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Ethical Foundations

"It is always the right time to do the right thing."

—Martin Luther King, Jr.

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Code of Ethics
Countertransference
Duties
Ethical Congruence

Ethical Dilemma
Ethics
Fiduciary
Informed Consent
Morals
Nonmaleficence
Power Differential

Principles
Rights
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Self-Accountability
Self-Determination
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Values

For all of us who work as wellness practitioners, ethics is a topic that we simply can't afford to ignore. Whether you realize it or not, you confront ethical issues on a regular basis, some of which may be fairly serious:

- A client to whom you're attracted asks you out on a date, and you're not sure what to say.
- During a session, a client confides that he sometimes lashes out physically at his girlfriend, and you must decide how to respond.
- A regular client refers her father to you and then probes for details about his treatment, and you feel pressured to divulge confidential information.
- You suspect that a colleague is involved in an inappropriate relationship with a client, and you must decide whether and how to intervene.
- You think some of your clients would heal much more quickly with a treatment you don't provide, but you're reluctant to make referrals because of the income you'd lose.

Or the issues might be somewhat less serious but still concerning:

- Although you don't normally offer a sliding scale, one of your favorite clients asks for a lowered rate, and you feel tempted to make an exception.
- You realize that your new ad is potentially misleading (though technically accurate), but you'd prefer not to change it because it brings so much business.
- You have an opportunity to co-teach with a well-known practitioner in your field, and you'd love the exposure but are worried about appearing to endorse some of her techniques, which you believe are ineffective.

How do you decide which actions to take and which to avoid, or when to speak up and when to remain silent? Where do you turn for guidance when you're not sure how to proceed?

The purpose of this book is to help you build the knowledge, skills, and self-awareness to approach a wide range of ethical questions with clarity and confidence. Whether you're a massage therapist, acupuncturist, physical therapist, chiropractor, yoga instructor, personal trainer, movement teacher, nutritional consultant, esthetician, or bodyworker—professional or student—this material can equip you to run an ethical practice, prevent many ethical violations from occurring, and resolve ethical dilemmas when they arise. We begin in this chapter by discussing the unique combination of ethical issues that arise in therapeutic relationships, universal ethical principles that are relevant to healthcare practitioners, sources of guidance for ethical behavior, and a systematic process you can use to help resolve any ethical dilemma.

The Therapeutic Relationship

The study of ethics is the study of right and wrong conduct, of how we should and should not behave. Guidelines for ethical behavior depend on the context. What is ethically acceptable in one role or setting may be unethical in another. For instance, certain ways you interact with a close friend or family member may be unethical in the context of your business practice, such as the way you joke around, the type and amount of self-disclosure, and the kinds of physical contact.

Therapeutic relationships involve several key elements that differentiate them from other human relationships: client-centeredness; safety; privacy; a clear structure; and a power differential. Each of these elements directly affects both your duties (your obligations as a practitioner) and your clients' rights (what they're entitled to receive). Gaining an understanding of these issues will deepen your awareness of how your behavior affects your clients, and thereby help protect you from inadvertent ethical violations and from behaving unethically, even in difficult situations.

Client-Centeredness

Therapeutic relationships are often referred to as client-centered. The practitioner is in the role of fiduciary, a professional in whom the client places his trust. The client is asking for help and placing himself in a vulnerable position by becoming a client. As a result, there's an implicit contract that the practitioner puts the client's interests above and before her own. Trouble often begins when the practitioner takes an action just because she feels like it and not because it's therapeutically necessary. For example, a therapist has just learned a new technique that she wants to practice, and she tries it on a client who hasn't asked for it and doesn't really need that type of work.

In client-centered relationships, clients have the right to expect that the practitioner always act in their best interest. Practitioners have two related duties:

1. Do no harm (nonmaleficence) and
2. Do positive good (beneficence).

Many practitioners consider “do no harm” to be the more compelling obligation in situations where these two duties conflict. For instance, if a client has a suspected sprained ankle and asks you to help, your duty to work on the ankle (which might help the injury) is outweighed by your duty to refer the client to a physician for an x-ray to see if the ankle is broken (to ensure that your work does no harm).

Another implication of client-centeredness is that the client is viewed as a partner who shares decision-making power with the practitioner. The client has a voice in the therapeutic process and must agree to a course of treatment for it to proceed. In other words, clients have the right to direct what happens to their bodies, and practitioners have a duty to obtain their clients' informed consent. This means, for example, that a practitioner should never treat a client's injury without permission.

Impacts from Ethical Breaches

To determine what is ethical or unethical, many professions have created guidelines based on what generally harms clients. The impacts from ethical breaches are diverse. Figure 1.1 depicts possible damage created for the client by a practitioner's intentional or unintentional breach of ethics. On one end of the spectrum could be short-lived confusion and unease in a client when a practitioner fails to clearly communicate her fees in advance of a session. A more serious instance is a practitioner's request of a client to invest in a business venture that could create more complex impacts for a client, including feeling pressured, anxiety, confusion, and a derailed healing process. The most egregious breaches involve sexualization of sessions and working outside the scope of practice for the profession. In these cases, it can be many years before clients fully heal from severe emotional or physical damage such as depression, PTSD, physical pain, and touch avoidance. By crossing boundaries outlined by generally accepted codes of ethics, practitioners risk the wellbeing of clients.^{1,2}

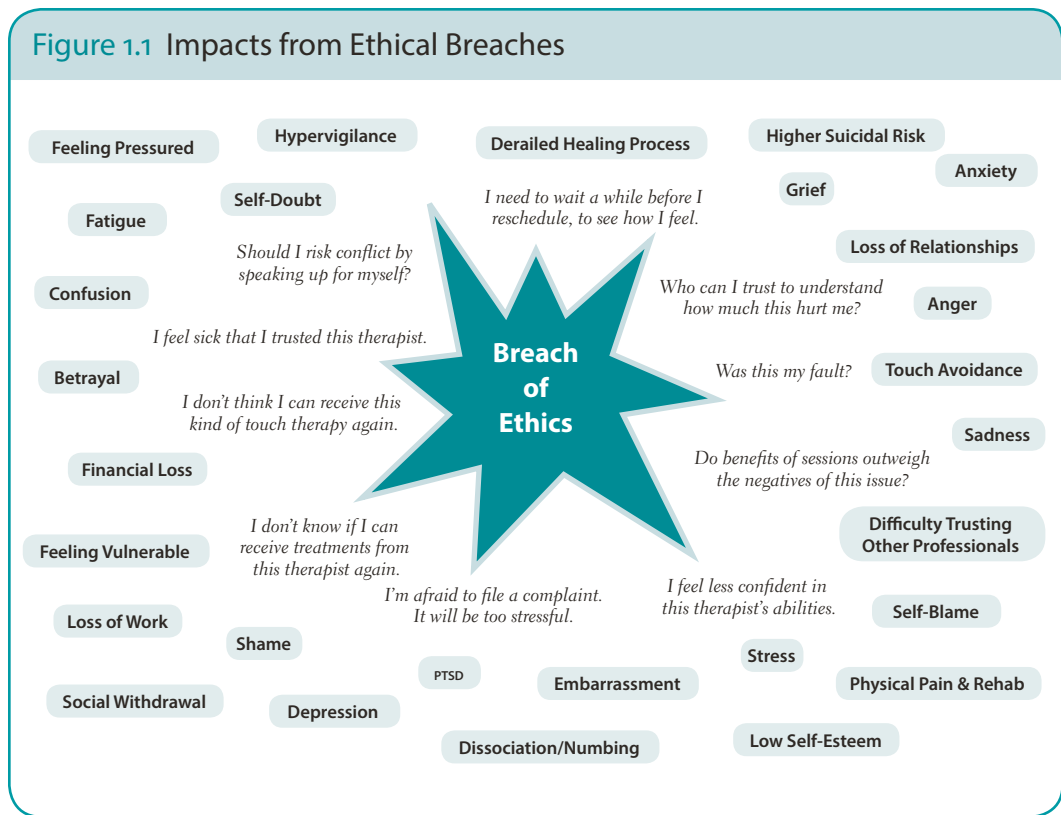


See Chapter 2 page 40 for more information on **Boundary Crossings and Violations**.

