

Sample Ethics Curriculum

The Professional Ethics Commission has recognized the need for curriculum on professional ethics to be included in all levels of training programs. To that end, the Commission has developed suggested outlines of the following topics in professional ethics: Boundaries, Power, Confidentiality, Sexual Ethics, Dual Relationships, Exploitation, and Values. This list is neither exhaustive nor required teaching. Each topic offers a suggested outline and case examples of your use should you desire to utilize them in your teaching. If you would like to add to this list or have any suggestions, please contact the Chair of the Professional Ethics Commission, Robin Brown-Haithco at robin.brown-haithco@emoryhealthcare.org.

Boundaries

Abstract: Teaching and healing relationships depend on healthy boundaries.

Case Example 1: You are a pastor of a congregation who also has a part-time private practice in pastoral counseling. One of your parishioners makes an appointment to see you. He says that your sermons have brought up some personal issues for him. He asks to be a patient in your private practice. You agree to work with him.

Case Example 2: You are a CPE supervisor who also has a part-time private practice in pastoral counseling. One of your current students makes an appoint to see you, requesting to be one of your patients while in CPE. You agree to work with him.

Key Points:

- Establishing boundaries; when, confidentiality, space, work habits.
- Communicating boundaries.
- Honoring boundaries of others.
- Managing boundaries with individuals and groups.
- Teaching boundaries to others.
- Appropriate uses of crossing boundaries.
- Difference between crossing and violating boundaries.

Objectives: To understand the concepts of personal and professional boundaries. To progress toward healthy boundary establishment and maintenance.

Collegiality

Abstract: Collegiality is the basis for ACPE relationships. Peer relating requires mutual honesty and accountability.

Case Example 1: After a hard day of ministry the group of chaplains heads for happy hour together. The group notices that one chaplain appears to be drinking too much.

Case Example 2: One chaplain on night call visits a patient and continues to do so on the following days without informing the regular unit chaplain.

Key Points:

- Definition of collegiality.
- Definition of Impairment.
- Definition of Responsible Action.
- Knowing when to raise ethical issues with a colleague.
- Impairment concerns: alcohol, drugs, sexual misconduct, emotional/psychological/physical.

Objectives: Expanding self-awareness in regard to the concepts of collegiality and professional relationships.

Confidentiality and the Duty to Warn

Abstract: Confidentiality is a fundamental element in the pastoral relationship but may be breached under limited circumstances and defined criteria.

Case Example 1: You are a pastoral counselor in a family counseling service treating a woman who is separated from her husband. In the evenings, you play in a local chamber orchestra. You discover that another orchestra member is the estranged husband of your patient. As your contact with this man increases, you find yourself drawn into discussions of the husband's feelings about his wife. Because you know that the wife wants reconciliation, you continue the discussions with the man in the hope that this will help effect the reconciliation.

Case Example 2: You are the chaplain on a psychiatry unit of a hospital. You are seeing a patient who believes that he is being threatened by members of a certain religious denomination. The patient makes repeated threats to set fire to the local church of this denomination when he is discharged from the hospital. Although the patient has a history of attempted arson, you do not believe that he will act on the threat. You briefly mention this in a staff meeting, but minimize your concern that he will act on his threat. Subsequently, upon discharge, the patient is arrested for arson in connection with a fire in this church.

Key Points:

- Know the importance of confidentiality.
- Explore the limits of confidentiality.
- Explore when it is more ethical to breach confidentiality than to maintain it.
- Define the criteria for having the duty to warn.
- Be aware of when you are bound by mandatory reporting.
- Know your denomination's practice regarding confession and reporting.
- Consider how you manage your conflict between your professional obligation to your patient and to others.
- Know how to respond to suicide/homicide risk.

Objectives: To understand the concepts of confidentiality and the duty to warn. To know when it is ethically appropriate, if not imperative, to breach confidentiality. To maintain the ethical dimension of the relationship if confidentiality is breached.

Dual Relationships

Abstract: While dual relationships are inevitable in the practice of ministry, those in ministry have the responsibility to maintain those relationships with integrity and to act in the best interest of the other.

Case Example: A wealthy parishioner of yours frequently tells you about his many stock and real estate investments in which he is making a great deal of money. At one point, he suggests that, since you have been so much help to him as his pastor, that he would like to help you by making some investments of your money for you. Along the way, he tells you about a few great new stock investments to make.

Key Points:

- What is a dual relationship?
- How is a dual relationship positive? How is it not?
- What dual relationships are you in?
- Some dual relationships are simply unethical: i.e. sexual exploitation.
- Theological implications: IISam. 11-12.

Objectives: Recognize when you are in a dual relationship and discern implication for that and/or other relationships. Dual relationships are ethically complex and have potential to be both beneficial and harmful.

Ethics and Ethical Professional Practice

By Dr. Judith Caron

Note: The following is a compilation of ideas from a variety of sources other than my own. Because my understanding is that the paper's purpose is to generate discussion, I did not footnote individual expert's ideas. I did list a short bibliography of a few resources for the ideas that follow.

