Ethical Issues in Supervision

ISW Day 2
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Aims for the session

- **Contextualise** the discussion of ethics - the value of seeing the ‘whole picture’.
- To discuss relevant philosophical/conceptual ideas
- To discuss challenges of ethical practice (in supervision)
- To apply principles in practice
Of course, indifference can be tempting - more than that seductive. It is so much easier to look away. It is so much easier to avoid such rude interruptions to our work, our dreams, our hopes. It is after all, awkward, troublesome, to be involved in another person’s pain and despair. Yet for the person who is indifferent, his or her neighbours are of no consequence. And therefore their lives are meaningless.

Elie Wiesel taken from Barker (2011) ’Mental Health Ethics: The Human Context’. (p5)
Exercise 1

- What does being ethical/unethical mean to you?
- Discuss in pairs and feedback
- https://youtu.be/_SscRkLLzU
- https://youtu.be/vDGrfhJH1P4
Thinking about ethics and supervisory practice (taken from Scaife 2009)

- An ethical framework is like scaffolding around action made up of moral philosophy, professional codes of behaviour, values inherent in the therapeutic models, personal ethics, the law, organisational context (Bond, 2008)

- General principles of ethical decision making - moral philosophical underpinnings.
  - Kant absolute duty
  - Consequentialist theories
  - Virtue theory

- Adopted by medicine - developed in 1920’s/30’s led to a framework of a professional community guiding their own professional action.

- However BRI scandal, Shipman, Liverpool Cancer Care Pathway, suggest the complexities.
The Francis Report 2010/2013
The Mid Staffs Public Inquiry

- Evidence of extreme patient suffering. Trust Board primarily held to account. However, nursing and medicine also mentioned.

- NHS system of checks and balances did not prevent serious systemic failure.

- Causes of this failure include: a culture focused on business not on patients, over-reliance on positive information about the service, measuring standards and compliance which did not focus on the effect of the service to patients, toleration of poor standards, failure to communicate between agencies, performance monitoring ‘someone else’s problem’, failure to build a positive culture, the result of repeated re-organisation and disruption.
Codes of Conduct

- NHS and the culture of increased governance and litigation
- “All professionals make mistakes. What is important is that people do their best in the knowledge of principles of ethics, codes of conduct and legal precedents” p130 Scaife (2001).
- The Ten Essential Shared Capabilities for Mental Health Practice (2004)
- HCPC Standards of Performance, Conduct and Ethics (2008)
- BPS Code of Ethics and Conduct (July 2018)

BPS Code of Ethics and Conduct (2018)

Based on 4 ethical principles:

- **Respect**
  - Privacy and confidentiality, community values within them, power, consent, self-determination, compassionate care

- **Competence**
  - Skills - limits, maintenance/updating, evidence base, exercising caution

- **Responsibility**
  - Accountability, competing duties

- **Integrity**
  - Honesty, openness, candour, fairness. Unbiased representation avoiding exploitation and conflicts of interest. Maintaining boundaries and addressing misconduct.
Professional/organisational requirements

- Safeguarding children and adults
- Clinical risk/legality
- Conflict resolution
- Information Governance
- Health and safety
- Diversity
- Prevent
- Mental Capacity
Ethical principles- a framework to explore ethical dilemmas in supervision (Scaife, 2004)

- **Autonomy** - *The principle that individuals have rights to freedom of action and choice.*
  - Relevant to consent (i.e. an adult patient with capacity has the right to refuse treatment)
  - The developmental models of supervision emphasise the right to increasing autonomy of supervisees as they become more experienced practitioners
● **Beneficence** *The principle that the actions taken should do good, using knowledge to promote human welfare.*

The application of this principle needs to take account of who judges what is for the good and for whom it is judged to be good. In determining what is judged to be for the good in supervision, the participants will need to bear in mind the welfare of the supervisee, the client and involved others.
- **Fidelity** Being faithful to promises made and to ‘right’/proper practices (performing our role and being trustworthy)

Attention to this principle helps supervisors to think carefully about what they can reasonably promise to supervisees during the contracting process with care taken not to go beyond what is possible. Eg. confidentiality, time available for supervision.
● **Justice**  *Ensuring that people are treated fairly* ‘fair-opportunity rule’ requires that the supervisee be provided with sufficient assistance to overcome any disadvantaging conditions resulting from her or his biological make-up or social context.

● **Non-maleficence**  *Striving to prevent harm*

The needs of one person or group may be privileged over another eg trainee and client
Case study 1

You become aware that you are sexually attracted to your supervisee/trainee. You take advice and it is recommended that you terminate the supervisory relationship. You are reluctant to do this as you would have to explain the unscheduled termination to the training institution.
Case Study 1

Autonomy (coercion?)

Fidelity (adherence to the supervision contract and role)

Justice (privilege?)

Beneficence (doing good?)

Non-Maleficence (preventing harm?)
Case study 2

Your supervisee is keen for support and help to learn. Despite hours of input they do not seem to progress. At what point do you decide to deny or limit assistance in the face of their enthusiasm but apparent inability to learn?
Case Study 2

Fidelity (adherence to the supervision contract and role)

Justice (what is fair?)

Beneficence (doing good for whom?)

Non-Maleficence (preventing harm - clients and supervisor)
Case study 3

You are asked to provide a placement for a trainee who has failed a previous placement due to serious concerns about their ability to engage with clients. The rules of the course are such that the trainee must be offered a chance to repeat the failed placement.
Case study 3

Justice (for the trainee)

Beneficence (clients)

Non-maleficence (clients)
Examples of ethical and legal issues in supervision

- Confidentiality
- Vicarious responsibility
- Responsibility to clients/ensuring standards
- ‘Due process’
- Supervisor competence/accountability/power
- Colleagues, boundary violations……..
Small group work

- Consider an ethical issue that has emerged in the context of your supervisory work
- What are the blocks to responding ethically? How did you respond? Would you do anything differently now? Why?
Practising ethically can be difficult

- Follow due process
- Organisational framework/ role of whistleblowers/ duty of candour (CQC regs)
- Do not hide. Ensure you have space to make sense of the whole picture.
- Deal with the emotion
- Documentation and clarity - the small things
- Need support and courage

(see Kish-Gephart, J.J., Harrison, D. & Trevino, L. (2010). Bad apples, bad cases and bad barrels: Meta-analytic evidence about sources of unethical decisions at work. Journal of Applied Psychology, 95(1); 1-31.)
Answers

Next Exit
References


Learning resource - Guidance on conduct and ethics for students HCPC
http://www.hcpc-uk.org/education/learningresource/?dm_i=2NJF,DS73,PE89D,1E3VD,1