Safety

The client has the right to expect that the therapeutic environment is safe, both physically and emotionally. The practitioner is responsible for ensuring that safety by keeping strong boundaries (for instance, not making inappropriate personal comments or sexual advances). At times, the obligation to protect the client's health means not providing a treatment. This is the case when the therapist is sick and infectious, or when the client shows signs of a condition that precludes physical contact, such as an undiagnosed rash.

Figure 1.1 Impacts from Ethical Breaches



Do you have a personal story of how a breach of ethics impacted you as a client or as the practitioner? Participate in ethics research.

<http://www.healingethics.com/>

Privacy



See Chapter 7 page 188 for in-depth information on HIPAA and other aspects of confidentiality.

As healthcare providers, we have access to very personal information about our clients. It is our duty to keep that information confidential, respecting every client's right to privacy. In addition to being bound by ethical considerations, our privacy practices are also governed by stringent laws—most notably the Health Insurance Portability and Accountability Act, or HIPAA.

Clear Structure

Within a therapeutic relationship, contact between the practitioner and client is limited and structured. Structured aspects of the relationship include:

- **TIME:** The client comes for a session once a week, or at some other time interval, with each session lasting for a prescribed time frame.
- **ACTIVITY:** During each session, the client receives specific, agreed-upon types of treatment, which are within the practitioner's scope of practice.
- **ROLES:** Each person has a clearly defined role. The client comes for help, and the practitioner directs her energy toward providing that help (a focus referred to as being service-oriented).

It's the practitioner's duty to establish and maintain a clear structure in each of these ways.

Power Differential

It is difficult to understand the therapeutic relationship without comprehending the power differential that it entails. In our society, power differentials arise from differences in age, economic status, gender, education, and many other factors. In addition to these societal power differentials, several factors specific to professions that involve touch or movement create even greater differences in power within the therapeutic relationship: the practitioner's role as professional; the practitioner's base of knowledge; the client's state of awareness; and the physical aspects of the practice.

Power differentials exist in many different types of relationships: between parent and child; between teacher and student; between employer and employee; and of course between practitioner and client. The practitioner, as the authority figure whose actions directly affect the wellbeing of the client, automatically has more power. In theory and in ethical practice, the power differential exists for the purpose of bringing benefit to the more vulnerable individual (the child, student, employee, or client).

The power differential is also enhanced by differences in knowledge bases. A practitioner's training and experience in working with bodies typically far exceeds that of the client. The client trusts that the practitioner will provide beneficial care by drawing on the practitioner's knowledge of techniques, therapeutic relationships, and ethical conduct. Out of respect for this component of the power differential, the practitioner educates the client about techniques before using them and gets informed consent from the client for any changes to the therapeutic plan.

Differences in states of awareness and consciousness augment the power differential.³ For instance, during a bodywork session, the client may become inwardly focused, entering a deep state of relaxation which heightens her vulnerability. Rather than keeping normal levels of vigilance and awareness of her surroundings and the actions of the practitioner, the client may enter meditative states, sleep states, or states of awareness of memories and past traumas. The practitioner's tracking skills of the client's nonverbal cues become even more important when the client is not in a normal state of alertness, as the client may be less likely to give prompt feedback.

In the healthcare field, the power differential is amplified by the physical aspects of the practice. The client takes a position—usually lying or sitting—in which he allows the practitioner access to his body. The practitioner positions herself within the client's physical space, often leaning over the client. Furthermore, in many instances the client is partially or fully unclothed. Although draping is used for privacy, the psychological effect of the unclothed client and the clothed practitioner increases the imbalance of power. Finally, as the practitioner's hands make physical contact with the client's body, the client's physical safety is literally in the practitioner's hands.

Because healthcare professionals are in positions of power relative to their clients, they're held to a higher standard of behavior than professionals in business relationships with smaller power differentials. Maintaining professional boundaries is the responsibility of the practitioner, even if the client requests or instructs the practitioner to behave otherwise. Therefore, if a client makes an inappropriate request—for instance, asking for a type of work that's outside the practitioner's scope of practice, or asking to be treated without draping—it's up to the practitioner to decline. The practitioner also has a duty to stay aware of how the power differential may affect the client's ability to raise concerns. To avoid unintentionally misusing their power, practitioners should always keep in mind their clients' essential right to self-determination (freedom from interference with their personal life and autonomy).

In the following section, we explore several different types of ethical complications related to power imbalances.



See Chapter 7 pages 191-192 for more information on **Informed Consent**.



See Chapter 11 page 302 for more information on **Trauma**.

Figure 1.2 Duties and Rights in the Therapeutic Relationship

The fundamental elements of the therapeutic relationship each carry with them certain duties for the practitioner and rights for the client.

| | Practitioner Duties | Client Rights |
|----------------------------|--|--|
| Client-Centeredness | <ul style="list-style-type: none"> Place the client's interests first Do no harm (nonmaleficence) Do positive good (beneficence) Obtain informed consent | <ul style="list-style-type: none"> Have one's own interests placed above and before the therapist's interests Have an active role in directing the course of treatment |
| Safety | <ul style="list-style-type: none"> Protect the client's physical and emotional safety | <ul style="list-style-type: none"> Receive treatment within a safe environment |
| Privacy | <ul style="list-style-type: none"> Keep confidential all information shared by the client during the session Protect the privacy of all health records and other personal client information | <ul style="list-style-type: none"> Be assured that one's health history and any other personal information remain private |
| Structure | <ul style="list-style-type: none"> Maintain clear time boundaries Provide agreed-upon treatments, within the appropriate scope of practice Remain service-oriented | <ul style="list-style-type: none"> Receive treatment within a context of structured time, activity, and roles |
| Power Differential | <ul style="list-style-type: none"> Take responsibility for maintaining professional boundaries Use own authority to enhance, and never endanger, the client's wellbeing Stay aware of how the power differential is affecting the client Respect the client's autonomy | <ul style="list-style-type: none"> Benefit, rather than suffer, from the professional's authority Remain free from interference with autonomy/self-determination |

Complications of Power Differentials

The power differential between practitioner and client raises two crucial questions: How is the person with more power (the practitioner) using that power? How is the person with less power (the client) responding? Problems on either end of the relationship may lead to ethical complications.

