Ethics Across the Occupational Therapy Curriculum

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The authors describe the development of specific teaching modules, methods, and techniques with which to raise student consciousness and generate awareness of ethical issues in occupational therapy practice as well as to develop the ethical decision-making process through the use of three ethical decision-making and thinking models. This focus on ethics has been integrated into the entire 2-year occupational therapy curriculum at a liberal arts college as part of the college's larger institutional mission and objectives. The results obtained from informal faculty and student contacts and students' feedback after completion of clinical fieldwork demonstrate increased student sensitivity and ability to identify and discern ethical issues as well as increased awareness of the many professional complexities involved in the determination of decisive proactive responses.

During the past 4 years, ethical issues have been integrated into the occupational therapy courses at the College of Saint Catherine, St. Paul, Minnesota, as part of college-wide efforts to generate students' awareness of ethical issues and to incorporate the ethical decision-making and thinking process into all departments. In January 1985, the Center for Ethics and Responsibility, developed by its director, Douglas Wallace, was created at Saint Catherine. The Center's objectives are to integrate ethical awareness into both liberal arts and professional courses as well as into the larger business and professional communities in the Twin Cities metropolitan area (Wallace, 1985). Workshops and seminars are conducted separately for faculty groups and professional groups (e.g., corporate and bank employees) in the community.

Interested occupational therapy faculty members attended 3-day workshops on the use of simulated ethical teaching modules and techniques designed to facilitate student discussion. Some of the ethical thinking and teaching modules designed by liberal arts and professional departments within the college include modules on AIDS, taught by biology department faculty; modules on information processing ethics, taught by library faculty; modules on world hunger, taught by home economics faculty; and modules on apartheid, taught by French department faculty (Egan, Jones, Mascioli, McInerney, & Wagner, 1986).

From the informational base and process taught in the workshop, several occupational therapy faculty members designed and developed ethical teaching modules to be integrated into the occupational therapy curriculum for the first term of the junior year through the last term of the senior year. Each module was designed to raise the students' consciousness and awareness of ethical issues in occupational therapy and to stimulate development of the ethical decision-making process.

Literature Review

Since 1987, when this ethical focus in the occupational therapy curriculum courses was initiated, several authors from other health care disciplines have also recognized the value of teaching medical ethics in health care curricula (Evans, 1987; Haddad, 1988; Thompson & Thompson, 1989). Much of this literature focuses on teaching methods, the outcomes of ethics education in the health professions, and the placement of ethics education in the professional curriculum.

Haddad (1988) advocated the use of role-playing and case studies as useful teaching tools in the ethics education of occupational therapy students. These techniques involve students in the issue being discussed, allow for flexibility during discussion of actions, create students' awareness of their own personal feelings and values, and facilitate applications to and implications for their future
practice. Use of these methods was also indicated by Irwin, McClelland, Stout, and Stechedreff (1988) as a valuable way to bring ethics instruction to students. Southgate, Heard, Toon, and Salkind (1987) took this a step further; after medical students complete an introduction to medical ethics, the instructor uses a student-centered approach to orchestrate classroom discussions to facilitate discovery of general ethical dilemmas and principles about particular cases that students have encountered during their clinical experiences.

Several authors emphasized the importance of developing students’ ethical awareness and sensitivity as well as their technical skills in discussing and analyzing ethical issues (Evans, 1987; Haddad, 1988; Irwin et al., 1988). Generally, this process was accomplished through an introduction to basic ethical principles, followed by application of materials relevant to the students’ professional field of study. Thompson and Thompson (1989) stated three goals of ethics education that are reflected in much of the current literature: (a) to stimulate the moral imagination, (b) to develop analytical skills, and (c) to tolerate and reduce disagreements and ambiguity. In a medical ethics course, Osborne and Martin (1989) required medical students to come prepared to critically examine their personal values, biases, and ethical dilemmas in order to discern the larger ethical issues. These authors found that the students’ personal ethical concerns and experiences, rather than their future as health professionals, were valuable methods by which to initiate ethics education. They also found that by listening and responding to others’ concerns, the students became more involved in learning and held less stereotyped views toward the ethical aspects of the medical profession.

