards set forth in the *Code*. Just as the student excuses are ethically unacceptable, it is equally unacceptable for an educator to consciously fail to evaluate every aspect of a student's work.

Some faculty members may choose to minimize acts of student plagiarism, perhaps because the act of minimizing requires no further action on the part of the educator. Additionally, faculty members may not want to be "too hard" on students or may take the stand that students have been inadequately prepared by previous educational programs, such that students should not be held responsible for their behavior. With regard to the lack of awareness of citation guidelines, all academic programs generally follow a standard citation format, and, in order to accurately assess student work, educators have a responsibility to become familiar with the guidelines used by their institutions. Once an educator identifies student plagiarism, he or she may be unclear as to the institution's existing procedures to address the problem.

Even with some knowledge about institutional procedures, the educator may face institutional barriers, such as a non-supportive administration or unclear policies that prevent a uniform response. Additionally, some educators may simply choose not to pursue a course of action for student plagiarism out of fear that they may face some sort of repercussions, either from angry students or from unsupportive administrative structures.

Detection (Indicators)

Inconsistency.

Inconsistency is fairly straightforward to detect. Educators are expected to be prolific readers of both professional and student writing. As such, skills at distinguishing between the two should be easily honed. One tell-tale sign of professional writing is a more advanced vocabulary. This is not to say that students are incapable of advanced verbiage, but this may indicate a need to examine the piece more extensively. Potential signs of this indicator include inconsistency between written and verbal skills; inconsistency between written assignments (i.e., the difference between writing for an in class exam versus a "take home" paper), and inconsistent writing within a single assignment (this can be particularly noticeable when students switch between first and third person in various sections of their papers).

Thesaurization.

At times, overly sophisticated or slightly imprecise wording may be an indication of what we have termed “thesaurization.” This occurs when a passage is copied directly from another source with synonyms used to replace a few select words in the sentence. For example, if the original source stated:

The program was designed to assist families with financial burdens, physical health concerns, and relational challenges. Participants were provided with cash stipends, medical care, and individual and family therapy.

A “thesaurized” version of this passage would be:

The program was created to help families with economic troubles, health problems, and relationship difficulties. Participants were given money, health care, and therapy.

This second passage is a thoughtless attempt at paraphrasing that falls far short of the goal. The original sentence structure and flow has been maintained, while only a few words have been replaced with synonymous verbiage. When not cited, this would be plagiarism.

Source usage and non-topical writing.

Other potential indicators that further exploration may be in order are also fairly easy to spot. Most students utilize a single source to support arguments, whereas professionals frequently cite multiple sources. Because educators keep abreast of the literature in their areas of expertise, some passages may simply sound familiar because the educator has read them in the course of previous research. Also, writing that dances around but does not actually address the assignment and assignments that rely primarily on one reference may not be original work.

8. Further exploration

Even when an educator recognizes one or more of these potential indicators, many may believe they are ill-equipped to investigate further in an effort to confirm or refute such concerns. Software programs have been developed for this specific purpose, and many schools utilize this approach or, at least, make such options available to faculty (see Pittman-Munke & Berghoef, 2008b for a list of resources). However, while software programs may be a good starting point, they may not fully substitute for other available tools. One simple solution that requires no technological skills is having students submit copies of all sources used. The educator then has the reference material readily available, rather than having to spend a countless amount of time seeking

out these documents. Nonetheless, this approach still requires a substantial time commitment, as all sources must be visually scoured to locate a questionable passage.

In order to accomplish the task in a less time-consuming way, current technology provides a few excellent options. The easiest is the use of internet search engines. McCullough and Holmberg (2005) used this method to examine potential plagiarism in master's theses and found he could implement his methodology in 3.8 minutes on average. Questionable passages can be entered directly into a search engine, and the subsequent search can uncover the original source. Additionally, PDF documents can be searched with the same computer program (Adobe) that allows for them to be read on any computer. Because "thesaurization" may have occurred, multiple portions of a passage may need to be searched in order to locate an original source. These searching tasks can be made even easier by having students submit papers electronically, so that cut and paste features can be utilized, rather than having to type long passages in for a computerized search.

Finally, an often ignored resource for detecting plagiarism is colleagues. If writing seems to be potentially problematic, a colleague may be able to provide insight and assistance in determining whether or not academic dishonesty has occurred.

Responding

Individual level.

Once an incident of academic dishonesty has been detected, the next step involves determining how to address the problem. At this stage, social work educators must be mindful of ethical obligations, which do not enable them to ignore the problem. If unfamiliar with existing procedures, educators must seek assistance and consult school policies regarding the handling of student plagiarism. The specific acts of academic dishonesty must be carefully and thoroughly documented, and the student must be made aware of the problem. Ultimately, academic integrity proceedings must be initiated per institutional policy.

Students will likely have strong reactions to being confronted with evidence of academic dishonesty. Typically, students will report that they have always written papers like this and have not had problems before, or they will say that the guidelines are unfair or too confusing or difficult.

Other common responses include “I’ve never done this before,” and “You’re the only professor who pays attention to this.” Such reactions should not deter appropriate response from the faculty member.

Institutional level.

At this point, educators must trust the institutional system to fairly, accurately, and adequately address the problem. Detection and reporting are the responsibilities of individual faculty members, but responding to such reports is the purview of the institution, just as individual social workers are obligated to refer incidents of ethical malfeasance to their accrediting bodies and must then allow the organization to proceed with determining the level of sanctioning that will take place. To ensure that educators are willing to participate in this way and to place this level of trust in the system, institutions must have procedures in place that are clear, equitable, flexible, and ethical.

All colleges and universities have guidelines regarding academic integrity in place, but the structure and application of these existing policies and procedures vary widely. Although there are no clear categorizations, in general, institutional responses can be classified into two strategies: intervention and procedural.

Intervention.

The intervention response is consistent with a social work practice approach in which the student is viewed in a client role rather than a student role. This system discourages faculty members from making formal reports of academic dishonesty and places the primary burden on individual faculty to “fix the problem.” Students who are subjected to this type of response realize no consequences for dishonesty and are not held accountable for their decisions. In the end, the intervention response solidifies the notion that plagiarism is acceptable and ethical for social workers. For faculty members who attempt to address academic dishonesty in a systematic manner that is in keeping with the NASW *Code of Ethics* (1999), the intervention response can be demoralizing because the institution effectively dismisses the concerns of the educator.

Procedural.

Conversely, some schools utilize a procedural response that is consistent with an academic approach in which the student’s role is clearly defined as a student. Faculty members are supported and encouraged to detect and report incidents of plagiarism, and an oversight committee structure

is in place to examine such reports. Of particular significance, the procedural response ensures that each reported incident will be treated equivalently and that the consequences will be consistent with the level of the offense because a range of potential options are available. This response solidifies the notion that plagiarism is unacceptable and unethical for social workers. Faculty members who are a part of this procedural response may feel emboldened and empowered in their commitment to the ethical guidelines of the profession.

Recommendations

The serious nature of and potential professional repercussions for academic dishonesty point to a need for a robust and systematic response from individual educators and institutions alike. This issue is further complicated with the inconsistencies between staff and students concerning the nature of plagiarism (Pickard, 2006). Similar to what others have proposed (e.g., Macdonald & Carroll, 2006), this response must reflect the complexity of the issue and address the problem on multiple levels.

Further, professional social work education is distinct from many academic disciplines in that students, faculty, and administrators are compelled to follow ethical codes, in addition to institutional policies regarding plagiarism. This ethical imperative points to several recommendations to ensure that students have a clear understanding about expectations and consequences and suggestions for faculty, as well as administrators, to maintain a consistent response.

First and foremost, as others have suggested (e.g., Pittman-Munke & Berghoef, 2008), the definition of and procedures for addressing plagiarism should be specified in established institutional policies that are made readily available to students, and these guidelines should be replicated on course syllabi to ensure that all students are exposed to this information up front.

Furthermore, the issue of academic dishonesty should be discussed forthrightly at the outset of all classes. Educators must communicate to students the ethical concerns related to plagiarism. When an incident of plagiarism is detected, the response must be consistent and in keeping with established procedures.

Educators should advocate for a unified procedural response to plagiarism, and administrators should consider the appropriateness of current institutional practices. Those institutional systems that are not in keeping with a procedural response should be altered to

encompass the notion that plagiarism is unethical and that failure on the part of educators and administrators to confront plagiarism is equally unethical. The practice of social work is based upon strong professional codes that recognize the need to hold individuals and the profession accountable for ethical conduct, and compliance begins with social work education.

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A Conceptual Framework for Considering Informed Consent

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Abstract

Practice research finds that many practitioners do not regularly provide clients with full informed consent (Burkemper, 2004); that biases influence social workers' judgment of competency and the nature of information disclosed (Palmer & Kaufman, 2003; Zayas, Cabassa, & Perez, 2005); and that violations relating to informed consent were among the ten most common complaints against social workers between 1986 and 1997 (Strom-Gottfried, 2003). An additional concern, one not adequately addressed in the literature, concerns the information disclosed to clients about the efficacy of interventions.

Key words: ethics, social work ethics, informed consent, consent, social work education

Introduction

Informed consent is an important ethical and legal responsibility for social workers and other professionals, and professional literature reinforces the importance of obtaining a valid or good consent with clients. However, the majority of articles address the procedure rather than the basis for informed consent in ethics, its base in human rights, or its place in the professional relationship. Instead, the focus is on lists of items that should be covered and documented to show that informed consent was obtained. The limited research available on practitioners obtaining informed consent finds that many practitioners do not regularly provide clients with full informed consent (Burkemper, 2004); that biases influence social workers' judgment of competency and the nature of the information disclosed (Palmer & Kaufman, 2003; Zayas, Cabassa, & Perez, 2005); and that violations relating to informed consent were among the ten most common complaints against social workers between 1986 and 1997 (Strom-Gottfried, 2003). An additional concern,

one not adequately addressed in the literature, is the information disclosed to clients about the efficacy of interventions.

Kutchins (1991) referred to informed consent as a “time bomb ticking for social workers” (111) due to the adverse nature of some information and the likelihood of social workers failing to provide full information about the effectiveness of interventions offered. The conflicting values of paternalism and self-determination underlie these issues. As the profession increasingly focuses on the need for evidence based interventions, the relationship between interventions used and informed consent demands a closer examination.

This article introduces a heuristic model from bioethics to use in teaching social work students about informed consent. This model is based on the work of Gert, Culver, and Clouser’s (1997), *Bioethics: A Return to Fundamentals*. Our intent is to re-introduce informed consent as a process based in ethics. Gert et al. (1997) consider informed consent through a moral analysis leading to a process that respects clients and meets legal requirements. Rather than learning procedures by rote, students learn the meaning and importance of informed consent with the goal of providing a full informed consent process as part of a relationship, rather than as a checklist to meet policy requirements.

In an already full curriculum with requirements to teach many complex topics around values, ethics, theories, and practice, where does informed consent fit? Time constraints too often in both the classroom and practice result in emphasis on procedure over thoughtful consideration. However, there may be ways to bring the procedure and the conceptualization of informed consent together. We suggest that drawing on Gert’s et al. (1997) work on informed consent, wherein the procedures clearly emerge from ethics, is a productive step in this direction. Their concepts of common morality, moral rules, and moral ideals are introduced as the theoretical underpinning of their conceptualization of informed consent. Instead of a checklist, Gert et al. (1997) provide an analytical model, one in which familiar elements of informed consent are considered, but through a thoughtful understanding of the underlying ethical concepts. In this way, legal or policy requirements are met while achieving the ethical process of informed consent. It is believed that if one has an understanding of the morality underlying informed consent, one is more likely to think through a thorough process that serves to enhance the professional relationship, gain client trust (and possibly result in fewer complaints) , and meet documentation needs.

Common Morality, Moral Rules, and Moral Ideals

Gert et al. (1997) argue that a common morality exists and can be explained. Key features of common morality include:

- The need for a clear process of distinguishing between that which is and is not a moral concern (not all dilemmas are moral dilemmas).
- A public morality that is applicable to all persons at all times—one to which most rational people would agree to abide.
- Prohibitions—following *rules* that avoid harm, and *ideals*—proactive behaviors that are encouraged but not required, that prevent harm or bestow benefits in particular cultures and situations; and
- An understanding that paternalistic actions must be justified according to this system—i.e. would it be acceptable for others to act in the same way in similar situations?

Thus, when considering possible actions, we decide whether to do something that is moral or not based on this common morality. It is during this process of considering the violation of moral rules that help is often sought (a lawyer, a counselor, a minister).

The common morality is based upon behaviors that are generally understood to be prohibited in order to be a moral person. Prohibitions or moral rules take the form of things one is required to *not* do. These are general and commonly recognized, in that they are known to everyone to whom they apply, are to be followed with impartiality, and are considered to be universal across cultures (Bryan, 2006; Gert, 2004). Violating or attempting to violate any of these rules or increasing the risk of occurrence of any action that is prohibited is an immoral act. If one intends to violate a rule, the action must be justified in a systematic manner (Gert, 2004).

Moral ideals are intentional acts, those done voluntarily in order to prevent or relieve suffering (Beauchamp & Childress, 2001; Gert, 2004). They are proactive behaviors that are encouraged, but are not required, in which people go out of their way to prevent or relieve harm to others. In general, justification is not needed if a person chooses not to take action that is a moral ideal. For example, most people would like everyone to try to prevent harm, but it is not expected that everyone can or will prevent harm in every single situation every day.

Individuals approach moral situations with impartiality and consider the consequences of possible actions by balancing the harms that may result from each alternative with an understanding that any decision in favor of a benefit means there will be lesser or greater harms

resulting from the decision (Gert et al., 1997). The balancing of harms is also critical to the informed consent process.

Valid Consent

Professional codes of ethics and licensing laws require duties that are expressions of the moral rules, for example, the duty to cause no harm, disability, or pain. Sometimes this is specified as a duty to cause no pain without consent from the patient and with no measure of benefit if pain is caused (Gert et al., 1997). Professional duties also emerge from moral ideals. These are actions that the general public would be encouraged but not required, to do; however, they may actually be required as part of a professional duty contained within the realm of one's work. For example, a person sitting in a hospital emergency room has no duty to help others who are suffering there, but a medical professional does have such a duty (Gert et al., 1997). Therefore, as professionals, social workers (or physicians, nurses, etc.) have a moral obligation to not violate moral rules and often have the moral obligation to be proactive—to follow moral ideals that individuals who are not members of the profession may not be required to follow.

