

# Ethical Decision-Making in Mental Health

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# *Ethical decision-making*

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- What is decision-making?
- How is moral decision-making different?
- Why do we need a model specific to ethics and mental health?

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## What is decision-making?

- Identifying and choosing alternatives based on values and preferences.
- Process of sufficiently reducing uncertainty and doubt about alternatives to allow a reasonable choice to be made.

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## How is moral decision-making different?

- Process for dealing with moral uncertainties
- Introduces a degree of rationality and rigor into our moral deliberations

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## Why do we need a model specific to ethics and mental health?

- Ethical problems require examination through filters (organizational, social, personal, legal)
- Mental health has unique issues (authority over others, determine social policy, legal influence)

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## Organizing Principles of Ethics

- ◆ Autonomy: right to noninterference, self-determination
- ◆ Beneficence: mercy, kindness, charity to others
- ◆ Empathy: experience the experience of others
- ◆ Fidelity: faithfulness to duties or obligations
- ◆ Justice: benefits, risks, costs distributed fairly
- ◆ Nonmaleficence: avoid harm or risk of harm
- ◆ Universalizability: all moral principles/judgments have universal applicability

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## Ethics Principles inform decisions

- ◆ Ends -based
- ◆ Rule-based or Kantian principle
- ◆ Justice or fairness-based (Aristotle)
- ◆ Care-based principle (i.e., Golden Rule)
- ◆ Virtue-based

# *Ethical decision-making: Codes*

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## **Professional Ethics Codes**

- ◆ AMA American Psychiatric Association
- ◆ American Psychological Association
- ◆ American Counseling Association
- ◆ National Association of Social Workers
- ◆ Certified Rehabilitation Counselors
- ◆ American Association for Marriage & Family Therapy
- ◆ American Nursing Association

# *Ethical decision-making: Codes*

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## **AMA/apa**

### Section 1

dedicated to providing competent medical service with compassion and respect for human dignity.

### Section 2

deal honestly with patients and colleagues; strive to expose those deficient in character or competence, or who engage in fraud or deception.

### Section 3

respect the law, seek changes in requirements which are contrary to the best interests of the patient.

### Section 4

respect the rights of patients, colleagues, other health professionals; safeguard patient confidences within law.

# *Ethical decision-making: Codes*

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## **AMA/apa**

### Section 5

study, apply, & advance knowledge; make information available to patients, colleagues, & public; consult.

### Section 6

free to choose whom to serve, whom to associate, and environment in which to work.

### Section 7

participate in activities contributing to improved community.

### Section 8

responsibility to the patient is paramount.

### Section 9

support access to medical care for all people.

# *Ethical decision-making: Codes*

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## **APA Ethics Code**

Application: psychologists' activities that are part of their scientific, educational, or professional roles as psychologists.

Areas covered: clinical, counseling, & school psychology ♦ research ♦ teaching ♦ supervision ♦ public service ♦ policy development ♦ social intervention ♦ develop & conducting assessments ♦ educational counseling ♦ organizational consulting ♦ forensic activities ♦ program design & evaluation ♦ administration.

# *Ethical decision-making: Codes*

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## APA Ethics Code

APPLIES to.....[a] variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. ....[and] shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

### General Principles:

...are aspirational in nature..... guide and inspire psychologists toward the very highest ethical ideals of the profession..... do **NOT** represent obligations and should **NOT** form the basis for imposing sanctions.

# *Ethical decision-making: Codes*

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## Canadian Psychological Association Ethics Code

- Principle I: Respect for the Dignity of Persons
- Principle II: Responsible Caring
- Principle III: Integrity in Relationships
- Principle IV: Responsibility to Society

Values Statement

Ethical Standards

General respect

General rights

Non-discrimination

Fair treatment/due process

Freedom of consent

Protections for vulnerable persons

Privacy

Confidentiality

Extended responsibility

Informed consent

# *Ethical decision-making: Codes*

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## CPA Ethics Code

### Guidelines for use of code

- ◆ When principles conflict
- ◆ The ethical decision-making process
- ◆ Uses of the code
- ◆ Responsibility of the individual psychologist
- ◆ Relationship of code to personal behavior
- ◆ Relationship of code to provincial regulatory bodies

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## NASW Ethics Code

### Six Purposes:

- ◆ Identifies core values
- ◆ Summarizes ethical principles & establishes specific standards
- ◆ Identifies relevant issues when obligations or ethics conflict
- ◆ Provides ethical standards for accountability
- ◆ Socializes practitioners to mission, values, ethics
- ◆ Articulates standards to assess unethical conduct

# *Ethical decision-making: Codes*

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## NASW Ethics Code

### Values

Service

Social Justice

Dignity & Worth of Person

Importance of Human Relationships

Integrity

Competence

### Ethical Principles

- help people in need, address social problems

- challenge social injustice.

