

E T H I C S

Ethics and Individual Responsibility



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While there are a number of psychologists who consider *some* of the ethical dilemmas they face, there are fewer who follow an ethical process in considering their courses of action for those dilemmas. There are still fewer who proactively apply that ethical decision making process to anticipate future ethical issues and how they might act if faced with those. In total these are a relatively small number of all psychologists. The majority of psychologists either do not consider current or future ethical issues or ways to act, or if they do, the issues are those confronting everyone in a national forum and the methods of action are those presented as imperatives or regulations.

As there becomes an increased need for such careful ethical examination as new technologies are developed, there will be an increasing discrepancy between the two with the result being that ever increasing amounts of unethical behaviour will occur.

The Difficulty With Only Focusing Upon Current Major Ethical Dilemmas

This attention to only *major current ethical problems* such as the misuse of power in a *therapeutic* (eg., sexual advances to a patient, treating against the patient's wishes, divulging information about the patient without that person's informed consent), *research* (eg., performing research without consent, changing use of data obtained under old consent, placing subject at unknown risk, use of no treatment group when treatment is known to work or in order to be effective treatment must be instituted early), *educational* (eg., coercion of a student, not crediting a student as an author, using student to perform duties other than those implied within the student role, unilaterally changing course content or grading criteria, sexual harassment), *work* (eg., sexual harassment, misapplication of hiring, termination, promotion or retention criteria, unilateral change of duties or benefits or locale, placing employee in dangerous situation), *political* (eg., or *interpersonal relationships* (eg., physical or emotional abuse of one's wife or husband, date abuse or rape, child abuse) is useful.

Does Little To Prepare Psychologists For Other Current Or Future Ethical Dilemmas.

However, such attention appears to do little to *sensitize* psychologists to other ethical dilemmas of the same or different type or magnitude, to aid them in handling other similar or different dilemmas or to aid them in anticipation of ethical modes of action for future ethical dilemmas. At the same time, it does not allow the psychologist to examine the ethical problem within the larger society. Because of this attention to major ethical dilemmas, psychologists too have come to believe that ethical dilemmas are only those which are major in nature. At the same time, if they have not been directly involved in one of these major ethical dilemmas, they distance themselves and do not see ethics, or at least this example of an ethical dilemma, as being within their purview.

Does Not Prepare Them To Use An Ethical Decision Making Process.

Similarly, the focus upon current ethical dilemmas does little to encourage use of an ethical decision making process both for other current ethical problems or in anticipating future ones.

All Decisions Are Ethical Dilemmas

In reality, every decision that we, men or women, have to make from how we greet women or men, how we refer to women or men in public or private and even think about women or men, what types of advertisements we read or movies we frequent or tolerate, what food we eat and how that food is developed, how we treat, educate and think about our own children or the children of others, what job we take and how hard we work in that job to whom we vote for and how often and even how we feel and behave about war, criminals, politicians or taxes are ethical decisions. The only difference between the former and the latter is that the latter are seen as common and the action chosen is often almost reflexive and as such considered to require little or

no thought or deliberation. In reality such seemingly minor or incidental decisions, even not doing anything as a decision, are ethical decisions and have potentially great consequence. While we may use normative greetings for women in public but not in private, for example, or if we

make or listen to or tolerate joking references to women as individuals or as a group, these are an erosion of the view of women as an equal within society and also belies our commitment to such a view.

Peculiarly, psychologists also may use a similar nondeliberative process when confronted with a major ethical decision. While some psychologists may use an optimal ethical decision making process as that adopted by the CPA adapted from my own for those current major ethical decisions, they may not consider its use for future decisions.

As a profession we have made the determination that not being aware of current ethical issues as outlined within the CPA Code of Ethics and explicated in the handbook is in fact a limitation or deficiency for any psychologist. However, we have not made a similar determination regarding psychologists' lack of awareness of future ethical issues or their lack of use of an optimal ethical decision making process in addressing either current or future ethical issues. Having the former, however, does not imply that all psychologists know how to act regarding those issues precisely as outlined and explicated or in relation to those issues in similar yet different situations.

While there has been increased interest in identifying current ethical dilemmas as well as normative modes of action for them, this has been largely a neglected area of research and education and one in which psychologists have little inherent interest. This situation is not unique to psychology.

Questions and comments may be directed to the author:

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Video Review: No Place to Go

Patrick O'Neill

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No Place to Go, National Film Board of Canada, VHS, 28 mins.

Philippe Pinel, as we know, unchained the mentally ill in 1792. When a member of the Revolutionary Convention asked Pinel how he could dare to free "such beasts", Pinel replied, "Citizen, I am convinced that these madmen are intractable only because they have been deprived of air and liberty." ("...ces aliénés ne sont si intractables que parce qu'on les prive de l'air et de liberté." Pinel, S., 1836, p. 56).

Two centuries later, the advent of phenothiazines and the cost-cutting attractions of deinstitutionalization have left thousands of mentally ill persons with their air and their liberty, and little else. A striking new documentary by the North West Centre of the National Film Board of Canada, *No Place to Go*, gives us 30 minutes of snapshots of life on Canadian streets as it is lived by schizophrenics, manic depressives, and others unchained but unvalued.

As the documentary, directed by Wendy Hill-Trout, points out, there are probably more than 100,000 mentally ill Canadians on the streets with only a handful of understaffed agencies with grossly inadequate resources trying to cope with the problem. The film gives us glimpses of the efforts of some heroic programs that try, against all odds, to be of some help to these people – programs such as Vancouver's Triage and Lookout, Edmonton's Boyle Street Co-op and Toronto's Parkdale Area Recreation Centre.

I have used this short, hard-hitting documentary with classes ranging from graduate seminars in community psychology to undergraduate classes in clinical psychology, and I can recommend it as an effective teaching tool. It shows students what those of us with a community focus know too well: The money saved by deinstitutionalization was supposed to have followed the mentally ill into the community, to bankroll shelter and other services. It didn't.

Patrick O'Neill is former chair of the section of Community Psychology of CPA, and is a Fellow of the Community Psychology Division of the American Psychological Association. With Ed Trickett, he is author of the book *Community Consultation*.

Reference

Pinel, S. (1836). *Traité complet du régime sanitaire des aliénés*. Paris. ♦

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