Misuse of Power and Disempowerment of Clients

When practitioners misuse their power (either intentionally or unintentionally) or when clients feel disempowered to actively participate in their care, the clients' safety and wellbeing are at risk.

Misuse of Power in Attempts to Help

A common ethical error occurs when a practitioner tries to override a client's autonomy because the practitioner is worried about the client's behavior. For instance, a chiropractor insists that a client change her diet because he "knows" it will help her heal more quickly from her injury. In this example, the client's right to self-determination clashes with the practitioner's perceived duty to do positive good. In truth, simply mentioning something once fulfills the duty to do good.

The client's right to self-determination always overrides the practitioner's duty to do positive good unless the anticipated negative consequences are extreme. For instance, if your assessment indicates that the client has a serious, possibly life-threatening medical condition, and needs to see a medical doctor, you would more strongly encourage the client to see a specialist even if she is hesitant to do so.

Misuse of Power for Personal Gain

Practitioners may also misuse their power for their own personal benefit, taking advantage of their clients either physically, sexually, emotionally, financially, or professionally. Consider the following examples:

- A practitioner is treating a client who happens to be a lawyer. In the middle of the session, she asks, "Since I have you here, could you just answer this quick little question I have about my divorce?"
- A practitioner who is running in a charity race solicits sponsorship during a session.
- During a session a client mentions an executive whom the practitioner has wanted to meet, and the practitioner asks for a personal introduction.

Clients frequently test boundaries by offering things that may be inappropriate. For instance, a client may suggest that he tell you about some exciting new stock options while receiving a treatment, or volunteers to take your computer home to repair it because he sees you're having trouble with it.

To maintain an ethical practice, the person in power must choose to regularly say no to something she could easily get, and instead pay special attention to the needs of the person with less power. The practitioner must consciously decide to maintain the integrity of the client's boundaries in a situation where the client has significantly relaxed those boundaries.

Disempowerment of Clients

The power differential in a hands-on session puts the client in a highly vulnerable position. It may be difficult for her to raise concerns, make requests, say no, or question the practitioner's behavior, even if she feels uncomfortable or mistreated. She may refrain from communicating anything that could possibly be construed as negative for fear of reprisal or loss. Consider this scenario:

An active businesswoman has received massage twice monthly from the same massage therapist for more than two years. She recently began having sharp pains in the big toe of her right foot. On one occasion, she mentioned the pain to the practitioner at the beginning of the session in hopes that the therapist would spend some time vigorously working the area. As the massage proceeded, the practitioner moved through the foot area rather quickly.

Disappointed, the client debated about asking the therapist to go back to the toe area. She couldn't understand why it was so difficult to ask. After some thought she realized she felt vulnerable lying naked on the table having someone standing over her, touching her body (even though she was covered by a sheet). And asking someone to do something to her (especially on a big toe) might seem silly. She might be imposing, or maybe the practitioner would become upset since it was close



But the relationship of morality and power is a very subtle one. Because ultimately power without morality is no longer power.

—James Baldwin

to the end of the session. She didn't want to appear needy or self-centered. Plus, if the request were to aggravate the therapist, she'd have to risk feeling the therapist's irritation conveyed through the therapist's hands for the remainder of the session.

Finally, the client muttered in a very unsure, child-like tone, "Um, ah, do you think, I mean, would it be OK, could you, um, work on that toe that hurts?"

The practitioner responds, "Sure!"

Points to Ponder

Does the power differential ever diminish over time, as a therapeutic relationship continues and the client and practitioner get to know each other better?

In this case, even though the client and practitioner had worked together for a couple of years, the client became hesitant to make a request out of a sense of vulnerability, a fear of appearing foolish, and concerns over possibly upsetting the practitioner. The client was unaware of the psychological effects of the power differential until a need arose that required her to make a request. And even after recognizing the effects, she still asked as a child who was feeling very unsure of herself around an adult.

Realize that the power differential always exists in any therapeutic relationship, even though you may be doing your best to foster an atmosphere of equality. The power differential makes it particularly difficult for clients to take an active role in making decisions about their health care. To counter the effect of the power differential, the practitioner must regularly ask clients for permission to examine, to treat, or to reschedule. Consistently asking clients what they want puts the clients back in power and minimizes the effect of the power differential. It doesn't matter how powerful clients are in their jobs or in life in general, the practitioner must remember that in the role of client, even a normally powerful person feels diminished. Also, the power differential can change over time, such as when: a teenage client becomes an adult; a client increases his ability to communicate; a client feels more comfortable receiving sessions.



Evaluating Power Differentials

- What types of relationships do not inherently have power differentials?
- Why is a power differential inherent in any therapeutic relationship?
- What are the conditions that make for a greater or lesser power differential?
- What are the conditions that might contribute to an inappropriate power differential?
- Describe positive and negative experiences you have had in relationships where there is a power differential.

Transference and Countertransference

To behave responsibly and ethically, every practitioner must understand the core psychological concepts of transference and countertransference. Often discussed in the context of psychotherapy, these phenomena also have a powerful influence on hands-on therapeutic relationships.

Transference

Whenever there is a power differential in a relationship, there is a strong tendency for the more vulnerable person to respond to the more powerful person in the same way he responds

to other authority figures. In doing so, he may recreate, within that relationship, complex elements of similar relationships he has had in the past. This is known as transference.

Transference is a normal, unconscious psychological phenomenon characterized by unconscious redirection of feelings from one person to another. This often occurs during the therapeutic process and typically doesn't cause serious problems for wellness practitioners. Professional helping relationships usually have a strong transference element in which the parent-child relationship is unconsciously re-established. The client's unresolved needs, feelings, and issues from childhood are transferred onto the helper.

Although the power of touch in stimulating transference has not been formally studied, anecdotal evidence suggests that touch—especially when it's intentional and done with care—can quickly create transference or regressive experiences. When someone in a vulnerable position is touched in a caring way by a person of greater perceived power and authority, the touch often evokes a vulnerable, childlike state. One consequence is that clients often expect practitioners to help them emotionally, or to help in other areas that are outside their scope of practice. Somatic practitioners hear comments on a daily basis that confirm this reality. Clients frequently disclose very personal information in a first or second session, tell the practitioner about their emotional problems, or forcefully demand special treatment.

Emotionally mature adult clients are more likely to recognize transference-related feelings and not let them control their behavior. In individuals who are unaware of or unable to handle

Figure 1.3 Signs of Transference

- The client frequently asks you very personal questions.
- The client calls you at home even though your policies state that calls should be placed to your office.
- After only one or two treatments, the client is overly complimentary of your work and effuses about what a wonderful person you are.
- The client keeps trying to bargain with you for a reduced rate even after you have clearly stated your policy.
- The client regularly requests that you accommodate his schedule by changing your own schedule to work at a time when you don't normally see clients.
- The client develops a "crush" on you.
- The client seems overly attached.
- Every time you see the client, she brings you a gift.
- The client repeatedly invites you to social engagements and feels rejected when you explain your policy of not socializing with clients.
- At the end of most treatment sessions the client asks you to do just a little bit more, and expresses disapproval if you don't comply.
- The client often asks you to help him solve personal problems.
- The client frequently asks you questions in areas that you have previously explained aren't in your scope of practice.
- The client often mentions that you remind her of someone.
- The client has difficulty maintaining a physical boundary and attempts to inappropriately hug or touch you at the end of each treatment session.
- The client has great difficulty leaving after the session and tries to engage you in conversation.
- The client gives you details of his personal life, which feel too intimate and make you uncomfortable.

these feelings, transference may become the dominant reality, leading them to experience frequent disappointment and rejection, often followed by anger and withdrawal. To ensure that transference reactions don't negatively impact the therapeutic relationship, somatic practitioners must respond in a gentle, appropriate manner and maintain clear boundaries at all times.