Other authors (Doyal, Hurwitz, & Yudkin, 1987; Evans, 1987; Thompson & Thompson, 1989) emphasized that to facilitate the transfer of ethical concepts to other course work and to encourage habitual consideration of ethical concerns, ethical instruction must recur throughout the student’s educational experience and not be relegated to some special time, circumstance, or specific course in the curriculum. Ethics education with an interdisciplinary focus, including the disciplines of philosophy and theology as well as other health care professions, was also suggested (Evans, 1987; Irwin et al., 1988).

In the faculty ethics workshops at the College of Saint Catherine, Goodwin’s (1985) summary of six ethical principles and three models of ethical thinking was introduced. These subsequently formed the basis for the reformatting of the material in the occupational therapy courses. The six ethical principles are considerations about the dignity of human life, autonomy, honesty, fidelity, justice, and utility. Because views from each of the three models of ethical thinking differ in their perspectives, application of each of these six principles will also differ in each model (Goodwin, 1985).

The first model, consequentialism, is a teleological approach to ethics, in which the morality of actions and all ethical norms are viewed as being determined by consequences for society’s common good. If results are good, then actions or means to the end are good. Ethical rules are then adopted because they reflect the supreme principle of producing the best results, or ratio of benefits to risks, which promote the most good for the greatest number of people.

The second model of ethical thinking, the formalist approach, often associated with Christian virtues, is deontological in that certain types of individual actions, such as truth-telling versus lying, are viewed as being morally right or wrong because something is intrinsically intuitive and obligatory in the act itself that is independent of the consequences it produces. The means, not the ends, are important; therefore, individual rights can never be violated in order to promote the common good (Goodwin, 1985).

What distinguishes the two approaches are the thinking and reasoning processes involved in reaching conclusions. The consequentialist argues that a solution is best for society and the common welfare, whereas the formalist views morality as designed to protect the rights of individuals, even when this conflicts with the common good, and so attempts to show how a particular solution best carries out individual duties and obligations. Persons from both approaches may arrive at the same decision, although their thinking processes may differ (Goodwin, 1985).

The third model of ethical thinking and decision-making is the responsibility model. Although less developed than the previous two models, it is perhaps more encompassing and characteristic of women, in that decisions are made in relation to both the individual self and responsibility toward others. This model represents movement between the two systems of consequentialist and formalist ethical thinking (Goodwin, 1985).

These ethical thinking models parallel the clinical thinking and problem-solving process in that the steps used to arrive at decisions are similar in both: (a) gathering factual information; (b) taking an objective view as an impartial spectator who analyzes the issue from the perspective of universalized self-interest; (c) identifying the principles that provide guidelines for the reasons behind decisions; and (d) consistency of the reasons for a particular decision with other decisions that the person makes (Goodwin, 1985).

Junior-Year Occupational Therapy Courses

Ethics and ethical practice issues in occupational therapy were initially introduced in the Foundations of Occupational Therapy course. This course is designed to introduce students to basic core concepts of occupational therapy and to the clinical thinking process. Instructors teaching ethics in this course enhance the emphasis on
clinical thinking by posing dilemmas that lend themselves to multiple interpretations and alternative action consequences. Major goals of the ethics unit are (a) to familiarize the students with basic ethical concepts and professional occupational therapy codes and (b) to create initial awareness of and appreciation for ethical issues related to occupational therapy practice (Fleming, 1986-1991). This unit, consisting of 3 lecture hours, includes Goodwin's (1985) three ethical decision-making models, definitions of basic legal terms related to liability and malpractice, and the document “Principles of Occupational Therapy Ethics” (American Occupational Therapy Association [AOTA], 1984). These materials are designed to create students' awareness of the history and present status of ethics in the profession.

A related 2-hr laboratory experience allows for application of this informational framework to a case study with which students have some familiarity from their concurrent involvement in a Level I fieldwork experience. A case study about a 33-year-old schizophrenic man, paraplegic from a suicide attempt and dependent on public assistance while now living in a long-term-care nursing home facility, is used to introduce ethical concepts in an occupational therapy practice setting. This client has had vocational rehabilitation and is currently receiving occupational therapy. The ethical dilemma concerns the kind of treatment, if any, the patient should receive given his ambiguous prognosis and potential for success. The students are divided into small groups, each of which uses role-playing to represent occupational therapists, physicians, family members, vocational rehabilitation counselors, nursing home administrators, and the state health department. The small groups are given background reading materials before class in order to provide a variety of positions that each group could take during the presentation. From their respective role positions, the students then present recommendations that they might make about the patient’s treatment. The entire class convenes in a care conference format to discuss the final plan. The students in the physician role direct the care conference and make the final decision. This learning experience has raised students' consciousness about relevant ethical issues, because they become aware that there is no correct treatment approach or discharge referral plan. Over the years, it has also stimulated many questions from students and created greater understanding of the scope of ethical issues that can be encountered in professional practice (Fleming, 1986-1991).