- respect the inherent dignity & worth of person.

- recognize the central importance of human relationships.

- behave in a trustworthy manner.

- practice within areas of competence, develop & enhance professional expertise.

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## **CRC Ethics Code**

... Code provides **guidance for ethical practice**, it is impossible to address every possible ethical dilemma that counselors may face. When faced with ethical dilemmas that are difficult to resolve, counselors are expected to engage in a **carefully considered ethical decision-making process**.....While there is no specific ethical decision-making model that is most effective, counselors are expected to be **familiar with and apply a credible model of decision-making** that can bear public scrutiny.....seeking consultation and/or supervision is an important part of ethical decision-making.

# *Ethical decision-making: Codes*

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## **CRC Ethics Code**

### Enforceable Standards Of Ethical Practice

- ◆ The Counseling Relationship
- ◆ Confidentiality, Privileged Communication, And Privacy
- ◆ Advocacy And Accessibility
- ◆ Professional Responsibility
- ◆ Relationships With Other Professionals
- ◆ Forensic And Indirect Services
- ◆ Evaluation, Assessment, And Interpretation
- ◆ Teaching, Supervision, And Training
- ◆ Research And Publication
- ◆ Technology And Distance Counseling
- ◆ Business Practices
- ◆ Resolving Ethical Issues

# *Ethical decision-making*

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## Moral decision-making

1. Most dilemmas are not *right vs. wrong* but *right vs. right* dilemmas.
  - It is right to protect forests,  
it is right to provide jobs for loggers
  - It is right to uphold confidentiality,  
it is right to protect the welfare of others

***How Good People Make Tough Choices***  
*Rushworth M. Kidder, 1995*

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## Moral decision-making

### 2. Dilemmas often represent competing moral paradigms

- ◆ Truth vs. Loyalty  
accuracy in court testimony or protect parent
- ◆ Individual vs. Community  
need to fill time vs. good of the client
- ◆ Short-term vs. Long-term goals  
spend time on career or with family
- ◆ Justice vs. Mercy  
treat or hospitalize patient after suicide attempt

# *Ethical decision-making: Models*

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## **I. Standards-based model**

Based on the assumption that rules, laws, & policies provide the best basis for determining action.

- ◆ Determine primary dilemma
- ◆ Spell out ethical standards for response
- ◆ Determine if there is a reason to deviate
- ◆ Decide on course of action

# *Ethical decision-making: Models*

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## II. Principles-based model

Clarify

- ◆ Determine dilemma ◆ Formulate alternatives
- ◆ What key ethical principles and values involved

Evaluate

- ◆ Is any ethical principle violated?
- ◆ Distinguish facts from beliefs, theories, opinions
- ◆ Consider credibility of sources
- ◆ Weigh the benefits, burdens and risks

# *Ethical decision-making: Models*

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## II. Principles-based model (cont'd)

### Decide

- ◆ Evaluate alternatives & determine consequences
- ◆ Prioritize ethical principles/values
- ◆ Consider the worst case scenario
- ◆ Apply principles

### Implement

- ◆ to maximize benefits & minimize costs & risks

### Monitor and modify

- ◆ as new information emerges

# *Ethical decision-making: Models*

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## **III. Virtues-based model**

Considers that dispositions and habits enable us to act according to the highest potential of our character and on behalf of our values.

- ◆ Virtue ethics asks of any action:
  - What kind of person will I become if I do this?
  - Is this action consistent with my acting at my best?
- ◆ Use virtues in considering options
- ◆ Make decision accordingly

# *Ethical decision-making: Models*

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## **IV. Moral reasoning-based model** (Jones, 1991)

- ◆ Recognize the moral issue
- ◆ Make a judgment
- ◆ Establish intent
  - \* individual and situational variables
  - \* factors of opportunity and significant others
- ◆ Moral intensity (effect of decision on others):
  - \* concentration of effect (individual or group)
  - \* probability of effect (likelihood of harm)
  - \* proximity (closeness to the issue)
  - \* social consensus (agreement with society)
  - \* temporal immediacy (closeness in time)
  - \* magnitude of consequence (impact)
- ◆ Act

# *Ethical decision-making: Models*

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## V. Practice-based model

- ◆ Recognize problem, get facts
- ◆ Assess values, benefits, burdens
- ◆ Determine legal, social influences
- ◆ Generate solutions, outcomes
- ◆ Consult
- ◆ Act, review, reflect

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## Application of an integrated model

### Steps

1. Recognize there is a dilemma
2. Determine the actor(s)
3. Gather the relevant facts
4. Test for right-versus-wrong issues
5. Test for right-versus-right paradigms