Countertransference

Countertransference is simply transference occurring in the opposite direction, from practitioner to client. When a practitioner unconsciously transfers his unresolved needs, feelings, and issues onto a client, he begins to feel toward the client the same way he felt toward someone in his past.

Countertransference is a strong force that can adversely affect the therapeutic relationship, resulting in less effective therapy, loss of clients, or psychological harm to clients. Practitioners who are aware of the phenomenon of countertransference are more likely to recognize it when it occurs. This awareness can help make their responses more appropriate and help them to refocus on the client's actual needs. If you notice any of these phenomena in your behavior or experience, take this as a signal of something happening on an unconscious level and get help from a supervisor, counselor, or psychotherapist.

Figure 1.4 Signs of Countertransference

- Feeling a strong emotional charge, either positive or negative, toward a client.
- Feeling irritable or angry with a client for not changing, not improving, or not cooperating with the treatment plan.
- Distorted thinking about a client: having an idealized view or feeling very negatively toward the person.
- Distorted thinking about your work in relation to a client: believing that your work is much better for the person than most practitioners' work, or that your work is totally ineffective and worthless for the person.
- A pattern of feeling exhausted, exhilarated, depressed, or uneasy when seeing a particular client.
- Recurring themes such as frequent sexual attraction to clients or the recurrent desire to make friends with clients.
- The expectation of praise and resulting disappointment when clients don't praise your work.
- Feeling guilty when a client experiences a painful reaction that lasts for an extended period after the treatment.
- Frequent experiences of anger when a client crosses minor boundaries, questions your competence, or otherwise "pushes your buttons."
- Undergoing secondary trauma upon hearing painful stories about a client's past.
- Frequently helping a client in matters outside the sessions, such as offering rides or introducing the client to social contacts.

Managing Transference and Countertransference

Transference and countertransference affect the answers to the questions we mentioned earlier: how is the person who holds the power using that power, how is the person with less power responding? When both individuals in the relationship are psychologically mature, there is a greater likelihood that they'll use power or handle the other's use of power in a healthful way. Nevertheless, maturity doesn't ensure that transference and countertransference won't occur.

The practitioner working with a less psychologically savvy client has an especially serious responsibility, for such a client may be unaware of the transference he brings to the therapeutic relationship. Individuals who are more prone to transference include children and adolescents, clients who behave in a needy manner, and clients who have been referred by a mental health professional for bodywork to assist in the processing of psychological issues.

Wellness practitioners have a responsibility to cultivate their own awareness of both transference and countertransference and consciously guard against their effects. This can be challenging. Getting supervision on a regular basis provides a valuable opportunity to explore these issues, gain clarity, and learn methods for behaving ethically and effectively.



The Impact of Transference and Countertransference

- Describe one example of transference that you have experienced.
- Describe one example of countertransference that you have experienced.
- What are the positive and negative effects of transference and countertransference?

The Body as a Storehouse for Emotions and Past Experiences

While some behaviors and emotional responses within the therapeutic relationship can be classified as transference or countertransference, others are a result of a phenomenon that many practitioners and recipients of bodywork have experienced: the human body seems to hold patterns, not just of physical tension, but also of related emotions, thoughts, past experiences, or beliefs.

As is frequently stated among bodywork practitioners, “our issues are in our tissues.” Bringing awareness to an area of the body, especially through a practitioner's touch, can allow emotional or mental energies to emerge and then be expressed, acknowledged, witnessed, or processed internally by the client. Past experiences, especially those with unresolved traumatic impacts, are sometimes at the root of body-related emotional releases. The process of healing body, mind, and soul can be a delicate, emotional journey that puts the client into places of great vulnerability. Respecting this process, or even the potential for this process, is a core reason why ethical intentions and conduct are vital for protecting clients.



See Chapter 4 page 88 for information on **Emotions in the Treatment Room**.



See Chapter 10 page 279 for information on **Support Systems**.

Universal Ethical Principles

Beyond the duties and rights specific to therapeutic relationships, practitioners should also keep in mind basic principles of ethical behavior that apply to all human interactions. Behaviors that are unethical outside the therapeutic context are likely to be unethical within it as well. Four principles of great relevance to healthcare practitioners are justice, honesty, reverence for life, and adherence to law.

Justice

PROVIDE EQUAL TREATMENT TO ALL INDIVIDUALS. To be an ethical practitioner, you must consider what it takes to provide equal treatment to all individuals who seek your care. The following would be considered ethical violations under the Justice Principle:

- Refusing to adapt your office (or make some reasonable accommodation) for those with physical challenges.
- Refusing to work on someone due to race, religion, size, or sexual orientation.

Honesty

BE UP-FRONT AND TRUTHFUL IN YOUR COMMUNICATIONS. Practitioners need to remain factual with their communications, without exaggeration or false claims. You should always be direct and forthcoming when presenting boundaries, goals, and expectations. The following would be considered ethical violations under the Honesty Principle:

- Misrepresenting your educational status (for instance, calling yourself a craniosacral therapist after taking a three-hour workshop).
- Making misleading claims of your curative abilities (for instance, telling a client you guarantee her pain will be gone in two sessions).

Reverence for Life

RESPECT CLIENTS BY NOT HARMING THEM EMOTIONALLY, MENTALLY, PHYSICALLY, OR SPIRITUALLY. This principle encompasses the “do no harm and do good” principles of non-maleficence and beneficence, discussed earlier in this chapter.⁴ The following are examples of relevant ethical violations:

- Providing care to a client with a medical condition for which you don’t know the indications or contraindications.
- Behaving in a seductive manner toward a client.

Adherence to Law

ABIDE BY ALL OF THE LEGAL REQUIREMENTS THAT APPLY TO YOU AND YOUR PRACTICE. Studying and knowing the laws regulating your profession helps you maintain compliance. The following would be considered ethical violations, in addition to legal violations:

- Charging a cash-paying client a different fee than an insurance-paying client.
- Practicing out of your home when it isn’t permitted by law.

Sources of Ethical Guidance

In attempting to behave ethically, we can turn to a variety of guides, from federal laws and professional codes of ethics to our own internal sense of right and wrong. The following sections discuss a variety of valuable sources of guidance.

Official Codes and Regulations

Ethical conduct is of concern not just to individual practitioners and clients, but also to provider organizations, to our industry as a whole, and to the local, state, and national governments that regulate our practices. When you’re faced with a major ethical decision, it’s often worthwhile to consult the laws, codes of ethics, and other policies that apply to you.



To touch the surface is to stir the depths.

