



### Connecting with others: what is ethical practice?

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**A**s a practicing S-LP, I always wondered about the ethical dimension of my work, not only when my service involved children who were NICU survivors or who had received intense medical interventions but also when working with pre-school children in early education settings. Like many of you, I sought out sources of ethics education but often found that my specific concerns were not adequately addressed in the dominant discourse. I knew from my experience on ethics committees and from listening to my professional colleagues that S-LPs asked themselves questions such as: “What is the right thing to do?”, “How do I decide?”, “How will I know if this is right?”, “What does the code of ethics mean?”, “Where does ethics information come from?”, and “Who decides what is ethical?”.

Ultimately, questions such as these led me to pursue doctoral studies focusing on ethics in paediatric rehabilitation. Though I could not address all of the important questions that we have, I chose to begin by examining the focus and content of the ethical dimension of clinical practice from the perspective of practicing clinicians. My research asked, “What is ethical practice in paediatric speech-language pathology?”

Using a qualitative research approach, I interviewed S-LPs active in clinical practice with children and their families in a variety of settings including hospitals, schools, community health centres, community agencies and private practice. Participants worked with children who presented with a range of communication disorders including those related to ASD, TBI, deafness, physical anomalies and developmental delays/disorders.

My findings were summarized in an ethical practice model which I presented at the CASLPA conference in Winnipeg in May 2006. I will share some findings of interest with you.

**1. Ethics is embedded in everyday clinical practice.** SLPs who I interviewed frequently began by telling me that they didn't really know much about ethics but that they could tell me about good clinical practice. Participants recognized good clinical practice as synonymous with ethical practice. They saw ethics as embedded in each interaction with another person in the clinical situation. Seeing ethics as a separate topic reserved for those situations where dilemmas occur isolates us from the “ordinariness” of our everyday practice.

**2. A central ethical value in paediatric S-LP focuses on fostering social connection.** All health care professionals are guided by the principle of beneficence- the ethical imperative to “do good”. Participants defined the good that S-LPs do as fostering social connection between the child and important others. Even in so-called hopeless situations, participants identified their commitment to keeping the child “part of

his world”. Participants working in the area of feeding and swallowing did not deviate from this commitment even though their clinical focus was narrowly defined.

**3. Ethical action is about providing support in many forms.** With a clearly articulated central ethical value, ethical action is defined not just by familiar clinical activities related to diagnosis and treatment, but by a range of actions that enhance the social connectedness of the child. Even when we can't alleviate the communication disorder, we act ethically to remain engaged in seeking ways to fulfill the ethical commitment to do good.

**4. Being is as important as doing.** Though we most often think of ethics in terms of knowing the right thing to do, participants also focused on the sort of person who is the ethical clinician. Character traits of the ethical S-LP included being other-focused, honest, sensitive, competent, knowing and reflective. The ethical S-LP, participants stated, values the child regardless of his (dis)abilities and is committed to doing his/her best to help make a difference.

**5. Context matters.** As the cliché goes, we live in interesting times. Participants in my study were attuned to context and articulate in describing how knowing what to do interacts with the possibilities and constraints of the service delivery environment, be that health care, education, or private practice. Participants talked at length about the challenges of practicing ethically in light of limitations imposed by lack of time, funds, or institutional constraints. They recognized that not all S-LPs work in settings that support our notions of good practice. The phrase, “it's out of my hands”, exemplified feelings of powerlessness expressed by participants.

**6. Expressions of regret hinted at moral distress/residue.** Participants told stories and gave examples of situations in which they felt they were prevented from doing the right thing. Though able to live with some compromises, participants chose to speak, sometimes at length, about tough unresolved situations. Their stories are a testament to lingering feelings of moral distress and moral residue that have been described elsewhere in the health care ethics literature.

**7. Empirical research on ethics can be done.** Qualitative research approaches like the grounded theory approach which guided my study offer the opportunity to see our experiences as legitimate sources of data for the construction of theoretical accounts of social interactive aspects of clinical practice. Insights and rich description from qualitative studies allow us to make sense of our experience.

Through research and dialogue like the one appearing in this issue of *Communiqué*, we are able to hear each others' voices, to recognize our community and to develop a narrative that reflects and respects our common experiences. I look forward to continuing to explore ethics as we meet the challenges of providing service to Canadians living with communication disorders.

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