Gert et al. (1997) view valid or informed consent as a duty that emerges from moral rules. The duties include:

1. The social worker has a moral requirement to provide adequate information about treatment to the client. Failing to provide adequate information constitutes a violation of the moral rule that prohibits deception. Because a social worker has a moral duty to provide information, not telling the client is a violation. The authors argue that the phrase “adequate information” is a reminder for the professional to not deceive.
2. The social worker should not coerce clients into consenting. To do so would be a violation of a moral rule, depriving one of freedom.
3. The social worker must assess the client's competence prior to using the intervention to which the client consented. The client must be able to rationally decide about the kind of treatment involved before the social worker can take action. A risk of harm to the client exists if he or she is not capable of making a decision in the situation at hand. Freedom may be deprived and/or pain caused if the client is not capable of consenting to an intervention that may cause some harm. The social worker is also required to assess competence if a client refuses consent, because this may or may not be a rational decision, as noted by Gert et al. (1997) and the *NASW Code of Ethics* (1999). The professional has a duty to treat some clients who lack the capacity to consent and refuse treatment if there is greater harm caused by not treating. In social work this is often expressed as a duty to protect vulnerable clients.¹

¹ For example, children may wish to remain in an abusive setting rather than agree to leave or intervening with adults who refuse when their behaviors place themselves or others at greater risk of harm. (p. 151-152).

The duties for valid consent included in Gert et al. (1997) common morality are similar in nature to the elements noted in the social work practice literature: 1) the disclosure of information, 2) voluntariness, and 3) competence (Congress & Lynn, 1994; Davidson & Davidson, 1996; Fogel & Ellison, 2005; Kutchins, 1991; Manning & Gaul, 1997; Palmer & Kaufman, 2003; Reamer, 1987, 1999; Regehr & Antle, 1997; Strom-Gottfried, 1998; Strom-Gottfried & Corcoran, 1998; Torczyner, 1991). In social work, as in bioethics, there is variation in the operationalization of each of these concepts across the literature. As noted previously, with few exceptions (e.g., Reamer), informed consent in social work literature is generally comprised of lists of items to be documented and interpreted as a procedure based in policy and law rather than ethics. Gert et al. (1997), however, perceive it as an essential moral obligation. The criteria and the moral rules with which they are associated will now be reviewed.

Competence

For informed consent to be considered valid, the person consenting must be judged to have the capacity to consent, and to be competent to make the decision at hand (Congress & Lynn, 1994; Davidson & Davidson, 1996; Fogel & Ellison, 2005; Kutchins, 1991; Gert, Culver, & Clouser, 1997; Manning & Gaul, 1997; Palmer & Kaufman, 2003; Reamer, 1987; Regehr & Antle, 1997; Strom-Gottfried, 1998; Strom-Gottfried & Corcoran, 1998; Torczyner, 1991). Generally, capacity or competency to consent is judged by the professional or person who is seeking consent from a potential client or research participant. Reamer (1987) noted there is little to no consensus on how social workers determine the competency of clients. Professionals may judge competence based upon the client's diagnosis or condition rather than the actual capacity to make the decision at hand such as the assumption that mental retardation, mental illness, a physical condition, or age precludes capacity to consent or competency (Manning & Gaul, 1997). The conceptualization and the way in which competence is assessed vary across social work literature, in practice, and across professions.

Reamer (1987) suggests looking at capacity to consent on a continuum; some conditions may diminish capacity but not entirely preclude it. Competency varies over time according to specific decisions to be made, the context in which they are to be made, the problem situation, current physical and/or mental condition, and skill levels of the individual (Gert et al., 1997; Manning & Gaul, 1997; Palmer & Kaufman, 2003; Torczyner, 1991; Zayas et al., 2005).

A familiar criterion of competence is that the client can understand and appreciate the information disclosed and the situation. That is, the client is able to understand the information and appreciate its meaning in her/his life (Manning & Gaul, 1997; Parry, 1981; Strom-Gottfried, 1998; Zayas et al., 2005). Generally, if clients cannot understand information communicated in an appropriate way and cannot identify ways in which their lives will be affected by the information and intervention, they likely will be judged to not have competency to make a particular decision. Standard tests of cognitive ability may assist in the process but should not serve as the sole method to assess competence. Additionally, incompetence cannot be assumed based on a mental health or developmental disorder diagnosis (Manning & Gaul, 1997).

The following sections examine competence using the common morality framework more closely and will include associated concepts of rationality, paternalism, and the justification of paternalism.

4.1 Competence in the Common Morality Framework

We consider four factors that would interfere with the process of determining competence. An individual is determined competent to make a rational choice if

She does not have a cognitive disability preventing her from [1] understanding and [2] appreciating the relevant information or [3] coordinating that information with her own stable values, and she does not have a [4] mental malady [sic] involving a volitional disability that interferes with her ability to make a rational decision. If none of these disabilities [factors]...is present, she is competent to make a rational decision, even if she is presently making an irrational decision. (Gert et al., 1997, p. 146)

The presence of any one of these four factors interferes with one's ability to make a rational decision of a certain kind, and provides a marker to the person determining competence, which helps define the nature of the client's difficulty with competent decision making under these circumstances. If the person is making consistently irrational decisions, then he must be considered incompetent to make that kind of decision. Thus, Gert et al. (1997) assess competence based on one's ability to make a rational decision. The assessment involves first determining the presence of irrationality. The next step is to identify the presence of any of the four interfering factors that may be causing the inability to make a rational decision of the kind at hand. If one is correct about

the presence of irrationality, at least one of the four factors is involved and the person may be incompetent to render an informed, rational decision.

Competence and Rationality

It must be determined whether the person has the ability to understand and to make a rational decision of a particular type. The rationality of the choice is considered, and, if the choice is irrational, then it may be necessary to override the client's decision, concluding that she or he is not competent to make this specific decision. To determine the rationality of a decision, the following criteria are used:

Consider what information is needed to make a rational choice. This is related to harms—what harms are associated with the information that one would want to know? Does the client's choice of action increase harm while offering no benefit?

A rational choice would either

- Decrease or eliminate harm
- If there is some harm, it is balanced by benefit
- There is evidence that the person made rational choices in the past in difficult situations
- There is not an illness, emotion, or cognitive disability that would preclude the ability to make a rational decision (Gert et al., 1997)

Competence and Paternalism

Paternalism is inherent to social work. By nature of the profession, social workers have a duty to others—to protect rights, to intervene when high risk is assessed, to provide services or assistance often by a required authoritarian duty rather than by request of the vulnerable individual, and provide (or not provide) information (Reamer, 1993). Simultaneously, social workers have a duty to respect individual self-determination and strengthen empowerment of self. The process of informed consent includes sensitive decisions about acting paternalistically, how much information is given to clients, and assessing understanding of the information. Our desire and responsibility to do the best for clients may result in coerciveness by providing partial information.

Choosing not to act paternalistically may conflict with employment responsibilities, whereas acting paternalistically may conflict with ethical responsibilities. Decisions about these choices call for justification of the professional's actions (for employers, clients, society, or ethical practice). Additionally, although the professional and client may agree that paternalism is acceptable when done for the benefit of the client, they may disagree on the definition of "benefit"

(Abramson, 1985). When is paternalism justifiable? Commonly, if a client's choice of action places herself or others at risk for harm, paternalism may be justifiable (Abramson, 1985; Gert et al., 1997). Is it justified to prevent physical harm, emotional harm, a harm related to denial of rights (choices) or adequate information (including lying by omission)? Does an individual have a right to harm herself? Can one harm self if it does not harm others?

John Stuart Mill (1859/1963) claimed that one has a right to self-harm; paternalism is justifiable only if an individual's action or choice would result in "...physical or moral" harm to others (although he did not specify the parameters of harm). On the other hand, Arneson (1980) notes Gerald Dworkin's claim that focusing on the individual's good is an acceptable reason to act paternalistically. When the resulting good outweighs the harms for the individual client, it would be something a rational person would agree to, and the paternalistic act is the least restrictive action. These two views illustrate a common struggle-do we focus on the individual or the larger group/society when determining actions? Often, our employing institutions determine the priority. Bias again influences the determination of definitions and severity of harms (Palmer & Kaufman, 2003; Zayas et al. 2005), and plays a role in determining whether the client is competent to independently make choices.

The discussion of paternalism and the underlying theoretical basis for justifying it in social work is presented very briefly here to illustrate the complexities involved for the professional. As a result of socialization within the profession or employing agencies, the paternalistic intervention may be used with an eye toward risk management for the institution rather than the ability or rationality of the client. We introduce the common morality framework as a concise, clear alternative to assist in determining whether paternalism is justified in the informed consent process. The focus of common morality on the moral dimensions of informed consent and on harms resulting from interventions reinforces the fact that the process is about the client, not the institution. Justification indicates a need for clear documentation of actions; a framework strengthens this aspect, as well.

With respect to competence and paternalism, Gert et al. (1997) argue the professional must first determine that the client's choice is indeed irrational, and then determine whether the intervention is justifiable. As an example, consider a man with dementia who refuses to have a Band-Aid put on a small cut on his arm. Gert et al. (1997) state "...it would rarely be morally

justified to force the Band-Aid on him, despite the fact that he is not competent to refuse. Competence is not determined by the seriousness of a patient's situation, but the justification for overruling a refusal is." (p. 145) In this case, there is no justification—there is no reason to violate a moral rule (or the client's self-determined choice) just to make the patient wear a Band-Aid. It is not a life-saving intervention, nor are there serious harms that would be prevented or relieved by the Band-Aid. The violation of the patient's freedom by going against his wishes would be more harmful than what good the Band-Aid might do. Paternalistic actions always violate a moral rule, but there are times when they are appropriate. For example, paternalistic laws exist to assure the protection of our safety while violating our freedom. These include the requirement to wear seat belts and not use cell phones while driving.

Paternalism occurs when a professional (1) believes that her action is for the client's good, (2) acknowledges that the action will violate at least one moral rule, thus requiring justification, (3) knows she does not have the client's permission either in the past, present, or immediate future to take the action, and (4) acknowledges that the client believes (possibly incorrectly) that he knows the best choice for himself (Abramson, 1985; Gert et al., 1997). The moral burden of proof lies with the professional; justification of the action is assessed using the same process as any other rules violation in the common moral system, asking: (1) Would rational people agree that the moral rule should be violated in this situation? (2) Would it be okay for others to violate this rule in a similar situation? (3) Would it be okay for everyone to know that these rules were violated and this action taken?

5. Adequate Information

The NASW *Code of Ethics* Standard 1.03a (1999) states, "Social workers should use clear understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions." (p. 7). Much of the literature in social work cites these components as basic requirements, followed by additional items such as agency information; evidence of social worker's competency and training; confidentiality limits; insurance coverage; and alternative treatment and its risks, benefits,

and side effects (Kaplan, 2008). These are among the many items identified as part of adequate information.

Generally, the concept of adequate information is seen as the information an objective person would want to know in order to make a rational decision (Gert et al., 1997; Katz, 2003). There are situations in which only one intervention choice seems rational; however, often there is more than one rational choice, each with some risk of the possibility of causing some amount of harm and possibly preventing or reducing some amount of harm. This comparative information should be provided to the client (Gert et al., 1997). The social worker should have competence in the area of treatment under consideration, including knowledge about the evidence of the effectiveness of alternative interventions.

Clients' behaviors, beliefs, culture, and values will influence their perception and prioritization of risks and benefits; and these may well differ from the social worker's perceptions. For instance, one client may view the medication side effect of loss of libido as too great a harm and prefer alternative medication or no medication. Another client may not see loss of libido as a harm to avoid. The social worker has the moral obligation to provide the information needed for the client to make a personal choice. However, the professional's personal values about the potential loss of libido may influence the information provided.

It is important for the client to personally rank the alternative interventions and associated harms so a rational choice can be made according to his priorities. This ranking also serves as an additional guide to assessing rationality. That is, it would be unreasonable for the client to decide on a choice that is not prioritized by his own ranking. The social worker can also consider a question to consider the rationality of the client's choice—would another competent social worker recommend the same treatment? Although the social worker would not argue with the client in favor of a specific intervention, if there is a reason to believe there is one that best fits the client's rankings and preferences, she should inform the client (Gert et al., 1997).

The act of assisting clients by disclosing information and their ranking of harms is essential to the process and requires a relationship between the professional and client, difficult since this may be one of the first times they've met. A standardized informed consent form completed during intake, a billing office, or a waiting room with administrative staff will not meet the moral obligation of the social worker. Not providing full information that enables clients to make rational

decisions by ranking the harms involved in each alternative deprives them of freedom to make their own decisions. Anything less than full disclosure is deceptive, thus immoral (Gert et al., 1997).

How much harm should be a possibility before informing the client? The severity and likelihood of its occurrence must be considered, as well as whether or not a rational person would want to know about the harm before making a decision. Gert et al. (1997) argue for care in thinking about the wording used in communications—informing a client that a medication will decrease the risk of heart attack by 50% may be heard (then ranked) differently than stating that it will decrease the risk of heart attack from 1 in 100 to 1 in 200. Consider the variations in perception and choices in social work services if clients are informed more specifically about the risks of relapse in addictions, anger management for domestic violence perpetrators, treatment for pedophilia, or risks related to other psychological or social interventions. It is recommended that wording risks in relation to numbers, for example, “...the number of persons needed to subject themselves to the harms of treatment, before, on average, one person is helped who would not otherwise be helped” (p. 166). This illustration of the relationship between perception and the language used in the informed consent process also serves as a reminder that clients’ literacy, native language, and beliefs will influence their understanding of information and resulting choices.

All medical procedures require consent. As in social work practice, all interventions require informed consent, because all choices affect people’s lives, even if the associated harm is minimal and ranked lower. However, this brings up a concern in social work practice--the lack of empirical evidence on the efficacy of some interventions that are older but commonly used in some settings (Kutchins, 1991), and newer, non-traditional interventions (Reamer, 2006). Information on harms should include: those that are financial, that the treatment may be carried out with less risk of harm at a facility different from the current one, and the harms and benefits of no treatment as an alternative. A conversation determining whether the client wants to make the decisions and hear the information or prefers others to be a part of the process is appropriate, as well (Gert et al., 1997).

Lack of Coercion

For informed consent to be valid, there must be no coercion from the social worker. The common morality framework views coercion in relation to one’s role—thus, coercion by the

professional is inappropriate and occurs when the social worker intentionally brings about the harm that causes the client to consent to the intervention. An intentional threat of harm that is strong enough that it would be logical for any rational person to act in the desired way is considered coercive, and this type of harm violates the moral rule to not deprive one of freedom (Gert et al., 1997). Strong recommendations by a professional, when there is full information along with sufficient evidence of a best treatment choice, are not considered coercion, as there is no threat of harm.

Ideal Consent

Valid consent is concerned with the moral rules, requiring the client to be given adequate information, the client to be competent to make a rational decision in the situation, and the professional to not use coercion to influence the client's choice. When valid consent is obtained, the professional can provide the intervention even if there is some degree of harm that results from it, because the client has been informed of it and has consented to it.

