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In Pursuit of Philosophy and Best Practice—the Challenges of an Ethical Dilemma

Judy Richardson

This essay explores an ethical dilemma faced by a practitioner whilst working with a service user and her family, in regard to the use of cannabis for medicinal purposes. Three different moral ethical perspectives and consideration of value conflicts are examined in pursuit of best practice responses. In conclusion, key learning outcomes are reflected upon.

Keywords: Ethical Dilemma; Kantian; Utilitarian and Virtue Ethics

Introduction

This paper will consider an ethical dilemma set in a social work-related situation concerning Jane, as the service user and her son Tom. In my role as Jane's Care Support Worker (CSW), I will examine this ethical dilemma regarding the use of cannabis to alleviate the symptoms of Multiple Sclerosis, from three different moral ethical perspectives: Kantian, Utilitarianism and Virtue ethics. Additionally the value conflicts within the dilemma will be considered. I conclude the paper with what I view as some key learning outcomes. For the purposes of this paper the definition of an ethical dilemma by Pullen-Sansfacon and Cowden will be used:

A situation that highlights a conflict between two difference courses of action or ways forward to resolve a situation.

Ethical dilemmas often involve a conflict of values, for example, between resisting something to pursue the value of social justice and the need to conform to others. We then observe that both actions are possible, but that neither of them are fully satisfactory (2012, 38).

Judy Richardson was a year two undergraduate social work student at Coventry University, in late 2012 when this essay was completed. Her previous professional working experiences have been within the youth and community work field for both the statutory and voluntary sectors, across the North and Midlands of England. Correspondence to: Judy Richardson, 129 The Longshoot, Nuneaton CV11 6JQ; Email: richa193@uni.coventry.ac.uk

The Ethical Dilemma

As a CSW with the local authority social care disabilities team, located in the United Kingdom, (UK) I have known Jane for approximately five years. Jane is in her late thirties and has a son, Tom, who is 19. Jane was diagnosed with Multiple Sclerosis (MS) less than a year after Tom's birth. MS is a disease of the central nervous system relating to the spinal cord and the brain. It is an auto immune disease where the immune system becomes confused and instead of attacking an infection or virus, it turns on itself and attacks the nerve cells damaging the protective sheath, thus resulting over time in reduced physical capacity and in some instances mental incapacity. (Multiple Sclerosis Research Centre (MSRC) 2012). Jane first contacted Social Care because her husband, Rick, was leaving and Tom would be taking over as her main carer at the age of 14.

Jane and Tom are both white and live on a social housing estate, managed by a Housing Association. Their ground floor flat has been adapted to meet the needs of her growing physical disabilities. The small estate consist of ex-council housing stock from the sixties and is situated beside a newer build of social and private housing erected in the nineties using central government 'Single Regeneration Budget' monies. Black, white and Asian families live in the neighbourhood, which is situated two miles from the town centre. Tom rarely has contact with his father as Rick has problems with alcohol abuse. Rick was a labourer/bricklayer in the building trade and lost his job when the recession came. Jane worked part-time in an office for a few years, but as the MS slowly restricted her mobility and dexterity, she had to stop working. Rick did not cope with the double effects of job loss and becoming the main carer of his wife; which led to him drinking throughout the day. Their relationship had slowly deteriorated as her MS advanced, and his heavy drinking led to mood swings, tensions at home and absences unaccounted for. There are no living relatives since Jane's father died six years ago. Jane has some friends from her last job, who drop by every few months. There is a monthly MS support group that Jane is able to attend by using a community transport project.

Initially I supported Jane in claiming the relevant benefits and linking Tom to a Young Carers group run by the local youth centre, as part of providing a few hours of support care each month. Tom adapted well to the role of main carer and Jane was happy that her mobility was sufficient to be able to care for herself most of the time. However, as the years have progressed I have seen Jane's MS worsen; her physical movement has deteriorated until she can only use a motorised wheelchair to move around. There have been phases when she has pain in her joints and difficulties with her speech, resulting in Jane feeling depressed. Shifts of intimate care support for Jane have been provided.

Despite the responsibilities of his caring role, Tom recently managed to secure a place at the local university. He is studying a course relating to the leisure industry and is keen on sports and keeping fit.

