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Article abstract

For many healthcare professionals, identifying the ethical issues arising from their professional practice can be a challenge, for a variety of reasons. This paper presents a typology of six different types of ethical issues that can support the development of healthcare professionals' ethical sensitivity, i.e., their ability to identify ethical issues encountered in their day-to-day practice. In addition to defining each of these issues, i.e., ethical blindness, myopia, dilemma, temptation, silence, and distress, examples are given and possible solutions proposed.

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A Typology of Ethical Issues to Better Support the Development of Ethical Sensitivity Among Healthcare Professionals

Marie-Josée Drolet[a]

Résumé
Pour plusieurs professionnels de la santé, repérer les enjeux éthiques inhérents à la pratique de leur profession demeure un défi parfois important, et ce, pour diverses raisons. Cet article présente une typologie comprenant six types d'enjeux éthiques susceptibles de soutenir le développement de la sensibilité éthique des professionnels de la santé, à savoir leur capacité à repérer les enjeux éthiques rencontrés dans le quotidien de leur pratique. En plus de définir chacun de ces enjeux, c'est-à-dire l'aveuglement, la myopie, le dilemme, la tentation, le silence et la détresse éthiques, des exemples sont donnés et des pistes de solution sont proposées.

Mots-clés
typologie, éthique, moral, enjeu, tension, défi, problème, dilemme, compétence éthique

Abstract
For many healthcare professionals, identifying the ethical issues arising from their professional practice can be a challenge, for a variety of reasons. This paper presents a typology of six different types of ethical issues that can support the development of healthcare professionals' ethical sensitivity, i.e., their ability to identify ethical issues encountered in their day-to-day practice. In addition to defining each of these issues, i.e., ethical blindness, myopia, dilemma, temptation, silence, and distress, examples are given and possible solutions proposed.

Keywords
typology, ethical, moral, issue, tension, challenge, problem, dilemma, ethical competency

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INTRODUCTION

For many healthcare professionals, identifying the ethical issues arising from their day-to-day practice is not always straightforward (1). This challenge is unsurprising given that ethical issues are complex situations that often involve difficulty in balancing, or even potentially compromising, the relevant values for various reasons (2). Additionally, moral values are abstract concepts of an evaluative nature that are challenging to perceive (3). Complicating matters further, ethical issues are frequently embedded in structural dimensions, stemming from structural injustices or even systems of oppression that are intricate and challenging to discern and decipher (4-5). This complexity is pronounced for healthcare professionals, who are often privileged in different and potentially overlapping ways and may not be personally affected by these injustices or oppressive systems, making them less able to perceive the ethical issues arising from these systems. In addition, the lack of consistent and sufficient ethics training among many healthcare professionals contributes to the difficulty in recognizing ethical issues inherent to their practice (6-9). Therefore, it is not surprising that many healthcare professionals find it challenging to identify the ethical issues encountered in their practice.

This paper aims to address this challenge by proposing a typology of ethical issues to enhance the ethical sensitivity of healthcare professionals. Having studied different typologies of ethical issues over the last few years (10-12), six types of ethical issues emerge from the literature that are likely to support healthcare professionals in their day-to-day work (1,13-14). Drawing on Fulford's (15) value-based practice of medicine and Swisher et al.'s (2) model of ethical deliberation in physical therapy, this typology proposes six different types of ethical issues, i.e., ethical blindness, myopia, dilemma, temptation, silence, and distress. This typology has been presented to various professional audiences, although only in French, and received positive feedback regarding its efficacy in supporting the development of ethical capacity to perceive different issues in day-to-day professional practice.

A TYPOLOGY OF ETHICAL ISSUES

Although the concept of an ethical dilemma (i.e., being torn between two ethically desirable but irreconcilable options) is used extensively in bioethics (16), as well as in writings related to healthcare (17,18) and rehabilitation (12), to discuss a range of ethical issues experienced by many healthcare professionals, the ethical issues faced by healthcare professionals go far beyond ethical dilemmas. Indeed, in their daily practice, healthcare professionals are also confronted with other types of ethical issues, such as ethical blindness, myopia, temptation, silence, and distress (2,15). Even though these ethical issues are not mutually exclusive, nor do they cover all the ethical situations experienced in professional practice, their separation into distinct concepts can shed light on the complex ethical dimensions of professional practices; further, they are more likely than ethical

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dilemmas alone to support the development of ethical sensitivity by healthcare professionals. The following sections define each of these ethical issues, supported by examples and possible solutions.

