ETHICS OF CARE
THE ETHICS OF CARE:

This session will cover:

- A basic definition of Ethics and Caring.
- Overview of Social Workers and Nursing Code of Ethics
- Overview of the evolution of the theory of Care Ethics.
- The Four Phases of Care Ethics.
- Applying the four phases of care ethics and the four elements of Care in practice.
- A case for caring.
What is Ethics?
Principles based on ideas about what is morally right and wrong that govern conduct. The field of ethics addresses how we should treat each other, provide care, how we should act, what we should do, and why. It also provides guidance on managing ethical problems that arise at the societal level, the organizational level, and the clinical level.

Definition of Caring:
Caring is “a feeling and exhibiting concern and empathy for others; showing or having compassion” (The Free Dictionary, 2002, para. 2). Caring is a feeling that also requires an action.
PURPOSE OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW) CODE OF ETHICS:

The purpose of NASW Code of Ethics is to Identify core values that Social Work mission is based, and to summarize ethical principles that reflect the profession's core values and establish a set of specific ethical standards that should be used to guide Social Work practice.
ETHICAL PRINCIPLES:

The following broad ethical principles are based on social work’s core values of:

- **Service**, 
- **Social Justice**,  
- **Dignity and worth of the person**,  
- **Importance of Human Relationships**,  
- **Integrity**,  
- **Competence**.

The following broad ethical principles are based on social work’s core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.
ETHICAL PRINCIPLES

- **VALUE: Service**
  
  **Ethical Principle:** Social workers’ primary goal is to help people in need and to address social problems.

- **VALUE: Social Justice**
  
  **Ethical Principle:** Social workers challenge social injustice.

- **VALUE: Dignity and Worth of the Person**
  
  **Principle:** Social workers respect the inherent dignity and worth of the person.

- **Value: Importance of Human Relationships**
  
  **Ethical Principle:** Social workers recognize the central importance of human relationships.
ETHICAL PRINCIPLES:

- **VALUE: Integrity**
  
  **Ethical Principle:** Social workers behave in a trustworthy manner.

- **VALUE: Competence**
  
  **Ethical Principle:** Social workers practice within their areas of competence and develop and enhance their professional expertise.

The following ethical standards are relevant to the professional activities of all social workers. These standards concern:

- Social workers’ ethical responsibilities to clients,
- Commitment to Clients Self-Determination
ETHICAL STANDARDS:

- Informed Consent
- Competence
- Cultural Competence and Social Diversity
- Conflicts of Interest
- Privacy and confidentiality:
  - Clients Access to Records
  - Sexual Relationships
  - Physical Contact
  - Sexual Harassment
  - Derogatory Language
  - Payment for Services
- Clients Who Lack Decision-Making Capacity
- Interruption of Services
- Termination of Services
SOCIAL WORKERS ETHICAL RESPONSIBILITIES:

Social Workers’ ethical responsibilities to:
- Colleagues
- Interdisciplinary Collaboration
- Disputes Involving Colleagues
- Consultation
- Referral for Services
- Sexual Relationships
- Sexual Harrasment
- Impairment of Colleagues
- Incompetence of Colleagues
- Unethical conduct of Colleagues
SOCIAL WORKERS ETHICAL RESPONSIBILITIES IN PRACTICE SETTING:

- Supervision and Consultation
- Education and Training
- Performance and Evaluation
- Client Records
- Billing
- Client Transfer
- Administration
- Continuing Education and Staff Development
- Commitments to Employers
- Labor-Management Disputes
SOCIAL WORKERS ETHICAL RESPONSIBILITIES AS PROFESSIONALS:

- Competence
- Discrimination
- Private conduct
- Dishonesty,
- Fraud, and Deception
- Impairment Misrepresentation
- Solicitations
- Acknowledge Credit
SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION:

- Integrity of the Profession
- Evaluation and Research

Social Workers’ Ethical Responsibility To The Broader society:

- Social Welfare
- Public Participation
- Public Emergencies
- Social And Political Action

The Nurses Code of Ethics (American Nurses Association (ANA) 2015) articulate the ethical obligations of all registered nurses. The nine provisions identify the responsibilities of nurses, while the interpretive statements provide guidance in the applications.

Provision 1
1.1 Respect for Human Dignity
1.2 Relationships with Patients
1.3 The Nature of Health
1.4 The right to Self Determination
1.5 Relationships with Colleagues and Others
PROVISIONS 2

2.1 Primacy of the patient’s interest
2.2 Conflict of interest for nurses
2.3 Collaboration
2.4 Professional Boundaries

PROVISIONS 3

3.1 Protection of the Rights of Privacy and Confidentiality
3.2 Protection of Human Participants in Research
3.3 Performance Standards and Review Mechanisms
PROVISION OF THE ETHICS FOR NURSES
WITH INTERPRETIVE STATEMENT

3.4 Professional Responsibility in Promoting a Culture of Safety
3.5 Protection of Patient Health and Safety by Acting on Questionable Practice
3.6 Patient Protection and Impaired Practice.