Ethics, broadly defined, is the way individuals and groups (whether they be professions and/or societies) should best order their lives in order to attain maximum personal, professional, and social growth and development. At the core of ethics is the fundamental concept that ethics involves BOTH attitude and action.

The "attitudinal" dimension of ethics can be characterized as a way of being that actively moves individuals and groups towards developing an internal and external awareness of self as part of a complex system of interdependent relationships that are ultimately based on ethical and social codes. These ethical codes are comprised of values and principles which are biological and spiritual, individual and social, private and communal, persistent and temporary. Rooted in common experiences that the society considers as independently good, supportive of life, and necessary for continued growth and survival, ethics is the disposition to do certain kinds of action in certain kinds of situations. This aspect of ethics relates to the inner character or attitude as ethical persons: what one ought to be or become. Ethical codes challenge, motivate, and guide persons to become the best that they ought to be as human beings. Ethics guides humans toward the ideal of becoming the best possible

human beings that they can become. Ethics challenges individuals and communities to be responsible and accountable for achieving certain attitudes and behaviors so as to achieve this ideal.

The "action" aspect of ethics is characterized by a code of behavior based on personal, social, and professional values and principles that enable persons to evaluate and to correct their actions when these fall short of enabling health development. As a code of behavior, ethics lays out the sorts of actions individuals ought to perform and to avoid as ethical persons, as well as challenges persons and groups to bring a certain valued disposition to each concrete situation. Behavior calls for choices and decisions; to be ethical, each decision made must be always evaluated in light of three interrelated factors: the historical times, the concrete circumstances surrounding the action, and the intentions of the actor(s). Just as personal, social and professional ethical codes are susceptible to change because they are historically bound evaluations of what is good or right action rather than absolute dictums carved in immutable stone, so too the people and the behavioral codes they choose to follow are affected by historicity and a particular context. As situations change, as awareness and experiences increase, and as other values impinge upon the situation, the behavioral values and principles change in relative importance.

Personally and professionally, individuals are shapers and shaped by not only their decisions and actions, but also by a variety of historical and culturally bound factors: psychosocial development; personal and professional roles; religious tradition (a system of beliefs and morality that entail faith in and an ethical commitment to a particular set of experiences and images of God, or a higher power); ethical codes comprised of values (esteemed ideas or motives); and principles (specific action guides that express how personal and social relationships are to develop and be maintained as well as how ultimate meanings and ethical goals are to be achieved). Processes such as personal socialization or professional education and training seek to inculcate the individual with personal and social ethical codes which reflect right ethical attitude and action.

The collective result is the development of a certain "character" or personal identity which, if ethical, reflects a consistent and coherent style of living that bespeaks a sense of doing what one does in the right way and with the right attitude. An "ethical character" reflects a fundamental understanding of and commitment to the nurturance and maintenance of appropriate relationships within all the varied relational networks and personal and professional roles. Closely tied to ethical character is integrity, which is broadly characterized as the attitude and verbal/physical behaviors that consistently bespeak both a coherent set of highly cherished values and principles and a commitment to shoulder the responsibilities inherent in all the roles which one assumes.

More specifically, within ministry in general and ACPE in particular, membership confers certain expectations, duties and responsibilities. ACPE and consumers expect that each member brings a developed ethical character that is consistent with personal and religious backgrounds, a particular ministerial tradition, and ACPE. This ethical character assumes (1) an understanding and acceptance of the professional image, role and duties of the ACPE minister; (2) a high level of professional competence and integrity; (3) a deep personal and professional commitment to abide by and further the support of the general goals, objectives and ethical codes of ACPE. Personal and professional integrity require that members go beyond mere compliance with the role expectations, rules and ethical codes of ACPE. Membership in a professional organization such as ACPE requires an internal attitude and external personal and professional practice that consistently and coherently bespeaks of an abiding commitment to the moral responsibilities distinctive of the profession.

Ethical professional practice consistently mirrors and supports ACPE's ethical framework and commitments through each member's attitudes and actions. Like other professions, the Standards, By-laws and Code of Professional Ethics are more than operating rules and procedures; they articulate what ACPE has come to understand as the necessary professional attitude and behaviors that members must have to promote the good of the profession of ministry in general and ACPE ministry in particular. In addition, ACPE's ethical framework is extensively outlined in its goals and objectives as well as the appropriate and inappropriate means by which members achieve these goals and objectives.

ACPE members demonstrate professional integrity and ethical practice when their personal and professional attitudes and behaviors consistently conform with the ACPE's basic concept of the good of the profession and a core set of ethical commitments. An examination of the pattern of a person's life reveals whether or not personal integrity, professional competence and commitment, and an ethical sense are operative in the member's life; the member's words and actions will indicate whether there is consistent understanding and support or violation of the goals, core ethical framework and commitments of ACPE ministry.