Ethical Blindness

Building on Fulford's (15) concept of "value blindness", which refers to a professional's inability to perceive the values at stake in a situation, ethical blindness occurs when a healthcare professional fails to recognize the presence of an ethical issue (1). In so doing, the professional is at risk of perpetuating or contributing to the situation, without being aware of the resulting harms. Ethical blindness can arise for various reasons, such as an individual's lack of ethical sensitivity, the privileges a person derives from a given situation or the maintenance of the status quo, or the socialization of a healthcare professional in a specific sociocultural context that normalizes certain injustices, discriminatory or oppressive practices (1). As a result, healthcare professionals may unintentionally exhibit ethical blindness by perpetuating certain injustices or adopting stigmatizing or discriminatory practices that stem from systems of oppression, such as ageism (19), ableism (20-21), classism (22), fatphobia (23), racism (24), sanism (21,25), suicidism (21,26), or transphobia (27), to name a few examples. It may be useful to specify that these systems of oppression are respectively related to age (ageism), abilities (ableism), social class (classism), weight (fatphobia), ethnicity/race (racism), mental health (sanism), sex (sexism), suicidal ideas (suicidism), and transgender identity (transphobia). Paradoxically, it is important to note that the expression "ethical blindness" is ableist and therefore in a way carries an ethical blindness, in that it presupposes that being blind to something is somehow negative. That being said, I have not been able to find a better term to name this issue. In summary, ethical blindness highlights a particular type of ethical issue that arises in professional practice, which is linked to potentially harmful implicit biases (28-30) that healthcare professionals may have. If unrecognized and poorly managed, this type of ethical issue is likely to engender harms, microaggressions or discrimination that can stem from various types of oppression, stigmatization, etc.

To unveil their own ethical blindness, healthcare professionals would benefit from: 1) becoming aware of their potentially harmful implicit biases and managing them appropriately (28-30); 2) cultivating their epistemic virtues, particularly epistemic humility (31), such that they never presume to possess innate knowledge nor to always be right; 3) engaging with and appreciating individuals who have characteristics, perspectives, and experiential or professional backgrounds different from their own (30); and 4) evolving within compassionate organizations that are open and receptive to the perspectives and contributions of marginalized groups in a context of transdisciplinarity (32).

Ethical Myopia

Intimately linked to ethical blindness, ethical myopia occurs when healthcare professionals wrongly assume that others share their values and beliefs, or that they should do so (15), because they presume that they have universal significance. In such situations, professionals may impose their values on others, thereby using their professional, moral, and epistemic authority in an abusive manner. This type of ethical issue is particularly common when healthcare professionals intervene in a sociocultural context different from their own. They are thus at risk of ethnocentrism and colonialist practices (24,33-34). For instance, when healthcare professionals impose a culturally situated view of health and well-being on individuals from a different culture, it constitutes a situation of ethical myopia (1), i.e, akin to demonstrating ethical imperialism.

Considering that theories, conceptual models, and clinical tools used by healthcare professionals mostly emerge from Western perspectives on health and human well-being (35), healthcare professionals are at risk of imposing Western views on Indigenous and racialized individuals, assessing their health or functioning based on standards rooted in their own culturally situated perspectives (24,33-34). By doing so, they risk basing their interventions on assessments lacking scientific validity, devaluing patients' cultural identity, generating cultural insecurity, and perpetuating profound health inequities (24,36). Healthcare professionals should strive to increase cultural diversity within their ranks to better address the needs of Indigenous and racialized individuals (37). Moreover, they would benefit from using assessments and interventions that respect the cultural identity of patients that were designed by, with and for these populations (38-40). To achieve this, more research is needed that includes the knowledge and experience of populations traditionally marginalized, discriminated against, or oppressed.

