**Ethics Essay**

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# Introduction

Ethics being the system of moral conduct in the profession health and social care, ethics is important because health and social care professionals need to engage in recognizing ethical dilemmas, making good decisions and judgements based on their values, and also keep within codes of professional conduct and laws governing them (Scher and Kozlowska, 2018). This essay is focused on a particular case-study which contains an ethical dilemma. While initially identifying the ethical issues raised by the dilemma, the essay goes on to identify the various stakeholders involved and how each one might be viewing the dilemma. The potential conflicts as well as points of agreement in terms of ethical arguments would be identified and discussed using various ethical theories. The essay also considers how factors such as ethnicity, gender, age, religion, etc. may have influence on the response of people towards the ethical dilemma. Finally, the essay discusses how far relevant codes of professional conduct and law, as applied to the dilemma, help with arriving at a moral solution.

# Discussion

Case Study

The person concerned in the case study is Mr. Green, a patient diagnosed with an aggressive state of prostate cancer and who is being taken care of by nursing staff together with the social care team in a general hospital (Jie, 2015). This patient has been diagnosed with this condition over seven years back, but had been refusing surgical or medical treatment during that time. He had chosen to be seeking alternative treatment during the timeframe of the seven-year period, and had not engaged in any follow up with the urologist. Having conducted several diagnostic tests throughout a period it has now been discovered that his cancer has spread.

While Mr. Green has been having a few admissions over the past months for various complications, during the latest admission Mr. Green has been informed that he may only be having 4 to 6 weeks of life, considering evidence of further growth of the primary tumour (Jie, 2015). It was determined that no further surgical or medical interventions are appropriate, hence the next step involves a palliative care regimen. During this point Mr. Green reported to the health and social care team he has resigned himself to the fact of dying; he particularly confided to a social care worker Andrew, that he is planning to kill himself and this should remain a secret that Andrew was not to tell anyone.

Ethical dilemma

Considering the above case study, the patient Mr. Green having end-stage prostate cancer who has being acknowledged about having only 4-6 weeks of life, expresses his suicide intent to the social worker, asking him not to disclose this to anyone. This behaviour of Mr. Green has put Andrew the social worker in a difficult situation with two mutually exclusive, morally correct choices, which could be identified as an ethical dilemma. Barnard (2017)identifies that an ethical dilemma is a situation where an individual needs to make a decision between two alternatives that remain mutually exclusive. In the given case study, upon Mr. Green confiding the suicide intent to the social worker, this social worker is having two mutually exclusive, morally correct choices.

One is the social worker could choose to keep the suicide intent a secret as Mr. Green requested, with this behaviour respecting the patient’s own decision. In this context the decision of the social worker may result in the patient actually committing suicide in the absence of any health and social care intervention. The other choice is for the social worker to tell other members of the health and social care team about Mr. Green’s suicide intent, in which context this team would engage in monitoring, avoiding and preventing suicide, however this involves violating confidentiality and autonomy of the patient. Hence the **ethical dilemma related to the case study** is whether the social worker Andrew should be telling other members in the health and social care team about the patient Mr. Green’s suicide intent, without consent of this patient.

Ethical arguments through ethical principles

When making morally correct decisions in the face of an ethical dilemma, such as the one in the given case study, it is of essence to incorporate ethical principles. Johnston (2009) highlights that logical incompatibility between two ethical principles could cause an ethical dilemma, particularly in a moral situation where two different ethical principles could be applied, however using one of the principles must violate the other principle. Considering the given case study, the **ethical principles** beneficence and autonomy could be equally applied, however not even one of these could be chosen without violation of the other. As emphasized by Johnston (2009) the notable logical incompatibility between beneficence and autonomy in the context of the given case study of Mr. Green is the major reason behind the ethical dilemma related to ‘’whether the social worker should be telling other members in the health and social care team about the patient’s suicide intent, without his consent’’. In addition, another ethical principle considered in the context of this moral situation is non-maleficence which supports the principle of beneficence but is infringing the principle of autonomy. Hence it must be noted that when making a moral decision in Mr. Green’s case, there are three conflicting ethical principles which include respect for autonomy, non-maleficence and beneficence.