Ideal consent goes a bit further as it is based on moral ideals, those proactive actions meant to prevent or alleviate suffering or harm. In the case of consent, this includes the strategies a social worker takes to prevent the client from making an irrational or unreasonable choice in decision-making. A choice is considered irrational or unreasonable for a particular individual if his or her decision is not aligned with his or her personal rankings of harms and benefits (Gert et al., 1997).

In this proactive role, the social worker may challenge the choices made by the client if they do not seem rooted in her or his personal rankings of harms and/or if the choice is irrational or unreasonable in the particular situation. In ideal consent, it is appropriate for the social worker to consider whether another party is attempting to coerce the client, and to intervene to stop or prevent coercion. For example, if the social worker believes the client's spouse or family members are attempting to manipulate the client into a choice of interventions, the social worker may advocate for the client to make an independent choice that fits personal considerations of harms and benefits.

Another tactic that may be used to assure ideal consent is to suggest to a client who is unsure after initially agreeing to the intervention, to take a few days, a time out to re-think the decision. Lastly, the way in which information is communicated can influence the choices clients make. When information is given in a variety of ways, as in the previous discussion on the

communication of efficacy rates, a proactive stance is taken to enhance the client's ability to understand the information.

Conclusion

As the common morality framework is based in clarifying that which is not moral rather than what is moral, the informed consent process emphasizes harms—meeting the moral rule requirements of prohibition of harms as well as moral ideals actions of preventing or reducing harm. Therefore, the framework leads to items that should be included in valid consent, as they are associated with consideration of harms. This is critical to the conceptualization of informed consent as a moral obligation rather than a procedure to meet legal or policy requirements. Informed consent is, at its core, about morality—about reducing or alleviating suffering or harm of people. Following procedures to show documentation that a client consented to services or research changes its emphasis to the meeting of institutional rules instead of moral duty to clients. Informed consent is about enhancing the client's ability to make his own decision about which specific harms and the severity of harms he is willing to experience to reach the longer term goal of relieving his suffering. One might determine what information to provide a client by assessing which possible harms may be associated with it—are there harms associated with a treatment, with the number of sessions the client will need to attend, or with agency management or funding affiliation? Consider how thinking about harms can change the nature of the information we provide to clients.

Although several authors in social work literature argue for understanding informed consent as a process, a part of the professional relationship (Burkemper, 2004, Hepworth, Rooney, & Larsen, 2002; Kutchins, 1991; Pollack, 2004; Reamer, 1987; Torcyner, 1991), there remains an absence of discussion on conceptualization of the elements of informed consent and how to find a common ground for the process. There is little discussion or consensus on the philosophical basis for determining adequate information, the source of the moral obligation to do so, or how this should guide the content of adequate information.

Faden and Beauchamp (2003) refer to two senses of informed consent. Sense 1 is the process, the autonomous act of authorization and its elements. The client's understanding of what is being authorized is part of this sense, as are the professional's duties and ethical reasons for obtaining informed consent. Sense 1 can be analyzed by evaluating the extent to which ethical

principles are upheld. Sense 2 involves the policies, the institutional rules, and laws that require actions or documents in the process. The professional requirement to disclose information to the client and the accompanying documentation (evidence of the act) are part of this Sense 2. Commonly, it is only Sense 2 that receives focus in practice, the signing of forms to comply with legal requirements. Sense 2 is clearly reflected in the social work literature with its emphasis on the documentation of itemized checklists of what is included in informed consent. Sense 1, however, is often absent.

There is wide variation in what is taught about informed consent in social work education, as well. There appears to be general agreement in the literature that informed consent consists of three elements: 1) the disclosure of information, 2) voluntariness, including absence of coercion, and 3) competence or capability to make the decision (Congress & Lynn, 1994; Davidson & Davidson, 1996; Fogel & Ellison, 2005; Kutchins, 1991; Manning & Gaul, 1997; Palmer & Kaufman, 2003; Reamer, 1987; Reamer, 2006; Regehr & Antle, 1997; Strom-Gottfried, 1998; Strom-Gottfried & Corcoran, 1998; Torczyner, 1991). However, the way in which each of these three elements is conceptualized varies, resulting in inconsistent recommendations for the content of informed consent in practice. The complexities and conceptualizations of these elements are seldom addressed, and social work texts, which also vary, may confuse students or offer contradictory explanations (Kaplan, 2008).

Results of one study noted that the sample of MSW level social workers examined based their morality upon authority, not critical reasoning processes. These individuals do not recognize the complex and conflicting duties and values related to informed consent, paternalism, and coercion. This means it is more likely for them to follow the institution's definitions and expectations than critically thinking about these concepts and their relation to morality (Kaplan, 2006). Education's purpose is to enhance critical thinking, to teach students to understand the underlying theoretical base of informed consent, and to balance duty to individuals and duty to society. A framework that is logical, taught consistently, and takes into account the complexities involved in informed consent without teaching it as an intake form would better prepare our students for the profession.

A return to discussions of the underlying ethical standards and duties can lead to a more complete understanding of informed consent and its purpose. It is time to critically consider the

meaning and importance of informed consent as an essential part of clients' rights, as integral to professional helping relationships, and it is time to move informed consent out of the waiting rooms and billing offices.

Rather than being overwhelmed by the complexity of informed consent or reducing it to a standardized form clients and research participants must sign, it should be understood as a duty, an expression of social work values, and an act of advocacy for human rights. Social work education should include elements of Faden and Beauchamp's (2003) Senses 1 and 2. Gert et al.'s (1997) common morality framework is recommended as an effective means through which to offer this important educational content.

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Following in Jane Addams' Footsteps

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Abstract

Social work socialization is a lifelong process that shapes social values and ethics for students, professors, and professional social workers. It is both a subjective spiritual journey of identification with heroes and a more objective journey to satisfactorily understand society and its structures. Jane Addams' life and metatheoretical vision of democracy and social ethics offer social work a much needed direction for the 21st century.

Key Words: Values and Ethics, Socialization, Spirituality, Democracy, Metatheory

Introduction

"The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty." (NASW, 2008, p. 1). Social work socialization is integral to this mission. Socialization is defined broadly as the continuing process through which one is helped to become a member of a cultural group, learning from others as well as contributing to others' welfare (Grusec & Hastings, 2007). Through the socialization process, social work students become professional social workers. Social work socialization involves developing social work values, skills and knowledge, including ethical standards. Social work socialization is a lifelong developmental process with many as-yet unexplored implications for the social work student, professional, and academic.

Spirituality, the quest for meaning beyond ourselves, is central to social work socialization and informs our values and ethics (Canda & Furman, 1999). How we define our values depends on our assumptions. As Reamer (1993, p. xiii) reminds us: "In the end, however, we cannot ignore the primary questions, questions that move social workers in the first place to be concerned about starving children, or any other vulnerable group. If social work is to enhance its own knowledge base as it continues to mature as a profession, it is essential for the profession to examine, shape, and clarify its key philosophical assumptions."

It is not enough for the discipline of social work to use terms like *social justice* or *self-determination* (NASW Code of Ethics, 2008, pp. 1-2) without a deeper understanding of their underlying meaning to us as social workers. In this article, I will offer an inductive inquiry into what has been personally meaningful as I visit sites important to the life of Jane Addams, a founding mother of the social work discipline. Then I will offer a metatheoretical process from Jane Addams' social thought that can provide a foundation for social work ethics, since her social thought has been created through the lens of her own experiences.

I first describe a personal pilgrimage to places in the life and times of Jane Addams (1860-1935). The word *pilgrimage* is used intentionally, since the inductive process is both motivational and spiritual, underlying both values and ethics. The pilgrimage to a *saint* or *hero* is a common motif in both literature and life. In 1875, when Jane Addams was fifteen, a teacher gave her a copy of John Bunyan's famous 17th century work of moral edification, *Pilgrim's Progress*. She, as were most Americans even into the early 20th century, was intimately influenced by this story, which pictured life as a journey toward Christian perfection through good works. Along with the Bible and Declaration of Independence, *Pilgrim's Progress* has defined the American experience (Elshtain, 2002).

In addition, Jane Addams was also greatly influenced by the life and times of Abraham Lincoln. She never personally knew Lincoln, since he was assassinated when she was a small child; yet she had heard much about his life from her father. John Addams had had a long friendship with the man who addressed him in letters as "my dear double-D'ed Addams" (Elshtain, 2002). Her father's stories of this earlier friendship with the fellow Illinois leader and later U.S. President gave Jane Addams both a hero and saint to emulate.

In the process of learning more about the life and times of Jane Addams, I too have found myself seeking to emulate her as a hero. Jane Addams' life and metatheory of democracy and ethics offer a basis for social work student socialization into social work values and ethics. As an inductive inquiry into the development of social work socialization, I am following a feminist pragmatist methodology, using Jane Addams and myself as the subjects of study. This research approach involves boundary crossing, in which the researcher herself at times is the subject of study, in contrast to the traditional *value free* observer approach (Babbie, 2001; Creswell, 1998).

Feminist pragmatist methodology [Hill & Deegan, 2007; *The Jane Collective: Feminist Pragmatism*, 2008; also identified as Jane Addams' pragmatism (Hamington, 2006) and pragmatist feminism (Whipps, 2004)] combines action and theory for a more equalitarian practice. Social context, experience, change, pluralism, embodiment, and interdependence are central aspects of this methodological process. Feminist pragmatism makes no sharp differentiation between the methodology of theory and experience (Whipps, 2004). The methodological informs the theoretical, as the theoretical informs the methodological.

Jane Addams, who herself has been characterized as a *feminist pragmatist* (*The Jane Collective: Feminist Pragmatism*, 2008), created a social theory of democracy that is also a social ethic. Her understanding of democracy as social ethics provides a metatheoretical structure for social work values and ethics. Through a meta-analysis of this structure, we can reflexively study the effects of democracy and ethics as a basis for student social work socialization (Ritzer, 2000).

2. The Pilgrimage

It is Friday, about 4:30 a.m., the end of September, still dark as I make my way, driving on the expanding ribbon of highway toward the first step of my journey, the Little Rock National Airport. Final destination: Madison, Wisconsin. As the 20-minute ride progresses, there are only the occasional bright lights of an early commuter rushing by to break the inky solitude surrounding me in my car. Finally, as I reach the airport, the sky lights up with bands of overpowering brightness. People, activity, the familiar. Takeoff. A new orange popsicle-laced-with-vanilla day appears at the window of the moving plane. As I arrive at Chicago's O'Hare International Airport, it is a little after 8 a.m.

A new step in my journey: navigating this urban labyrinth of concrete as I seek the el train to the University of Illinois at Chicago. A warmish day. Holding my jacket with one hand, I drag my suitcase onto the train with the other. An hour later, I walk several blocks from the UIC station, consulting my Internet campus map. I turn right at Halstead Street and walk a few more blocks, with my suitcase trailing behind me.

It is 9:30 a.m. when I finally reach my destination. On the edge of the campus to the right lies a small brick building with yellow trim, surrounded by a wrap-around porch. I am alone with

my thoughts as I walk the red brick path surrounding this sanctuary of a time past. Once the air here crackled with energy and promise. There were 13 buildings here, most torn down years ago to make way for the UIC campus. Jane Addams, in her last years, reported that sometimes 10,000 people a week came through the Hull House complex seeking to be with one another, to learn from one another, to give to one another (*An Experiment in Democracy*, undated). Walking along the perimeter of Hull House, I look up at the banners hanging along its front: Equality, The Arts, Immigration, Democracy, Peace, Labor. Too early to go in, as this icon of social democracy doesn't open until 10 a.m.; I wander to a nearby building, which houses a campus bookstore.

When I return a half hour later, dozens of teenagers armed with notebooks and pens are milling around the entrance: a new generation to be introduced to the social change vision based on relationship and community. Lots of Jane Addams reports are about to be written—will their authors be believers or skeptics? A *Chicago Tribune* article propped up on a nearby table highlights the tension: "Was Jane Addams a Lesbian?" (Schoenberg, 2007). Jane Addams, the most famous founder of the settlement movement; Nobel Peace Prize recipient; *Saint Jane* for many seeking to live out their social beliefs. But, for these teens, she lived and died a very long time ago. Has prurient speculation about her personal relationships become more important than her historic achievements?

I trail the students, listening in on their guided tour on the small first floor, even while I am reading the display summaries and trying to disentangle myself from this human mass. We walk around in a circle from the entryway to the living room, past the souvenir counter, through the two back rooms. And back to the entryway. No going upstairs as it is blocked off. Such a small place for so much history to have taken place! Hull House's message continues to reverberate throughout the Chicago area; this city has long been a ferment of social activity, for better or worse, even before Jane Addams and Hull House came on the scene.

The second remaining Hull House building was once a gathering place, a dining area. Checking it out, I wander upstairs for the film, *An Experiment in Democracy*. Democracy. Yes, that word again. The Hull House community developed both the social theory and the practice of what Jane Addams called "a rule of living as well as a test of faith" (Addams, 2002, p. 7). Many disciplines, in addition to social work, consider this experiment in democracy as pivotal to their own legacy, including sociology, feminist pragmatist philosophy and public administration (Hill

& Deegan, 2007; Shields, 2006; Whipps, 2004). And how did Jane Addams identify herself? According to Brieland (1990, pp. 134 - 135), she listed herself as Hull House's "head resident" or "settlement worker," but not as social worker, questioning the Charity Organization Society standards of professional charity; she instead favored a peer model of mutual help.

Meditation

The rest of the day, I find myself meditating on Jane's story (she's a friend now, so I think of her as Jane). I'm back on the el train to O'Hare where I wait for the Van Galder bus to Madison, home to the University of Wisconsin as well as the capital city, another three hours away. We drive west out of Chicago along the Jane Addams Memorial Tollway (this was the Northwest Tollway until it was renamed in 2007). The trees are just beginning to change: yellow, shades of brown and red, little Christmas tree bulbs of color, adding a bit of festivity to the warm fall day.

We speed along the highway toward Rockford, a northwestern Illinois town, where Jane boarded at what was then Rockford Seminary (1877-1881). Here at the "Mount Holyoke of the West" (Addams, 1961, p. 47), she honed her ability to think for herself, often in spite of the pressure of both peers and professors. At this time, women who completed the course of instruction were strongly encouraged toward work in a Christian mission field. Jane, however, refused all entreaties, both prayers and direct admonitions from her teachers, toward such a vocation.

My mother-in-law, who grew up on a farm in what was then the outskirts of Rockford, also earned her undergraduate degree here, at what in the 1930s had become Rockford College. For years she has pointed out that even 50 years after Jane graduated, her legacy lived on, making my mother-in-law's choice to study biology rather than a social-centered major difficult. But, like Jane herself, my mother-in-law has always known her mind and continues to make her choices, often very independently, of outside pressures. Could that have also been a legacy of this very unique college? Until the 1950s, Rockford College concentrated on women's education and leadership even as it emphasized a more narrow social responsibility than either Jane Addams or my mother-in-law wanted to follow.