# *Ethical decision-making*

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## Steps

6. Determine resolution principles involved
  - ◆ Ends-based
  - ◆ Rule-based or Kantian principle
  - ◆ Justice or fairness-based
  - ◆ Care-based principle
  - ◆ Virtue-based
7. Investigate possibilities for action: “trilemma”
8. Consult
9. Weigh benefits & burdens

# *Ethical decision-making*

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## Steps

10. Consider additional dilemmas
11. Make the decision
12. Formulate a justification for the decision
  - ◆ List reasons & arguments
  - ◆ Recognize shortcomings
  - ◆ Anticipate objections
  - ◆ Recognize limitations in perspective
13. Document
14. Review and reflect on decision

# *Ethical decision-making: Cases*

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## **Case I**

Single mother of 6 with Bipolar I disorder. Inconsistent treatment compliance. Grandmother has custody of children. Issues include: legal, clinical, ethical—boundaries, dual roles.

## **Case II**

19 y.o. college sophomore in treatment for depression/anxiety. Issues include: clinical, ethical—boundaries, confidentiality, role obligations.

## **Case III**

42 y.o. father in court-mandated substance abuse treatment. Has a relapse. Issues include: legal, clinical, ethical—confidentiality, dual roles

**Case I:** Carol is a single 35 year old African American female who is in jail charged with kidnapping. Carol has 6 children, age 2-15 years, for whom her mother has sole custody. Two weeks ago Carol was visiting with the children at her mother's home. Her mother left briefly to run an errand during which time Carol left with the kids. She traveled to Disney World and refused to return when her mother finally was able to track her down. Carol claimed she was simply showing her children a good time. This is the first time Carol has been in jail although there have been several previous occasions in which the police were called and she was hospitalized.

Carol was diagnosed with Bipolar I disorder at the age of 16. Her history is significant for recurring severe depressive episodes during which she becomes so despondent and withdrawn she is unable to care for herself or the needs of her children. She has also experienced several manic episodes during which she left the children with her mother and went off on gambling vacations with boyfriends. Her mother sought and obtained custody of the children due to Carol's inability to provide consistent care for her children. Carol has been in treatment sporadically for the past 20 years and is inconsistent with medication compliance. When she adheres to her medication regimen Carol's symptoms are well controlled. However, once her depression resolves she feels the medication is no longer needed and reports "forgetting" to take it. She seems to function well for about 3-9 months before another depressive or manic episode.

Carol is currently doing well on her medication and has been mandated to return to treatment. She is also wanting to regain custody of the children. Carol's mother is a long-time friend of yours. You work at the same MHC where Carol has received treatment, but have managed to support your friend while staying removed from Carol's treatment. However, your friend now wants you to intervene so she can maintain custody.

**Case 2:** Bob is a 19 year old male college sophomore who is in treatment for anxiety and depression. Symptoms include chronic worrying, lack of interest in usual activities, excessive sleepiness, fatigue, poor concentration, lack of motivation to study, and increasing social isolation. Bob reports that these symptoms began after the break up of a year long intimate relationship with a girl he met at college who “dumped him” for one of his friends. Since the break up, he has grown steadily more depressed and unable to function. He stays up late playing games on the internet, oversleeps in the mornings, misses class, and stays to himself much of the day. It is now approaching the end of the semester and Bob is behind in all his classes, a fact causing increasing anxiety and distraction. Bob attends therapy weekly, but is often late to appointments. In sessions, he is very morose, apathetic and feels helpless and hopeless about his future. While he is not actively suicidal, Bob admits to passing thoughts of wishing he didn’t have to wake up and face the daylight. He has started a medication, but it doesn’t seem to be helping. The patient also admits to smoking marijuana on a daily basis to “help me calm down and deal with my rotten life...”

Treatment is not having a significant impact on Bob’s functioning and he is at great risk of failing his courses. Despite your attempts to get him to speak to his professors, Bob resists and feels nothing will make any difference. After your most recent visit with Bob , you receive a call from the college dean requesting information on Bob, and explaining that his parents have been calling the college out of concern about their son. Apparently, Bob has not been returning their calls nor replying to their emails. The advisory dean has asked to meet with Bob, but he has not responding to her either. At an earlier visit, Bob had requested specifically that you NOT speak either to his family members or to his college dean.

**Case 3:** John, is a 42 year old twice divorced father of 2 children. He has a long-history of alcohol and cocaine abuse and is currently in a court-mandated substance abuse treatment program where you work. He reports working hard on his sobriety and by all accounts has done well---getting and maintaining employment, paying child support, and following through with court mandates. On weekends you work at the local hospital ER to supplement your income. During your shift this past weekend, John was brought to the ER for medical care following a barroom fight. You did not care for him and he is unaware of your knowledge of the situation. No charges were filed so no court or mental health personnel are aware of the relapse.