Ethical Decision-Making Model

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Ethical decision-making models are helpful tools that guide individuals faced with ethical dilemmas through a consistent series of steps with the goal of leading them towards more effective decision making. A variety of models have been proposed that present unique steps or focus on different variables of importance. However, many of these have not been formed with a concentration on the professional responsibilities of Certified Child Life Specialists. Thus, this paper will present and describe an original ethical decision-making model to aid Certified Child Life Specialists in applying factors both specific to the field of child life and general to all ethical decision making.

A series of 10 steps have been formulated for this model which take into consideration the ACLP Code of Professional Practice, the tenets of ethics, and personal and contextual factors. The first three steps of this model involve awareness and understanding. First, a child life specialist using this original model must become aware of potential ethical issues. This is crucial because issues need to be identified before efforts can be dedicated to resolving them. Others who have created ethical decision-making model, including Guo (2008) and Park (2012), have also recognized the importance of awareness in the first step of their models. Step two requires a child life specialist who has become aware of an ethical issue to determine if they have the competencies to help resolve it. This involves understanding one's own professional skills and responsibilities, as well as their duty to respect the competencies of others by making a referral when necessary. In this way, step two ensures that child life specialists are upholding their professional responsibilities to principles 6 and 7 of the Code of Professional Practice (Child Life Certification Commission, 2020). Additionally, it ensures that child life specialists abide by the ethical tenets of competence and nonmaleficence by not causing harm to others by attempting to

resolve issues for which they lack adequate skills and abilities (Raab, 2021). If a child life specialist determines they have the competencies to aid in resolving an ethical issue, step 3 calls for the CCLS to gain knowledge to help better understand the issue. This might include seeking related research and identifying common perspectives others have had on similar ethical dilemmas. This step relates to principle 8 of the Code of Professional Practice as it is the duty of Certified Child Life Specialists to remain educated on all relevant issues affecting the individuals they serve (Child Life Certification Commission, 2020).

Steps 4 through 6 involve analyzing values and beliefs while maintaining respect for differences. Step 4 of the model starts with examining the personal values, feelings, and motivations a child life specialist has related to the identified ethical issue. This is important because the positions individuals take are often a reflection of their internalized beliefs, values, thoughts, and feelings (Sweett et al., 2012). Additionally, a child life specialist may be led by other factors including self -interest which could bias their decision making. By having a greater self-awareness of potential biases that could affect objectivity, a child life specialist may be able to reduce their tendency for judgement and ethnocentrism (Koren, 2010). Using the insight gained from this step, a child life specialist using this original model would then reflect on how to maintain an atmosphere that respects differences. Doing so would uphold principle 3 of the Child Life Code of Professional Practice and the ethical tenet of respect for persons (Child Life Certification Commission, 2020). During step 6, a child life specialist would gain more insight directly from those involved in the ethical issue. The goal of this step is to understand the patient and family's point of view on the ethical issue and to understand what is most important to them which will be helpful when a decision must be made to sustain their best interest. This step was informed by the JSW Decision-Making Communication Tool which expresses the importance of

understanding a patient's preferences, factors important to their quality of life and contextual issues (Seattle Pediatric Palliative Care Consulting Service, 2022).

Steps 7 and 8 involve an in-depth application and consideration of ethical principles and rules. At step 7, a child life specialists should reflect on the ethical principles that apply to the situation as objectively as possible. This requires considering how to uphold all ethical tenets including beneficence, nonmaleficence, justice, and respect for autonomy. It is crucial that this step occurs in order as the previous steps help inform the analysis of the ethical issue at this point. Next, step 8 requires child life specialists to apply the ethical rules that have not yet been considered in this model. This includes principles 1, 4, 5, 9, 10, and 11 of the ACLP Code of Professional Practice. It is important to apply principle 1 last because it is only after a child life specialist has fully considered all other ethical principles and tenets that they can determine what it means to uphold a primary commitment to the psychosocial needs of the individuals they serve.

Finally, steps 9 and 10 involve discussing solutions and the creation of a plan. During step 9, a child life specialist would again speak to those involved in the ethical issue now informed by all factors that apply to the situation and the implications of potential decisions. At this point, the child life specialist would speak to the patient and family about concerns over ethical conflicts and learn if they would be open in collaborating in the formation of a solution. If so, step 10 would involve deciding on a plan to resolve the ethical issue together. However, if the patient and family are not open to this, step 10 would involve seeking counsel from a supervisor or other health care staff to form a viable ethical solution.

To demonstrate how this model would work in practice, imagine the following hypothetical scenario. A 12-year-old child, born female, has been on puberty blocking medication for the last year to start the process of gender transitioning. Doctors at the clinic where this patient receives treatment have been known for starting children on puberty suppressing medications early. Recently, the CCLS at the clinic has observed this patient express wavering beliefs about their desire to transition during their sessions. However, the CCLS working at the clinic has witnessed the child's mother continue to be very insistent on the necessity of this treatment. Thus, the CCLS on this case has started to wonder if the child should be on these medications at this time, if the child may feel pressured to continue treatment, what the long-term effect of puberty blockers may be, and if the patient truly wants this treatment.