Ethical Dilemma

Generally better known to healthcare professionals, ethical dilemmas correspond to situations in which a professional is torn between two ethically desirable options, but which are irreconcilable or difficult to reconcile (2). In such situations, "two alternative courses of action may be taken, both of which fulfill an important duty, and it is not possible to fulfill both obligations" (2, p.5). A relevant way of describing these ethical issues is to assert, as Kidder (41) does, that they correspond to "right versus right" situations. Although, in this type of situation, the final decision will be based on an ethical good, that is to say, a moral value, the fact that one or more moral values will have to be set aside (because it is impossible to respect them all in the given context, as they are incompatible or even irreconcilable) makes this type of ethical issue agonizing for healthcare professionals.

To provide an example, situations that put the respect for the moral value of patients' autonomy in tension with moral values such as beneficence, safety, or life are often reported by various healthcare professionals (42-43). Situations that place the preservation of the therapeutic alliance, ensuring respect for professional confidentiality, in tension with the protection of individuals in vulnerable situations are also extensively discussed in the literature (44-47). To address these ethical issues, various methods of ethical deliberation and ethical frameworks are proposed in the literature to support the ethical reflection of healthcare professionals and their team (1,2,16,17,48-57).

Ethical Temptation

As summarized by Swisher et al., ethical temptation "involves a choice between a 'right' and a 'wrong,' and in which [a professional] may stand to benefit from doing the wrong thing" (2, p.5). Unlike an ethical dilemma, ethical temptation creates a tension between an ethically desirable option (option based on moral values) and an ethically undesirable option (option based on personal or organizational interests that compromises the needs, rights, or interests of patients or colleagues). In such situations, healthcare professionals are tempted to choose the ethically wrong path due to personal or organizational benefits associated with that option. In other words, ethical temptation resembles a conflict of interest. While it may not necessarily be unethical for healthcare professionals to act in their own or their organization's interests, it becomes so when the needs, rights, and interests of patients are compromised in the process.

Generally, situations of ethical temptation are more likely to arise in private practice settings where financial or reputational interests conflict with the care and services provided to patients (45,47,58-60). Considering the various incentives (e.g., gifts, cruises, dinners, trips, etc.) offered by pharmaceutical companies or suppliers of different healthcare and rehabilitation devices (45,58,60), it can be tempting for a professional to recommend certain medications or devices to patients over others that may better meet their needs, or to favour certain suppliers regardless of their relevance. Clearly, the needs, rights, and interests of patients must take precedence over those of professionals, companies, and suppliers. The practices of pharmaceutical companies and suppliers unduly influencing the reasoning of healthcare professionals would benefit from better regulation to prevent conflict of interest situations, namely ethical temptations, that have the potential to negatively impact the quality of care and professional services provided, as well as professional independence. Regarding situations that can harm colleagues, it is possible that a professional does not disseminate information related to available training, posted positions, or promotion opportunities to prevent these advantages from being obtained by their colleagues rather than by himself or herself.

Furthermore, it is not always easy for professionals to determine if they are experiencing an ethical temptation or are in a situation of conflict of interest. To assess this, Kidder (41) has devised three questions or tests that professionals could ask themselves: 1) Is the action illegal or contrary to the code of ethics (legality test)? 2) Would it damage my credibility if this action were made public in the media (publicity test)? 3) Would a virtuous person avoid taking this action (virtue test)? When a professional answers affirmatively to any of these questions or tests, they are likely in a conflict of interest and thus faced with an ethical temptation to which they should not succumb.