Each profession's goals, objectives and ethical framework are time and culture bound. As times change, ACPE, like other professions must constantly assess and re-articulate its core goals, objectives and ethical framework. Members are required to remain contemporary and compliant with the most current articulation of ACPE goals, objectives and ethical commitments. This requires continuing education on the part of the membership as well as a continued evaluation of each member's personal and professional practice to determine if one continues to bring a correct sense of ethics and personal integrity to ACPE ministry.

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Exploitation

Abstract: Since the basis of CPE is its action/reflection model, and the nature of institutions is to maximize the utilization of their resources, it is necessary to maintain a beneficial balance between service and education.

Case Example 1: Mary Jones comes to you to talk about her difficulty with staying connected with her husband and children because she is doing much volunteer work at her church. She talks about the affirmation her pastor gives her, and how useful she feels. She also points out how reluctant others in her church are to help out, and the work is important and needs to be done. Is Mary Jones being exploited? How? By whom? What ethical action can you take?

Case Example 2: The Federal law requires overtime pay for work requirements for hourly (most clinical) workers, while salaried and management employees are exempt from this requirement. How can we balance educational needs of the students and the service needs of the organization in the light of on-call and other extra (beyond 40 hours) expectations of the students?

Key Points:

- Clarity of expectations.
- Identification of service and educational needs, i.e. where do they diverge, overlap or conflict?
- What is a conflict of interest?
- Establishment of boundaries between person and profession.
- Conflict between institutional and individual needs.

Objectives: Develop the ability to balance one's own personal, professional and educational obligations and needs. Ability to identify service and educational needs.

Power

Abstract: Constructive awareness and exercise of power and authority is essential to ethical functioning.

Case Example 1: A young person dies from trauma. The chaplain is called to the Emergency Department where the family is. The doctor has requested organ donation, but the family is conflicted about this. While on the way to the ED, the chaplain is stopped by the doctor who tells the chaplain to request that the family consent to donating the organs.

Case Example 2: The chaplain is speaking with a patient in the patient's room. They are in the midst of a deep and meaningful conversation when a group of medical residents shows up to see the patient.

Key Points:

- Definition of power and authority.
- Understanding of power balance.
- Misuse of power.
- Power in gender, racial, sexual preferences, student-teacher relationships, patient-chaplain relationships.
- A theology of power.
- Power in individual and group relationships.

Objectives: Student and supervisor awareness and articulation of interpersonal power dynamics. Demonstrate the ability to manage and implement the power balance in a relationship.

Sexual Ethics

Abstract: Human sexuality is fundamentally good, but it can lead to abuse. Consequently, decisions in the realm of sexuality carry moral weight and bear religious significance.

Case Example 1: You are co-facilitating a weekend personal growth group for young adults. As the group progresses through its Saturday session, you notice that your male co-facilitator is flirting with a female group member and hugs her inappropriately during breaks. You confront him about this and he states that, on Friday evening during one session, she had begun to sob and asked to be held. He complied with her request. What he does not tell you is that the situation led to mutual caresses of a sexual nature. He justifies his actions to you, rationalizing that the woman could not handle another rejection.

Case Example 2: You are ministering to a recent divorcee regarding his mild depression. He reports that he is having some sexual dysfunction related to some incidents with his mother during adolescence. You are familiar with psychodrama and begin using psychodrama techniques with him in which you play the role of his mother. You begin to flirt and try to persuade him to have an affair with you, saying that in doing so you can desensitize him to some of his sexual "hang-ups."

Key Points:

- Differentiate sexuality from sexualized behavior.
- Look at use and misuse of sexuality.
- Address boundaries, sexual misconduct, harassment, abuse.
- Look at myths related to sexuality.
- Transference/countertransference issues re: power.
- Constructive uses of sexuality in professional relationships.
- Current standards by which behavior is being measured on.

Objectives: Recognize sexual dimensions of pastoral/supervisory relationships. Clarify your values of appropriate sexualized behavior. Know what is not acceptable behavior.

Values

Abstract: Knowing when and when not to remain morally neutral is critical to ethical functioning in the patient-pastor relationship.

Case Example: A 43 year old, southern Baptist woman is in the hospital and asks to see the chaplain because of anxiety and depression. Through the course of meeting with her you become aware that she is a victim of domestic violence. She states that she loves her husband very much and that he does not mean to hit her. She has been hurt enough that, a year ago, she had to go to the emergency room for treatment. She told them that she had fallen on her bicycle and they did not pursue the cause of her injuries any further. At that time, she had gone to her Southern Baptist pastor and told him of the incident. She said that she was "tired of being his (her husband's) doormat." The pastor instructed her that, in no uncertain terms, she was to fulfill her marriage vows by staying in the marriage with her husband. He gave her Biblical instruction, reminded her of her marriage vows, and sent her home. She has remained in this abusive marriage ever since. She is now admitted for a new diagnosis of breast cancer and is questioning many things in her life.

Key Points:

- Know what one does with one's own values in the patient/parishioner-pastor relationship.
- Know when and why to remain morally neutral.
- Know when and why not to remain morally neutral and speak up.
- Explore the limits of patient autonomy and confidentiality.

Objectives: To know when to remain morally neutral and when to articulate alternative values in a pastoral encounter.