—Deane Juhan

Laws

Laws are codified rules of conduct set forth by a society and are generally based on shared ethical or moral principles. Laws often set the minimum standard necessary to protect the public's welfare and are enforceable by the courts—which means that violations may be punished by fines, imprisonment, or other penalties (such as a revoked license). Specific laws relating to scope of practice may vary by locale. For example, in some locations massage practitioners aren't permitted to give clients exercises, while in other places no such restrictions exist. Other ethics-related issues addressed by legal statutes include:

- requirements for obtaining and renewing a license to practice
- sanitation and safety precautions in the treatment location (e.g., a nearby sink for therapists to wash their hands and a smoke detector and fire extinguisher)
- draping of clients during treatment
- prohibition of sexual activity in the therapeutic context
- mandatory hours of continuing education

For information about the laws and regulations that apply in your state, consult the state board for your profession (if there is one) or any of the major professional organizations for your type of work.

Professional Codes of Ethics

All major professional organizations have established guidelines for practitioner behavior, known as Codes of Ethics. Their major functions are to:

- inform practitioners of appropriate ethical norms and behavior
- supply direction for challenging situations
- encourage practitioners to provide excellent service
- protect clients
- provide a means for enforcing desired professional behavior

Penalties for violating a professional code of ethics are generally less severe than those for breaking the law; an act deemed unethical but not illegal won't carry a jail term. However, depending on the situation, a practitioner may be barred from membership in the professional organization, have her license revoked, or face other types of disciplinary measures.

Codes of ethics also tend to be much broader and vaguer than laws. There are certain instances where they clearly dictate the desired behavior. For instance, the American Chiropractic Association Code of Ethics states, "It is unethical for a doctor of chiropractic to receive a fee, rebate, rental payment, or any other form of remuneration for the referral of a patient to a clinic, laboratory, or other health service entity." The American Physical Therapy Association Code of Ethics states, "A physical therapist shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists."

In most cases, however, further research, consultation, and self-exploration are required to determine what is appropriate and ethical. For example, the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) Code of Ethics states, "Provide treatment only where there is reasonable expectation that it will be advantageous to the client." Some somatic practitioners may interpret the word *advantageous* somewhat narrowly, as referring to an enduring, measurable physical change in the client's body. Others may have a looser interpretation, viewing relaxation as an "advantageous" goal in and of itself, whether or not it's accompanied by lasting physical changes.

As another example, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Code of Ethics states, "I will continue to work to raise the standards of the profession." This leaves room for wide interpretation; one practitioner might think this means affecting public policy or giving public talks, while another practitioner simply takes it to mean conducting an ethical practice.



See Appendix B page 345 for sample **Codes of Ethics**.

Organizational Policies and Procedures



See Chapter 8 page 208 for more details on **Work Policies**.

In addition to laws and professional codes, practitioners who work in a spa, clinic, group practice, or other business are also bound by the policies or procedures of that organization. Many organizations that employ somatic therapists have detailed guidelines on issues such as tipping, relationships with clients, product sales, and the type of hands-on work a practitioner performs. If you encounter an ethical challenge in one of those contexts, their policy statements should provide you with helpful answers.

Personal Ethics and Self-Accountability

No matter what laws, codes, policies, and other external guidelines we follow, we all are powerfully influenced by internal factors as well. These include our personal morals, values, and principles, as well as our sense of self-accountability.

Figure 1.5 Comparing Ethics, Morals, Values, and Principles

| | |
|-------------------|--|
| Ethics | <ul style="list-style-type: none">• System of moral principles and appropriate conduct• Uphold the dignity of the profession• Be client-centered• Adhere to prevailing laws• Stay committed to quality• Respect each client• Remain service-oriented• Work within appropriate scope of practice |
| Morals | <ul style="list-style-type: none">• Standards of right or wrong• Shared assessment, undertaken by a group of people• Usually based on cultural or religious standards• Actions can be judged as moral in one culture and immoral in another |
| Values | <ul style="list-style-type: none">• Beliefs about what is intrinsically worthwhile or desirable• Based upon beliefs and attitudes• Desirable rather than right and correct• People don't necessarily agree on what is worthy• Value structure may change many times over the course of life |
| Principles | <ul style="list-style-type: none">• Individual's rules of behavior• Principled people modify behavior so that each action arises from a deeply held sense of self• Based at least in part upon one's values and morals• May differ widely from one individual to another |

Morals, Values, and Principles

The concepts of morals, values, and principles are related but not interchangeable. **Morals** are standards by which we judge behaviors and character traits as right or wrong. It's your moral judgment that tells you it's wrong to continue treating a client just because you need the income, when you believe a client would benefit more by seeing a practitioner in a different field. Typically people's morals are shaped by their cultural or religious backgrounds; an action can be judged as moral in one culture and immoral in another. For instance, in the religion of Islam, a woman is forbidden to be unclothed in a room with a man who isn't her husband.

Values are beliefs about what is intrinsically worthwhile or desirable, rather than what is right and correct. For example, if you have a strong value of making your services accessible to everyone, regardless of their economic means, you may be motivated to incorporate a

sliding scale into your fee structure. This doesn't mean that you feel a moral obligation to have a sliding scale, to avoid acting unethically; you just view this as a better, more worthwhile arrangement. Individuals don't necessarily agree on what is important as a value, and may even change their own value structures many times over the course of their lives.

An individual's **principles** are the rules or laws of behavior that enable her to behave with integrity. They are based in large part upon personal values and morals. For example, someone who acts upon the principle "Communicate clearly and directly" may be reflecting her value of openness, as well as a moral conviction that it's wrong to be dishonest or mislead people. Like morals and values, principles may differ widely from one individual to another.



Ethical Behavior Evaluation

- Make a list of behaviors you deem unethical.
- What are some behaviors, while unethical in your profession, might be fine in others?
- What unethical behaviors by your colleagues would you feel compelled to report?

Core Values

Your values, and the principles that spring from them, are major conscious and unconscious influences on the decisions you make throughout your life. Many professional and personal conflicts arise because there is a clash of values either within oneself or with others. By investing the time to explore your values, you can help ensure that these values are in synchrony with the way you lead your life and run your business.

The exercise below is designed to help you clarify your core values. Ask yourself the following questions and write down your responses, taking time to carefully consider each one. We have listed sample responses to stimulate your thinking (if needed). When you finish this exercise, we recommend you discuss it with a fellow student, friend, or colleague. Engaging in a dialogue with others is another way to more fully explore your own values.



Core Values Assessment

- What values are most important to me?
- What are the character traits I deem essential?
- Who and what have been major influences in my values development?
- What are my attitudes and beliefs about wellness?
- What are my attitudes and beliefs about my profession?
- What are the most important personal characteristics for someone in my field?
- What are the most important professional characteristics for someone in my field?
- What are the crucial characteristics for a practitioner in my field to be effective?
- How do my values affect my work with clients?
- Which of my personal values could conflict with professional rules of conduct?
- Which of my personal values could conflict with laws or regulations?
- How do my values enhance my professionalism?

