

Ethical Decision-Making Model

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HDFS 5073: Professional Practice and Ethics for Working with Children and Families

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March 23, 2025

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In the practice of Child Life, ethics act as a compass guiding us and providing direction ensuring we act responsibly while also reflecting the goals and fundamental values of the profession– to ensure every child life specialist is fulfilling their role to the best of their ability (Burns-Nader et al., 2021).

Ethical Principles

Personally, I feel as if every child facing hospitalization or a difficult experience should have access to child life services no matter their religious background, financial status, and/or sexual and gender identity– seeking the ethical tenet of justice (Burns-Nader et al., 2021). Furthermore, I believe that as an aspiring certified child life specialist (CCLS), it is my duty and responsibility to constantly seek ways to expand my knowledge on children and their development– in order to ensure my ethical decision making model does not remain stagnant, evolving with society and the challenges children face.

To guide my decision making, I will follow the tenets of healthcare and professional ethics. However, it must be emphasized that ethical decision making is not categorized as black and white, and oftentimes CCLSs are placed in difficult situations where there are no “right” answers. In these situations, it is important for CCLSs to remain confident in their decision making ability, relying on their own ethical principles as well as the ones outlined by the ACLP.

My first ethical principle is competency, and as a certified child life specialist I will always be looking for ways to expand my knowledge on the practice by attending conferences, participating in and reading research, while also remaining confident in my knowledge and beliefs by not second guessing my decisions, aligning with Principles 5,6, 8 and 9 of the Child Life Code of Ethics (Burns-Nader et al., 2021). Another principle in my model is advocating for

child life as a career. I already find myself doing this in my everyday life because so many people, including families of children hospitalized, are not aware of the services child life offers. I have made it a personal goal of mine to advocate for our field and raise awareness for it, and I plan to continue doing this once I am certified. I can also practice this by fulfilling my obligation to train and supervise future CCLSs when I become certified reflecting Principle 12 of the Child Life Code of Ethics (Burns-Nader et al., 2021). Finally, my principle is communication.

Communication between patients and their families can be challenging in a hospital setting where medical teams consist of numerous doctors, nurses, specialists, and therapists. As a child life specialist it is my responsibility to ensure families are involved in group decision making, giving them a sense of control during difficult times. Additionally, the same goes for hospitalized children. Communication is key to allowing children to feel a sense of autonomy even if it is something as small as choosing what color bandage they want. It can also be used in situations where a child is terminally ill and deciding what they want their legacy to be. This reflects the ethical tenets of beneficence, respect for autonomy, and respect for persons (Burns-Nader et al., 2021).

Laws and Rules

The ACLP expects all members and participants to, “uphold ACLP’s commitment to delivering and supporting a positive environment for all ACLP members and others affiliated with ACLP” (*ACLP Professional Code of Conduct*, 2023). To ensure my personal ethical decision making model reflects the values of the child life profession, I must be aware of the ACLP Professional Code of Conduct, while aligning my personal values and ethics with it. One of the rules is to support “diversity, equity, and inclusion through ACLP,” while also “exhibiting common courtesy and civility” (*ACLP Professional Code of Conduct*, 2023). I can do this by

doing my best to eliminate any personal biases I may hold, so I can assess a situation objectively. By displaying common courtesy and civility, I am ensuring that the environment I create is a safe space for patients and their families where they can feel comfortable asking difficult questions without judgement.

Situational Factors

In order to remain objective, situational factors must be considered and identified to eliminate bias as quickly as possible. Situational factors could include, but are not limited to the setting in which a CCLS works. Some child life specialists work in environments such as community outreach centers, schools, camps, and disaster relief areas. For example, when providing services for children seeking refuge from disaster, confidentiality— one of the tenets of professional ethics might be exercised differently than it would in a hospital setting. Without a personal ethical decision making model, this may be hard to navigate due to the lack of clear guidelines regarding an environment other than a hospital.

Personal and Contextual Factors

Since I will lack experience compared to my older colleagues when entering this profession, I must be open to criticism and willing to ask questions so I can best represent the practice of child life. I admit that oftentimes I am hesitant to ask questions in fear that I might be considered “dumb” or incompetent. However, I must put aside my own fear so that I can expand my knowledge, especially since the wellbeing of a child is at stake.

