Ethical Code Discussion #1

Scenario 1:

The ethical principles relevant to this scenario include beneficence, nonmaleficence, respect for persons, and respect for autonomy. Beneficence, nonmaleficence, and respect for persons, conflict with respect for autonomy for the child life specialist in this case. While the CCLS desires to respect the autonomy of the family's decision making, she is having inner conflicts about their desire to remove their young child from a ventilator. Promoting the wellbeing and minimizing the harm caused to the child have different meanings to the CCLS and the family in this scenario. I believe that the Child Life Code of Ethics would help the CCLS in this case determine how to move forward.

Certified Child Life Specialists have a professional obligation to uphold the ethical principles laid out in the Child Life Code of Ethics. The principles that would most clearly guide the CCLS in this scenario include principles 1, 2, 6, and 8. Principle 1 explains that child life specialists must "hold a primary commitment to the psychosocial care of the patient and family and uphold the mission, vision, values, and operating principles of the profession" (Child Life Certification Commission, 2020). This includes both "maximizing the physical and emotional health" and "minimizing the potential stress and trauma" of the children and families they serve (Child Life Certification Commission, 2020). Thus, I believe that beneficence should be considered most important. However, I believe that the CCLS has a duty to respect the family's decision after working to promote beneficence. Principles 2, 6, and 8 refer to maintaining objectivity, showing compassion, seeking to understand the issues their patients are facing and providing appropriate referrals (Child Life Certification Commission, 2020).

If I were the child life specialist on this case, I would continue working with this family, as they would likely be needing my support now more than ever. I would proceed by seeking knowledge and skills to update my understanding of the complex issue this family is facing to abide by principle 2. This would include collaborating with the child's medical team, looking for alternative options, and conducting a search for information that would help me understand how to best assist this family. Additionally, I would uphold principle 1 of the Child Life Code of Ethics by sharing all relevant information that I found with the family and ensuring that they understand both the short-term and long-term consequences of their decision. I would not allow my personal feelings to influence the information I provided the family with to ensure objectivity. Finally, I would provide a referral for the family to speak to the hospital's ethics committee who has more knowledge on navigating ethical issues to abide by principle 6.

Scenario 3:

The ethical principles of veracity, respect for autonomy, beneficence, nonmaleficence, and justice apply to the situation described in scenario 3. When the research team leaves out risks and summarizes positive outcomes for participants, both beneficence and nonmaleficence are being violated by the research team. Despite not being a part of the research team, CCLSs are responsible to the patients they serve in promoting their welfare and helping to minimize the harm that they face. While the research has the potential to create widespread beneficence on the unit, it should not be done by risking the wellbeing of uninformed research subjects. This relates to the principle of justice whereby there should be fairness in benefits and risk (Child Life Certification Commission, 2020). This principle is also violated when the research team only asks the parents and not their children to participate. In this case, children may be missing the benefits of the research. Veracity refers to the "obligation to be truthful" (Child Life Certification

Commission, 2020). Once a CCLS become aware that a research team is not following this principle, it is their duty to ensure they uphold truth by promoting the importance of ethics in research. Additionally, the researchers have disregarded the ethical principle of respect for autonomy by not gaining informed consent and claiming that the research is part of their treatment plan. The CCLS has a duty to ensure that self-determination is fostered.

The principle of beneficence is at conflict with itself in this scenario. If I were the CCLS in this situation I would need to weigh the beneficence of the unit against the beneficence of the patients and families. It would be important for me to remember that according to principle 1 of the Code of Professional Practice my main responsibility is "to the psychosocial care of the patient and family" (Child Life Certification Commission, 2020). Thus, as a child life specialist on this case, I would advocate for families and patients in my care, while being cautious to not create undue conflict with research study staff and the unit. As a CCLS, I would also have an obligation to respect my professional colleagues according to principle 7 which would include research staff (Child Life Certification Commission, 2020). However, it could not come at the expense of my responsibility to ethical practice in research which derives from principle 9 (Child Life Certification Commission, 2020).

Scenario 4:

The ethical principles of confidentiality, autonomy and fidelity apply to scenario 4. In this scenario, the child life specialist would blur the lines between professional and personal relationship with her previous patient and the patient's family if she decided to receive updates on their website. Confidentiality could be broken in several ways as the CCLS may desire to share how she met the patient or information about their medical journey with others. Doing so

would jeopardize the privacy of the patient and family. Additionally, the child life specialist has a duty to respect the autonomy of the family. If the CCLS decided to follow the patient's website, she may feel compelled to respond to updates with opinions or resources that could sway the family's decision making. However, she must understand that the child is no longer her under professional care and that she should not play any role that would dimmish the autonomy of the family's decision making. Lastly, fidelity would be broken if the CCLS received updates on her previous patient by way of an indirect commitment to the Code of Professional Practice which states in principle 10 that a CCLS must reach the end of their professional role with a family before any personal relationship is permitted to develop (Child Life Certification Commission, 2020).

In addition to principle 10, principle 2 and 4 apply to scenario 4. Principle 2 states that a CCLS has a duty to maintain objectivity, integrity, and competence, while exhibiting compassion (Child Life Certification Commission, 2020). While it is evident that the child life specialist has compassion for the family in this scenario, continuing to receive medical updates would damage professional integrity and likely contribute to a lack of objectivity. This would be especially troublesome if the patient came under her care in the future. According to principle 4, it is the professional responsibility of child life specialists to respect the privacy of children and families they have served and to maintain confidentiality.

In this situation, I do not believe that the ethical principles conflict with each other. However, they seem to conflict with the child life specialist's personal desires. If I were a CCLS in this situation, I would choose to not follow the family's medical journey to keep my relationship with them purely professional and objective. Principle 10 clearly states that child life specialists should ensure that their professional relationship has concluded with those they have

served before forming personal relationships (Child Life Certification Commission, 2020). Given that the child is still likely still facing a lengthy medical journey, there would be no way for me to ensure that the child would not come under my care in the future. So, I would not want to violate this principle. Additionally, I have a duty to uphold the privacy and confidentiality of the families I serve which would be risked by staying connected with the family.

Reference

Child Life Certification Commission. (2020). *Child life code of ethics.* https://www.childlife.org/docs/default-source/certification/child-life-code-of-ethics.pdf?sfvrsn=2