

HIV Risk Reduction

A quarterly newsletter of the Division of Addictive Diseases for professionals in HIV and SA prevention
Volume 13, Issue 2



Making Tough Choices *A Guide to Ethical Decisions*

As a practicing psychologist and Emory University assistant professor, Chanda Cottingham Graves, Ph.D., has a unique opportunity to educate future mental health professionals on innovative mental health counseling techniques through her work at Grady Ponce de Leon Center in Atlanta, one of the Southeast's premiere

HIV clinics. A graduate of Howard University, Temple University and Rutgers University, Dr. Graves is a leader in the field of HIV counseling, and is a published author and sought-after speaker on a number of HIV-related topics, including ethical decision making.

While in graduate school, Dr. Graves became interested in the challenges facing HIV positive young people and their families, and began working in an HIV clinic that primarily served HIV positive youth. Her interests gravitated toward the issues of medication adherence and illness, making a clinical or medical setting ideal for her practice.

"As I worked with HIV positive children, teens, and young adults, I began to see frequent ethical dilemmas arising for health professionals," says Dr. Graves. "At the same time, as I supervised students in their clinical practice, we began having more and more conversations about how nurses and counselors can best guide their decision-making process. How do we navigate through state laws, agency policies, regulations and ethics, and ultimately establish a way of thinking about ethical decision making when, in many cases, the laws and policies do not provide specific guidance?"

According to Dr. Graves, the law is often regarded as the minimal standard of ethical practice, and this works well where the law can be clearly applied to a situation. For example, a counselor may be aware that an HIV positive adult is continuing to seek out sexual partners, but the law clearly forbids the

counselor from revealing the consumer's medical status to others.

"Many times, unfortunately, healthcare providers will find themselves in an ethical dilemma where the law doesn't necessarily speak to the issue. So, if the health professional works for an agency, the next usual set of guidelines are the agency's policies. If they can't find an answer there, then they might review their professional ethics code for direction," she says.

Ethical issues can be extremely personal, and often, there are no right or wrong answers. Everyone brings to the table their own cultural biases, backgrounds, belief systems and family histories. These beliefs can impact reactions by healthcare professionals to what participants may present in treatment. Some of the most difficult challenges occur when there are conflicts between the clinician's values and the individual's behaviors, especially when navigating the complex issues of mental health, substance abuse and HIV.

"It's easy to say clinicians will completely relieve themselves from the situation, but in fact, our own values and principles come into play, particularly in ethical dilemmas where there is no clear right or wrong answer," says Dr. Graves. "The professional may come up with what he or she believes to be the

right course of action, but often, the decisions flow from his or her personal beliefs, and the clinician may not even realize that is what's happening."

"Ethics is not a set of black-and-white rules like laws and policies, but instead, it's a kind of philosophical framework to which one can approach moral issues

and evaluate the choices and actions people take to deal with various aspects of daily living," Dr. Graves explains. "And, because there can be conflicting priorities in ethical dilemmas, for example, the privacy rights of the HIV-positive consumer versus the health and safety rights of his/her partners, it's useful to talk about five principles of ethics."

"The first principle is 'Justice', which assumes equality. This means the physician or clinician

will treat patients equally and give everybody their due portion of service. This principle applies to the individual as well as on the larger societal level and insures that no consumer is discriminated against or denied access to treatment that others have. The second principle is 'Autonomy', which assumes people have the right to make decisions for themselves as long as their decisions or actions don't interfere with the welfare of others. This principle respects the unconditional worth of the individual and promotes the concepts of self-governance, self-determination, and self-rule."



In working with the ethical principle of Autonomy, a clinician may ask themselves: "Is the client making a decision that will cause significant harm, or is this just a decision that I don't like?"

“Number three is ‘Beneficence’, where the focus is on the responsibility to do good or to improve or enhance the welfare of the person being treated. However, the clinician must take the individual’s point of view and cultural context into account before determining what ‘doing good’ truly means. Next is ‘Nonmaleficence’, or to do no harm. This principle is frequently highlighted when discussing consumer exploitation, such as sexual contact or financial exploitation. Both of these examples are active means of doing harm to a client. However, doing harm also can be more subtle, especially within the population of HIV-infected substance abusers. And finally, there’s ‘Fidelity’, where we tell the truth and keep our promises. But, if a clinician is going to keep promises, he or she must be clear about when the promises may have to be broken. For instance if the consumer is suicidal or homicidal, it may be necessary to breach confidentiality.”

