ETHICS, OBJECTIVITY AND VALUE DISTORTION IN SOCIAL AND MEDICAL SERVICES

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Abstract

By the issue addressed and the way the topic is approached, the paper is positioned in the conceptual field specific to the phenomenon of 'values in health and social services'. The paper offers both a detailed picture, as well as a summary of the values and ethics of assistance work within the current context of the message 'unity in diversity'. We can be strong, we can be prestigious and can especially be 'human' through the values underlying our actions, through the principles that guide our behaviours and attitudes. The purpose of this article is to clarify the conceptual aspects of values and ethics in situations in which 'lives are saved', whereby behaviours are formed, social facts structured and attitudes motivated.

1. Introduction

The idea of addressing this issue started from the fears and concerns of the people working in domains that focus on man's needs and resources. Such a social worker said: "The first question I asked as a social worker was: Can I be impartial with the people I tend to? What if my desire to do better does more harm? I was wondering how I would do it, especially since I am a state employee, where bureaucracy is still in bloom."

From the meetings with people working in such domains as medical or social services, the tensions between the *theoretical problems of justice* and the ones regarding *human needs, relationships with others, the obligation to protect others* become clear [1]. Both the social and the medical professions promote social changes, everyday life problem solving, physical, mental and spiritual

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health, in order to improve well-being. Using theories regarding human behaviour and social systems, the aforementioned intervene in the points where people interact with their environment (IFSW/IASSW 2000/2001), and this should not be overlooked.

These professions are, by their position within the social construction, subject to technological, economical, cultural and political changes and transformations, which mark the social reality. As the intensity of these changes increases, the more diverse the forms of social intervention become.

2. Case studies, from historical perspective

Encompassing important aspects of the social and health service values development throughout history (starting with concerns regarding the morality of the poor, continuing with social justice issues and up to clinical interventions and psychotherapy) there have been synthesized six major guidelines within the evolution of assistance ethics [2-4]. Thus, regarding the intervention of the social worker, throughout history the following guidelines have prevailed, without excluding each other: paternalism, social justice, religious dogma, clinical approach, defensive perspective and denial of morality.

These variety of circumstances that influence the approach of social ethics has fundamentally changed the way in which future practitioners are educated and trained [5].

Ethical reasoning in social and health services is both a commitment to respect, share and own some values (complying with ethical standards and best practices) as well as the acceptance of one's professional decisions in one's own consciousness. "You have to take into account the special characteristics of the social worker profession practiced in a pluralistic society, characterized by a variety of ideas on how to live a good life, by moral pluralism and by diversity of personal rights." [1, p. 28]

3. Impact of the historical perspective on the promoted model of assistance

The relationship between ethics and social/health assistance is not easy, given the socio-cultural and economical changes that the world has suffered or the stages of development of these professions and their modernization (Table 1).

This relationship between ethics and social assistance is based on altruistic motives, like helping others. If we approach this relationship from the point of view of the individual social and health service dimension, then helping other human beings, in cases of emergency, appears to be a basic 'natural' anthropological reaction. From a psychological perspective, altruism is based on self-esteem and social trust. Denying an altruistic act involves a risk of embarrassment and social isolation.

Table 1. Synthesis of ethical perspectives concerning social assistance over time (adaptation from Reamer [5]).

Perspective	Characteristics
Paternalistic perspective	• The professional mission is to enhance the correctness of the assisted • Promotes a healthy, lucrative life, filled with virtues and independent of state support. • The purpose is to help the needy (the hungry, the homeless, the unemployed) mobilize their internal resources to achieve their well-being. • *Those who have strayed from the path of righteousness must be helped to return.*
Social justice perspective	• Dependence is the effect of structural dysfunctions within the cultural and economical life • Poverty, unemployment, crime and some mental illnesses are the result of a culture that has lost its moral sensitivity. • The effects of capitalism and racism produced a hurt and scared proletariat • Promotion of equality, social solidarity, redistribution of wealth, social services, justice, decency and compassion.
Religious perspective	• Religious beliefs play an important role in providing social services • Charity means Christian love and derives from religious feeling
Clinical perspective	• Focuses on ethical dilemmas that arise in social assistance to individuals, families and groups • The main issues addressed are: confidentiality, communication, consent, paternalism, conflicts of interest, compliance with institutional laws, rules and regulations
'Defensive perspective'	• Focuses on protecting practitioners in response to allegations of various forms of negligence, malpractice • Includes concerns regarding liability and risks within assistance interventions
Amoral perspective (denial of morality)	• Specific to the practitioners concerned with the specific technical dimension of social assistance

