

Dealing with Ethical Dilemmas

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This workshop, held at the annual NSW/Canberra Regional ANZSSA conference at Burradoo 2010, came about after a number of concerning incidents occurred at the CIT residences that year. The incidents created a set of ethical dilemmas for the counsellors involved in them, throwing up a series of questions and challenges to taken-for-granted belief systems. The incidents also resulted in the counsellors undertaking a process of researching what ethics were and weren't and causing them to reflect on their practice in such a way as to maximise learning for each other and for their team. By sharing this process via a workshop, they invited other practitioners to share their own experiences of ethical dilemmas in such a way, that all attendees could learn from the experience.

In examining what ethical behaviour was, it seemed important to articulate what ethical behaviour wasn't. Basing our 'best' or optimal behaviours on our feelings, on religious beliefs, on the law, on culturally accepted norms or on science, does not necessarily produce ethical behaviour.

In the first instance, the idea that 'conscience' dictates ethical behaviour doesn't always apply as certain people eg. someone with sociopathic tendencies may feel quite comfortable doing the wrong thing. Secondly, while most religions generally advocate high ethical standards, not every religion deals with every kind of problem that human beings face eg. the Catholic Church's position on homosexuality or the use of condoms. Thirdly, the law can become corrupted and be made to be self serving eg. the White Australia policy, Apartheid or even Silvio Berlusconi. Fourthly, culturally accepted norms may also be corrupt or unethical eg. bull-fighting in Spain or whaling in Japan. And lastly, science does not always provide a basis for ethical decision making either, in that, just because we can, does that mean we should, scientifically, medically or technically speaking? Should a 55 year old woman be given IVF treatment, for example?

It has been suggested that in making decisions around ethical dilemmas, there are five different approaches that could be used to help in providing information on which to base those decisions. The Utilitarian approach advocates that we do that which produces the least amount of harm to the least number of people or the largest amount of good to the largest number of people. It is a consequences based approach. The Rights approach posits that ethical behaviour is based on the respect for other's moral rights, such as our right to make choices about how we live, our right to privacy etc. And so this approach also implies a duty to others. The Justice approach implies that all equals should be treated equally or that fair behaviour is based on some defensible standard of fairness, equity or proportionality. The Common Good approach calls for respect and compassion for all and especially those who are more vulnerable. It assumes that community living is a positive thing and that certain conditions such as a public education system, for example, are important for the wellbeing of everyone. And finally, the Virtue approach assumes that the enactment of certain virtues such as honesty, courage and generosity, for example, develop our humanity and enable us to be our 'highest' selves.

The issue with all of these approaches is, that there will not be general agreement on the content of each eg. what is the common good? However, in considering all of these five approaches, we are given some tools to be able to work through a situation in order to come to what is ethical behaviour or an ethical action.

The CIT counsellors described Case Study A and B (see attached) as springboards for discussion of what approaches might have been useful and relevant in considering options for decision making around the two cases presented.

Using the framework outlined by the Markkula Center for Applied Ethics at the Santa Clara University in California, the workshop attendees were asked to consider an ethical dilemma that they had themselves encountered in the course of their counselling practice. The framework provides as its first step, the need to identify that an issue is, in fact, an ethical one: is a situation or decision potentially damaging to a person or group of people and are the choices to be made between a good and bad alternative, or two good or two bad alternatives? The second step involves obtaining the facts of a situation and whether there are there enough facts to make a decision. Who has a stake in the outcome and what options have been explored for acting? Thirdly,

the actions need to be evaluated using the five ethical approaches described earlier and asking such questions as, what will produce the most good and the least harm? Which option respects the rights of all stake holders? Which option is the most equitable? Which option serves the common good? And finally, which option leads me to act as the sort of person I want to be? Fourthly, a decision has to be made and tested. In considering ones' decision, The St James Ethics Centre in Sydney discusses US Justice Brandeis' "Sunlight Test" which asks a person to imagine how they might feel knowing that the decision they were making were to be made public or made known to the person they most admired. Lastly, the decision making framework asks one to act and reflect on the outcome of one's actions by considering what has been learnt from this particular situation.

With the benefit of working together, the CIT counsellors were able to discuss some of the difficult issues inherent in their own ethical dilemmas, Case Study A and B, and through dialogue, make decisions with which they could sit comfortably. The idea for the workshop arose as a result of their desire to engage in broader conversations with their peers about ethical dilemmas in a Tertiary Counselling environment.

The workshop enabled those attending, to engage in a similar process of discussion, considering their own experiences in light of the five ethical approaches and the Markkula ethical decision making model, thus enabling reflection on the outcomes of decisions they have made in the course of their own professional practice.

References:

<http://www.ethic.org/resources/decision-making-process.asp>

<http://www.scu.edu/ethics/practicing/decision/framework.html>

CASE STUDY A

"What's best for the client's wellbeing is not always best for the safety of the other members of the Institute!"

Background

- Suzie is 19 year old international student who has been in Australia for approximately 12 months. She is staying with her Auntie & family here.
- She is an only child from Sri Lanka, where she has never been out in the world without one of her parents to escort her.
- She was sent here to study, in order to avoid the prospect of her being abducted and held for ransom (apparently by a neighbouring family, whose son had expressed an interest in Suzie, but who had been rejected).
- She presents as a very young person (possibly as young as 12 years old, weighing approximately 40kgs). [My background work with OFLC meant that I registered concern about her vulnerability on first sight!]
- She had been referred by her Auntie who had made her own appointment with me to discuss Suzie's 'errant' behaviour. She said that Suzie had come home drunk on a couple of occasions and was having 'private' phone calls.