Most ethical codes and guidelines are built on these five principles, but even so, it can be extremely difficult to act on all five principles at once, and the principles can be in conflict with each other in some cases. For example, to improve someone’s autonomy, you might have to minimize another principle. Dr. Graves suggests the decision maker must consider all of the principles and determine the justification for maximizing or minimizing each.

Ethical situations that arise in treating people with issues around mental health, substance abuse, and HIV can be complicated and frustrating, but they don’t have to be managed in a vacuum. Dr. Graves recommends clinicians seek consultation with a peer or a supervisor who can help think through a situation and provide a different perspective, or offer expertise in areas such as agency policy and the law.



Talk it Over

We are all influenced to some degree by our cultural biases, background, and belief systems. These can affect an HIV Early Intervention Services nurse or counselor’s reaction to a client.

Some of the most difficult challenges occur when there is a conflict between the clinician’s values and the individual’s behavior, especially because HIV EIS workers serve clients at the intersection of three interlocking epidemics: mental illness, substance abuse, and HIV.

What that means is that a worker’s decision about “the right course of action” may stem from their personal beliefs without their being aware of it.

When wrestling with an ethical decision, it can be helpful to consult a peer or supervisor. Often, a colleague can bring a fresh perspective to the problem. They may be aware of agency policy or the law.

HIV EIS nurses and counselors are also encouraged to contact Imagine Hope CEO Marie Sutton at 404.606.1728 to discuss ethical challenges you may be facing.



Dr. Graves says a number of ethical decisions arise over wanting to support the right of the consumer to make his or her own treatment decisions, but fearing those decisions will harm the individual or others.

The issue of competence can be one of the most difficult to determine when working with the HIV and substance abuse communities. These persons can be affected by numerous neuropsychiatric, metabolic, nutritional, and psychological concerns that can affect their judgment. In these cases, it is not fair to the consumer to allow for full autonomy in decision making as he or she could unwittingly harm himself or others. Yet it is not always clear whether the person is truly incompetent, and the process of proving incompetence can be difficult. And, even people who are not impaired will often make decisions their clinicians would never make for themselves.

“As clinicians, we must ask ourselves if the person is making decisions that will cause significant harm to himself or to others, or is this just a decision we don’t like? Obviously, there’s a difference. And if the decisions will cause the person significant harm, we might have a legal or ethical obligation to insure their safety, despite the principle of autonomy,” says Dr. Graves.

“I want to stress that with ethical dilemmas, there is usually not a clear right or wrong answer when the situation doesn’t fall within the guidelines of the law, agency policies or professional ethics code. An ethical decision-making model is a framework for healthcare professionals to use to decide upon a course of action for the person they are treating. And two different clinicians may come up with two different decisions that are both ethically supported. It’s the consideration of the various ethical principles of justice, autonomy, beneficence, nonmaleficence and fidelity that informs the difficult decisions.”

Ethics: 5 Principles

Justice – Treat clients with impartiality.

Autonomy -- Clients have the right to make decisions for themselves as long as they don’t interfere with the welfare of others.

Beneficence -- The responsibility to do good. ‘Doing good’ may be different for different clients depending on their culture and worldview.

Nonmaleficence -- Do no harm.

Fidelity -- Tell the truth; keep promises. Be clear up front about the conditions under which confidentiality must be breached.

HIV Early Intervention Services (EIS)

is a program of

Division of Addictive
Diseases Georgia Department
of Behavioral Health and
Developmental Disabilities



Prepared by

Imagine Hope Inc.

Marie Sutton
President/CEO
404.874.4040 PH
marie@imaginehope.com

Winona Holloway
VP - Communication
404.923.8991 PH
winona@imaginehope.com

For information visit
www.hiveis.com