Provision 4:
4.1 Authority, Accountability and Responsibility
4.2 Accountability for Nursing judgments, decisions, and Actions
4.3 Responsibility for Nursing judgments, Decisions and Actions
4.4 Assignment and Delegation of Nursing Activities or Tasks
PROVISIONS OF THE CODE OF ETHICS FOR NURSES WITH INTERPRETIVE STATEMENTS:

Provisions  5

5.1  Duties to Self and others
5.2  Promotions of Personal Health, Safety and Well-Being
5.3  Preservation of Wholeness of Character
5.4  Preservation of Integrity
5.5  Maintenance of Competence and Continuation of Professional Growth
5.6  Continuation of Personal Growth

Provision  6

6.1  The Environment and Moral Virtue
PROVISIONS OF THE ETHICS FOR NURSES WITH INTERPRETIVE STATEMENTS:

Provision 6

6.2 The Environment and Ethical Obligation
6.3 Responsibility for the Healthcare Environment

Provision 7

7.1 Contribution through Research and Scholarly inquiry
7.2 Contributions through Developing, Maintaining and Implementing Professional Practice Standard
7.3 Contributions through Nursing and Health Policy Development
PROVISIONS OF THE CODE OF ETHICS FOR NURSES WITH INTERPRETATIVE STATEMENTS:

**Provision 8**

8.1 Health and Universal right
8.2 Collaboration for health, Human Rights and Health Diplomacy
8.3 Obligation to Advance Health and Human Rights and Reduce Disparities
8.4 Collaboration for Human Rights in complex, Extreme, or Extraordinary Practice Settings

**Provision 9**

9.1 Articulation and Assertion of Value
PROVISION OF THE CODE OF ETHICS FOR NURSES WITH INTERPRETIVE STATEMENTS:

9.2  Integrity of the Profession
9.3  Integrating Social Justice
9.4  Social Justice in Nursing and Health Policy
PROVISIONS OF THE CODE OF ETHICS FOR NURSES WITH INTERPRETATIVE STATEMENT:

**Provision 1.** The nurse practices with compassion and for the inherent dignity, worth, and unique attributes of every person.

**Provision 2.** The Nurse’s primary commitment is to the patient, whether an individual family, group, community or populations.

**Provision 3.** The Nurse promotes advocates for and protects the rights, health, and safety of the patient.

**Provision 4.** The nurse has authority, accountability and responsibility for the nursing practice, makes decisions, and takes action consistent with the obligations to promote health and to provide optimal care.

**Provision 5.** The Nurse owes the same duties to self as to others, including the responsibility. To promote health and safety and integrity, preserve wholeness of character, maintain compliance and continue personal and professional growth.
PROVISIONS OF THE CODE OF ETHICS FOR NURSES WITH INTERPRETATIVE STATEMENT:

**Provision 6.** The nurse through individual and collective effort, establishes, maintain and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

**Provision 7.** The nurse, in all roles and settings, advance the profession through research and scholarly inquiry, professional standards, development, and the generation of both nursing and health policy.

**Provision 8.** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

**Provision 9.** The profession of nursing, collectively through it’s professional organization, must articulate nursing values, maintain the integrity of the profession and integrate principles of social justice into nursing and health policy.
OVERVIEW OF SPECIFIC STANDARDS, PRINCIPLES AND PROVISIONS OF CODE OF ETHICS FOR SOCIAL WORKERS AND NURSES:

Overview of specific standards and Principles of the code of ethics for Social Workers

- Dignity and worth of the person
- Respect
- Importance of Human relationships
- Interdisciplinary collaboration
- Continuing education and staff Development

Overview of specific provisions of the code of ethics for nurses

- Respect for Human Dignity
- Relationships with Patients
- The right to Self Determination
- Relationships with Colleagues
- Maintenance of Competence and Continuation of Professional Growth
ORIGIN AND DEVELOPMENT OF THE ETHICS CARE

The Ethics of care also known as Care Ethics Originated around the second half of the twentieth century. The ethics of care theory development that began in moral psychology with the work of Carol Gilligan (1982). The Ethics of Care is a moral and normative ethical theory that holds interpersonal relationships and care or benevolence as a virtue and as central to moral action.