During a recent visit, Jane informed me that she had been taking cannabis during the last year. The pain, lack of movement, inability to speak and depression had

75 become worse and the prescribed medication was not working. She had heard a news item on the radio about the potential of cannabis helping MS symptoms and she had told Tom about it. The following day Tom came home with some cannabis resin for his mother, but had no interest in consuming it himself. Jane found that cannabis lifted the pain, gave her some movement and restored most of her speech. Jane felt it had enhanced her quality of life in a way she had not felt in at least a decade. Tom confirmed this when he told Jane he was really happy because the cannabis has given him 'his old mum back'.

80 In legal terms in the UK marijuana is a class B substance, which means that if someone is caught in possession of it, she/he can face a jail term. However, if they are over 18 years and it is their first offence, then a warning is issued. A second offence leads to a Penalty Notice for Disorder and an eighty pounds on-the-spot fine. Being stopped by the Police a third time could lead to a conviction and criminal record. The law regarding supplying cannabis can result in much tougher punishments with a 14-year prison sentence and an unlimited fine. A person can be viewed as supplying cannabis even if they are sharing it with their friends, they do not have to sell it, for them to be found guilty in a UK court of law (Jason-Lloyd 2008; Adrijadey 2012). It is ironic that legally sanctioned medical research continues to take place to investigate the potential inclusion of cannabis as a future ingredient of prescribed drugs to reduce MS symptoms (Ashfield 2008; MSRC 2012).

Ethics and Values

95 In regard to the cannabis-related information Jane has shared with me, I now have to decide how to respond to this ethical dilemma. It would be important to consider my personal and professional values and Banks asserts the following definitions of 'values' and 'social work values':

100 'Values' can be regarded as particular types of belief that people hold about what is regarded as worthy or valuable.

The term 'social work values' refer to a range of beliefs about what is regarded as worthy or valuable in a social work context. (2012, 8)

105 It could be argued that I hold a personal and professional belief that the consumption of an illegal drug is acceptable, insofar as it harms no-one else and is for medicinal purposes only. However, this may conflict with the values of my agency and some members of my professional group. Consequently, the view could be taken that I am being complicit in the use of illegal drugs. Banks highlights that personal, professional and agency values should not be treated as totally separate, arguing that:

110 Where they conflict, the social worker as a person has a moral responsibility to decide which have primacy and to justify this decision (2012, 176).

Pullen Sansfacon and Cowden (2010, 44) argue that ‘there is no best way to resolve a dilemma’, but stress the importance of clarifying one’s personal values because they play a very important part in the development of ethical practice in social work.

Immanuel Kant’s (1724–1804) ethical theory was developed in eighteenth-century Germany. This ethical theory is ‘principle based’, regarding what is morally right or wrong according to one or more ethical principles. Banks (2004, 78) cites Beauchamp’s definition of principle as ‘an essential norm in a system of thought or belief, forming a basis of moral reasoning in that system’ (1996, 80–1). Thus Kant’s moral philosophy was created with regard to human reason and good action, based on the principle of respect for persons, which must be able to be made universal to all.

Approaching my ethical dilemma from a Kantian perspective it could be argued that as the CSW, I could explain to Jane that she is using her son as a ‘means to an end’ for her pain relief. This invokes what Hugman (2005, 6) cites as Kant’s ‘practical imperative’: ‘act in such a way that you always treat humanity whether in your own person or the person of any other, never simply as a means but always at the same time as an end’ ([1785] 1964, 9). By removing her own Kantian ‘motives of inclination’ (Sandel 2009, 112) and applying her moral actions to inform Tom she no longer wishes to be supplied with cannabis, Jane would be showing respect for her son and his human rights.

It could be argued that, as the CSW, I could also explain to Tom, that his actions are positive, from a Kantian perspective, in regard to the practical imperative, but he is contravening Kant’s categorical imperative. Hugman (2005, 6) cites Kant in defining the categorical imperative as: ‘I ought never to act except in such a way that I can also will that my maxim should become universal law’ (1964, 91). The obtaining and supplying of cannabis are illegal, even for medicinal purposes, so Tom’s actions cannot be universalised.

In adopting a Kantian perspective I would reason that my actions should follow duty and be morally good. Thus, in relation to duty, point 2.6 of the Health and Care Professions Council of Standards of Proficiency (2012, 7) states that a worker needs to practice ‘within the legal boundaries of their profession’. I can acknowledge that Tom and Jane could jointly take the Kantian view that the service user has a right to self-determination (Banks 2012, 47) and decide to continue with their current arrangement. However, the nature of the situation continues to remain illegal, therefore, the matter would have to be reported. Overall, it could be interpreted that this logical, reason- based approach to moral actions and duty reflects the cold, dispassionate, detached nature of Kantian ethics.