Practical Application: Core Values Assessment

Here are some sample responses to the questions asked in the previous activity:

- **WHAT VALUES ARE MOST IMPORTANT TO ME?**
Being honest; treating myself and others with respect and kindness; trusting my intuition; appreciating nature; acknowledging people for their support.
- **WHAT ARE THE CHARACTER TRAITS I DEEM ESSENTIAL?**
The ability to communicate; patience; a sense of humor; the ability to listen without giving advice; honesty; integrity.
- **WHO AND WHAT HAVE BEEN MAJOR INFLUENCES IN MY VALUES DEVELOPMENT?**
My mother; my father; my third grade teacher; my mentor; Martin Luther King, Jr.; psychotherapy; my decision to pursue this profession; Outward Bound experiences.
- **WHAT ARE MY ATTITUDES AND BELIEFS ABOUT WELLNESS?**
If people exercise regularly they live long and healthy lives; good health involves a balanced body, mind, and spirit; it takes a lot of work to be healthy; just because you have a disability doesn't mean you're sick; the best path to wellness is through acupuncture/massage/chiropractic/yoga.
- **WHAT ARE MY ATTITUDES AND BELIEFS ABOUT MY PROFESSION?**
It is really the best path to getting and staying healthy; it complements other types of health care; it feels like a good vehicle for me to make a difference in other people's lives; this profession has a proven track record for effectiveness.
- **WHAT ARE THE MOST IMPORTANT PERSONAL CHARACTERISTICS FOR SOMEONE IN MY FIELD?**
Intuition; empathy; a sincere desire to help others; patience; humor; good boundaries.
- **WHAT ARE THE MOST IMPORTANT PROFESSIONAL CHARACTERISTICS FOR SOMEONE IN MY FIELD?**
Hard work; punctuality; skillful touch; professional proficiency; dedication; excellent communication skills; integrity; good professional boundaries.
- **WHAT ARE THE CRUCIAL CHARACTERISTICS FOR A PRACTITIONER IN MY FIELD TO BE EFFECTIVE?**
The ability to connect with people and create a safe environment; the ability to admit mistakes; the ability to recognize conditions in individuals beyond my professional expertise capabilities; investing in continuing education; using high-quality products and equipment.
- **HOW DO MY VALUES AFFECT MY WORK WITH CLIENTS?**
I believe everyone should behave responsibly, therefore I charge when people cancel without giving 24 hours notice; one of my values is giving back to the community, so I hold a free clinic one day a month; I believe people should participate in their care, therefore I discuss my overall treatment plan and give self-care exercises for clients to do on their own.
- **WHICH OF MY PERSONAL VALUES COULD CONFLICT WITH PROFESSIONAL RULES OF CONDUCT?**
I believe I should be allowed to mention the names of my celebrity clients to my friends and family but the confidentiality code of my profession prohibits it; I like to reward people when they help me in my business with referrals, but my professional code of ethics doesn't allow me to do that.
- **WHICH OF MY PERSONAL VALUES COULD CONFLICT WITH LAWS OR REGULATIONS?**
I believe in limited government regulation, but my profession requires a license; I believe I should be allowed to work out of my home, but the zoning laws in my area don't permit home offices.
- **HOW DO MY VALUES ENHANCE MY PROFESSIONALISM?**
My commitment to open communication with my clients makes me a more effective practitioner; my good boundaries create a safe environment for my clients; my honesty with my clients instills trust in me as a professional and in my profession as a whole.

Points to Ponder

Which of the above questions were hardest for you to answer? What kind of purposeful study and consideration can you give those subjects as you build your ethical practice? Which of your answers motivate you to change your attitude or behavior?

Self-Accountability

Self-accountability is the cornerstone of ethics. It is about who you are and what you do when no one's watching you. When you have a well-developed sense of self-accountability, you're honest with yourself, and you're answerable and fully responsible for what you say and do at all times. Part of self-accountability is to refrain from blaming others for your behavior. You have the ability to look beyond the immediate moment to consider all the consequences and know if you're willing to accept them. You have personal ethics. As individuals, it's our capacity for self-accountability that keeps us functioning ethically and responsibly.

Personal ethics are the precursor to professional ethics: you're not likely to be more ethical in your professional life than you are in your personal life. As the saying goes, "No matter where you go, there you are." If you're dishonest in your personal life, you're most likely dishonest in your business affairs as well. Likewise, if you can't keep the secret of a friend, your client's confidentiality is at risk.

Dan Ariely, in his book, *The (Honest) Truth About Dishonesty*,⁵ makes the following statement:

Most people think of themselves as honest, but, in fact, we all cheat. From Washington to Wall Street, the classroom to the workplace, unethical behavior is everywhere. None of us is immune, whether it's the white lie to head off trouble or padding our expense reports. Generally, we assume that cheating, like most other decisions, is based on a rational cost-benefit analysis. But it's actually the irrational forces that we don't take into account that often determine whether we behave ethically or not.

According to Mark Annett in his book *The Scruples Methodology*,⁶ whenever you decide to take an action that some might construe as unethical, or neglect to act when it's ethically required, you should be aware that you're taking a risk at three different levels:

The first level of risk is personal. People are always observing other people's behavior. If you act unethically in one situation then people will assume you might act that way in others. Consequently, people may begin to distrust you and your judgment, even under unrelated circumstances. For instance, if a co-worker hears you convincingly lie to a customer then your co-worker might think, "Wow, she is really good at lying. I wonder if I could tell I was being lied to or not." From that moment on, mistrust begins to build.

The second level of risk is to your company. People learn by example. If top management is doing things that are unethical then people might get the message that it's okay for them to do the same. For instance, if the company just cheated another company out of \$50,000, then my stealing \$50 in office supplies doesn't seem so bad.

Finally, being unethical also places your industry at risk. For instance, take telemarketers. I will absolutely not give out my credit card information, even to charities. Now, not all telemarketers are unethical. But, the ones that are have so badly damaged their reputation that the whole industry is tainted.

Ethical Congruence Checklist

In practicing self-accountability, we strive for *ethical congruence*: making decisions that are congruent—consistent or in alignment—with the ethical values that apply to each situation. Whenever you're contemplating an action (or inaction) that you find questionable, you can use the following questions to test for ethical congruence. Ask yourself:

- What does your gut say?
- Do you get butterflies just thinking about the issue?
- Do you have doubts?
- Do you need to sacrifice any of your personal or professional values?
- Is it against the law, policies, or a professional code of ethics?
- Is this fair to all concerned parties in the short term as well as the long run?
- How would it hold up to scrutiny if all the details were made public?



Why Cheaters And Liars Think They're Honest, Wonderful People (video)

<http://www.upworthy.com/why-cheaters-and-liars-think-theyre-honest-wonderful-people>



Whenever you do a thing, act as if all the world were watching.

—Thomas Jefferson

- How would you feel if the people you hold in high esteem knew your decision?
- How would you feel if your decision was emblazoned on the headline of your local newspaper?
- How would you feel about yourself when all is done?

If any of your answers suggest that you're facing an ethical conflict, use this information as a cue to step back and re-evaluate your options. You might find it helpful to proceed to the next section on resolving ethical dilemmas.

Practical Application: Ethical Congruence in an Academic Setting

The situation: The instructor in one of my classes has given us a take-home exam. Although I got the impression that she expected everyone to complete it independently, she never explicitly stated that or prohibited collaboration. Two of my friends in the class are planning to work on the exam together and they invited me to join them. I'm considering whether I should.