To apply the ethical decision-making model presented in this paper, a CCLS should first become aware of any ethical issues. In the hypothetical scenario, this occurred when the CCLS noticed that the child expressed uncertainty about their desire to be on puberty blockers paired with encouragement from their mother to continue treatment. Based on this awareness, the CCLS would then move to step two to determine if she is competent to handle this issue or needs to make a referral. The CCLS on this case would likely need to make a referral for the child to see a psychologist who would be able to conduct a thorough evaluation and would want to respect the competencies of other healthcare staff by making them aware of the ethical issue. However, the child life specialist could still determine that she would be capable of helping the child's health care team work through this ethical issue because it concerns the psychosocial well-being of the patient. According to principle 1 of the ACLP Code of Professional Practice, the main responsibility of CCLSs is to maximize physical and emotional health and minimize the trauma and stress of the individuals they serve (Child Life Certification Commission, 2020). Thus, the

child life specialist on this case could move to step 3 and seek more knowledge related to transgender youth and gender affirming treatment. This could include researching the prevalence of uncertainty about gender beliefs in transgender youth, how pressuring children can affect mental health, long-term impacts of puberty blockers, and the emotional effects of stopping puberty blockers for LGBTQ+ individuals.

Utilizing the increased knowledge and awareness the child life specialist has gained about the situation, she would then work towards understanding her personal feelings, values and biases that could affect her ethical decision making. For instance, the CCLS may feel a need to protect the child from outside forces she believes are causing gender dysphoria or hold religious beliefs that contradict the use of puberty blockers. In this case, it would be important for the CCLS to realize the effects these beliefs and feelings could have on her understanding of the situation. Additionally, it would be important for the CCLS to mitigate any self-interest. In this case, this could include the desire to be perceived as a savior of the child from their mother. After developing greater self-awareness, the CCLS would then apply step 5 by reflecting on how to create an environment where others feel able to express their opinions openly and maintain respect for those with different beliefs. This could be done by showing empathy and using nonjudgemental language when talking with the child, their mother and other healthcare staff. However, the child life specialist must first realize that her values are not superior to others as this could impede any understanding (Koren, 2010). Next, the child life specialist would either meet with the child and their family directly or meet with health care staff who has already done so to learn more about the patient's beliefs about gender transitioning and what factors are important to their quality of life. This could include learning more about the importance of physical appearance to the child's quality of life. For instance, is it important for the child to

present in a masculine way? Additionally, it would be important to understand contextual factors influencing the child which could be gained from observing how much the mother speaks for the child.

Next, the child life specialist would apply step 7 by reflecting on all ethical principles that apply to the situation and attempting to look at the issue from all angles. This would require the CCLS to acknowledge that ethical principles can be interpreted differently based on an individual's beliefs and values. For instance, a child life specialist may feel that the child's beneficence would be upheld by halting treatment due to evidence supporting the negative impacts of puberty blockers for youth who display uncertainty about their gender beliefs. However, she must also consider that beneficence could be supported for the child by continuing treatment because denying transgender youth gender affirming treatment could potentially have negative emotional effects. At this point, weighing the information learned from the patient and family in step 6 would be helpful in determining the best interest for the child. Additionally, in this step the CCLS would need to consider the ethical tenets of justice, nonmaleficence. respect for persons, and autonomy. Through displaying objectivity in applying justice, the child life specialist would realize that one's interpretation of justice in this scenario likely stems from their interpretation of the child's certainty about their gender. The child life specialist would also need to gain understanding of any potential ethical conflicts. For example, if the child confirmed feeling uncertain about their identity and the mother continued to push the need for puberty blockers, there could be a conflict between the ethical tenets of respect for autonomy and nonmaleficence. Regardless, the child life specialist would need to uphold respect for persons by displaying understanding while also considering how the treatment decision affects the child and family as a whole (Raab, 2021) For instance, emotional harm may be caused if treatment is

delayed, and the child and family may not feel respected for their unique worth and identity. However, treatment with dignity for a child who has shown uncertainty about puberty blockers may mean first ensuring that they are confident in their gender identity.

Step 8 requires applying additional principles from the ACLP Code of Professional Practice. In this case principles 4, 5, 9, 10 and 11 are not relevant, so the child life specialist could then move to apply principle 1. When applying principle 1, the CCLS should place a high value on the information she learned was important to the child and family in step 6. For example, if the child life specialist learned that the child and family was reluctant to stop puberty blockers or thought it may significantly impair the child's quality of life, it would be very important for the CCLS to consider how this may affect the child's psychosocial well-being.

To apply step 9, the child life specialist would then use the knowledge gained via reflection on ethical rules and principles to speak with the child, family, and healthcare staff. This would involve discussing the potential consequences of actions that could be taken to resolve this ethical issue. Additionally, the CCLS would need to learn if the child and family would be open in collaborating towards a solution that would maximize the child's well-being and minimize their harm while ensuring that all perspectives are heard. Ideally, the family would be open to the creation of a plan together with the CCLS and health care team. However, if not and the CCLS noticed continued uncertainty in the child, the CCLS would then need to seek counsel from healthcare staff and psychologists involved to create a solution believed to be best by all involved. For instance, if the psychological evaluation found concerns and health care staff also noticed pressuring behavior on the mother's part. A solution could involve halting the child's treatment until psychological issues are more resolved and the child expresses more

certainty about gender beliefs. However, this would need to be confirmed by the rest of the team's ethical analyses.

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