A second key ethical perspective, which is ‘principle based’, is consequentialism, where the morality of an action is determined by its consequences. ‘Utilitarianism’ is the most famous method of this approach, founded on the idea that a moral action is governed by ‘the greatest good to the greatest number’ (Beckett and Maynard 2005, 39; Banks 2004, 176). It was first developed by Jeremy Bentham (1748–1832) in late eighteenth and early nineteenth-century

England (Bowles et al. 2006), then further expanded by his student John Stuart Mill (1806–73). Hence, ‘a right moral decision followed by truly ethical action would be one which produced the greatest pleasure’ (Vardy and Grosch 1999, 65) and avoided pain. A further element of utilitarian theory regards justice and it is argued by Pullen-Sansfacon and Cowden (2012, 141) that as the CSW facing this ethical dilemma, my decision making should be impartial, in order that equal rights are maintained and ‘justice balances private interest with public interest’ (Pullen-Sansfacon and Cowden 2012, 142).

In deciding, as the CSW, not to pursue matters any further regarding the ethical dilemma, I could argue that I have taken action using a perspective of utilitarianism known as act utilitarianism. I can justify my action because I have predicted that the outcome of my silence is useful to those involved and will produce the greatest happiness for both Jane and Tom (Beckett and Maynard 2005, 40). Alternatively, I could adopt a rule utilitarian perspective, which is similar to Kant’s categorical imperative, and means that my action is only good if the consequences are good and the action can be applied universally in law (Pullen-Sansfacon and Cowden 2012, 141). Therefore, despite the consequences of my silence being positive for Jane and Tom, the matter would have to be reported due to its illegal nature.

During the fifties Anscombe first began to question the dominance of three groups of moral theories: Kantian ethics, utilitarianism and meta-ethics and suggested that virtue ethics might provide a better foundation for reasoning about moral dilemmas (Vardy and Grosch 1999, 109). The ancient Greeks, in particular Plato (429–347 BC) and Aristotle (384–322 BC), are seen as founding fathers of virtue ethics. Aristotle was concerned that individuals embodied a good life within themselves, developing positive qualities such as courage, patience, kindness. Thus individuals flourished and enjoyed well-being, a term he called ‘eudemonia’ (Parrott 2010, 58).

Banks and Gallagher (2009, 34) cite Loudon’s suggested definition:

Virtue ethics is a theoretical perspective within ethics which holds that judgements about the inner lives of individuals (their traits, motives, dispositions and character), rather than judgements about the rightness or wrongness of external acts and/or consequences of acts, are of the greatest moral importance. (1998, 491)

Later, the ideas of MacIntyre (1985) regarding complex social practices and internal goods, went on to connect virtue ethical theories in a practical sense to a virtue-based approach to professional life (Banks and Gallagher 2009, 49). Vardy and Grosch (1999, 113) cite Loudon’s work in Crisp and Slote (1997, 205) stating ‘the central question is not “What ought I to do?” but rather “What sort of person ought I to be?” Therefore, in relation to this ethical dilemma it is additionally asking what sort of CSW ought I to be? Driver (2007, 139) explains that virtuous actions require the worker to exhibit practical wisdom, ‘knowledge of what s/he is doing and why it is good’, in order to make well considered decisions. Rhodes (1986, 42) considers virtue ethics in terms of social work but

does not identify the virtues of a good social worker. However, it is proposed that 'compassion, detached caring, warmth, honesty, a certain kind of moral courage, hopefulness and humility' are appropriate qualities. McBeath and Webb argue that a virtue ethics for social work would highlight the importance of the character of each individual worker and their intellect, proposing that:

The virtuous worker must learn to bring together strength of mind, judgement, perception of situation and action in a highly analytical way, sorting through alternative courses of action as competing expressions of the good life..... (2002, 1033).