Concurrent with this course, students in Psychosocial Occupational Therapy I are introduced to another ethical teaching module that focuses on the specific rights of psychiatric clients. This module includes a lecture and discussion of both federal (American Hospital Association, 1972) and state (Minnesota State Law, 1986) variations of the Patients’ Bill of Rights, including references to the Minnesota Vulnerable Adults Act (Minnesota State Law, 1985) and other congressional and state standards regarding the adequate treatment of persons with mental illness (Mental Health Systems Act, 1980 [Public Law 96-398]; Stickney, 1982). Copies of these materials are distributed to the students. Indirect implications for therapists’ rights are also addressed. In this module, an occupational therapist guest speaker presents a lecture and discussion on forensic psychiatry and the occupational therapist as expert witness. This topic is supplemented with articles by Smith (1984) and Jacobs (1985) on the role of occupational therapy in forensic psychiatry units and by DeMaio-Feldman (1987) on the role of the occupational therapist as an expert witness. Readings on student ethics (Reed & Sanderson, 1980), principles of occupational therapy ethics (AOTA, 1984), and Goodwin’s (1985) three ethical decision-making models are included in this module.

In small group discussions, each student presents his or her synopsis of an outside class reading assignment related to divergent viewpoints and definitions about the existence of mental health and illness. Random distribution of these articles has been effective in requiring many students to present the arguments, positions, and thinking process of authors with whom they disagree. This has facilitated more openness, understanding, and tolerance for diverse opinions. Each small group then selects a member to represent the group’s arguments and positions reflected in their authors’ views on this issue during a panel debate on the existence of mental illness. This lively and emotionally heated learning activity ends with a discussion about this issue from an occupational therapist’s perspective of purposeful, functional developmental life tasks required in daily living. A related article on definitions of mental health and illness by Jantzen (1969) is provided to engage students in further reflection on this issue outside of the classroom.

This module is then directly applied to psychosocial occupational therapy practice with the use of 55 case vignettes, each 2 to 3 lines long, of critical incidents and ethical situations that have actually occurred in practice. These incidents are read to the entire student group; each student is given 30 sec to complete a written response to each case, in which he or she indicates what could be done or said in that situation. Using prior classroom knowledge, the students then review each case outside of class to determine which ones they think involve ethical issues and which specific issues, if any, are reflected in each case. During small group classroom discussion, the students’ opinions are shared. Each group is asked to determine whether they can come to a consensus to demonstrate the large variance of opinions among differing perspectives; to show the complexities reflected in the effort to merge different ways of thinking and knowing with decisions and thinking about ethical development (Belenky, Clinchy, Goldberger, & Tarule, 1986; Knefelkamp, 1980, 1987; Knefelkamp & Cornfeld, 1987;
Perry, 1970); and to develop acceptance or tolerance for individual value differences. Students are also required to substantiate initial singular intuitive reactions with logically-based rationale to stimulate development of higher-level critical and clinical thinking and decision-making processes.

This activity is followed by role-playing of selected case incidents, which allows for the exploration of concrete ways in which to handle each situation. Socratic dialogue is used to facilitate students’ decision making among possible alternative responses and is related to Goodwin’s (1985) three ethical models when prioritizing the logical and ethical consequences of each alternative for any given patient’s situation (DeMars, 1986–1991).

This teaching module has been particularly effective in generating students’ interest in and involvement with psychiatric treatment issues early in the term. Those case vignettes that most directly relate to personal and professional practical issues that students may encounter during fieldwork, such as sexual and physical assaultive, violent, and personal and professional boundary incidents, consistently elicit the most questions and interactive discussions from students (DeMars, 1986–1991).

This focus on psychosocial ethical issues continues into a second-term junior-level course, Psychosocial Occupational Therapy II. Grading criteria on all written assignments, such as evaluation papers and treatment plans, include a criterion that requires students to address whether any ethical issues apply. Thus, students must analyze the underlying assumptions about the view of human nature inherent in each theoretical frame of reference; indicate whether ethical issues are involved; and, if so, identify the specific issues with a rational justification for doing so. Certain units within the course, such as behavior modification, psychotropic drugs and somatic therapies, family systems, and incest-abuse disorders, have also continued to more readily generate students’ awareness and identification of those psychosocial ethical issues involving personal control, freedom of choice, informed consent, and professional as well as personal boundaries (DeMars, 1986–1991).