I also will need to be aware of my own religious and political beliefs when practicing as a CCLS. I was raised a Christian and still consider myself to be one, so I need to understand that sometimes my own religious beliefs may not align with the beliefs of my patients and their families, and I must not let it impact my decision making and relationship with a child and their

family. This can be accomplished by engaging in critical moral reflection, which would allow me to, “take reflective distance without becoming too detached,” from my own experiences and those of my practice (Hoven & Kole, 2015, p.152).

Application of Ethical Decision-Making Model

Ethical Decision-Making Model

The first step in my ethical decision-making model is to identify the ethical problem and align the issues with the ACLP Code of Ethics. Obviously, not every situation is going to clearly align with the code, however, that is why it is important to create your own decision making model. By engaging in critical thinking, child life specialists must find ways a situation can relate to the code of ethics in order to stand firm and have confidence in their decision making.

The second step is to identify personal beliefs and biases, working to eliminate them—while also asking appropriate questions respectfully and compassionately, to better understand decisions rooted in cultural and/or moral beliefs. Third, after engaging in dialogue with the family, the child life specialist must use critical moral reflection to remove self from the situation, in order to maintain a positive relationship with the family that respects differences in decision making.

Furthermore, if the child life specialist follows the three steps above and still feels unsure of how to proceed, they must ask a supervisor for help and guidance in the situation. After this, the CCLS must continue to create a positive and welcoming environment, allowing the family to ask questions without feeling judged. Present the family with options, utilizing respect for their autonomy in decision making. Engage in compassionate, but clear and firm dialogue. Then, after conversing with the family, confidently make a decision regarding how to move forward with the issue after consulting with other medical staff on the team. Finally, the CCLS must continue

caring for and providing support for the child and their family, even if there is a disagreement.

The CCLS should also research and educate themselves more on the issue, so they can feel better prepared for similar situations in the future.

Ethical Dilemma

An eight-year old girl is hospitalized for having the measles. Luckily, she is expected to make a full recovery. However, due to religious and political beliefs, the family does not believe in vaccines, and they are refusing to allow their daughter to get the measles vaccine before she is discharged despite the doctor urging them to do so. As a Child Life Specialist, you know it is in the best interest of the child, and society as a whole for her to receive the vaccine.

Child life specialists have the duty to do good, while promoting the welfare of the patient, referring to the ethical tenet of beneficence (Burns-Nader et al., 2021). Nonmaleficence is another tenet to consider, because by not receiving the vaccine, the patient risks contracting and spreading the measles virus again, putting those around her in danger. Additionally, based on clinical knowledge and research, medical professionals know the child deserves to be vaccinated for the measles so she can remain as healthy as possible, aligning with the tenet of justice. However, when interacting with the patient and her family, the CCLS must respect the autonomy of the patient and her parents and their decision to refuse medical treatment (Burns-Nader et al., 2021).

Furthermore, Principles 2 and 3 of the code of ethics state CCLS must remain objective while also exhibiting passion, and are obligated to maintain an environment that respects all cultures and religious views. With my model, the ethical dilemma would be the CCLS disagreeing with the families decision to not vaccinate their daughter, aligning it with the principles and ethical tenets mentioned previously. The CCLS would then have to attempt to

eliminate any stereotypes or negative thoughts they have about the parents, while asking appropriate questions to better understand their decision, so they can attempt to educate the family about the risks their daughter faces remaining unvaccinated. They then must engage in critical moral reflection, distancing themselves from the situation without getting too detached (Hoven & Kole, 2015).

Furthermore, if they are still having difficulties remaining objective in this situation, they should ask a supervisor for guidance on how to move forward. The CCLS must continue to make the family feel comfortable in their environment, while also guiding their decision making by engaging in conversations educating them on the risks their decision brings remaining compassionate—aligning with Principle 5 in the code of ethics (Burns-Nader et al., 2021). In this situation, after speaking with the CCLS, the family remains firm in their decision to not vaccinate their daughter, so after consulting with the medical team about how to proceed when interacting with the family, they can move forward confidently knowing that they did the best they could in this situation. Finally, the CCLS can better prepare themselves for similar situations in the future by researching and talking to colleagues to help build their confidence. This reflects Principle 8 of the Child Life Code of Ethics (Burns-Nader et al., 2021).

Conclusion

By creating my own ethical decision-making model, I feel better prepared for my future career as a Child Life Specialist. I was able to reflect on my own morals and values, and create a guide on how to act that aligns with ACLP standards, making me confident in my ability to make difficult decisions.

References

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