

Ethical considerations in your ECI practice

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What is Ethics?

- Ethics refers to standards of behavior that tell us how human beings ought to act in various situations as friends, parents, children, citizens, businesspeople, teachers, professionals, and so on.
 - Ethics is not feelings
 - Ethics is not religion
 - Ethics is not science

What is Ethics?

- **Ethics** is the systematic analysis of and reflection on morality.
- We are concerned with *normative ethics*, that branch of ethics that is concerned with concrete, practical questions related to the morality of our character traits and actions.
- Directly relevant to us in the practice of our professions when we need to know what makes something right or wrong.

What does it mean to be Ethical?

- What is good or right in terms of treatment of humans, their actions and values
- What people "ought" to do in distinction from what individuals may be forced to do
- Remember: What is considered "normal" behavior is culturally specific
- People of good conscience decide very differently about an ethical course of action

What does it mean to be Ethical?

- Conscientious people who want to do their jobs well often fail to adequately consider the morality of their professional behavior.
- We must not compartmentalize ethics into two domains: private and occupational.
- If it is wrong in other contexts, it is wrong at work.
- We must remember that everyone's first job is to be a good person.

The importance of professional, ethical services

- Research Institute of America (Glaser & Traynor, 2008):
 - The average practice will hear nothing from 96% of unhappy clients who receive rude or discourteous intervention
 - 90% of clients who are dissatisfied with the intervention services they receive will not come back to the offending practice
 - Each unhappy client tells his or her story to an average of nine people

The importance of professional, ethical services (2)

- Only 4 % of unhappy clients bother to complain to your practice – they will complain to the referral source and will do so loudly
- Of those clients voicing a complaint, between 54 and 70% will return to the practice if their complaint is resolved
- 68% of clients who refuse to return to the practice do so because of the perception that the practice is "indifferent"

What are principles ?

- **Principles** may be viewed here as 'perspectives' (they are also the premises of a logical argument).
- We may apply principles as we attempt to decide whether to act in one way or another.
- In doing so we obtain different perspectives, understand what the consequences of a particular course of action might be.

Four primary principles in bioethics

- **Autonomy** is the capacity to think, decide and act on the basis of such thought and decision, freely and independently (Gillon, 1986; Hope, 2004) Respecting a person's right to make choices
- **Beneficence** emphasizes the moral importance of doing good to others. What is best for the patient.
- **Non-maleficence** is often referred to as the opposite side of the coin to beneficence. It states that we should not harm patients. It differs from beneficence in the scope of its application: we have a *prima facie* duty not to harm *anyone*.

Four primary principles in bioethics (2)

- **Justice** is a principle with four components:
 - *Distributive justice* is concerned with the equitable allocation of resources
 - *Respect for the law* refers to whether the fact that an act is or is not against the law, is of moral relevance
 - *Rights* are considered to be special advantages with correlative duties to provide them
 - *Retributive justice* refers to making right when a wrong has been perpetrated.

In addition.....

We have these duties:

- **Fidelity** refers to meeting the patient's reasonable expectations regarding respect, competence, subscribing to a professional code of conduct, following policies and procedures honoring agreements made between clinician and patient. Being faithful and keeping promises
- **Truth-telling** relates to the disclosure of information in a respectful and compassionate way.

Ethical conduct

The interaction of:

- Experience
- Good judgment
- Personal maturity
- Awareness of values
- Skills as practitioner
- Knowledge of Principles and Codes

Ethics and The Law

- Ethical principles and legal principles are usually closely related
- Ethical obligations typically exceed legal duties

Source for Code of Ethics

- Codes of Ethics are agreed upon minimum standard of practice for the conduct of a profession
- Source: *Ethical Rules for the Health Professions* (Amendments R717 4th August 2006 and R9016 2nd February 2009 of the Health Professions Act No 56 of 1974)
- Other:
 - *Constitution of the Republic of South Africa* (1996)
 - *National Health Act* (2003)
 - *National Patient's Rights Charter* (July 2002)

SASLHA Code of Ethics

Principle I

- Members of the professions of Speech Language Therapy and Audiology shall at all times act in the best interests of and avoid harm to people receiving their services or participating in research, involve people fully in the planning and decision-making that are part of the therapeutic process, and, respect their beliefs and values.

Autonomy, beneficence, non-maleficence, truth telling and fidelity

Practice questions:

- Performance of professional acts:
 - Do I follow accepted pediatric protocols for ongoing assessment of infants and toddlers ?
 - Do I feel that I can present information on intervention strategies / approaches / communication options in an unbiased way?
 - If I do have a professional bias toward certain strategies / approaches /options, how do I inform the family? How do I insure they can learn about the other options?

Practice questions:

- Performance of professional acts:
 - Have I visited, met with, or had a telephone discussion with any other early intervention services within my region? Is my information current?
 - Do I have knowledge of local and national parent support groups?
 - Do I understand the complexities of early intervention for infants and toddlers with genetic syndromes and auditory neuropathy/dys-synchrony?
 - Am I aware of the potential problems that can impact early intervention?

Practice questions:

- Performance of professional acts:
 - Do I work in partnerships with other members of the team so that I can know if problems are occurring?
 - Am I aware of and responsive to a family's needs for support?

Practice questions:

- Do I utilize appropriate assessment strategies?
 - Monitor progress over time?
 - Assess in all areas of child development and/or collaborate with others to know this information?
 - Use assessment to guide intervention?
 - Use assessment to determine if a change in intervention is warranted?