A few miles before we reach Rockford, we turn north toward Madison. Jane's family came from Cedarville, Illinois, a few miles west of the highway. Both in her time and today it continues to be a small town of under 1,000. As an adult looking back at her childhood, Jane remembered fondly her home life there and especially her father, who was an enduring role model, bridging the

ethical and the democratic (Addams, 1961). Jane continues to be remembered in her hometown, now with a sign (Elshtain, 2002, pp. 1-2) as one enters the municipality:

**CEDARVILLE
BIRTHPLACE OF
JANE ADDAMS 1860 - 1935
HUMANITARIAN, FEMINIST,
SOCIAL WORKER, REFORMER,
EDUCATOR, AUTHOR,
PUBLICIST, FOUNDER OF
HULL HOUSE, PIONEER
SETTLEMENT CENTER,
CHICAGO, 1889, PRESIDENT
WOMEN'S INTERNATIONAL
LEAGUE FOR PEACE AND
FREEDOM, NOBEL PEACE
PRIZE, 1931.**

Following in Lincoln's Footsteps

It is 4 p.m. as the bus arrives at the Memorial Union in Madison and I greet my son, a graduate student. For Jane, as a child living in her little village in northern Illinois, Madison, a city on an isthmus, was the big city to the north, laid out so that the Wisconsin state capitol, built on a hill, could be seen for miles (Addams, 1961). Jane had visited an earlier capital building, one that

also looked out at the broad expanse of Madison. During my visit, my son and I walked up the many steps of this more recent building, looking out over the expanse of city and water, as far reaching a view as many might have had in a pre-airplane world. Once inside, we then walked to the great inner chamber that looks up, floor by floor to a far distant ceiling, decorated in gold and sculptured over a hundred years ago as a sanctuary of democracy.

In Jane's childhood, her imagination was captured by the wizened eagle that resided in the earlier capitol building. That eagle, Old Abe, who had been named for President Lincoln, had been previously carried by the Eighth Wisconsin Regiment through the Civil War. As the mascot, Old Abe led his countrymen into battle after battle as he conferred a mystical strength on the troops. Confederate troops tried again and again to capture him but were never successful, even as his Union handlers fell in battle. After the war, Old Abe again called the Wisconsin capital his home, but continued to be enlisted for patriotic forays beyond its borders, since by then he was a national talisman. After the eagle's death in 1881, he was mounted and remained a centerpiece of the capitol for many years. (Wisconsin Veterans Museum, 2006).

In Jane's young mind, the heroics of Old Abe were mingled with her image of President Lincoln himself, whom her father had known for many years as a friend (Addams, 1961, p. 38). She remembered her childhood visit to the "veteran war eagle" as a "search for the heroic and perfect which so persistently haunts the young....the notion of the martyred President as the standard bearer to the conscience of his countrymen, as the eagle had been the ensign of courage to the soldiers of the Wisconsin regiment" (Addams, 1961, pp. 36-37). Today, a facsimile protectively stands guard in the inner corridor of the newer capital building, the body of the original eagle having vanished in the 1904 capital fire. As my son and I visited the halls of this majestic building, we too were taken with this bridge between a distant heroic past and the quest for meaning in the present.

In the same way, we can be mindful of our current president, who has also taken the Lincoln story as his own. From the moment President Obama declared his candidacy in Springfield, Illinois, Lincoln's inspiring story has been invoked again and again, concluding in the swearing in ceremony with the Lincoln Bible. We may agree or disagree with President Obama's policies, but we all need heroes to emulate, whether they are with us in flesh or in spirit.

Social Work Values and Ethics Influence Socialization

Students today come to social work looking for meaning, for something that is bigger than themselves, for a spiritual if not a religious insight. Even for those who profess no creedal belief in God or a Higher Power, there is something about seeking to help others that lifts us out of ourselves into the larger social structure. Canda and Furman (1999, p. 4) emphasize that "social work is fundamentally a spiritual profession—one that sets its reason for existence and its highest priorities on service." This spiritual quest to serve transcends our everyday world, lifting us in some way beyond ourselves toward the sacred. For the sociologist, Emile Durkheim, the end point is not a theistic one; rather, it is found in society itself—and the need to serve society (Durkheim, 1965).

Values are somewhat hard to define; we usually "know it when we see it." Values are what we find to be desirable or worthwhile. What we see as value-able may be an individualistic or personal value rather than a social value. Social work values, however, should be more than personal preferences; they should reflect the priorities of the profession itself (Reamer, 1999). Our priorities as social workers are to support our mission, which seeks to move society toward social justice and mutuality (*NASW Code of Ethics*, 2008). Social work socialization, at its best, offers students a way to access this larger world of meaning and belief, relationally through professors, field supervisors, and others, who as role models embody these values and ethics.

Since social work emphasizes the importance of the relationship in interventions (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2006; Miley, O'Melia, & DuBois, 2007), what type of student relationships have been found to help develop students to support the social work mission? If a student were to be asked to name someone they have found to be a role model, a personal window into the profession, whom would they name? A few social work studies have investigated the role of teachers and field instructors as such models, but there is no agreement on what constitutes good role modeling or how to operationalize it (Barretti, 2007). In fact, the very definition of social work itself could be clearer, both for the lay person on the street as well as professionals. Is social work mainly a clinical endeavor to help clients adjust to society, or is it a community-and-policy based discipline to change society itself? How do we define *service* and the contexts through which service is manifested? (Brieland, 1990; Specht & Courtney, 1994).

Social work needs to have a "sustained, scholarly examination of the philosophical foundations on which the profession rests....The principal aims of any profession rest on core assumptions about mission, methods, and conceptual orientation. In short, the heart of any profession consists of a philosophically oriented statement of purpose and perspective" (Reamer, 1993, p. xii). What foundations should underlie the application of social work mission, methods, and concepts? The importance of this question becomes apparent when we talk about socialization of social work students into the profession using the Council on Social Work Education's Educational Policy and Accreditation Standards (2008).

The recent EPAS statement concludes that competency-based education is based on performance outcome, whose foundation comes out of field as the signature pedagogy:

Signature pedagogy represents the central form of instruction and learning in which a profession socializes its students to perform the role of practitioner. Professionals have pedagogical norms with which they connect and integrate theory and practice. In social work, the signature pedagogy is field education. The intent of field is to connect the theoretical and conceptual contribution of the classroom with the practical world of the practice setting (p. 8).

I suggest that this begs the question, because other disciplines also socialize students, integrating theory and practice through internship opportunities, which are integral to their self-identity as a discipline (e.g., public administration, applied sociology, counseling, and even engineering). In contrast, social work has a unique philosophical or social theoretical understanding of who we are and what we are about. Jane defines this in terms of a democratic ideal that is relational in our commitment to one another and social in terms of structural formulation.

This is not to say that field education should be less important to social work, but rather that it needs to be undergirded by something larger than itself, even larger than an ethical consideration of applying values. Jane might say that field is social work's signature pedagogy *because of our commitment to realize a democratic society of citizens rather than clients*. Whereas clients are always beholden to the expertise of others, citizens create their own expertise and add to the common good of all, including the so-called expert (Elshtain, 2002; Knight, 2005). In such a climate, democracy itself is the social ethic (Hamington, 2006, p. 7).

The Social Gospel and Social Ethics

Social ethics as a social theory came out of the social gospel movement of the late 19th and early 20th centuries. It was an effort by liberal Protestants to develop a comprehensive social ethic based on democratic ideals of justice and mutuality. Whereas Jane was influenced by the Christian underpinnings of social ethics, she always refused to adhere to sectarian Christianity or even any religious dogma. Rather, Jane enacted social ethics as a way to apply her definition of democracy. For both social ethics and democracy, the central issue is that "we are all in it together." Democracy is not for only some, such as the wealthy and propertied, or even for many provided they have certain racial or gender characteristics. Democracy is for all (Dorrien, 2009). The goal of democracy, and the goal of social ethics, is membership in a community. This means developing citizens who are equal with equal opportunities, who learn from one another, working toward a common good.

In socializing students into social work, heroic role models can be important, both as the personification of the discipline and also pointing the way theoretically toward the desired mission outcome. We may or may not know these pathfinders personally, but we know them by reputation, often from an earlier time. For both Jane and President Obama, Abraham Lincoln has been a very personal role model. Jane herself has been a role model, as a founding mother of social work as well as other disciplines. In fact, for most of Jane's life, she was "lionized as an American saint" (Dorrien, 2009, p. 168), as settlement house worker, activist, and Nobel Peace Prize winner. The outstanding exception was during World War I, when she was vilified and ostracized for her peace stand.

Her life and work had been in eclipse until recently when fields as diverse as women's studies, sociology, political science, urban and social history, and the history of education began to study her life and writings in depth (Knight, 2005). In addition, feminist pragmatism and religious studies have taken a second look at her social ethics and found relevance for today (Dorrien, 2009; Hamington, 2006). Social work, however, has yet to really give her life and social thought a thorough look either in scholarship or core courses. When Jane is mentioned in social work articles, it is often in reference to her community or pacifist work (Brieland, 1990; Johnson, 2004; Lundblad, 1995).

There is much more to Jane's story, both in her life story, as well as her writings. During her life, she wrote a dozen books, and more than 500 articles (Hamington, 2006), many of which contain a distinct social ethics that could enrich social work ethical theory development. More recently, researchers have come to better understand her scholarship, which was informed by both an experimentally inductive approach as well as a more traditional empiricism. Her practice informed her research, even as her research informed her practice (Hill & Deegan, 2007; Whipps, 2004)

Dorrien (2009) describes the impact of Jane on Graham Taylor, the founder of the School of Social Economics, which was to become the School of Social Service Administration at the University of Chicago: "In the personality of Jane Addams, living on the corner of Polk and Halsted streets, I found a personification of spiritual and social ideals, dwelling in simple, natural, neighborly, human relations with her cosmopolitan neighbors, and exerting far-flung influences over the more privileged classes" (p. 42).

Jane's Belief in a Social Democracy: A Metatheory for Social Work

We need a story that is bigger than ourselves, through which to grow in our understanding, commitment, and practice of the social work discipline. Each nation or ethnic group has at least one story that is basic to its understanding of itself. If we were to do social work, for instance, in Hitler's Germany, we would find the mythology of racial supremacy central to determining who even deserves help. To develop an alternative social theory would exact a steep price. In a poverty-and-conflict-stricken area like the Darfur region of Sudan, the stakes of doing social work and even the meaning of what constitutes social work might also be very different from what we consider the social work mission here in the United States. Yet, even in the United States, we often find ourselves compromising what we know is a basic tenet of the profession: "Social workers' primary goal is to help people in need and to address social problems. Social workers elevate service to others above self-interest" (NASW, 2008, p. 2). This statement does not answer who, what, and how we are to serve.

A key core assumption in our American culture is that of democracy. Most recently, in the era of George W. Bush, democracy has been extensively intertwined with capitalism and individual initiative. For Jane, there was a very different definition of and philosophical outlook on the democratic principles that undergird what she did and said. Jane conceptualized this

relationship in *Democracy and Social Ethics*: "We are thus brought to a conception of democracy not merely as a sentiment which desires the well-being of all men, nor yet as a creed which believes in the essential dignity and equality of all men, but as that which affords a rule of living as well as a test of faith" (Addams, 2002, p. 7).

Jane concludes that democracy is socially, not individually or politically, determined; rather, it is both a way of living and a social ethic for how to live. The value of democracy is applied through a social ethic of societal responsibility for the common good rather than an individual ethic of individual responsibility for personal gain: For us in the United States who look through an individualistic lens, Jane has a special warning: "To attain individual morality in an age demanding social morality, to pride one's self on the results of personal effort when the time demands social adjustment, is utterly to fail to apprehend the situation" (Addams, 2002, p. 6).

One way social theorists clarify terms like social justice and self-determination is to relate such terminology to larger theories and metatheories. Metatheory, as an overarching theory of theories, gives perspective on Jane's life and social ethics, and is a model for a systematic study of what underlies values and beliefs of social work. A metatheory looks at the bigger theoretical structures that underlie how people in our society act on their values. A metatheoretical study is reflexive in its process as we learn about a bigger overarching social theory and see how it both affects our ethical stance and is affected by it (Ritzer, 2000). For Jane, the democracy ideal provides both a blueprint for living with others as well as a framework for a social ethic. Democracy and social ethics can be further analyzed in terms of feminist pragmatist social philosophy, summarized into four concepts through which democracy and social ethics develop: *sympathetic knowledge*, *lateral progress*, *pluralism* and *fallibilism* (Hamington, 2006).

Sympathetic knowledge means that knowledge can be obtained about the other person through an empathetic relationship that can move one beyond present understanding and one's own experience. Such knowledge is educational, liberating, and basic to a democracy, which needs to encourage the continued learning of its citizens in relationship to their environment and to one another. As Jane warns us from her own bitter experience, after admonishing an out-of-work breadwinner who later kills himself: "Wisdom to deal with a man's difficulties comes only through some knowledge of his life and habits as a whole; and that to treat an isolated episode is almost

sure to invite blundering" (Addams, 1961, p. 123). Sympathetic knowledge is also basic to our understanding of human relationships, through which social work enacts change.

Lateral progress emphasizes that, in order for democracy to take hold, there is often a need for more people to have the same right throughout the population rather than have a few have even more rights than they already do at present. Jane's support for women's rights was not only based on fairness or equality but even more for the betterment of society itself. "This is the penalty of a democracy, that we are bound to move forward or retrograde together. None of us can stand aside; our feet are mired in the same soil, and our lungs breathe the same air" (Addams, 2002, p. 112).

Pluralism recognizes that the inclusion of all parts of society is essential to future progress. Pluralism energizes and enriches society and as such is something to seek rather than to avoid. Democracy is enriched by the variables of difference, which should encourage mutuality. In fact, the settlement house served the upper class who took part even as it served the immigrant poor of the neighborhood. Jane finds herself "permanently impressed with the kindness of the poor to each other" (Addams, 1961, p. 123); even as they have little themselves, they seem willing and able to share. We have much to learn and give to each other, whether rich or poor.

Finally, *fallibilism* involves the opportunity to learn from mistakes and move on. The biggest mistake in Jane's time, as in ours, is to look at democracy in terms of the individual rather than society as a whole. Social ethics, founded on democratic principles, must be for the common good, for everyone. The end product of a democratic society is to encourage its citizens toward action, toward change that will seek the betterment of all society. It is not always easy to learn from mistakes: "The difficulty comes in adjusting our conduct, which has become hardened into customs and habits, to these changing moral conceptions. When this adjustment is not made, we suffer from the stain and indecision of believing one hypothesis and acting upon another" (Addams, 2002, p. 11).