1. **WHAT DOES YOUR GUT SAY?**

I'm excited at the idea of getting help with the exam, but also feel a bit uneasy about it. I feel as though I'm being sneaky and trying to get away with something.

2. **DO YOU GET BUTTERFLIES JUST THINKING ABOUT THE ISSUE?**

Yes, a little bit.

3. **DO YOU HAVE DOUBTS?**

Yes. I'm not entirely sure what to do.

4. **ARE YOU NEEDING TO SACRIFICE ANY OF YOUR PERSONAL OR PROFESSIONAL VALUES?**

Possibly. One of my values is to be very clear, direct, and honest in my communication. If I did decide to collaborate with my friends, I wouldn't want to talk openly about it with my instructor or with other students, in case they thought it was wrong. I might even be tempted to lie. To stay true to my values, I would need to ask the instructor up-front whether collaborating on the exam was okay.

5. **IS IT AGAINST THE LAW, POLICIES, OR A PROFESSIONAL CODE OF ETHICS?**

No, not directly.

6. **IS THIS FAIR TO ALL CONCERNED PARTIES IN THE SHORT TERM AS WELL AS THE LONG RUN?**

Possibly not. If other students assumed they needed to work independently, this collaboration could give me and my friends an unfair advantage.

7. **HOW WOULD IT HOLD UP TO SCRUTINY IF ALL THE DETAILS WERE MADE PUBLIC?**

Even though I wouldn't be breaking any explicit rule, other people might still think of this collaboration as unethical.

8. **HOW WOULD YOU FEEL IF THE PEOPLE YOU HOLD IN HIGH ESTEEM KNEW YOUR DECISION?**

I'd be nervous about how they might judge me, and worried they might lose trust in me.

9. **HOW WOULD YOU FEEL IF YOUR DECISION WAS EMBLAZONED ON THE HEADLINE OF YOUR LOCAL NEWSPAPER?**

Nervous and embarrassed.

10. **HOW WOULD YOU FEEL ABOUT YOURSELF WHEN ALL IS DONE?**

I think I'd regret the decision and feel badly about myself.

Using the Ethical Congruence Checklist helped this student to identify the uneasy feelings she was having and why she was having them. In this case, the student probably needs to ask her teacher directly if collaboration is allowed or do the assignment by herself.

Points to Ponder

Have you ever found yourself in a similar situation? Did you ignore your own feelings, or did you reach out for assistance with the situation?

Exploring how any situation matches up with your own personal ethics is the first step in self-accountability. Taking responsibility for your personal and professional ethics, and honestly evaluating tricky situations, is crucial to resolving ethical dilemmas.

Resolving Ethical Dilemmas

Earlier in this chapter we talked about the concepts of duties and rights. In some situations, two or more duties, rights, or a combination of duties and rights are in conflict. As a result, regardless of what action you take, something of value will be compromised. These situations are referred to as ethical dilemmas.

Consider two examples:

1. A minor comes to see you for an evaluation. He is in pain from a soft tissue injury and you feel confident that you can relieve his pain after several weeks of treatment. You tell him you need parental permission before you can work on him. He informs you that his parents refuse to let him see you for treatment and he has come to see you without their knowledge. He pleads with you to work on him without getting parental consent. In this case your duty to do good (beneficence) conflicts with your duty to obtain informed consent (which, for a minor, must come from the parents).
2. A client, in discussing her stress, reveals that she is excessive in her corporeal punishment of her child. You feel torn between your client's right to confidentiality and your duty to protect the welfare of the child, which would lead you to report her to the child welfare authorities. (In many places the law requires that you report suspected child abuse.)

Points to Ponder

How does it feel when you're faced with an ethical dilemma? How can you be sure to consider all the options and consequences before making a decision?

Ethical dilemmas are by their nature complex, troubling, and difficult to resolve. In addition to ethical codes, laws, organizational policies, and the community's expectations, you must also examine your personal values and practical considerations.

Many ethical dilemmas involve a strong emotional component. From a purely logical, detached standpoint, the "right" decision may be relatively clear, and yet in practice we feel conflicted about what to do. For instance, you may have a policy of never socializing with clients, but have trouble saying no when a client you really like offers an extra ticket to a sold-out concert you've been longing to attend. Or suppose a close colleague gives you a treatment that you don't particularly enjoy, and then asks for a testimonial; you may worry that saying anything negative will hurt her feelings or damage your relationship.



"How to resolve ethical dilemmas"

http://www.ehow.com/how_5904872_resolve-ethical-dilemmas.html

The Six-Step Resolution Model

When you're facing an ethical dilemma, the following model can help you to think through the problem and make an informed decision. It is adapted from the problem-solving process outlined by Corey, Corey, and Callahan in their book *Issues and Ethics in the Helping Professions*.⁷ Keep in mind that this processing model is just a starting point. In the words of Frank Navran, a leading consultant on organizational ethics, "The process alone doesn't guarantee an ethical outcome. Unfortunately, only the decision maker can do that."

1. IDENTIFY THE PROBLEM

- Gather as much relevant information as possible.
- Talk to the parties involved.
- Clarify the nature of the problem: legal, values, moral, ethical, or a combination.

2. IDENTIFY THE POTENTIAL ISSUES INVOLVED

- List and describe the critical issues.
- Evaluate the rights, responsibilities, and welfare of those affected by the decision.
- Consider the basic moral principles of autonomy, beneficence, nonmaleficence, and justice.
- Ascertain the potential dangers to the practitioner, client, and the profession. (Refer to the Impacts from Ethical Breaches chart on page 4.)

3. REVIEW YOUR PROFESSION'S CODE OF ETHICS AND RELEVANT LAWS

- Determine if this issue violates either the letter or the spirit of applicable laws, regulations, or professional codes (on a national, state, or local level).
- Check if your policies or procedures address this issue.

4. EVALUATE POTENTIAL COURSES OF ACTION

- Brainstorm lots of ideas. Usually the first few options are based upon your personal values or an emotional response to the issue. Delve deeply for potential courses of action that aren't necessarily apparent at first.
- Enumerate the benefits, drawbacks, and possible outcomes of various decisions.
- Consider the consequences of inaction.
- Contemplate how you'll feel about yourself when all is done.

5. OBTAIN CONSULTATION

- Engage in self-reflection. Identify which of your personal and professional values could be impacted by the various actions. Walk through the Ethical Congruence Checklist.
- Consider how members of your community and the larger society might view these actions.
- Determine the impact these actions could have on your profession. (Colleagues or a supervisor can add an outside perspective.)
- Ask colleagues or supervisors for their reflections on the dilemma and what they might decide if they were in your position. Use the Ethical Congruence Checklist as a guide for your discussions.
- Justify a course of action based on sound reasoning which you can test in a consultation. (It is a serious warning sign if you don't want to talk to another person about actions you're contemplating.)

6. DETERMINE THE BEST COURSE OF ACTION

- Map out the best way to resolve the problem: If multiple parties are involved, who should be contacted first? Do you need outside support? Do you need to talk to a supervisor?
- Consider who, if anyone, should know about the problem (such as a work supervisor, friend, client, doctor, police, professional association, school, or colleague).