The *principle of* *beneficence* relates to the act of being kind, and involves providing care that is in the best interests of the patient (Dziegielewski, 2013). Therefore health and social care staff need to consider which actions would be better for the patient they serve; applying this principle to the ethical dilemma in the given case study, the social worker Andrew needs to consider which of the two choices will be better for Mr. Green. The beneficence principle has been closely linked to the *non-maleficence principle* which invokes obligations of not harming others; hence the non-maleficence principle requires health and social care staff to ensure their actions would not be causing harm to patients (Barnard, 2017). Therefore considering both these ethical principles, practices and actions of health and social care staff are morally correct as long as they remain in the interests of the patient, and are avoiding negative consequences. In this context, it is evident that if Andrew informs other health and social care professional about the self-harm intent of Mr. Green, health care interventions could be involved in the best interests of this patient towards prevention of the actual suicide. This action of Andrew telling others is corresponding with the beneficence principle; moreover it ensures there is no further self-harm to the patient (rather than ignoring the potential self-harm), thereby fitting the non-maleficence principle.

Nevertheless, it must be argued that during application of the beneficence and non-maleficence principles above, it is important to assess the patient’s own perspectives related to harm and benefit to themselves (Scher and Kozlowska, 2018). Considering the case of Mr. Green, it is important to view his own perspective of benefit and harm; it is identified that the concept of greatest benefit to Mr. Green would be to allow him to die. Therefore the social worker’s action of not telling others would be considered beneficial (rather than harmful) from Mr. Green’s own perspective. The *principle of autonomy* involves the right of individuals to engage in making decisions about their own life and own healthcare (Freeman, 2017). This principle therefore respects the right of competent patients to make their own decisions. In this type of scenario, it would be essential to know the **age** of the patient as a morally important factor since research suggests that only individuals above 18 years of age are generally considered to competently have the capacity to make (healthcare) decisions for themselves (Aldgate *et al¸*2016). For the purpose of this argument, it is assumed Mr. Green in 50 years of age, and this argument will be based on this assumption.

In such a scenario it would also be essential to know whether Mr. Green is having a **stable state of mental health** as a morally important factor, since Aldgate *et al* (2016)emphasize that a patient with a mental disorder or unstable emotional condition could not be deemed a competent person to engage in decision making for themselves. For the purpose of this argument, it is assumed that Mr. Green is of sound mental health, and this argument will be based on this assumption as well. In accordance with the autonomy principle, it is required that health and social care workers respect confidentiality of patients’ and ensure the workers actions are having the informed consent of patients (Freeman, 2017). Therefore in application of the principle of autonomy, the social worker’s action of not telling others would respect Mr. Green’s right of informed consent and self-determination.

Nevertheless the social worker’s choice of not telling others about the patient’s suicide intent would involve ignoring the potential suicide and ultimately leading to self-harm behaviour of the patient. Notably Howard *et al* (1997) state that patients with cancer are more likely to be seeking assistance to die, and a form of health and social care staff behaviour of assisted dying involves refraining carrying out interventions for dissuading or preventing a patient from taking his life. In the given case of Mr. Green, the action of Andrew not telling others could be classified as assisted dying. However, Sneesby (2009) argues that law does not uphold the autonomy principle in relation to assisted suicide and euthanasia, since people are not having the right of being assisted towards death at any time they wish. Therefore it can be established that even though the autonomy of Mr. Green has to be respected, it cannot be overriding common law which restrictedly prohibits professionals’ behaviour towards assisted dying.

Ethical arguments through ethical theories

In addition to the use of ethical principles to determine the better moral decision, **ethical theories** too form a strong foundation for ethical analysis to make better moral decisions in the face of ethical dilemmas. While there are two broad schools of ethical theories, non-consequentialist and consequentialist theories, the latter (consequentialism) considers the right act to be that having the best consequences, while the former (non-consequentialism) considers that the rightness or wrongness of human conduct is not solely based on its consequences (Barnard, 2017). The *consequentialist theory of utilitarianism* could be used in the context of Mr. Green’s case study, to support determining the better moral decision. Freeman (2017)identifies that utilitarianism emphasizes on the good action being that which is minimizing pain and maximizing pleasure to most people. Therefore this ethical theory identifies the morally correct action to be the action creating the best outcomes for the most number of people (Freeman, 2017).