Jane Addams used her own life experiences as well as the democratic ideals of her time to create a broader metatheory that defines social justice and self determination in relationship to democracy and social ethics. This metatheory itself can be better understood through a feminist pragmatist social theory, which emphasizes the use of experience in the service of understanding the social world around us.

Conclusion: Following in Jane's Footsteps

We social workers could more fully apprehend both the opportunity and the challenge of the social work discipline. I refer to Alice Johnson's insightful commentary: *Social Work is Standing on the Legacy of Jane Addams: But Are We Sitting on the Sidelines?* (2004). Johnson has also been communing with the spirit of Jane Addams and the Hull House community, as Johnson moves about the UIC campus from her position at the Jane Addams College of Social Work. We social workers revere Jane Addams but often at a distance; we need to take in the full breadth and depth of her life and thought. She successfully integrated practice with research and theory. It is time to reappraise her work and life. Though this process has been made all the easier because other applied disciplines have also recently reassessed her contributions to their own disciplines, we seem to be standing on the sidelines.

An Addams biographer, Louise Knight (2006), tells social workers that though there is much to be proud of in claiming Jane Addams as a founding mother, "we must also embrace her willingness to face her failures and learn from them...when social workers have experiences that make them doubt the wisdom of current practices and theories, then changing their beliefs and actions is what is required" (p. 102).

In summary, Jane offers us in the 21st century a social ethic through which to see ourselves as part of a common good, which is always imperfect but worthy of seeking and enacting. But, more than that, Jane gives us herself, a spiritual relationship with one who has gone before us but is still with us if we are willing to accept her friendship. By any definition, Jane Addams has been an important role model to early 20th century social endeavors. If we in social work will look seriously at her life and social ethics, her metatheory, she can also deepen our mission today. The social work socialization process continues on, a process that integrates individual lives into the larger community.

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A Social Justice Value Approach Regarding Physician Assisted Suicide and Euthanasia Among the Elderly

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Abstract

Social justice, as the primary form of justice, incorporates other forms: commutative, contributive, distributive, and restorative justice. This article integrates the various forms of justice and the social work values in addressing the issues regarding physician-assisted suicide and euthanasia among the elderly.

Key Words: Physician-Assisted Suicide, Euthanasia, Social Justice, Social Work Values

Introduction

Understanding social justice is a challenge for social workers, because they are sometimes unaware of the role social justice plays when implementing policies and practices related to issues such as physician- assisted suicide and euthanasia in older adult populations. Social justice, as the primary form of justice, incorporates four other forms of justice:

- *Commutative justice* defines the relationships of a member within the group culture and fosters equality for fair standards of reciprocity in society.
- *Contributive justice* advocates that individuals become productive participants in society and that society has the obligation to empower them to participate.
- *Distributive justice* requires that the allocation of resources be evaluated from many perspectives so that many individuals in society have their basic needs met.
- *Restorative justice* seeks to reconcile conflicted parties in a way that enables them to find common ground for a new, more equal footing in broken relationships. (Himchak, 2005; Reisch, 2002).

All four forms of social justice encompass the human rights perspective as defined in the Universal Declaration of Human Rights as “inherent, equal and inalienable rights of all members of the human family and the foundation of freedom, justice and peace in the world” (United Nations, 1988, p. 1; Axin & Stern, 2006). Within the last decade, the social work profession has

adopted the human rights perspective as the basic principle undergirding the formulation of social work policy in designing programs, the implementation for social work practice in services and the utilization of theory-based research methodology (National Association of Social Workers, 2003b). Since social justice is the overarching value, this article integrates social work values and end-of life decisions with various forms of justice. It also addresses these forms of justice in relation to several issues that are major concerns among the elderly. These issues are individual and cultural autonomy, family autonomy and decision making, ethical dilemmas for health care professionals, and the legalization of euthanasia and physician- assisted suicide.

Physician-assisted suicide and euthanasia are rapidly becoming serious ethical dilemmas in all aspects of society, primarily because of advanced medical technology that rather easily allows the prolongation of life. Hence, complex ethical issues regarding physician-assisted suicide and euthanasia emerge not only among medical people, but among the religious, legal, and social work professions, as well as the general population. There is a shift in attitudes regarding physician-assisted suicide and euthanasia. Public opinion polls, for instance, conducted from 1936 to 2002 found that Americans radically changed their attitudes regarding both physician- assisted suicide and euthanasia (Allen Chavez, DeSimone, Johnson, & LaPierre, 2006; Emanuel, 2002; Logue, 1993). The shift is largely due to the belief that individuals have the right to end their lives when they perceive their quality of life is significantly diminished and/or when invasive medical innovations that prolong life become too financially costly (Allen *et al.*, 2006; Emanuel, 2002; Logue, 1993; Loewy & Loewy, 2002).

Although policies concerning physician-assisted suicide and euthanasia affect all populations, this article focuses specifically on the geriatric population, because they are the fastest growing vulnerable group of Americans with the greatest numbers consisting of the frail elderly, 75-85 years of age. By 2030, the number of older persons (aged 65 years and older) in the United States is projected to increase to 66 million, making the issues of assisted suicide and euthanasia more prominent (U.S. Department of Commerce, 2000). The majority of this population includes culturally diversified women who are widowed, living on limited incomes, and living with functional disabilities. Although Caucasian older adults continue to represent the majority of the aged population, minority elderly groups are growing rapidly. By the year 2050, there will be 22

million minority elderly (U.S. Department of Commerce, 2000), most of whom will be African-American, Hispanic, and Asian (Angel & Hogan, 1992).

2. Distinctions and Terms

Before entering the heart of this article, it is essential to define the relevant terms, which are often muddy in popular literature. First among the concerns is understanding of death, especially as it is perceived by different people in different cultures. In general, *death* is seen by individuals and societies in three ways: as the antithesis of life, as a part of life, and/or as the end of life. *Thanatology* is the study of death and death related behavior, and *orthothanasia* is the science of dying a natural death. Both concepts have been influenced by religious and cultural beliefs; science and medical technology; and the ethics and values of the medical, legal, and social work professions (Pellegrino, 2001). Both concepts are at the core of the euthanasia and physician-assisted suicide debate.

The word “euthanasia” originates from the Greek language meaning "good death": eu, well; thanatos, death (Beauchamp & Childress, 2001). A good death requires that the individual has clarity in decision making and self-awareness in accepting death (Cameron, 2002). In today's society, the word *euthanasia* generally means the act of taking a terminally ill person's life for merciful reasons, generally known as "mercy killing" (Porter & Warren, 2005; Marker, 2006). However, physician-assisted suicide refers to a physician providing the means (such as medication or other interventions) of suicide to a competent patient who is capable of carrying out the chosen intervention (Allen *et al.*, 2006; Gesundheit, Steinberg, Glick, Or, & Jotkovitz, 2006; Marker, 2006). In considering euthanasia as a good death, the individual needs to understand and accept the fact that physician-assisted suicide and euthanasia terminate life, but it might not be a good death (Pellegrino, 2001).

The difficulty regarding the right to die is further confused by the failure to understand the differences between active and passive, and voluntary and involuntary, euthanasia and physician-assisted suicide (Rodgers, 1996; Shapiro, 1994). First, active or positive euthanasia involves a direct action to end a person's life for merciful reasons, for example, by administering a lethal injection. Passive or negative or indirect euthanasia is the failure to provide necessary care for survival, or the process of allowing people to die when they could be kept alive by medical or other

interventions (Chaloner, 2007; Ersek, 2005; Gesundheit et al., 2006; Porter & Warren, 2005). Furthermore, both the active and passive forms of euthanasia can be:

- voluntary, i.e., with the consent of the person,
- involuntary, i.e., against the expressed will of the person,
- non-voluntary, i.e., when it is not possible to obtain consent because of the incapacity of the person (Chaloner, 2007; Ersek, 2005; Gesundheit et al., 2006; Porter & Warren, 2005).

Active and Passive Euthanasia

Whereas failing to be precise in the use of terminology often causes confusion about the moral justification of the practice of active and passive euthanasia, the differences between active and passive euthanasia are not a mere matter of “semantics.” Rather, they are based on the objective reality of three factors: cause, motive, and means (Atkinson, 1983; Gesundheit et al., 2006). In the case of the terminally ill person, it is often argued that the ultimate cause of death is the disease or illness, and active euthanasia is just hastening the death process. Whereas the ultimate cause of death in active and passive euthanasia may be the disease or illness, there are major differences between them. In active euthanasia, death is brought about by an individual who does something directly to cause the death, whereas in passive euthanasia the cause of death is the natural course of the disease or illness (Atkinson, 1983; Ersek, 2006; O'Rourke, 1991). The intention of the individual who hastens death is also a significant factor in the distinction between active and passive euthanasia. In active euthanasia, the intention is to directly terminate the person's life for merciful reasons; whereas, the intention of passive euthanasia is to allow life to end naturally by natural causes (Chaloner, 2007; Marker, 2006). The practice of passive euthanasia is generally accepted among the general population and among health care professionals, because it allows patients to make choices about life support, such as choosing not to use life support or choosing to withdraw life support interventions.

The principle of double effect is often at play in terminal sedation when one intends to relieve pain through medication while realizing that the medication may also hasten the death. In other words, there are two effects from the same act. An action intended to achieve a “good” effect (such as relieving pain and suffering) is justifiable, despite the possibility of an unwanted secondary effect (such as hastening death) if the intent of the clinicians is the “good” effect. For

example, if a patient is administered morphine with the intent to relieve pain, the action is morally acceptable regardless of any secondary outcome (Marker, 2006; Porter & Warren, 2005).

4. Individual Autonomy and Rights

The predominant ethical principle in the controversy about physician- assisted suicide and euthanasia is personal autonomy or the rights of the individual. Miller (1981) describes three senses of autonomy at work in medical ethics. First, autonomy as free action implies that the action is voluntary and intentional. Second, autonomy as authenticity implies that the action is consistent with the individual's value system, character, and life plans. Third, autonomy as effective deliberation implies the action is considered when the individual initiates the decision, has knowledge of the consequences, and reaches an informed decision.

Two concepts are important when defining autonomy: the right to life as an inalienable right, and the right to life as a predominant right. Implied in the basic inalienable rights of life, liberty, and pursuit of happiness is the idea that these rights are nontransferable and God-given. As an inalienable right, the right to life implies the right to preserve and protect life (Allen *et al.*, 2006; Callahan, 1994; Feinberg, 1977). The right to life as a predominant right is also a human right, because it is connected with human well-being and belongs equally to all humans (Callahan 1994; Feinberg, 1977). The rights of life, liberty, and the pursuit of happiness are nontransferable rights, but the right to life is a precondition to the other rights.

The value of commutative justice from the human rights perspective provides a value-oriented approach on the autonomous rights of older adults in their attitudes toward physician-assisted suicide and euthanasia. Commutative justice defines relationships among a group's members. It respects the individual person's dignity and worth by seeking equality based on fair standards for reciprocity in human relationships. It also rejects the encroachment on others' rights. From a commutative value-oriented approach, the social worker in respecting the individuals' dignity and worth not only encourages self-determination of the older adults' choices but also empowers them to define themselves as people who have self-awareness, life plans and values regarding their choices. It helps them to identify their conceptualization of death and the underlying values regarding end-of-life decisions. Utilizing a value-oriented approach in assessing the older adults' perspectives of death encourages individuals to create a biographical summary of their life and death history regarding end-of-life decisions. It is essential for the social worker to

explore the older adults' biological and biographical context and meaning of life as well as exploring all treatment options regarding end-of-life decisions. Older adults need to know that they are not only free in making their decisions, but that they are informed and understand the consequences of all treatment options (Miller, 1998).

5. Autonomy and Culture

Commutative justice is considered to be intrinsic to social work, because social workers respect the inherent dignity and worth of all individuals and empower individuals to define themselves in the context of their cultural belief systems. Social workers treat each person in a caring, respectful manner mindful of individual differences and cultural and ethnic diversity.

Culture provides a sense of identity for individuals in their affiliation to the group. Whereas culture is usually understood as ethnic affiliation, it also includes one's religious affiliations, practices, and spirituality (Haley, Allen, Chen, & Burton, 2002). Research studies (Blackhall, Murphy, Frank, Michel, & Azen, 1995; Werth, Blevins, Toussaint, & Durham, 2002) examined the culture-concept of autonomy regarding medical decision making among four groups of elderly: Asians, Hispanics, African Americans, and European Americans. These studies indicated that although there were differences attributed to religion, gender, and age, ethnicity was the most important factor in making major decisions. Asians and the Hispanics favored a more family-centered model in making medical decisions, whereas African Americans and European Americans favored an autonomous model. Role obligation or filial responsibility was identified as the most significant factor for decision making among the four groups of older adults.

Cultural influences regarding physician-assisted suicide and euthanasia are well documented, with studies highlighting different spiritual beliefs concerning: disclosure and consent, family decision making, and treatment decisions (Enes & Vries, 2004). Religion and intergenerational family ties play a major role for African Americans in making decisions regarding physician-assisted suicide and euthanasia. The majority of African Americans adhere to a Christian spirituality, with 83% claiming Protestant affiliation. While the Baptist, 14% identify as Catholic (Ellison & Sherkat, 1990; Enes & Vries, 2004). Documented studies also indicate that Hispanic Americans have strong family and religious ties that urge them to offer instrumental and adult daily living care-giving as well as affective support within the immediate and extended family. This care-giving crossed generational and intergenerational lines. In the year 2000, there

were about 31 million Hispanic Americans residing in the United States, with one million of these Hispanic Americans age 65 years of age and over. The fastest growing group of Hispanics is the “old old” elderly, people age 85 and over. This will have a great impact on Hispanic adults in the next few decades as they face aging parents, and grandparents. In terms of religious affiliation, most Hispanics identify as Roman Catholic (Bastida, 1988; Cuellar, 1990; Enes & Vries, 2004; Haley *et al.*, 2006).

Among Asians, the Chinese are the fastest growing population in the United States (Ferrans & Hsiung, 2007). A large part of this growth is attributed to a lower mortality rate and longer life expectancies for this ethnic group (Ferrans & Hsiung, 2007). Moreover, strong Confucian beliefs that emphasize filial piety and family responsibility affect their view on issues such as physician-assisted suicide and euthanasia (Gelfand & Barresi, 1987; Scharlach, Fuller-Thomson, & Kramer, 2003; Yeo & Hikoyeda, 1992). Because the Chinese elderly are very concerned about saving face, having respect for their physicians, showing family loyalty, and a sense of duty in completing life tasks, physician-assisted suicide and euthanasia are rarely spoken about. In fact, even discussions about end-of-life treatment options can be interpreted as disrespectful of the elderly in the Chinese-American community (Haley *et al.*, 2006).