Ethical Silence

Situations of ethical silence arise when adherence to moral values is compromised within an organization, and nobody speaks up for various reasons, allowing the ethical issue to persist unduly (2). In other words, an *omerta* may exist within a healthcare organization surrounding certain ethically problematic situations, with the result that these situations are tolerated and therefore persist. There are several possible reasons for this. For example, unequal power dynamics in a workplace may operate in a way that prevents anyone from daring to criticize authority. Healthcare professionals may also have doubts about their interpretation of the situation or fear job loss or reputational damage if they report these situations. Additionally, friendships among colleagues may hinder the reporting of ethically or legally questionable practices, as a professional may feel uncomfortable reporting the actions of a colleague who is also a friend. When situations of abuse, for example, are tolerated in an organization for various reasons, when undue privileges are given to certain patients on the waiting list because they are known to professionals and no one denounces the situation, or when organizational practices systematically disadvantage certain social groups in vulnerable situations (e.g., people who are homeless, poor, racialized) and no one denounces these practices, we are dealing with ethical silences that are likely to cause significant harm to patients.

More specifically, when professionals observe that a colleague is engaging in fraudulent practices (e.g., falsifying insurance receipts), bad professional practices (e.g., irresponsible conduct in research) or behaving in an ethically or legally questionable manner (e.g., intimate relationships with patients or abuse), but do not report the situation to the appropriate authorities, they are faced with an ethical silence. Trainees (45,61) and young professionals are particularly vulnerable to such situations, given their relative vulnerability. To resolve these issues, it is important to find a way to speak out and thus break the silence (2). Although this requires ethical courage (2), which can be very demanding of professionals, it is necessary to put an end to this type of ethical issue. To achieve this, professionals could firstly discuss the issue with trusted colleagues, to identify with them various strategies for lifting the veil on these ethically problematic situations which have the potential to turn into situations of ethical distress if they persist (2), while also causing significant harm to concerned patients.

Ethical Distress

Finally, ethical distress arises when professionals know what they should do to act ethically but lack the authority or power to do so (2), because they encounter barriers (usually organizational in nature) that prevent them from acting (4,62-63). As a result, they experience a range of negative emotions, such as anger, powerlessness, incomprehension, and a sense of lacking ethical integrity, to give just a few examples. Jameton (63) refers to these negative emotions as ethical residue, which in addition to impairing the professional's quality of sleep and well-being at work, may ultimately lead to a period of professional burnout. In summary, situations of ethical distress resemble "David versus Goliath" scenarios, as they place healthcare professionals in situations where they have little power to act (5).

Increasing pressures on the healthcare system, particularly since the COVID-19 pandemic, have confronted many professional teams with productivity imperatives in a context of extreme scarcity of financial, human, material, and time resources. Many teams have been and are still being asked to do more and faster, with smaller and tired teams, even though they are often already overwhelmed with work (64). In this context, and where performance indicators consider only the quantitative dimensions of their work, many professional teams are forced to emphasize the quantity of care and services to the detriment of their quality or their accessibility to the most vulnerable populations.

To resolve situations of ethical distress or minimize their negative consequences, professionals should work with their colleagues and superiors to identify strategies for overcoming structural barriers to good professional practice. To do this, they will usually need to do advocacy. Moreover, these David-versus-Goliath situations require time, patience, perseverance, and ethical courage, as well as collective action carried out in concert with a large range of partners and collaborators, to be resolved. Various toolkits exist to support healthcare professionals' advocacy efforts (65-70). That said, it is often difficult to resolve such ethical issues fully and quickly; instead, one small change at a time may be the way to deal with such situations.

CONCLUSION

The aim of this paper was to provide a typology of six ethical issues often encountered in practice by various healthcare professionals. Ethical blindness, myopia, dilemma, temptation, silence, and distress were defined and illustrated with examples, and possible solutions proposed for dealing with these ethical issues. These concepts are not entirely mutually exclusive, in that ethical myopia often stems from ethical blindness, that ethical silence can be part of or lead to ethical distress if it is not broken, or that the ethical dilemma can, if unresolved, lead to ethical distress. Yet, putting words to the different ethical discomforts experienced in practice can not only be therapeutic, it can also help to avoid certain ethical issues or better resolve them. Why? Because the solutions to resolve these issues can differ, hence the relevance of properly identifying the issue that a professional is facing. To conclude, it is hoped that this typology will help healthcare professionals to identify the ethical issues inherent in their professional practice so that they can better resolve those that they experience or encounter in the course of their practice.

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