On return from their Level II fieldwork experience in psychosocial occupational therapy, students have consistently reported the occurrence of similar critical incidents and the importance and usefulness of having discussed and role-played alternative ways of dealing with these situations prior to their psychiatric fieldwork (DeMars, 1986–1991).

Senior-Year Occupational Therapy Courses

The integration of awareness of ethical issues and the ethical decision-making process continued into the original (former) curriculum of the senior-year physical disabilities, Contemporary Issues, and Occupational Therapy Research courses. During the first term, those ethical issues specifically related to research, such as informed consent and freedom of risk from intrinsic harm, were incorporated into the research course. Students addressed whether any of these issues applied and if patients’ rights had been safeguarded when critiquing occupational therapy journal articles as a part of their written assignment for this course (DeMars, 1986–1991).

The ethical teaching module initially incorporated into the physical disabilities courses of this curriculum was developed in the geriatrics unit during the last term of the senior year. This geriatrics unit totaled 7 hr: 4 hr of lecture and a 3-hr lab. Because this unit used a community-based gerontic approach rather than the more limited geriatric medical model, it was selected for incorporating ethical issues. Goodwin’s (1985) three ethical models used in the previously mentioned junior-level courses were integrated into both lectures and labs. Lectures included statistical data about groups of people 65 years of age and over; normal or primary aging processes; pathological conditions of secondary aging; acute, rehabilitative, and chronic treatment approaches; current societal views of and trends toward the elderly; and environmental adaptations. Classroom experiences were designed as a two-part learning assignment. In Part 1, student partners were assigned an outside classroom task of reviewing informational handouts provided about various programs for senior citizen programs and were asked to develop a summary of these programs for class presentation, discussion, and debate concerning appropriate clients; professionals to be involved; ethics of health care programs, including access to health care (distributional justice), reimbursement of monies in chronic versus acute care; type of occupational role and services provided; and strengths and weaknesses of their program for the elderly (C. Woodin, personal communication, May 1987).

Part 2 of this unit included a lab assignment designed to allow students to apply knowledge from previous lecture and lab materials to clinical practice. Role-playing was used to demonstrate how ethical dilemmas occur in clinical practice settings. A discharge case conference involving a cardiovascular client in an acute care hospital was the scene for an ethical dilemma involving decision making about treatment and patient discharge plans, referrals, and follow-up. Students randomly drew 1 of 10 roles (client, husband, son, daughter, occupational therapist, physical therapist, speech therapist, physician, social worker, or nurse); were assigned the professional and ethical viewpoint they were to portray; and were provided with information about the client’s history, prior treatment, and prognosis along with approximately 15 senior-citizen programs appropriate for possible discharge referrals. Because three or four students were assigned to each role, they had to decide as a group how to portray that role and then select and coach one student to be the actor who represented that professional and
ethical position. As reflected in students' informal personal comments both during and outside of class time, this unit often raised additional ethical questions among students and changed their personal attitudes toward the elderly (C. Woodin, personal communication, May 1987).

Subsequent to curriculum revision and faculty changes, additional ethical issues are currently addressed in the more recent Clinical Conditions I to III physical disabilities courses. Students in these courses are required to consider ethical treatment issues, such as (a) issues related to AIDS, including their own personal choices about working with this population; (b) referral of clients with known hereditary diseases, such as muscular dystrophy, to genetic counseling, wherein clients must make conscious, informed choices related to life, abortion, or contraception; (c) ethical concerns about brain death and the quality of life, as with head-injured patients; and (d) the informing of clients with terminal illnesses, such as cancer, about preauthorization for reimbursement (B. A. O'Keefe, personal communication, December 1990).