From CIT Counselling service perspective:

- During meeting with Auntie, parameters set round confidentiality, if Suzie did wish to confide in me.
- Suzie's counselling session reveal the following:

Recent events

- Suzie had been socialising with a group of international students, some of whom had only arrived in the country within the past month. Suzie did not choose to drink alcohol whilst socialising.
- On one occasion, Masud had bought her a juice drink which he told her, later that night, had contained vodka. She had felt light headed and somewhat dizzy, and said that she pretty well went straight to her

bedroom when she went home before her Auntie noticed that she was drunk (although clearly her Auntie had noticed).

- The week before her Auntie came to see me Suzie had been invited to Masud's room (in the residences) for a party beginning at 3pm.
- When she had arrived, she was surprised to see that no-one else was there, but M said that they were on their way, and offered to get her a drink while she was waiting. She drank the juice and said that it tasted a bit strange, but not like the vodka drink she had had previously.
- Within a short time she felt really ill, vomited on the floor of his room and then fell asleep.
- She doesn't know how long she was asleep for, but as she came too, she realised that he had taken off her clothes and was taking photos of her. She also felt sore 'down there'. It was about 7pm.
- She screamed at him and demanded that he return her clothes, (she felt really weak and sick and could not stop crying).
- He said he would do so, but said she had to give him her keycard and pin. She said that she didn't know the number. He got angry and said that he was not going to let her go till she remembered.
- S was very distressed about being late home to her Auntie's as she had expected to be driven home by a friend, who M said was coming to the party. (Her Auntie would not tolerate her arriving home unaccompanied)
- Approximately an hour later, M said there was only one way that he would support her to get home - that he would order a taxi, they would go together via the ATM, where she would withdraw \$200 to give him. The taxi would then drop her off and take him home. He would pay with her money and keep the rest.
- S agreed to this out of fear.
- Her Auntie saw her get out of the taxi and it was Suzie's apparently 'drunk' behaviour that precipitated Auntie's approach to the CIT counselling service.

From CIT Counselling service perspective:

- **Victim: health - physical and mental; contact with police; cultural shame – ongoing residence at Aunties.**
- **Perpetrator: abduction, administering dangerous substance, extortion, pornography???**
- As the perpetrator was a new International CIT student, concerns that he would harm other young women in a similar manner.
- After considerable support, Suzie attended Sexual Health clinic for testing
- She also spoke with police, making a formal statement.
- **Once she was aware what pressing charges would mean to her (Auntie would know, court appearance, etc) she withdrew charges, leaving CIT with no way of naming the perpetrator publicly to protect other students**

CASE STUDY B

What at first appears to be black and white can become grey, as the layers of an incident are peeled back and it is more difficult to determine 'appropriate process' in greyness".

Britt's story:

James's story:

Background:

- James referred by his teachers as he appeared depressed and anxious. Formerly had been a model student, friendly, smiley, outgoing assisting other students.
- Now, quiet, withdrawn, no smiles, little eye contact.
- James is an international student, from New Guinea.
- He came to study at CIT after leaving a Victorian, Catholic seminary at the end of 3 years with 'the brothers' in training to be a priest. James had concluded that this was not the vocation for him.
- He had only drunk 1 glass of wine a week in the seminary and no wine at all in PNG because it was a problem for much of his village.
- His passion is 'to live an exemplary life!'

Recent events:

- James willingly disclosed that he had sexually assaulted female student at the residence where they both lived, on the preceding Saturday night.
- He did not know how he could live with himself.

Original version:

- The student (Britt, from country NSW) and James had become good friends during the course that they were studying together and in particular in the weeks since he had moved into the CIT residence.
- On the night in question, they had gone out with a group of friends. Neither had drunk much early in the evening but later that night, James had bought them both a beer. He had drunk his and then she had asked him to finish hers. He did so, but was worried that it was too much alcohol for him.
- They caught a cab home.
- At home, they sat in the lounge room talking, and then she suggested that they move into his room where it was warmer.
- They were both 'doing some things sexually', he asked her if she wanted to have sex and she said no.
- Then some time later they had sex, she stayed in bed with him for a while and then later said 'I'm going to lie on the couch'.
- 'She wasn't angry at all, in fact she wasn't angry till I apologised the next morning.'
- Upon his return from work on Sunday morning, met B in kitchen, he asked her how she was and she said 'I'm ok'. Then she offered to show him how to make the washing machine work, and after that he asked if they could talk.
- B said yes, let's go into your room.
- J apologised for what had happened the previous night, saying that he felt very sad about it and that he hoped that they could still be good friends.
- Then B started to show some emotions, moving away from him on the bed and crying. The first thing she said was 'I'm going to tell my friends(who were their shared friends in the residence). J said "OK"'.

- J went back into his room because he was too embarrassed to come out.
- During the following week, they stayed in class together (but did not talk), and when they saw each other in the residences, they asked how each other's day had gone.
- After further discussions with her friends, she came back to see J about a week later and said 'I feel unsafe with you here, you need to move out'.
- 'she trusted me and I broke her trust'
- James had other female friends during the year, some of whom he'd been camping with and never any sense of inappropriate sexual activity, he was so confused by what had happened.

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