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Ethical dilemmas are prominent in the workplace, whether in outpatient, inpatient, or private practice. There are ethical rules that healthcare providers should follow. Whether that is the ACLP Code of Professional Practice or other vital codes of practice for their profession, following them allows health professionals to assess their families or children with the integrity, mission, and values they uphold. The code of ethics for child life specialists provides "a comprehensive framework for Certified Child Life Specialists (CCLSs) to guide their professional conduct and ensure the well-being and protection of children and their families in potentially stressful or traumatic situations" (ACLP, 2023). When ethical dilemmas arise, we have integrated our ethical decision-making model. That said, multiple components are followed before acting on a situation. The first step is recognizing that an ethical dilemma exists. Following this, identifying variables about the ethical dilemma is essential. This includes relevant ethical issues, parties involved, and which ethical principle is being violated. Next, examine the pros and cons of each alternative action that the CLS would use to assess the ethical dilemma. Based on the risks and benefits of each solution, the CLS would then act and evaluate the situation. From here, the CLS would learn from the situation for further instances of the child's life code of ethics being violated.

I developed an ethical problem that centers on a child life specialist going through the motions of providing palliative care while also grieving for a long-term patient. This family and the patient, a 10-year-old leukemia patient, are in and out of the hospital frequently while receiving care in the child life specialist's unit. As the child life specialist, I developed an understanding of the patient and family over time, including the highs and lows of their experiences. One day, the unit's physician notifies the patient's family that the patient has progressed to stage 4 of their diagnosis and that they need to begin considering hospice care.

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They have been working with the palliative team since the diagnosis, but they need to start thinking about how to make the child as comfortable as possible for the duration of their stay in hospice care. The CLS finds it challenging to think of their patient this way after getting to know this family and forming a bond with them. Before they depart for home, the unit's doctor expects the child life specialist to incorporate legacy-making activities with their siblings and family members.

The child's care team needs to accompany them on their journey and assist in pain management through their struggle with their diagnosis. The child's mother confides in the CLS, stating that they do not wish to keep the child receiving chemotherapy. Respecting the child's family and their choice as part of their life code of ethics is crucial. The CLS must acknowledge that the parents are doing the best they can for their child.

Due to the CLS's mental health and their belief that the patient should not be stopped from treatment, they feel they must step back from the case to uphold their moral obligation to support the family during this difficult time. The ethical problem arises from the family's request that the child life specialist help them with legacy-making activities before their discharge from the hospital. Still, they are unsure about this because of their moral convictions.

The child life specialist in this position must consider their feelings during this time of grieving with his family that they have grown a relationship with. The CLS's morals are at stake during this time due to them not agreeing with their patient's family on not continuing chemotherapy for their child. They believe that removing chemotherapy from the child's regimen will cut the life span of the child sooner rather than later. At the same time, they are respecting the family's decision not to continue chemotherapy for their child. The CLS must reflect on her morals and what she values for herself. Since the family wants the child life specialist to assist in

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legacy-making activities, it makes it difficult for the child life specialist. During this time of grieving, the child life specialist is also experiencing burnout due to the workload of covering for other units who just lost a child life specialist.

The CLS could reflect on the child's life code of ethics and assess the correct and ethical way she can proceed with this situation. Specifically, principles 1, 3, and 7 resonate in this moral dilemma between the child life specialist, the patient, and their family. The child life specialist understands that they must abide by principle 1, "CCLSs hold a primary commitment to the psychosocial care of the patient and family and uphold the mission, vision, values, and operating principles of the profession" (CCLC, 2020). The first ethical dilemma that the child life specialist faces is do they proceed to assist the family legacy-making activities even though the workload for them right now has exceeded expectations and risks burnout. Or do they uphold the profession's mission, vision, and values? Child life specialists are committed to providing appropriate care to all patients and families, no matter the circumstance (Burns-Nader, Daniels, Raab, and Sweett, 2021). The other principle that needs to be abided by the child life specialist is principle three, which states that "CCLSs must maintain an environment that respects every variation of race, identity, ability, and community" (CCLC, 2020). The last principle that resonates with the child life specialist's colleagues is principle 7, "CCLSs respect the duties, competencies and needs of their professional colleagues and maintain the utmost integrity in all interactions with the institutions or organizations that employ them or in their private practices" (CCLC, 2020). In this professional position, their duty as a child life specialist is to respect the family's autonomy. Autonomy is the right to self-determination and freedom of action of an individual (Burns-Nader, Daniels, Raab, et al., 2021). The child life specialist may have doubts

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regarding the parent's decision, but you have trust that they are putting their best interest for their child.

After identifying the ethical variables that have been disrupted in this dilemma with this patient, I will balance the pros and cons of each situation. Due to being in a profession with a child life code of ethics to abide by, I will continue assisting the patient with legacy-making activities. I chose this solution not only because it upholds the mission, values, and vision of a child life specialist but also because it helps the patient feel comfortable in this next chapter of their life through hospice care. Having a familiar face for the child to look forward to in an unfamiliar process could make a difference.

In conclusion, having an ethical decision model present while experiencing ethical dilemmas that could have a solution is essential to recognize. While experiencing this ethical dilemma, I wondered what was causing a decrease in my mental health, what patients, families, or who was involved in this situation. In this dilemma, the problem is within the child life specialist's mental health in assisting their long-term patient's legacy-making activities. As the child life specialist, identify the variables and then examine the pros and cons of each solution. In this dilemma, the pro of helping this family with legacy-making activities is that they get to create a good, concrete memory of being hospitalized. However, the cons are the decrease in mental health and the fear that your coworkers feel as though they cannot depend on you due to them being short-staffed on other units. Due to the child's life code of ethics, principles 1 and 3, I assisted the family in their activity. Boundaries are often rigid to set within a healthcare setting, but examining each benefit and consequence of an action is essential. Ethical situations could benefit future dilemmas where a child life specialist may feel stuck on efficiency. Overall,

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creating an ethical decision-making chart, graph, or list will benefit any healthcare profession in the future work that they do.

References

Burns-Nader, S., Daniels, L., Raab, L., & Sweett, B. (2021). *Making ethical decisions in child life practice*. Association of Child Life Professionals.

Child life code of ethics. (2020). <https://www.childlife.org/docs/default-source/certification/child-life-code-of-ethics.pdf?sfvrsn=2>