In the context of the case study, considering the **different people involved in the ethical dilemma**, this involves the patient (Mr. Green), his family, and health and social care staff (including the social worker Andrew whom Mr. Green confided in). Comparing the two moral options for Andrew in the given case study, if he chooses to keep the secret this would be resulting in the patient Mr. Green committing suicide. Only he would consider this outcome beneficial, since the action is satisfying his desire of dying. However other people involved in the ethical dilemma would not take this position, and would rather consider this outcome as not being beneficial. This is because research suggests that suicide is having a negative impact on health and social care staff, and on patient’s family, particularly an emotional impact (Jie, 2015). For instance, people who have faced loss of a family member due to suicide are likely to have feelings of guilt, shame and sadness. Thus it is evident that the action of the social worker keeping the secret is not the morally correct one, according to the ethical theory of utilitarianism.

Contrastingly if the social worker chooses the option of telling others, the likely outcome would involve Mr. Green’s suicide behaviour being avoided and prevented through intervention by health and social care professionals. This outcome would be lengthening the patient’s life while maintaining his safety, which would make both the health and social care professionals as well as his family happy. These people involved in the ethical dilemma would take this position because research indicates most family families being satisfied and gratified when they are capable of spending more time with their dying relations (Coyle, 1998). Similarly considering health and social care providers, Aldgate *et al* (2016)state that one of their key duties involves maintaining the safety of patients and they would be satisfied upon fulfilment of this duty. Therefore the option of Andrew telling others is the action that brings about best outcomes for the most number of people, hence being the morally correct action in this ethical dilemma according to the theory of utilitarianism.

Codes of professional conduct and law applied to the dilemma

The British Association of Social Workers **(BASW) Code of Ethics** specifies ethical principles and values on which the social work profession is based. First adopted in 1975, the BASW Code of Ethics has been subject to revision and updating on several occasions, with the latest revision in 2018 incorporating several principles that focus on assisting social care workers in their moral decision making (BASW, 2021). Some of these values and principles can be applied to the case of Mr. Green to make the ethical decision that is most appropriate. BASW (2021) specifies one of the principles that social workers need to abide by and uphold is to respect patient’s right to self-determination; in this respect social workers need to be respecting, promoting and supporting the dignity and rights of people to make their own decisions and choices. Considering this statement in the case of Mr. Green, Andrew the social worker needs to respect Mr. Green’s rights of involving and sharing decisions about his own healthcare and life; hence this patient’s decision of suicide needs to be respected.

However, BASW (2021) also emphasizes that another principle which social workers need to abide by involves upholding and promoting human wellbeing. In this respect social workers need to defend and uphold the psychological, physical, spiritual and emotional wellbeing of each patient, working towards avoidance of harm. Considering this statement in the case of Mr. Green, if Andrew respects the patient’s decision of suicide and chooses the action of not disclosing this to others, the patient would end up harming himself which does not fulfill Andrew’s duty of promoting wellbeing and avoiding harm as specified in the BASW code of ethics. However, if Andrew chooses to inform the health and social care team, appropriate interventions could be put in place to prevent Mr. Green harming himself. This enables Andrew to uphold the wellbeing of Mr. Green and work towards avoiding harm, as required by the aforementioned principle in the BASW code of ethics.

Supporting this view, another value in the BASW code of ethics is for social workers to act with the informed consent of service users, unless law requires the person to be protected from risks of serious harm (BASW, 2021). Applying this value in the given case of Mr. Green, **English Law** deems all forms of assisted suicide as being illegal, regardless of a patient’s wishes (Clarke, 2016). Therefore as a legal consideration, since the option of not telling others and letting Mr. Green die without protecting him from harm is illegal by English law, Andrew could choose the option of telling others without informed consent of Mr. Green to uphold the aforementioned principle of the BASW code of ethics.

Evidence in associated literature

To perform further analysis of the ethical dilemma arising in the given case study, the opinion in contemporary literature could also be considered. Several studies indicate and evaluate the attitudes and feelings of nurses when faced with circumstances similar to that of Mr. Green. Sun *et al* (2005) identify that almost 40% of health and social care workers express that individual and professional ethics are preventing them from assisting patients with suicide, and the study is encouraging healthcare workers to take positive actions on prevention of suicide under both professional and ethical considerations. Similarly, Anderson and Stande (2007) emphasize that patients having intent of suicide usually tend to get sympathy from others and seek help from health and social care workers.