It is imperative that social workers who work with the elderly and the infirm are ethnically, culturally, and spiritually competent. They need knowledge and awareness of ethnic beliefs and values before engaging in discussions about physician-initiated suicide, euthanasia, and/or end-of-life decisions when working with older adults. Ethnic and spiritual personal beliefs may or may not be congruent with the predominant ethnic cultural beliefs or the religious doctrines of organized religions, but knowledge of these beliefs will build awareness and sensitivity. The role of the social workers is to prevent and to eliminate domination, exploitation, and discrimination against any person or group on any basis whether cultural, ethnic, or spiritual.

6. Family Autonomy and Decision-Making

All individuals by virtue of their human nature have social needs. Human relationships enable people to meet their needs and provide an important vehicle for change. Autonomous decisions encompass the individual's values in the context of human relationships such as family and friends and involve personal responsibilities to others and to the good of society. Among the elderly population, two concerns are paramount. First, society has the burdensome responsibility

of managing the quality of life of the ill and frail elderly while grappling with the escalating costs of health care. Second, many families cannot afford quality health care for their elders and provide much of the care themselves. The care-giving responsibilities for family members are stressful and costly (Haley *et al.*, 2002; Mackelprang & Mackelprang, 2005; Pifer & Bronte, 1986). A national study indicated that the burden of caring for the elderly led to depression among family caregivers, especially those caring for terminally ill patients (Emanuel, Fairclough, & Emanuel, 2000). Many elderly rely on their families as their major source of care-giving (Circirelli, 1997; Haley *et al.*, 2006). They perceive the interests of family as part of their own interests and are concerned with the impact their decision (about euthanasia or physician- assisted suicide) has upon the family unit (Emanuel *et al.*, 2000; Hardwig, 1990). The complexity of the physician-assisted suicide and euthanasia debate has been heightened by the tension between the competing rights and autonomy of the elderly and their families. In addition, they may feel guilty for considering or promoting euthanasia or palliative care.

Contributive justice advocates for the elderly person, the family members, and the health care professionals as participants in determining the treatment options that serve all parties and promote the common good of society. Social workers recognize the value of human relationships as central to the profession (Congress, 1999). Social workers promote the general welfare and development of individuals, families, and communities. Contributive justice is utilized by promoting family autonomy, because family autonomy is based upon a common set of family values that is the common ground for family deliberation and decisions (Thomasma & Graber, 1991). Shared decision-making by the elderly and family members empowers the elderly to develop interdependence rather than dependence. Moody (1988) suggests family negotiation as the process of informed consent in shared dialogue among health care professionals, family members and the patient. Family members list the following issues as central for them when making end-of-life decisions for the elderly with chronic illness: attachment, cultural expectations, and avoiding institutional care (Haley *et al.*, 2006). Individual family members make decisions based on their family values and commitments despite differences and disagreements among family members (Roberto, 1999). Family loyalty and respect are the main values for making end-of-life decisions, regardless of whether the decision was made by the individual for him/herself or for other family members (Leichtentriit & Rettig, 2001).

A research study by Terry, Vettese, and Song (1999) indicated that terminally ill patients preferred a proxy's choices to their own for the following reasons: Many of these patients believed that the proxy's judgment was better than their own. The relationship between the proxy and the terminally ill patients clouded the judgment of the terminally patients. Trying to please the proxy, the terminally ill patients valued the proxy's interests as being more important than their own. These reasons were based on emotional attachment and a long-standing history with the terminally ill patients. On the other hand, there are many reasons for decision-making by family members. Among them are one's concept of family, finances, age and health of the caregiver, geographical proximity, competing obligations, and stress of care giving (High, 2003).

Conversely, there are many barriers in making decisions about death among family members, including culture, education, knowledge of the health care system, and the delegating of all decisions entirely to the family (Haley *et al.*, 2006). Social workers seek to strengthen relationships among people at all levels in order to promote their well-being. Contributive justice explores the avenues in relationships that empower older adults and their family members to become collaborative participants in making decisions about end-of-life care. Social workers understand that relationships between and among people are important vehicles for change. Therefore, social workers, in developing their expertise, are also challenged by the social work value of integrity that integrates authenticity and trustworthiness in engaging people in the helping profession and in promoting their well-being at all levels. This requires that social workers have clarity about their personal and professional value system regarding the issues of physician-assisted suicide and euthanasia.

Ethical Dilemmas for Health Care Professionals

The dilemma that challenges the health care professionals' ethics regarding physician-assisted suicide and euthanasia focuses on the following bioethical principles: Autonomy, Beneficence, and Non-maleficence. Arguments favoring physician-assisted suicide and euthanasia include the following:

- **Autonomy:** respects the individual's right to choose and to make his/her own decisions to preserve free choice and human dignity.
- **Beneficence:** Doing good means helping a suffering patient maintain control and end suffering in a compassionate manner.

- Non-maleficence: The inability to relieve suffering is interpretive as causing no harm and destroying trust between the health care professional and the patient (Chaloner, 2007; Ersek, 2005; Marker, 2006; Rodgers, 1996).

Arguments against physician-assisted suicide and euthanasia include:

- Autonomy: Honoring the sanctity of life overrides the right of individuals to terminate life. Autonomy does not include the right to engage others in terminating life and unethical practices.
- Beneficence: Assisting an individual to terminate life is patient abandonment.
- Non-maleficence. To assist an individual to terminate life destroys trust and violates the ethical traditions of health care professionals (Chaloner, 2007; Ersek, 2005; Marker, 2006; Rodgers, 1996).

The two principles, beneficence, and non-maleficence are encompassed in the Hippocratic Oath and the Code of Medical Ethics. Physicians believe it is their professional duty to save life, because human life is sacred. This “sanctity of life” view is strongly held by many opponents of physician-assisted suicide and euthanasia (Hurst & Mauron, 2006). This principle originated from Judeo-Christian world view and is based on the belief that God is creator of all life and is sovereign over life. Human life is a gift from God over which humans have stewardship but not absolute control (Callahan, 1994). At the same time, sanctity of life is not solely a religious concept. Life always has a value, despite its quality or lack thereof, because life and the dignity and respect for the individual originate from the fact of just being human (Thomasma & Graber, 1991).

Proponents of physician-assisted suicide and active euthanasia use the concepts of medical invasiveness and self-determination in their arguments favoring the quality of life and death with dignity. Quality of life, they suggest, is more significant than the quantity of life; thus, the right of self-determination allows the individual to determine what it means to die a dignified death. In the theological sense, the quality of life is based on the sanctity of life principle that God is the creator of life, but it also favors human intervention in terminating life as an act of co-creating partnership with God. The secular perspective of the sanctity of life fosters the belief that an individual creates his /her own personal dignity and destiny (Callahan, 1994). Individuals do have the right to a dignified death. This right includes controlling the invasive and aggressive medical technology that distorts death, and the restoration of death to its natural process, thereby deinstitutionalizing death.

Research studies indicate that the elderly prefer maintaining life, regardless of its quality. The value of life is increased when it is not related to health issues alone (Lawton, Logsdon,

Gibbons, & McCurry, 2001). However, the ethical dilemma for many elderly regarding decisions about end-of-life health care is the scarcity of their resources. Distributive justice commands that the goods of the society are distributed in the fairest way; therefore, the most seriously injured would have access to their basic needs. Reamer (1995) presents four main criteria for distributing scarce resources: equality, need, compensation, and contribution. These criteria challenge health care professionals and social workers to strive to ensure access to needed information, services, resources, and equality of opportunity. Reamer (1990) states that the "mission of the profession has been based on the enduring assumption that members of society assume an obligation to assist those in need, especially those who seem unable to help themselves" (p. 36). Social workers "seek to promote the responsiveness of organizations, communities, and social institutions to individuals' needs and social problems" and have the ethical responsibility to promote the general welfare of people and their environments (National Association of Social Workers, 2003b).

8. Legalization of Euthanasia: A Slippery Slope

One of the strongest arguments against legalization of physician- assisted suicide and active euthanasia contends that if these acts are legalized and initially restricted to the terminally ill, they will eventually extend to the vulnerable people in society, including the disabled, the senile, the mentally ill, and the chronically ill elderly. The law, which now protects the lives of all people in society, will then sanction an easy and permanent solution to rid society of the burdensome and vulnerable people. Physician- assisted suicide and active euthanasia, rather than non-palliative care for the terminally ill, will become the preferred treatment and the expected duty of the physician to perform (Ersek, 2006, Gesundheit et al., 2006; Werth, 2002). The President's Commission Report (President's Commission, 1982), *Deciding To Forego Life-Sustaining Treatment*, insists that the "slippery slope arguments must be carefully employed lest they serve merely as an unthinking defense of the status quo. Where human life is at issue, valid concerns warrant being especially cautious before adopting any policy that weakens the protections against taking human life" (p. 29). John Rawls makes the moral distinction between individual acts and social practices in that "certain acts may be deemed morally right in and of themselves, but such isolated cases do not provide sufficient warrant for the establishment of sound social policies" (Arras, 1982, p. 287).

In July 1981, the President's commission defined the concept of death, which led to the Uniform Determination of Death Act (UDDA). The UDDA states: "An individual who has sustained either 1. irreversible cessation of circulatory and respiratory functions, or 2. irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards" (United States G.P.O., 1991). The commission concluded that in defining death, we also make a public statement on the treatment of all patients.

Two major landmarks in public policy regarding end-of-life decisions are the Patient Self-Determination Act of 1991 (PSDA) and the Diversity Committee for Last Acts 2001. The Patient Self-Determination Act requires that all hospitals, skilled nursing facilities, home health care agencies, hospice organizations, and health maintenance organizations serving Medicare and Medicaid patients must obtain information regarding the living will and power of attorney for health care. "Individuals have the right to make their own medical decisions and to formulate advance directives to effect those decisions when the individual is incapacitated" (United States G.P.O., 1991). The Diversity Committee for Last Acts 2001 states "providers are well advised not to presuppose patients' views, beliefs, or motives based on any superficial knowledge or stereotyped beliefs" (Schmidt, 2001, p. 1). Social workers who are well informed about life and death issues in the light of cultural and religious beliefs and practices, advanced directives, and the legislation related to them, will be more competent in assisting clients to express their desires and to make choices that include their cultural and spiritual beliefs. Such knowledge enhances social work intervention by empowering the elderly to use their autonomous rights related to advanced directives while helping family members, through counseling, to negotiate difficult end-of-life procedures.

The moral problem of the slippery slope, which also contributes to the social climate perspective, is clearly an important issue. Justice includes both equality and equity and has two dimensions: individual rights and the common good of society. Thus, the potential of the slippery slope must be considered not only from the perspective of the individual, but from its effects on the society. The primary goals of social work services are to help people in need and to address social problems (Congress, 1999, p. 19). The social work value of service requires responsibility on the part of the individual and society as well upon society to look at underlying attitudes

regarding the basis of help. These two attitudes are “cause and effect” and “condition.” The rationale for “cause and effect” service is based on analyzing the cause of the need. The question for service is, “What caused this to happen?” The rationale for “condition” is based on the fact that one is in need of service regardless of the cause of need. It is interested in providing a solution to existing conditions and alleviating the situations creating the conditions. The question for service is, “What can we do to help?” (Tropman, 1995).

Restorative justice seeks to reconcile conflicting parties to find common ground (Shiman, 2004). It considers the basic moral test of any community or society to be in the way in which the most vulnerable members are faring. The concept of restorative justice is further developed by John Rawls’ conception of justice. In the Original Position, “the people in a society choose the principle that minimizes the worst possibilities for any group so that the greatest benefit of the least advantaged is provided and protected” (Rawls, 1971, p. 12). The ideal of social justice challenges social workers to advocate against injustices in society. “Social workers advocate for living conditions conducive to the fulfillment of basic human needs” and to “promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.” Social workers pursue change “with and on behalf of vulnerable and oppressed individuals and groups” to address “poverty, unemployment, discrimination, and other forms of social injustice” (National Association of Social Workers, 2003b).

They also expand choice and opportunity, such as in end-of-life decisions, and they promote justice (National Association of Social Workers, 2003b). Restorative justice seeks the common ground for all voices to be heard, in particular the “cry of the poor.” Whereas physician-assisted suicide and euthanasia are actions taken by individuals for their own good and they may be justified in particular circumstances, these actions may not be something that benefit the society as a whole.

Conclusion

In facing any ethical dilemma, social workers are obligated by the NASW *Code of Ethics* to incorporate the six core values of their profession-- service, social justice, dignity and self-worth, importance of human relationships, integrity, and competence--in assessing the situation. The priority of social workers must be to enhance the client’s quality of life and to encourage the exploration of end-of-life decisions within the cultural and spiritual context of the lives of the

elderly. However, “social workers may not personally participate in an act of suicide when acting in their professional role” (National Association of Social Workers, 2003a, p. 9). Furthermore, it is inappropriate for social workers in their professional role, to deliver, supply, or personally participate in the commission of an act of assisted suicide.

Integrating the core values of the social work profession with the various forms of social justice clarifies the issues surrounding the ethical dilemma of physician-assisted suicide and euthanasia. Commutative justice defines the individual autonomy of older adults’ relationships as members within the group culture and fosters equality. Contributive justice advocates for the elderly, family members, and health care professionals in becoming participants in decision making. Distributive justice requires the fair allocation of resources; restorative justice seeks to reconcile conflicting parties to find common ground (Shiman, 2004). The social justice and human rights approach empowers social workers to protect the rights of the marginalized and people at risk, providing services without judging their worthiness. The social justice and human rights approach challenges social workers to bring the concerns of the poor and the vulnerable, in this case older adults, to all levels, national and international, into concrete actions. Every program needs to have in its last analysis and main purpose to service the human person. Such programs should reduce inequalities, eliminate discrimination, and empower the individual to progress in human and spiritual development. Promoting the true development of people requires the desire, the right, and the responsibility to ensure justice for all people. Securing justice requires the desire, the right, and the responsibility to promote equality for every human person and to foster solidarity with all people in society.

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The Ethics Docket: An Exercise in Ethical Decision-Making

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Abstract

This exercise is designed for either bachelor's or master's level students with varying levels of knowledge of the *Code of Ethics* and ethical practice. It is based on real life practice situations and provides an engaged environment for students to learn about the concepts of ethics and practice ethical decision-making.

Key Words: ethical decision-making, classroom exercises, social work ethics, student exercises, ethics simulations

This exercise is designed for either bachelor's or master's level students with varying levels of knowledge of the *Code of Ethics* and ethical practice. It is based on real life practice situations and provides an engaged environment for students to learn about the concepts of ethics and practice ethical decision-making.