The phrase 'care ethics' was originally coined by Psychologist, Carol Gilligan. The phrase was created after a study that was conducted on how little girls look at ethics. Gilligan found that in relation to boys, the moral development of girls tended to come from compassion instead of being justice-based. From the study, Gilligan proposed that ethics should be focused on relationships instead of emphasizing autonomy and rules. Her theory focused more on our connections with each other and situations being context dependent.
This new ethics of care was developed further by Nel Noddings (1984) in relation to education, and given a more philosophical formulation by Annette C. Baier (1985). According to Annette Baier and Carol Gilligan exemplifies a strong school of women philosophers that includes Iris Murdoch (1919–1999) and G. E. M. Anscombe (1919–2001), out of which have developed moral theories that stress living relationships over abstract notions of justice illustrated, for example, by the work of Immanuel Kant (1724–1804). Indeed, three decades prior to Gilligan, Anscombe had already suggested the need for a philosophical psychology as the gateway to any moral philosophy that might be adequate to issues arising in relation to science and technology.
Nel Nodding, provided one of the first comprehensive theories of care and argued that caring is the foundation of morality. She stated, relationships as ontologically are basic to humanity, where identity is defined by the set of relationships individuals have with other humans. In suggesting that caring is a universal human attribute, Nodding stated, “A caring relationship in which people act in a caring manner is ethically basic to humans.” Since the impulse to care is universal, caring ethics is freed from the charge of moral relativism to the same degree as is virtue ethics. (Virtue ethics is primarily concerned with traits of character that are essential to human flourishing, not with the enumeration of duties.)
In his research Lawrence Kohlberg posed moral dilemmas to males of various ages and compared the kinds of reasoning with which they responded. The dilemmas tended to be shorn of details about the people involved. The responses moved from self-centered thinking, emphasizing the importance of physical pleasure through thinking under the influence of peer pressure, to a moral orientation toward justice and abstract appeal to universal rights (Kohlberg 1984).

Gilligan, on the basis of alternative research with both men and women, discovered a contrasting tendency, predominantly but not exclusively among women, to interpret "the moral problem as a problem of care and responsibility in relationships rather than as one of rights and rules" (p. 73). "While an ethics of justice proceeds from the premise of equality—that everyone should be treated the same—an ethic of care rests on the premise of nonviolence—that no one should be hurt" (p. 174).
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Even with regard to those with whom one has no caring relationship—complete strangers—memories of natural caring arise, generating a feeling of “I must do something.” This impulse is obligatory in anyone who aspires to the sense of self as a moral, caring person. However, within the ethics of care, this obligation to the stranger is limited. Two criteria must be met for such a duty to have force: (1) the relationship with the other person must exist (or have the potential to exist), and (2) the relationship must have the potential to grow into a mutually caring relationship. One does not have either the capacity or the duty to care for everyone. However, one does hold an obligation to be prepared to care at all times for particular others—for “the proximate stranger.”
SCENARIO:

Donna is 89 years old and was just diagnosed with terminal cancer. Her doctor believes that she's got only a couple of months left to live. In that time, Donna’s health will deteriorate rapidly, and she will experience a lot of pain. Donna wants to live out the rest of her good days with her family. However, once the pain becomes unbearable and she can no longer take care of herself, Donna is considering opting for physician-assisted suicide. Her current doctor does not support this idea because she views it as murder. However, in Vermont this is considered a legal act under certain guidelines, and there are other doctors willing to perform the task.

What do you think about this situation?
FOUR PHASES OF CARING:

Joan Tronto suggested there is a pre-existing moral relationship between people; therefore, the question is, “How can I meet my caring responsibility?” Tronto’s model proposes four phases of caring and four elements of care. The elements of care are considered the fundamentals necessary in order to demonstrate caring. The Four phases of caring for patients involves: cognitive, emotional, and action strategies,

Four Phases of Care:
- Caring About
- Taking Care of
- Caregiving
- Care receiving
FOUR ELEMENTS OF CARING:

The four elements are fundamentals, necessary for effective caring which require certain attitudes and skills. Good care combines certain activities, attitudes, and knowledge of the patient and the situation.

**Four Elements of Caring:**

- Attentiveness
- Responsibility
- Competence
- Responsiveness of The Care Receiver
A CASE FOR CARING:

Mr. Jones, age 59, is admitted to the hospital for acute abdominal pain with vomiting of coffee-ground material. He has a long history of alcoholism and unmanaged diabetes, and has a left below-the-knee amputation. Four months ago, his wife died after 40 years of marriage. Mr. Jones states this was the reason he stopped taking care of himself and began drinking heavily again. According to the nurse providing end-of-shift report, he asks for pain medications more frequently than other patients with this condition. Because you have provided care for Mr. Jones on several other occasions, you know he often requires a higher level of analgesia and you are responsive to his suffering by contacting the physician for a change in the order. The physician is hesitant to increase the dose of Morphine.
CASE FOR CARING:
Apply the four phases of care and four elements of caring to this case.

**Four Phases of Care:**
- Caring About
- Taking Care of
- Caregiving
- Care receiving

**Four Elements of Caring:**
- Attentiveness
- Responsibility
- Competence
- Responsiveness of The Care Receiver
REFERENCES:

_Caring: A relational approach to ethics and moral education_
Neil Noddings - 2013 –(Book)

Steven D. Edwards (2009) Three Versions of the ethics of care

Carol Gilligan (1982) In a Different Voice


New York, NY Routledge


Encyclopedia of Science, Technology, and Ethics
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RESOURCES:

Link to American Nurses Association Ethic:
http://www.nursingworld.org/codeofethics


Link to national Association of Social Worker:
www.sociwlrk.org/pubs/code/default.asp