Thus the mentioned study highlights health and social care staff need to be providing assistance (like effective communication) towards resolving intent of suicide in patients; importantly, some healthcare workers in the study expressed the significance of the role of other healthcare professionals like doctors in suicide prevention, thereby affirming they need to be informed first if social workers and nurses notice a patient’s suicide intent (Anderson and Stande, 2007). Therefore contemporary literature provides evidence of agreeing that health and social care workers need to engage in positive action and disclose patients’ suicide intent/attempts to other professionals, for prevention of suicide. In the context of Mr. Green, Andrew’s choice of telling other health and social care professional tends to correspond with evidence from contemporary literature.

# Conclusion

Based on the case study of Mr. Green, this essay focused on the ethical dilemma of whether the social worker Andrew should be telling other members in the health and social care team about the patient Mr. Green’s suicide intent, without consent of this patient. Evaluating this dilemma considering relevant ethical principles, values and principles of the BASW Code of Ethics, ethical theory of utilitarianism, legal concepts as well as evidence from contemporary literature, it is identified to not be either legally or ethically permissible for Andrew the social worker to engage in keeping Mr. Green’s suicide intent a secret. The moral action of informing other health and social care professionals was identified to fit the ethical principles of beneficence and non-maleficence.

 It is also creating benefits for the most number of people involved in this ethical dilemma, therefore it has been identified as the morally correct choice according to the ethical theory of utilitarianism. Moreover, the BASW Code of Ethics emphasized on the principle that social workers need to act with the informed consent of service users, unless law requires the person to be protected from risks of serious harm, which supports Andrew the social worker to take positive action on avoiding Mr. Green’s suicide. In addition, evidence from contemporary literature highlights that health and social care workers need to be taking positive action and informing other healthcare professionals for prevention of suicide, thereby supporting the moral choice of telling others in this dilemma. Therefore the morally correct decision in this ethical dilemma if for the social care worker to share with other professionals the suicide intent of Mr. Green.

# References

Aldgate, J., Seden, J., and Rose, W. (2016). *Enhancing Social Work Management: Theory and Best Practice.* New York: Jossey-Bass.

Anderson, M., and Stande, J. (2007). Attitudes towards suicide among nurses and doctors working with children and young people who self-harm. *J Psychiatr Ment Health Nurs*, 14 (8), pp. 470-477.

Barnard, A. (2017). *Developing Professional Practice in Health and Social Care.* Chichester: John Wiley.

British Association of Social Workers, BASW (2021). *BASW Code of Ethics.* [online] Available at: <https://www.basw.co.uk/system/files/resources/basw_code_of_ethics_-_2021.pdf> (Accessed: 10 November 2021)

Clarke, P. (2016). *Bioethics: Medical, Legal and Ethical Perspectives.* Cheltenham: Edward Elgar.

Coyle, N. (1998). The euthanasia and physician-assisted suicide debate: Issues for nursing. *Oncol Nurs Forum*, 19 (7), pp. 41-46.

Dziegielewski, S. (2013). *The Changing Face of Health and Social Care.* 3rd ed. New York: Jossey-Bass.

Freeman, M. (2017). *Ethics and Medical Decision Making.* Oxon: Routledge.

Howard, O., Fairclough, D., Daniels, E., and Emanuel, E. (1997). Physician desire for euthanasia and assisted suicide: would physicians practice what they preach? *J Clin Oncol*, 15, pp. 428-432.

Jie, L. (2015). The patient suicide attempt – An ethical dilemma case study. *International Journal of Nursing Studies*, 2(4), pp.408-413.

Johnston, M. (2009). Bioethics, *Nursing Perspective,* 7(9), pp. 178-180.

Scher, S., and Kozlowska, K. (2018). *Rethinking Healthcare Ethics.* London: Kogan Page.

Sneesby, L. (2009). The human face behind an ethical dilemma: reflecting on attempted suicide and outcomes of a case study. *Int J Palliat Nurs,* 15 (9), pp. 456-46.

Sun, K., Long, A., and Boore, J. (2005). The attitudes of casualty nurses in Taiwan to patients who have attempted suicide. *J Clin Nurs,* 16 (3), pp. 255-263.