Ethics must address these issues on the macro- and micro-level. Ethics must be seen as part of social theory, not separate from it. Ethics and politics, therefore, should be seen as two sides of the same coin, rather than separate domains. Hugman [6] considers that it is not possible to isolate these aspects. Indeed, "it is more useful to think of ethics in terms of the interaction between individual morality and social norms". "Once we get into the social domain, we are sure that we will also enter politics, for wherever there are people, there are also relations of power." [7]

Ethics regarding protection/care is a concept that emerged in the 80s, conceived by feminist theorists. Ensuring the protection/care in an organized manner is essential. Tronto believes that each step/stage of organized protection has its own ethical element: *those steps require attention, care requires responsibility, one that provides protection requires competence, the act of receiving care/protection requires reaction.* "At each step/stage moral failure is possible." [1, p. 35]

Ethical awareness is a fundamental element of quality health and social care. "In terms of existentialism, ethics should be conceptualized as a set of guidelines which must be adapted to the actual circumstances of practical discovery." [7, p. 20]

If we approach things not only from the perspective of the dimension of social assistance within a community, but also from the medical point of view, then "helping and receiving help from the community is a necessary duty, which protects social harmony and cooperation. In a community, the erosion of the altruism based social networks involves the risk of political turmoil and weakening economical strength." [1, p. 27]

The professional intervention of the social assistant or of the doctor, involves harmonizing the individual interests of the assisted/customers (due to the peculiarities of every human being), with the personal rights and values promoted by laws, and by the human rights declarations and goals, such as inclusion and social cohesion. Basically, any intervention is based not only on scientific knowledge and structured methodology, but also an ethical choice.

Deontology is considered to be ethics based on notions of obligation, within which all human beings are regarded as particular moral ends, thus having the moral duty to respect and be respected by all other human beings [6, p. 125].

Social workers are characterized as 'lacking of time and money', i.e. lacking motivation to engage in structural and organizational reform. A social workers supervision professional declares that distortions in social work values may appear because many social workers lack capacity of critical awareness regarding their position; they lack the power and space to reflect and manage the contradictions inherent to their profession. To overcome the distortion of values and face the professional conflicts that are sometimes subtle and take the form of abuse of power, often used against the assisted, "they must remain constantly aware of the logic of the conflicts and the involved values" by the act of care giving [8].

Ethics is ultimately a rhetorical device, motivated by self-interest, being a regular part of a social group or collective (in the Weberian context). This includes the aspiration to be a 'professional' in a competitive business market.

To be able to talk about the objectivity of values we should take into account each person's specific differences concerning his/her awareness of these values. We propose a: "recognition of the values underlying the social work and acting in accordance with them" [7].

When addressing the issue of ethics and objectivity and the distortion of values, we must not lose sight of the social care service users. There are education instructors or attendants who talk about 'children within the system' 17-18 years old, who refuse to wash their underwear or clean up their room. 'That's what you are paid for' say the children to the attendants. "The system is the one who made the children become used to this", say the attendants and educational instructors, losing sight of the fact that these children were raised and educated by them, as representatives of the system.

4. Ethics and moral Orthodox morals for health and social care

Regarding ethics and specific theological moral values within the discourse about human health, the Orthodox theology considers the following to be outlines. "Man is, in his depths destined for spiritual experiences, which are able to restore the ruptures and build bridges over otherwise impassable chasms. These are the only ones able to offer the straying man a path to return to shore and these precisely define the spiritual experience. In this way we can truly understand the opportunity offered to man by the state he fears so much and which we call suffering. When his straying and loss seem so complete, it is precisely that suffering that becomes his guide to salvation. Suffering is meant to bring him back to the light and to the rest, that has eluded him, like a mirage from the lost man in the desert." [9]

Thus, from a theological point of view, suffering is perceived as a pedagogical and purifying element, both to the suffering individual and to those who assist him. The universal presence of pain in this world is an undisputed fact, because each individual has experienced both physical and psychological/spiritual suffering throughout his life. "There is no man who has never been confronted with illness throughout his life. This is inevitably linked to the human condition. No organism is completely healthy. Health is nothing else than a temporary balance between the life forces and other forces opposing them, the former ones owning but a fragile supremacy. (...) Even when we think we are completely healthy, the disease already lies within us and it would be enough for only one of our defence mechanisms to weaken, for the illness to appear, in one form or the other." [10]

Starting with the early Christian centuries and up until the second half of the 19th century the main role in social assistance work was assumed by the church, the family and the local community. Regarding the Church, the structures implied in activities of assistance, either at the parishioner's home or

at residential compounds were the monasteries, parishes, deaneries and archdioceses [11]. This is why a contemporary Greek theologian, G.D. Metallinos, referred to the parish as a 'spiritual hospital', its meaning being the sole and invariable purpose: making its members true believers [12].