The Exercise

This exercise involves six cases of questionable decisions made by social workers that students must judge as "ethical" or "not ethical." The course instructor may play the role of the "judge," or this can be designated to a student. Each case will have a "defense attorney" and a "prosecuting attorney," as well as an "accused violator of ethics."

Each short case highlights a decision made by a practitioner in regard to an ethical dilemma. One student will play the role of the "accused" and will read the case aloud with the judge at the front of the room. Then the defense attorney and prosecuting attorney (or a team of attorneys in a larger class) will present an argument related to why the decision might be considered ethical or not ethical. The rest of the class then serves as a "jury," and after the arguments are made, they will stand on the side of the room with the attorney who represents their opinion. A "jury foreman"

must explain what was most convincing about the presented arguments, and the class discusses the case in more detail.

Learning Objectives

Several discussion points often arise following these cases and are presented with each individual case in the exercise. In general, however, instructors can utilize this exercise to assist students in supporting an opinion about an ethical dilemma, and explore the values and issues surrounding ethical decision-making. It is important to not allow students to always stand in the middle of the room when they are on the jury, as part of the learning is in the process of deciding if something is appropriate or not in terms of ethics. Discussion can bring out the complexity of the decision and highlight the difficulty involved, but students learn through this exercise to make a decision and defend it to their peers. They also have the experience, through the process of being the attorneys, of trying to make a convincing argument even about something with which they do not agree. This helps students learn to explore alternate explanations and more fully analyze the ethical decision making process.

Logistics

To set up this exercise, copy the cases each on different colored paper, and create nametags on corresponding colors. Each character (the accused, the defense attorney, and the prosecuting attorney) will need a copy of the case. Then either have students draw nametags, or pass them out. In smaller classes in which students may have more than one role, make sure they do not have any nametags of the same color. In larger classes in which there are not enough roles for all, have the attorneys work as a team.

The accused ethics violators have names that correspond with popular candies, so if desired, the instructor can assign teams through handing out candy, asking students to choose a favorite from a bucket, or can use candy as rewards for their participation.

Scout desks and chairs out of the way, so students in the “jury” can easily move around. Set up the front of the room with a “bench” for the judge with a chair beside it for the “accused.” Set up tables for the two attorneys in front of the judge, as in a courtroom.

This exercise can be lots of fun for the instructor as the judge. I have done this wearing my graduation robe and using my child’s light up hammer as a gavel. I have had wigs, scarves, and hats for the characters available to make quick costumes. I have played recordings of theme songs

from courtroom drama TV shows, or encouraged students to hum or sing them. I have always encouraged students to be as dramatic as possible in playing their roles as attorneys and the accused and to make the atmosphere as fun as possible.

Kit

The Charge: Breaching Confidentiality

Judge:	Kit was a social worker working with a client named Max. She was helping Max find housing, which was difficult, as Max had a felony drug conviction. He had served time in prison for selling cocaine but was now hoping to get his life on track after his release.
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Kit:	“Max was doing so well. He had found a job at a factory and was saving up his money. He was living with a female friend and sleeping on her couch. But this was getting difficult, as she had two children and didn’t really have room for him. He really needed his own place.”
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Judge:	Kit struggled to find housing options for Max, as many places denied applicants with drug convictions and had strict “no drugs” policies. But she convinced a friend and colleague who worked with the department of public housing to take a chance on Max
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Kit:	“I worked so hard to get that housing for him, because I thought he really needed it and would do well on his own. Maybe that is why I was so shocked when we had a session and he told me he was using cocaine again.”
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Judge:	Kit was concerned that if she didn’t report that Max was violating the “no drugs” policy, her friend would never help her find housing for other clients again. She also felt that there was a good reason for the policy, as there were children in the housing development who didn’t need to be around someone who was using cocaine.
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Kit:	“I called my friend and told her that I knew Max was using. I just didn’t feel right about keeping that a secret from her, since she is working to keep families safe in the housing projects.”
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Defense Attorney: You will be asked to make a case for why Kit’s actions might be considered acceptable.

Prosecuting Attorney: You will be asked to make a case for why Kit’s actions might be considered unethical.

Kat

The Charge: Engaging in a Dual Relationship

Judge:	Kat was a recent graduate and was new on her job as a social worker at a community clinic. She was working with Sally, a young single mother who brought her two small children to the clinic, to find resources for support as a parent and to help her increase her parenting skills.
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Kat:	“Sally was a great mother and lots of fun to work with. She made a lot of progress and her kids were doing so well, also.”
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Judge:	Kat had two children approximately the same ages as Sally’s, and was also a single mother. Kat often used some self- disclosure in talking about her struggles as a single mother, and this seemed to help her connect with Sally.
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Kat:	“Sally and I had a good rapport, so I guess that is why at first it didn’t seem like a big deal to me that both of our sons were on the soccer team together. It was just a community soccer league for preschoolers, and apparently, we both just signed our kids up. It was kind of a funny coincidence.”
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Judge:	Sally and Kat’s sons were both on the “Mighty Lions” soccer team, and Sally and Kat often said hello at the games and practices. But Kat was careful not to disclose how she knew Sally or discuss any clinical information in public.
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Kat:	“But our sons kind of got to be friends. When my son had his birthday, he wanted to invite friends from the soccer team. I didn’t think I could tell him he couldn’t invite Sally’s son, so they all came to our house for the birthday party. I figured it really wasn’t a big deal. She still comes to the clinic and all, but she is doing so well now that I don’t see her that often as her social worker.”
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Defense Attorney: You will be asked to make a case for why Kat’s actions might be considered acceptable.

Prosecuting Attorney: You will be asked to make a case for why Kat’s actions might be considered unethical.

Dot

The Charge: Unethical Documentation

Judge:	Dot was working with Harry, a child with behavioral problems.
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Dot:	“Harry was quite a kid. When I went to his home to do a home visit, you should have seen his mother. She was the worst parent I’ve ever seen. She yelled at him all the time, called him ‘stupid’ and ‘retarded,’ and the home was so filthy I could barely breathe.
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Judge:	Dot met with the family and tried to talk to the mother about parenting skills. She tried to discuss with the mother how her name-calling might affect Harry, but the mother didn’t seem to integrate this information.
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Dot:	“That mother was just terrible. I didn’t know what to do, because I know that the way she was acting is why her son has such horrible behavior.”
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Judge:	When Dot returned to the office, she wrote her progress note. It stated, “This mother is incompetent and is mean to her child. She yells at him, calls him names, and treats him terribly. She is not fit to be a mother of a special needs child.”
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Dot:	“I think that is true. She is not a good parent for a child with needs like Harry’s. He needs a mother that is supportive of him and provides a stable environment.”
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Defense Attorney: You will be asked to make a case for why Dot’s actions might be considered acceptable.

Prosecuting Attorney: You will be asked to make a case for why Dot’s actions might be considered unethical.

Ruth

The Charge: Failure to Obtain Informed Consent

Judge:	Ruth was working with a Hispanic family who spoke very little English. Ruth was not fluently bilingual but knew enough Spanish to muddle through sessions.
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Ruth:	“I sometimes asked the daughter for some help with translation when I was really stuck, but I know that it is not ideal to do that, so I tried not to.”
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Judge:	Ruth’s job included transporting clients. So one day she approached the family about signing the agency’s release form that released the agency from liability in the case of an accident. It had places for the parents to initial that they understood the policy and that they agreed that their family could be transported.
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Ruth:	“The daughter wasn’t there to help me really explain all that, but they really needed a ride to the food bank to get groceries. So I told them the best I could. I think I said something in Spanish about how it wouldn’t be my fault if there was a car accident, but I didn’t know how to say ‘liability’ or explain that concept to them. But I told them that they couldn’t get a ride unless they signed my form, and it was just kind of an agency requirement that I couldn’t do anything about.”
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Defense Attorney: You will be asked to make a case for why Ruth’s actions might be considered acceptable.

Prosecuting Attorney: You will be asked to make a case for why Ruth’s actions might be considered unethical.

The Charge: Failure to Honor Self Determination

Judge:	Heath worked in a facility that often had clients who were court ordered for substance abuse treatment. Arnold was mandated to his alcohol treatment group following an arrest for a DUI.
Heath:	“Arnold was so unmotivated. He didn’t see at all that he had a problem and that his driving while intoxicated could have hurt others. Or even killed them!”
Judge:	Part of Heath’s job was to create a treatment plan for each client. Adhering to this treatment plan was required for the clients to fulfill the obligations of court commitment.
Heath:	“Arnold didn’t want me to put anything about stopping drinking on his plan. He said he didn’t have a problem, so he refused to work on it. Instead, he wanted his treatment plan to be all about his relationship with his wife and looking for a job. That was important stuff, but not the real issue, and not the reason he was there for treatment.”
Judge:	So, Heath made a treatment plan for Arnold that looked much like the others in the program. It had goals and objectives related to ceasing use of alcohol, attending 12 step meetings, and maintaining sobriety.
Heath:	“That’s what the courts expect us to do, so that is what it needed to have on it. If he can’t follow that plan and stop drinking, he’ll have to accept the consequences.”

Defense Attorney: You will be asked to make a case for why Heath’s actions might be considered acceptable.

Prosecuting Attorney: You will be asked to make a case for why Heath’s actions might be considered unethical.

Reese

The Charge: Incompetence

Judge:	Reese had been working with children for quite a while, but mostly in the capacity of parent education and doing psychoeducational groups with the children around issues of behavior and impulse control.
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Reese:	“Often in the groups, I’ll have the kids draw pictures. I especially like to have them draw pictures of a time at home when they did something without stopping to think. Then we talk about how all the people in the picture were affected by this.”
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Judge:	Reese had a member in his group who was nine years old named Sam. One day in group, Sam drew a very meaningful picture.
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Reese:	“Sam’s picture was of himself in his little sister’s bedroom. She was in her bed and he drew himself standing over her. When I asked him what was happening in the picture, he said, ‘I know I shouldn’t touch her there, but sometimes I just do it without thinking about it.’ ”
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Judge:	Reese waited until after the group was over and approached the child to discuss the picture further.
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Reese:	I have done some reading about working with children who are sex offenders and I know a bit about it. I just wanted to find out more about what happened, so I asked more questions. I figured I should just get more information about it before I go making reports or talking to supervisors and parents about it.”
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Defense Attorney: You will be asked to make a case for why Reese’s actions might be considered acceptable.

Prosecuting Attorney: You will be asked to make a case for why Reese’s actions might be considered unethical.

Teaching Guide

Many questions and points of discussion about application of the *Code of Ethics* will arise from this exercise. Here are some potential questions to pose to the group that may also help instructors prepare for the exercise.

Kit: Breaching Confidentiality

- Is the social worker's obligation to this one client or to the community at large?
- What are our obligations to colleagues?

What circumstances warrant breaking confidentiality? Is this truly one of those?

Kat: Engaging in a Dual Relationship

- At what point might you have done something different from what Kat did?
- How are boundaries with clients different in small towns versus urban settings?

Dot: Unethical Documentation

- How would you write about concerns about a parent's competency?
- What can happen if you include judgment in a client's record?

What other circumstances might you encounter on a home visit that would be challenging to write about?

Ruth: Failure to Obtain Informed Consent

- Do you think clients often don't understand the paperwork they sign?
- What can be done to ensure clients do understand fully?

What other ethical issues might arise in working with a family that does not speak English?

Heath: Failure to Honor Self Determination

- How do you honor the self-determination of a client who is mandated to attend treatment?
- What happens when you create a treatment plan that is not based on the client's goals?

What advice might you give to Heath about working with this client?

Reese: Incompetence

- What kind of training and experience does a person need before exploring issues of abuse with a child?
- How should therapeutic disclosures be handled in a psychoeducational group?

What should Reese do now?

Book Reviews

Congress, E.P, Black, P.N., & Strom-Gottfried, K. (2009) Teaching Social Work Values and Ethics: A Curriculum Resource. [2nd ed.] Alexandria, VA: CSWE. www.CSWE.org
Reviewed by Peggy Pittman-Munke, Ph.D. Murray State University, Murray, Kentucky

The authors bring impressive credentials to the design of this collection. Elaine P. Congress is professor and associate dean at Fordham University Graduate School of Social Service. Her many publications have focused on international comparative ethics, confidentiality, ethical issues in social work education, cultural competency, and social work with immigrants and refugees. She is the North American representative to the International Federation of Social Workers International Ethics Committee. Phyllis N. Black is professor of Social Work at Marywood University and director of the Lehigh Valley Campus Program. She has conducted research on ethical issues in social work practice and serves on the ethics committees of several medical institutions. Kim Strom-Gottfried is Smith B. Theimann Jr. Distinguished Professor of Ethics and Professional Practice in the School of Social Work at the University of North Carolina in Chapel Hill. She has published a number of books on ethics in various areas of social work education and practice and has initiated research to test the applicability of decision-making models to the practice environment.

The editors designed the second edition of this curriculum resource guide to help social work educators develop and supplement course materials on social work values and ethics, in part in response to the 2008 EPAS, which encourages social work educators to infuse content on these topics throughout the social work curriculum. The first section of the book includes syllabi and reading lists for both BSW and MSW courses. Also included is a section on the theoretical foundation and approach to ethics, as well as the learning goals. The second section presents modules that include social work ethics and values content that are part of required or elective BSW or MSW courses. The third section includes exercises and assignments that may be especially useful in teaching social work students about ethics. The fourth and final section is equally useful. It contains annotated bibliographies, videos, and Web sites. Each type of resource is further divided into subcategories, including administration and supervision, aging, child welfare, group work/family work, health and mental health, international, professional issues, research, and rural social work. Many of the references are annotated.

This book's course outlines, interactive learning techniques, technological resources, and extensive bibliography can be used in nearly any social work course. Its bibliography also features specialty areas new to social work ethics, such as international and multicultural social work. There is also material on rural social work ethics and values. Resources presented include potential ethical dilemmas concerning practice, law, philosophy, research, conflict resolution, policy advocacy, and work/life balance. Experiential learning opportunities presented in exercises allow students to witness important ethical concepts first-hand, hopefully leaving a lasting impression that will be carried over as they enter professional life. Regardless of specialization, this book applies to all fields of practice—particularly child welfare, gerontology, health care, and school social work.

This curriculum resource is useful on both the BSW and the MSW levels. Exercises and assignments can be modified to suit both levels of education. Resources are included that would be useful in teaching ethics and values on the macro level of practice. This is an area of practice that often has a dearth of ideas related to ethics and values presented. There are also several modules that would be useful for someone teaching policy and also could be used in teaching macro practice. A module on teaching research ethics that transcends the IRB approach to ethics is presented. Legal issues, along with values and ethics issues, are showcased in some modules.

