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## THOUGHTS

# Resolving disputes among inter-professional codes of ethics



## *Résoudre des conflits entre codes éthiques interprofessionnels*

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**Summary** The effective delivery of complex, acute, health care now requires a diverse team of professionals, each with their own technical specialization, practice credential, and span of control. Responsible practice, in this context, traditionally entails a code of ethical conduct. The problem is, there are now separate codes for each specialization, often tied to governmental licensure and more importantly, they demand different things of people operating in the same context on the same case. While bioethics has provided some principles for guiding the physician-patient relationship, there are no principles governing the relationships among the professions involved in delivering care. With multiple codes at issue and no overarching “meta-code” to resolve possible conflicts, professionals are left to resolve disputes through more arbitrary means, say, authority granted by the institution, political power, or more traditional sources of professional status. Under these circumstances, how do we determine the right thing to do? We propose to develop an inter-professional ethics that speaks to the conflicts and generates a protocol for resolving conflict. Our intent is to develop ways of deliberating over differences based on a contractualist approach to moral justification. The key assumption is that reasonable individuals can come to an agreement that is equally binding and builds on mutual respect and inter-professional understanding.

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**MOTS CLÉS**

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**Résumé** L'administration de soins complexes et intensifs nécessite dorénavant une équipe de professionnels diversifiée, chacun ayant leur propre spécialisation, compétences et gamme de responsabilités. Une pratique responsable comprend traditionnellement un code de conduite éthique. Le problème est qu'il existe maintenant des codes de conduite différents pour chaque spécialité, souvent selon des règles gouvernementales. Plus important encore, ces codes de conduite comportent souvent des exigences qui sont différentes pour des personnes qui travaillent sur le même cas et ce, dans le même contexte. Bien que la bioéthique ait établi certains principes pour définir la relation entre un médecin et son patient, il n'y a pas de principes qui gouvernent les relations entre les professions impliquées dans la prestation des soins. Avec tous les codes en question et en l'absence d'un « méta-code » exhaustif pour résoudre les conflits possibles, les professionnels doivent résoudre les conflits en ayant recours à des moyens plus arbitraires, tels que l'autorité conférée par l'institution, leur pouvoir politique ou d'autres sources plus traditionnelles de prestige professionnel. Dans de telles circonstances, comment peut-on déterminer la chose adéquate à faire ? Nous proposons le développement d'une éthique interprofessionnelle qui réponde aux conflits et qui donne lieu à un protocole de résolution. Notre intention est de développer des façons de réfléchir sur les différences basées sur une approche contractualisée à l'égard de la justification morale. La présomption principale est que des individus raisonnables peuvent parvenir à un accord qui est contraignant de façon égale, basé sur un respect mutuel et une compréhension interprofessionnelle.

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## Introduction

The effective delivery of complex, acute, health care now requires a diverse group of professionals, each with their own specialized function, lengthy period of training and highly interdependent roles. The notion of an inter-professional team is the favored approach in academic medicine and can be found in most tertiary care facilities treating non-routine cases. The team requires complicated protocols to manage and coordinate their activities. These protocols are developed and refined over time and may become part of the health-care institution's policy governing practice across specialties. Part of the rationale for such a protocol is to reduce the risk of error during the most hazardous parts of a procedure, much like an airline pilot's checklist for takeoff and landing [1]. Another aspect of having a protocol to rely upon emphasizes proper coordination, detailing the division of responsibility, and setting expectations about interactions and outcomes. When the rules are clear and stable and the context is predictable, potential conflicts among team members, for example, nurses, physicians and technicians whose specialized functions may overlap or require complex sequential coordination, are averted. Whether in surgery suites, intensive care units, or emergency rooms, acute care delivery serves as a model of inter-professional coordination.

What about novel situations that are unstable, where protocols no longer apply and health care may not be the sole or even primary concern? How can coordination across different professions best be built in these circumstances? Going a step further, what if the types of professions working in such a dynamic situation were to expand dramatically to include ones that have seldom needed to coordinate or to work either side-by-side or together. Add to this, the prospect that primary duties among these professions may conflict and the ethical codes they follow may fail to overlap. My

intent is to identify a pathway to resolving conflicts of duties and values across professions thrown together in intense contexts, absent of coordination, pre-existing relationships, or even familiarity. If our pathway to conflict resolution can work there, then it can apply to less severe circumstances, where improvement in coordination and mutual understanding is desirable rather than essential.

Responsible professional practice entails a set of professional norms, some legally-enforceable prescriptions, and typically a code of ethical conduct. In fact, there are separate ethical codes for each profession and specialization, often tied to governmental licensure and more importantly, prescribing different priorities among people operating in the same setting on the same case. There is an extensive literature on the subtle conflict among codes, separating the nurse and physician, for example, in the context of hierarchical power relations in health care settings. Protocols may cement these conflicting ethical priorities in place by fiat. Here, the authoritative resolution need not be the ethical one. More importantly, for our purposes, we are not offered a vantage point in the literature to know what a morally defensible resolution looks like, especially in the absence of an externally-imposed protocol.

While bioethics has provided some principles for guiding the physician-patient relationship, there are no principles governing the relationships between and among the professions involved in delivering care. More generally, there are no principles for resolving conflicts across any distinct set of professions, except perhaps through legal mandate or court decision. With multiple codes at issue and no overarching "meta-code" to resolve possible conflicts, professionals are left to resolve disputes through more arbitrary means, say, authority granted by the institution, political power, or more traditional sources of differential professional status. And, in the U.S. at least, they can always litigate. This problem becomes especially important when conflicts surface among

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