Although Opriş [13] in his study, conducted by questioning 400 high school students from Romania, shows that 79% of the students perceived health as a value. What moral aspects related to health are concerned, results show that ranking the list of health related moral activities are donations for sick people. Although in reality social work, healthcare and the mentality of students at least give great importance to health and social care, the situation does not improve, because, without a Christian-Orthodox morality, the social care services become a mere fund consumer, while health and standards of living continue to decline. Without the Orthodox ethical and moral code, any health or social care employee risks to become a victim of a system, in which the assisted become only files, file codes, sicknesses or professional duties.

5. Conclusions

Within the ethics of empowerment, of accountability it is important to outperform. To socially assist does not mean to work instead of those who are vulnerable, but to involve them in solving their own problems. Therefore, *the involvement of the assisted* in the act of assisting is particularly useful in order to be able to speak about the objectivity of values.

Value distortions are significantly reduced when the intervention of those providing health and social services is oriented towards the specific needs, skills and potential of the assisted persons. To speak of the transition from distortion of values to their objectivity, the ethical theory in social/health care should be based on life experiences and focus on ethical values as skills that need be cultivated.

What the Orthodox Church is concerned, regarding all considerations discussed we can affirm that its mission "takes into account those who are not part of the Christian community and is moving towards the members of its community" [14] by cultivating the sense of closeness to people and by positioning man in the centre of creation, as its most important element. The Church provides a proper moral and ethical system for developing a model behaviour in terms of health and social care.

References

[1] R. Grossmanss*, Justice versus Care – A Dilemma of Ethics*, in *Ethical Dilemmas in Social Work: International Perspective*, D. Zaviršek, B. Rommelspacher & S. Staub-Bernasconi (eds.), Faculty of Social Work, Ljubljana, 2010, 30.
[2] F. Reamer, *Ethical Issues for Social Work Practice* in *Social Work in the Twenty-First Century,* M. Reisch & E. Gambrill (eds.), Pine Forge/Sage, Thousand Oaks, 1997, 340–349.
[3] M. Bănică, Eur. J. Sci. Theol., **8(3)** (2012) 7-9.

[4] N. Gavriluță, Eur. J. Sci. Theol., **8(3)** (2012) 65-73.
[5] F. Reamer, *Social Work Values and Ethics*, Columbia University Press, New York, 1999, 17.
[6] R. Hugman, *Ethics in a World of Difference in Ethics and Social Welfare*, Routledge, London, 2008, 125.
[7] N. Thompson, *Existentialist Ethics: From Nietzsche to Sartre and Beyond in Ethics and Social Welfare*, Routledge, London, 2008, 19.
[8] M. Maiss, *Ethical Learning and Ethical Deliberation in Social Work: Remembering some Aspects of the Pragmatist Approach of Social Ethics in Ethical Dilemmas*, in *Social Work: International Perspective*, D. Zaviršek, B. Rommelspacher & S. Staub-Bernasconi (eds.), Faculty of Social Work, Ljubljana, 2010, 41.
[9] I. Bădescu, *Noologia*, Valahia, Bucharest, 2002, 128.
[10] J.C. Larchet, *Disease theology*, Oastea Domnului, Sibiu, 1997, 33.
[11] A. Badiu, *National social assistance system today*, Agnos, Sibiu, 2008.
[12] G. Metallinos, *Parish – Christ in our midst*, Romanian translation, Deisis, Sibiu 2004, 8.
[13] D. Opriş, *From the suffering of the youth, to the youth of suffering. Analysis of the results of research ascertaining the human condition between suffering and love of God– Disease therapy and palliatve care*, Reîntregirea, Alba Iulia, 2012, 39-58.
[14] A. Pavel, Eur. J. Sci. Theol., **9(suppl. 1)** (2013) 163.