Concurrently, in other and more recent Physical Disabilities Child–Adult I to III curriculum courses, ethics are also incorporated into most lecture and laboratory sections. Students are challenged to consider ethical issues related to the selection and use of measurement tools (i.e., reliability, validity, norms) for recording progress, about making decisions among optional treatment methods, and about when to start or terminate treatment. Ethical judgments about functional physical capacity versus malingering in industrial work rehabilitation settings and issues involving the efficacy and appropriateness of exclusive use of treatment approaches and techniques as well as those not substantiated by research, such as videofluoroscopy and hand therapy techniques, are also addressed. A summary lecture of previous research with recommendations for advanced specialty education and qualifications for therapists using these approaches and techniques is presented. This is followed by a discussion during which students are asked to reflect on their personal values related to issues of continuation or termination of treatment, therapeutic and nontherapeutic therapist-client relationships, and assessment and treatment approaches requiring more advanced clinical practice skills (J. B. Haugen & B. A. O'Keefe, personal communication, January 1991).

During the second term of the senior year, the initial ethical teaching module in the Contemporary Issues course continues to include an AOTA videotape in which ethicists and occupational therapy leaders discuss ethical dilemmas in practice (AOTA, 1986). Students are directed to focus on the four ethical criteria delineated by Goodwin (1985): (a) defining the issue, (b) gathering the facts, (c) applying ethical guidelines, and (d) developing a personal ethical stance based on factual data and ethical criteria. The nature of this course has allowed for controversial and contemporary topics, such as reimbursement, quality assurance, prospective payment, health care provision models, government health programs, professional credentialing process and procedures, and practice trends. In-class discussion focuses on presentation of the facts from several perspectives, and when applicable, incorporates the Occupational Therapy Code of Ethics and Guidelines (AOTA, 1984).

Students then choose an ethical issue or dilemma relevant to the occupational therapy profession and write a position paper using the four ethical criteria to evaluate possible solutions. Students' position topics have included “Diagnosis-Related Groups and the Quality of Care,” “Cultural Bias in Occupational Therapy Programs,” “Hospice Care—Occupational Therapy Role,” “To Treat or Not To Treat the AIDS Client,” and “Occupational Therapy Services in Rural Communities.” The student is challenged to think critically about the issue and then to apply and integrate it with codes of ethical standards both from the profession and from liberal arts courses taken previously.

By gathering the facts from several perspectives, students are better able to appreciate the complexity of the issue rather than perceive it from a more limited, myopic point of view. Students have often had difficulty looking at an issue from several points of view and seem to feel more comfortable stressing a view that reinforces the position they already hold. This module continues to provide students with practice in analyzing and examining an issue and in forming an ethical approach that will help them encounter ethical dilemmas in future occupational therapy practice (Benham, 1987).

Results

Students' knowledge of and ability to discern ethical issues are evaluated in several of the teaching modules through written papers, treatment plans, and objective test questions. The results indicate that students have a working intellectual knowledge of the ethical principles valued by occupational therapy combined with the critical thinking abilities needed to apply these principles to dilemmas in clinical practice.

What has been most obvious to faculty is students' increased awareness, sensitivity, and ability to identify and discern ethical concerns. This has been strongly demonstrated in seminar feedback discussions with students after they return from their Level 2 psychiatric fieldwork experiences during the summer following their junior-year courses. Other occasions outside of class that indicate heightened awareness of and sensitivity toward ethical issues include increased interest by both the student occupational therapy club and the Pi Theta Epsilon chapter in seeking speakers for ethical issues and in using ethical issues as the basis for service projects. Individual students have also initiated discussions with faculty about
ethical concerns encountered in other courses as well as those involving personal experiences with staff situations in clinical practice.

Students' anecdotal observations thus reflect an increased ethical awareness of the professional concerns and complexities involved in ethical dilemmas, including determination of proactive versus reactive crisis-oriented responses. These authors believe that the students' responses indicate that not only have the outcome objectives of the occupational therapy ethical teaching modules described in this paper been attained, but also that the occupational therapy courses are consistent with the college-wide focus on integrating ethical thinking across the curriculum in both liberal arts and professional courses.

Summary

We have described both initial and current ethical teaching modules, teaching methods, and techniques that have been integrated into an entire occupational therapy curriculum over the past 5 years. These teaching modules demonstrate ways in which to raise students' consciousness and create awareness of ethical issues in occupational therapy as well as develop the professional clinical reasoning and ethical decision-making process. We believe this focus on ethics in the professional clinical thinking and problem-solving process is common to, parallel with, and integrated with the focus on critical rational thinking taught in students' liberal arts courses. It is thus consistent with the mission of and institutional objectives for ethical thinking across the curriculum of the liberal arts college in which this occupational therapy curriculum is based.

References


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