Practice questions:

- Professional confidentiality:
 - Do I only divulge information regarding a client when I have written consent of the parent / guardian
- Impeding a patient
 - Do I impede the parent / guardian from obtaining the opinion of another practitioner or from being treated by another practitioner?
- Certificates and reports
 - Do I issue a brief factual report to the parent/guardian where such person requires information concerning their child?

When practitioner and parent disagree...

- Scenario 1
Parents having difficulty "letting go" insisting that intervention continue after the child has been dismissed.

Solution:

- If evidence exists demonstrating that the child has made maximum improvement and is not expected to improve further, then terminating intervention is appropriate.
- A home program can be developed to wean the family from direct services

When practitioner and parent disagree...

- Scenario 2
Parents are of the more-is-better mindset and wish for more sessions per week than the professional has recommended

Solution:

- If the practitioner reasonably believes the amount and type of intervention is optimal for the child – communicate this with the parent
- If parents still insist – Refer for additional services

When practitioner and parent disagree...

- Scenario 3
Parents demand a treatment approach that the practitioner feels has not been proven effective

Solution:

- Carefully evaluate the effectiveness of treatments and determine the benefit of the approach.
- By sharing information about new approaches, the parent may better understand why some treatments / approaches are preferable to others

When practitioner and parent disagree...

"Use research, clinical data, compromise, and your ethics to result in favorable outcome for all involved" (Pooser, 2002)

SASLHA Code of Ethics

Principle II

- Members of the professions of Speech Language Therapy and Audiology shall promote their professions by accurate information to the public regarding the scope of the professions, new developments, the services we provide and where to access them.

Beneficence, non-maleficence, truth-telling

Practice questions:

- Advertising and canvassing or touting
 - Do I advertise in a professional, truthful way? (According to Rule 3, Amendment R68 2nd February, 2009 of the Health Professions Act No 56 1974)
 - Do I canvass or tout or allow canvassing or touting to be done for clients on his or her behalf ?

Practice questions:

- Medical devices
 - Do I engage in or advocate the preferential use or prescription of a device which would not be clinically appropriate or the most cost-effective option?

SASLHA Code of Ethics

Principle III

- Members of the professions of Speech Language Therapy and Audiology shall ensure that services are made available and accessible and that these services are appropriate to particular individual and community needs

Beneficence, distributive justice and fidelity

Practice questions:

- Do I utilize family-centered practices?
- Am I familiar with all areas of child development?
- Are my intervention strategies appropriate for infants and toddlers rather than preschool strategies downsized ?
- Do I discriminate against any person on the grounds of gender, ethnic origin, culture, disability, religion or language

SASLHA Code of Ethics

Principle IV

- Members of the professions of Speech Language Therapy and Audiology shall uphold the dignity of the professions, maintain harmonious relationships with colleagues, students and other professionals and practice in close adherence to the Ethical Rules of the Health Professions Council of South Africa.

Beneficence, non- maleficence and fidelity

Practice questions:

- Supersession
 - Do I supersede or take over a client from another practitioner, without taking reasonable steps to inform the other practitioner that I have done so at the client's request?
 - Do I establish from the other practitioner what treatment such client previously received?

Practice questions:

- Do I know and communicate with other professions involved with early intervention?
- Do I share updated information with the team?
- Do I value the expertise of other members of the team?
- Do I resolve professional differences in a way that does not put the parents in the middle of a professional disagreement?
- Do I cast any reflection on the probity, professional reputation or skill of another person registered under the Act or any other Health Act?

SASLHA Code of Ethics

Principle V

- Members of the professions of Speech Language Therapy and Audiology shall act responsibly regarding their ongoing professional development and maintain competence in their fields of practice whilst simultaneously safeguarding their personal welfare.

Beneficence and truth-telling

Practice questions:

- Do I have training and expertise in all the components of early intervention?
- Do I have the necessary equipment to test this population?
- Do I have the knowledge and skills to serve this population?

If the answer is NO to any of these questions – REFER OUT

Behaviors linked to significant, negative client outcomes

- Negative social-emotional interactions
- Passive acceptance of information provided by the parent / guardian
- Antagonism and passive rejection of the client and/or family
- Formal, directive behaviors
- One way information flow from parents/guardian without response

Behaviors linked to significant, negative client outcomes

- Lack of attentiveness on the part of the practitioner (disengaged listening)
- Irritation, nervousness or tension on the part of the practitioner
- Dominance and verbal directness on the part of the practitioner

Key elements of my practice

- Client-centric practice
- Professionalism of each member of the practice team
- Expertise of professional staff
- Engaging, welcoming and empowered front office staff
- Outstanding office space, accessible to all (prams, bags, toys.....)
- Referral sources positive about practice and service to clients

Key elements of my practice (2)

- Consistent follow-up care and follow-through on promises issued
- Easily accessible complaint system – ease of venting
- Prompt resolution of conflict
- Interested, prompt, and attentive resolution of complaint
- Never repeating the same error with the same client – or any other!!

On being ethical....

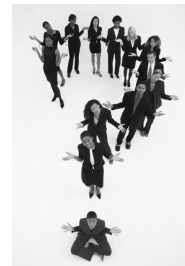
- ... more than working in the profession
- ... requires preparation and adherence to principles and standards
- ... going "above and beyond" in everything you do

Charting a course through the ethical issues of early intervention isn't always clear.

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Thank you !!



Questions ??