In taking a social work virtue ethics perspective on the dilemma, I could discuss the matter thoroughly both separately and together with Tom and Jane. To aid my practical wisdom and critical reflection of the dilemma, I could use the Code of Ethics for Social Work (British Association of Social Workers 2012) which has been drawn up to guide social workers and protect service users, with the aim of encouraging professionals to make ethically informed decisions and actions in regard to each specific case. As one of the primary goals of social care is to contribute to the promotion of human flourishing (Banks and Gallagher 2009, 71), I could decide to keep confidentiality in this instance, in order for Jane to continue to 'flourish'. Thereby, 'the ethical way forward is not necessarily the legal one' (Pullen Sansfacon and Cowden 2012, 38), but involves worker virtues such as respectfulness, trustworthiness, moral courage, caring, empathy and compassion.

Learning Outcomes

Writing about my ethical dilemma has confirmed the importance of critical reflection in my future social work practice. Additionally, it has enhanced my understanding of the contradictions and complexities regarding the role of a social worker. Initially, as a newly qualified worker, it will be important that I reflect on ethical and value issues in relation to social work practice in order to reduce any confusion and anxiety regarding my role (Banks 2012, 236).

I have learnt that both principled and consequentialist moral ethical approaches apply formulas to situations. McBeath and Webb argue:

Kantian and Utilitarian ethics to a degree rely, respectively, upon the mechanical application of rights-claims and adherence to duties, or upon the comparison of anticipated outcome (2002, 1018).

Thus a CSW is required to either do their duty whatever the situation might be or calculate the consequences of actions. Therefore, it is important for a worker to be aware that both formulae ignore the overall context in which decisions have to be made. Highlighting that these principle based approaches can be used to inform practice action, but that each situation is unique and as the worker I must also understand each specific practice situation (Parrott 2006, 57). However, AQ1

writing this article has clarified that my preference would be to employ virtue-based ethics with its focus on practical wisdom, the nature of professional relationships and a worker's responsibilities within those relationships (Rhodes 1986, 42).

Pullen Sansfacon and Cowden (2012, 33) point out that a worker should use codes of ethics and codes of conduct as a reminder of the 'values of the profession'. However, these should not replace 'critical judgement'. Professionally, this has reaffirmed my developing views that a worker can only carry out ethical practice if he/she has taken into account the organisational, legal and professional context of the practice situation within their critically reflective deliberation.

Throughout my working life I have viewed politics as an important part of professional practice and had concerns when encountering work colleagues who state 'they do not do politics'. Thus it was reassuring to read Banks' research illustrating that further links need to be made between social work ethics and politics as they are intimately connected. Banks argues that there is a tendency in some ethics literature to focus on individual practitioner ethical dilemma cases that are decontextualised. Acknowledging the work of Rossiter et al. (2000), Banks highlights that this leads practitioners to view more contextual and policy-related issues at work, for example, hierarchical management structures, as 'politics' and not part of their field of decision making influence (2008, 1245).

I was keen to read the work of Clark who advances some important advice:

What more experienced practitioners learn is that when in a quandary it is better to avoid being rushed to the exit if at all possible. The problem needs to be reflected upon and reframed (2012, 13)

According to Clark, a practitioner should then live 'creatively' but uncomfortably with the lack of an instant solution to an ethical dilemma, as well as the potential of a short time scale in which to find a solution, whilst they critically reflect.

Additionally I noted the work of Dolgoff, Loewenberg, and Harrison (2005, 57–72), who offer a range of ethical decision making tools and screens to help think the issues through. However, Clifford and Burke (2009, 199) argue that the screening tool, which prioritises seven ethical rules, should not be followed uncritically. Adopting an anti-oppressive practice approach to my particular dilemma entails recognising Jane's position in society as a white woman with advancing disabilities, who is a lone parent in receipt of state benefits and living in a deprived neighbourhood. Thus, if I utilised the screening tool I would apply Clifford and Burke's suggested anti-oppressive perspectives of the seven ethical rules in order to enhance my critical reflection in regard to ethical dilemmas (2009, 199–201).

During the process of considering this ethical dilemma, I have developed a greater awareness of how social work professionals must be concerned with issues of personal responsibility because the position exercises considerable

power in relation to service users through a worker's skills, knowledge and access to resources. This reality in regard to power and personal responsibility Hugman asserts, must not be avoided, continuing:

Without a conscious engagement with ethics, social workers are poorly equipped to deal with such responsibilities and to act accountably to service users or, indeed to address issues of injustice, exclusion or disadvantage. (2008, 443)

Thus confirming the importance of the social work profession having its own code of ethics, so that service users are not exploited and their privacy protected (Hugman 2008, 448).

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