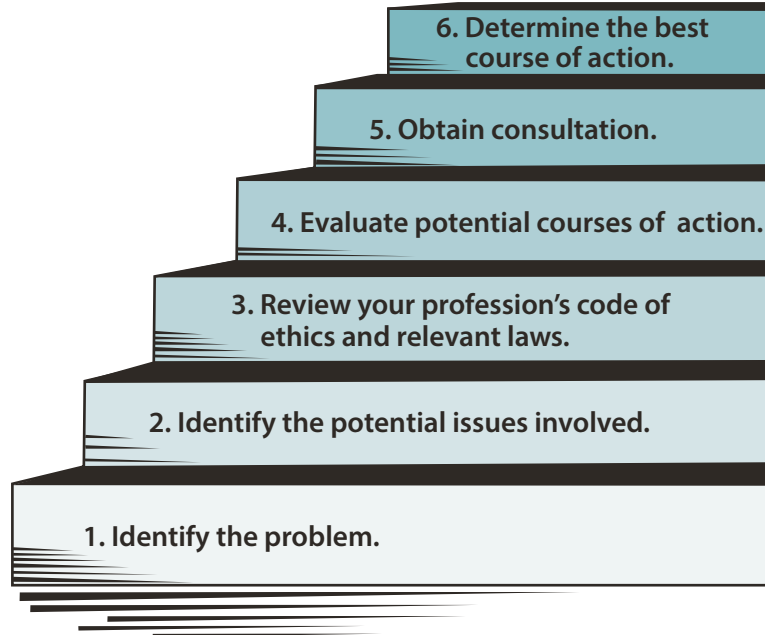
You'll never have all the information you need to make a decision. If you did, it would be a foregone conclusion, not a decision.

—David Mahoney



See Chapter 10 page 279 for information on **Support Systems**.

Figure 1.6 Six-Step Resolution Model



Practical Application: Ethical Dilemma Resolution

A chiropractor offers you financial remuneration for every client you refer to her. You like the chiropractor's work and you refer clients to her even without financial incentive. You're fairly confident you won't yield to temptation and send additional clients for financial motives. You need to decide whether you should accept the offer. You're under financial pressure and every dollar helps.

1. IDENTIFY THE PROBLEM

An opportunity exists to make more money. You feel reasonably sure that the financial incentive won't influence your referral decisions. You lean toward saying yes, but want to make sure you have thoroughly examined the issue and are acting ethically.

2. IDENTIFY THE POTENTIAL ISSUES INVOLVED

You think the critical issue is: Can this action and my desire to earn more money conflict in any way with my duty to do no harm and to benefit the client? Also, would it in any way harm my profession?

You consider the possible dangers of taking this action. First, you acknowledge there is a risk that you'll be influenced to refer some clients who only have a borderline potential for benefitting from chiropractic work. You also realize that a client might suffer emotional harm if he later found out that you were given a financial kickback for the referral. You imagine it would create a general sense of mistrust toward you; the client couldn't be sure that you did not refer at least partially for your own financial gain. Depending on the nature of the treatment relationship, this realization could create a small or very large negative impact on the client. It seems quite unlikely that any clients will find out, but the fact you don't want them to know about the arrangement raises a red flag for you.

Additionally, you identify a possible risk for your profession. If someone found out that you accept financial incentives, they might conclude that your discipline is a less than legitimate profession, because many healthcare professions prohibit this type of arrangement.

3. **REVIEW YOUR PROFESSION’S CODE OF ETHICS AND RELEVANT LAWS**

You review your professional organization’s code of ethics and read, “Refuse any gifts or benefits which are intended to influence a referral, decision, or treatment that are purely for personal gain and not the good of others.” You review the chiropractic code and nothing in this code explicitly states that a chiropractor can’t *offer* a “reward.” After reading the various codes you aren’t entirely sure whether the action you’re considering is prohibited. You don’t intend to refer purely for personal gain. But you can imagine that the action you’re considering could be seen as a failure to act with honesty and integrity.

You review the laws governing your discipline and find no relevant statutes prohibiting the giving or receiving of financial incentives. By talking to friends and colleagues, you find out that this behavior is generally viewed as an unacceptable practice in health care.

4. **EVALUATE POTENTIAL COURSES OF ACTION**

The possible courses of action are: a) accept the offer; b) propose a change to the offer; and c) refuse the offer.

a. **Accept the offer**

The obvious benefit associated with this option is the financial gain. However, given all the risks you identified in step 2, you decide that if you accept the chiropractor’s offer, you’ll disclose the arrangement to your clients.

b. **Propose a change to the offer**

Instead of receiving direct financial rewards, you could set up an alternative type of incentive system. For instance, for each referral, the chiropractor could give you a \$10 gift certificate for chiropractic services, redeemable by you or anyone you designate. A variation on this would be a special reward after certain levels of referral (e.g., a certificate for a full treatment after the third referral). This option feels better to you, particularly since you plan to mainly offer the certificates to clients in financial need who could benefit from those services. This arrangement raises many of the same concerns that you identified with the original proposal. You determine that if you decide to go with this option, you’ll disclose the arrangement to your clients.

c. **Refuse the offer**

A straight refusal would allow you to avoid the risks associated with accepting or changing the offer. As you contemplate this option you feel some sense of relief, knowing you don’t need to have those lingering concerns hanging over your head. The only drawback that occurs to you—apart from the lost potential for financial gain—is the possibility of straining your relationship with the chiropractor.

5. **OBTAIN CONSULTATION**

Talking to colleagues, you get a mixed reaction. Some think the arrangement is okay, and others don’t. Although no consensus exists, you’re surprised by how strongly several colleagues express their sense that the action you’re contemplating is wrong.

6. **DETERMINE THE BEST COURSE OF ACTION**

You choose to refuse the offer. As an alternative, you suggest to the chiropractor that you and she show appreciation for each other’s support through the professional courtesy of working on each other when needed. You also suggest negotiating a strategic partnership in which you offer mutual clients discounted fees.

Points to Ponder

Is this resolution model complete? Are there other questions you can ask yourself or other steps you can take when you find yourself in an ethical dilemma? Would you have taken the same action as the practitioner in this example? Why or why not?

Sometimes working through these six steps can be done quickly. Other times it can take many hours to do the research, contemplate, and get feedback. It can be tempting to skip some of the steps or only look for one or two potential solutions. We encourage you to invest the requisite time so that you make better informed decisions when you encounter ethical dilemmas.

Conclusion

After reading this chapter, you have all the background knowledge you need to start exploring the specific ethical challenges we discuss in the remainder of the book. You've learned about the unique combination of factors involved in therapeutic relationships, together with the duties and rights they entail, as well as several universal ethical principles that apply to all human interactions. You've also learned about various sources of guidance on ethical issues, from laws and ethical codes to your own personal ethics and self-accountability.

In addition, you now have a set of tools to reference whenever you encounter a tough ethical issue. Your completed Core Values Assessment serves as a lasting record of the personal and professional values you strive to embody. The Ethical Congruence Checklist gives you a relatively quick way to test whether the action you're contemplating might be ethically questionable. And the Six-Step Resolution Model provides a comprehensive framework for thinking through all the relevant ethical factors, to ensure that the decision you make is a truly informed and responsible choice.