I would also encourage practitioners to acquire this resource, because readers can easily access further information to deepen and enrich their knowledge in ethics and values. Practitioners can gain a great deal from the case scenarios, the values inventories, material related to multiculturalism, and from the included material on professional boundaries. In fact, these may serve to facilitate discussion in supervision and in worker education. Many of the questions raised in the modules will take on new meaning when discussed by practitioners who deal with these issues in everyday practice. Students often only scratch the surface of the *Code of Ethics* and without more work on ethics and values as practitioners, the understanding of these issues remains at a superficial level. For experienced practitioners, the use of some of the resources in this book may raise their practice to a higher level of ethical practice.

This is a resource that will be useful to educators who are attempting to keep up with an ever more complex ethical world, to students who are working to develop a professional ethical sense that will transcend personal values, and to practitioners who will find this resource both a

refresher and a source for enriched practice, as well as a tool for supervision and for peer consultation. I think this resource belongs in every professional library.

Ethical Decisions for Social Work Practice, 7th edition, by Ralph Dolgoff, Frank M. Loewenberg and Donna Harrington

Reviewed by Gary E. Bachman MSSW, LSCSW

First published in 1985, *Ethical Decisions for Social Work Practice* is perhaps the most widely cited ethics text in our profession. But the authors would seem to imply that such ovations are not necessarily the best measure of appropriate utility. Now in its 7th edition, the authors not only suggest, but model their contention that ethical considerations must be regularly reexamined in the light of emerging and evolving personal, societal, and professional responsibilities.

In turn, the authors do not shy away from contemporary controversy; rather, they challenge us to examine the depth and interplay of our own personal and professional perspective. In spite of the acknowledgement that our work is social, the authors observe that we often feel alone or isolated in our obligation to make difficult ethical decisions, particularly when such determinations cannot responsibly be delayed. So, how do we responsibly rise to such occasions? How do we choose between values emerging from multiple, sometimes apparently contradictory reference points in a diverse social environment?

The authors challenge us to expand the boundaries of ethical responsibility beyond the individual to the collective responsibility represented by our places of employment, professional associations, and state agencies. Such organizational systems as peer review and accountability, appropriate hiring, training and supervision practices, and ombudsman services for service participants can combine to promote a sustainable environment for ethical practice in the work place.

Prior to actually reading the book, I took it out on a test drive. Drawing upon practice experiences, I scribbled a list of ethical complications and determinations that had particularly challenged me, my close colleagues, and students. Then turning to the index, I sought to balance the authors' determinations against my own. What I found, rather than clear prescriptive solutions, was a validation of persistent struggles and processes. I was intrigued. This is not a cookbook with recipes and remedies. It is a tour book organized to help travelers recognize, understand, anticipate, and practice their response in a diverse and evolving practice environment in which we all tread. The readers are encouraged to constantly prepare themselves to reflect upon and ultimately

respond to potentially unique and present circumstances. Read from cover to cover, the work is straightforward and insightful.

As I draft this review, I am acutely aware of the almost nonstop chatter of moral absolutes emanating from a myriad of media sources. While some candidates, commentators, and educators are reducing significant domestic issues to easy concept words such as “choice” and “diversity,” “family values,” “intelligent design,” and “change,” the authors promote the perspective that virtually every decision in practice is imbued with complex ethical constructs. The challenge here is to recognize the ethical dimensions that influence practice determinations. Amid competing values and loyalties, role conflict, values dilemmas, ambiguity, and politics, how are social workers to remain mindful of such potential conflicts that swirl between both the immediate as well as the remote participants in the process of professional practice? Wisely, the authors encourage us to consciously and constantly link and re-examine our own behaviors and thoughts to such domestic, political, and historical precedent as exist within a global geo-political context.

Perhaps this work is most apparently valuable to students entering the profession. But the lessons here establish not only a foundation for ethical practice, they also offer a valuable refresher for practitioners and educators who might discover renewed strength, vision, and passion for their work. As the authors reflect on the academic’s role in *teaching*, they propose the contradiction that ethics cannot be so effectively taught, as they must be modeled and mentored through our relationships with learners, peers, and institutions. Such lessons must be infused though each lesson in the classroom, just as it is revealed in each encounter in the practice world.

This work provides a clear reminder that even the routine, seemingly pragmatic determinations in our daily practice depend upon conscious choices and the intentional application of knowledge and values. Perhaps every maneuver in our professional routine is at its base reliant upon a foundation of considered ethical practice.

A particularly valuable component of this text is the grounding of its lessons around 105 practice “exemplars.” Through these scenarios, the reader is invited to investigate a range of available, and on occasion contradictory or complicated, options. The examples represent a wide enough range of circumstances and environments to establish this text as a valuable core to the generalist foundation in our diverse practice environment. Nothing in our work is as simple or routine as we might wish. Few educators have the diversity of experience or the excess of time to

variously present such broad ranging opportunities to consider the potential challenges of our work.

In Chapter One, a particular scenario compelled me to reflect upon what I had previously thought of as a remote and personally unique experience. It was a time when clearly held professional values and obligations collided unexpectedly during the second week of September in 2001. Like the individual in the story, my training and experience led to my being called to work in this unfolding tragedy. Wonderfully supported by my family, co-workers, and employer, I was able to leave my home and job for this valuable but temporary assignment. Some weeks later on my return home and to my long time place of employment, I was approached by a valued colleague with a warm hug and a simple admonishment: “I’m glad you were able to help there. But we’ve really needed you here.”

The significant value of well considered ethical practice is an essential presence to our everyday practice. This work by Roger Dolgoff, Frank Loewenberg, and Donna Harrington goes a great distance toward establishing and maintaining that perspective.

Connor, Stephen R. (2009). *Hospice and palliative care: The essential guide* (2nd Edition). Routledge, New York. <http://www.routledge.com/books/Hospice-and-Palliative-Care-ISBN9780415993562>

Reviewed by Wayne C. Evens, Ph.D. Bradley University

Stephan R. Connor, Ph.D., is a clinical psychologist who has been active in hospice and palliative care since 1976. He is currently Senior Research Consultant to the National Hospice and Palliative Care Organization and executive to the Worldwide Palliative Care Alliance. He has been a major force in the development of hospice and palliative care. Dr. Connor has published extensively in the areas of hospice and pain management.

Hospice and palliative care: The essential guide (2nd Edition) is an excellent and very dense book. The major theme of the book is that hospice and palliative care can be effective in helping people maintain dignity and independence at the end of life. The author provides an excellent history of the development of hospice and palliative care, which summarizes well the reasons for their development and their strengths and weaknesses. The book begins with a summary of what hospice and palliative care are. It then works through: “The interdisciplinary team,” “Symptom management and physical care,” “Psychosocial and spiritual care,” “Grief and bereavement,”

“Community and public engagement,” “Managing hospice and palliative care,” “Society and denial,” “A right to die,” “How palliative care is unique in the health care system,” “How good are hospice and palliative care,” “Hospice and palliative care around the world,” and “The future of hospice and palliative care.” Each chapter, though brief, presents a thorough discussion of the major issues involved and the current controversies in the area. For example, on page 82, the author states, “Most theorists believe that emotional expression is needed for grief to be resolved. Wortman and Silver {1989 #1934} questioned this need and claimed that some can resolve their grief without ‘feeling the pain.’” This is typical of the approach throughout the book. The book addresses many of the technical issues involved, but throughout, it stresses the importance of client self-determination and a caring philosophy. “Any individual has the right to determine how to be treated when facing a life-threatening illness” (p. 9).

Despite its brevity, the book contains several excellent case examples. In the chapter on quality of hospice and palliative care, the author discusses the completeness of records and then

states, “This usually pleases state surveyors from licensure and certification, although it does little to improve care” (p. 193). I find this balanced approach refreshing and helpful.

Every chapter could be expanded into a book in its own right. The author supplies thorough references with each chapter to allow the reader to find additional information about the topic. Clearly, one of the strengths of the book is the link to additional literature. The index provides a comprehensive list of organizations concerned with and engaged in hospice and palliative care.

The book takes an approach that is clearly compatible with social work values. It is compassionate and encourages looking at strengths. It stresses the importance of letting the client have an active voice in treatment and honoring client decisions. I would think it would be valuable in MSW programs that teach gerontology and end of life care. It would also be useful in an undergraduate human behavior course as a supplemental text. I recommend that every social work faculty member have a copy as a reference. I would think that social workers engaged in gerontology and end of life practice would find this book very helpful. In short, I found this a useful and informative book.

Murphy, B. (2007). *Guide to Caregiving in the Final Moments of Life*. TM Middleburg, VA: Brown Publishers.

Reviewed by Ann M. Callahan, PhD, MSSW, LCSW, Assistant Professor of Social Work at Lincoln Memorial University in Harrogate, TN

Betsy Murphy is a family nurse practitioner and is certified as a hospice and palliative care nurse with 23 years of experience in hospice care. Most recently, Ms. Murphy has focused on providing education through publication and presentation on hospice care. Ms. Murphy self-published *Guide to Caregiving in the Final Moments of Life* to help caregivers recognize the signs of imminent death. Ms. Murphy suggests that it is through such awareness that caregivers can avoid denial, advocate for, and prepare with those facing the end-of-life.

This booklet begins with a review of the early signs of death and complications associated with the dying process. Early signs of impending death include poor appetite, weight loss, weakness, and dependency. This trend may not be reversed, since patients have a compromised immune system that increases one's risk for infection. The dying process can thus lead to pneumonia, sepsis, heart trouble, and organ failure. At the end of life, additional symptoms include fatigue, changes in breathing patterns, refusal of food and drink, chronic pain, confusion, incontinence, encopresis, and restlessness. This booklet concludes with a brief discussion of common reactions to the death of a loved one, as well as the role of hospice and palliative care.

Relative to social work values and ethics, awareness of such symptoms carries with it the responsibility of informing family members that the end is near. This information allows family members time to prepare, as well as determine if heroic measures such as the use of a feeding tube, kidney dialysis, ventilator, or hospitalization are appropriate at the end of life. One of the most helpful parts of this booklet includes caregiving tips for each symptom of the dying process. For example, lip balm may be applied to the patient's mouth to reduce cracking given dehydration. Soft foods are recommended, since they are easier to swallow when patients are too weak to chew. Rotating a patient in the bed with a draw sheet positioned under the patient can prevent skin breakdown. Massaging lotion on a patient's skin and just being present are identified as additional sources of comfort.

The text is written in such a way that any reader could comprehend the material. Hence, this material is best suited for the general education of family members and nonmedical

professionals involved in hospice and palliative care. However, editorial issues include repetition, inconsistent formatting, and limited focus in the text. For example, there is more information on the dying experience of the elderly with dementia than symptoms associated with other diseases, such as congestive heart failure (Levenson, McCarthy, Lynn, Davis, and Phillips, 2000) and populations, such as children (Morrow, 2009). There is also little reference to academic literature and other resources for follow-up, unlike a similar booklet produced by the National Institute on Aging (2008).

Some of the basic information included in Murphy's booklet can be found on the Internet through magazine and association publications as well as health education Web sites (see FMER, 2009; Hospice Patients Alliance, n.d.; Lamers, 2009; NIA, 2008). What makes this booklet distinct, though, is the collection of material in a form that makes it easy to distribute. The low cost of this item (\$5.00 per booklet) further makes this an affordable resource. The booklet also focuses on what caregivers can do in response to the symptoms of pending death, which can facilitate greater collaboration with health care professionals. Therefore, I would recommend *Guide to Caregiving in the Final Months of Life* for patient and practitioner education.

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Marsiglia, F.F., & Kulis, S. (2009). *Diversity, oppression, and change: Culturally grounded social work*. Chicago: Lyceum Books. <http://lyceumbooks.com/DiversityOppressionChange.htm>

Reviewed by Donette Shore Considine, Ph.D., School of Social Work, Aurora University

Flavio Francisco Marsiglia, Ph.D., is a professor at the Southwest Interdisciplinary Research Center (SIRC) at Arizona State University. He has conducted research on culturally grounded interventions in connection with a variety of topics such as substance abuse prevention, HIV/AIDS prevention, and culturally specific social and health services. He has published more than fifty peer-reviewed articles and has presented at numerous national and international research conferences.

Stephen Kulis, Ph.D., is a professor of sociology and director of research at the Southwest Interdisciplinary Research Center (SIRC) at Arizona State University. His research focuses on the role of ethnicity, acculturation, and gender identity in youth drug use; on gender and racial inequities in professional careers; and on the organizational sources of discrimination. His articles have been published in several periodicals.

In the preface, the authors state five goals of the text, which are (1) to provide a foundation for culturally grounded social work practice, (2) to explain how the intersectionality of social factors affects the client, (3) to foster an understanding of how the intersectionality of factors affects the social worker, (4) to strengthen critical thinking skills in analyzing oneself, other individuals, community, and society, and (5) to provide readers with the knowledge and skills needed to move beyond cultural awareness into social action (pp. xviii-xix).

The book is divided into four parts: an introduction to cultural diversity and social work practice, theories and perspectives on oppression, cultural identities, and the profession of social work grounded in culture. A key focus of the book is to help the reader gain an awareness of intersectionality, which they define as the “belief that humans form identities that are culturally multidimensional and beautifully complex” (p. xvi).

The authors present a model, culturally grounded social work practice, in which the key factors for practitioners are the acquisition, development, and mastery of *knowledge, attitudes, and behaviors* (KAB) related to the intersections of identity based on race or ethnicity, gender, sexual orientation, social class, religion, and ability status. From this basis, social workers may practice

from a culturally grounded model based on Paulo Freire's model of social change, liberation and "learning by doing."

The first three parts of the book provide introductory content on culture, oppression, theoretical perspectives, and cultural identities to help the reader gain *knowledge* of these areas for the foundation of the culturally grounded model for social work practice. Part four of the book, which has chapters on practice with different client systems, offers suggestions for *attitudes* and *behaviors* for culturally grounded social work practice.

The book is written very clearly and is quite understandable, which will appeal to students. Throughout the book, short case studies referred to as "notes from the field" are used to illustrate the content. The authors offer suggestions in the preface for using the case studies in small group exercises to discuss and reflect on the text material.

The book offers an introductory view of examining diverse groups in the context of their multiple identities within race or ethnicity, gender, sexual orientation, social class, religion, and ability status. Although the authors state that their key focus is on race and ethnicity, they infuse content on the other areas of diversity listed above. However, two commonly recognized areas of diversity that are not included in the book are "age" and "socioeconomic status." Also, the book spends little time discussing ethics related to social work and diversity.

The book accomplishes the authors' goals (stated above from the preface) with the exception of providing readers with "skills needed to move beyond cultural awareness into social action" (p. xix). The book does, however, provide the reader with knowledge, suggestions for attitude, and behavior. It also provides the reader with an understanding of the multiple layers of diversity. This book would be appropriate for an introductory course in social work with diverse populations.