Ethical Decision-Making Model

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INTRODUCTION

As a future child life specialist and a student entering an internship this fall, I need to reflect on the core values that guide me in providing the highest quality of care for patients while maintaining professional and ethical boundaries. My passion for becoming a child life specialist stems from my deep desire to advocate for children during some of the most challenging moments in their lives. I am an empathetic and honest person, and I strive to be a child's comfort person by using my knowledge of child development to educate and support them through hospitalization in an age-appropriate and meaningful way.

Working with such a vulnerable population can be emotionally intense, and it's crucial to develop healthy ways to reflect on and manage my emotional responses—both my own and those of patients and families. Developing a personalized ethical decision-making model can help me stay grounded when facing ethical dilemmas and provide a structured way to navigate personal and contextual factors such as ambition, finances, and public interest in the profession.

When building this model, I reflected on the Association of Child Life Professionals (ACLP) Code of Ethics (2023). Two principles that strongly resonate with me are Principles 1 and 3. Principle 1 being "Certified Child Life Specialists (CCLSs) hold a primary commitment to the psychosocial care of the patient and family to uphold the mission, vision, values, and operating principles of the profession" (ACLP, 2023, p. 2). This principle aligns with my number one objective, which is to provide the best care for patients and to make their healthcare experiences more positive and developmentally supportive. Principle 3 explains that "CCLSs have an obligation to maintain an environment that respects every variation of race, identity, ability, and community" (ACLP, 2023, p. 2). As I work with diverse populations, it is essential for me to treat all patients equitably, recognizing and respecting their uniqueness.

DECISION-MAKING MODEL

Step 1: Identify the ethical violation in question. (Is it a clear violation or a gray area? Is there a safety risk?)

Step 2: Gather the Information about the situation. (What are the facts? What do we know about the patient and family? Are there cultural or personal factors involved?)

Step 3: Look at ethical principles. (What ethical principles are in question? How do they align with my beliefs and values?)

Step 4: Identify any outside factors. (Are there any incentives that are influencing my decision? Are coworkers involved, and are they providing insight?)

Step 5: Look at potential outcomes. (What are my possible plans of action? What are long-term and short-term outcomes? Could I be putting anyone at risk?)

Step 6: Talk to higher authorities. (See other perspectives and involve my supervisor to make them aware of a potential situation.

Step 7: Document the decision. (Write down all actions taken by this decision. Document why the decision was made using child development theory and explanations.)

Step 8: Reflect on my decision. (Was the outcome of my decision what I expected? What would I do differently next time? Did my decision violate my values?)

HYPOTHETICAL SITUATION

I am a Certified Child Life Specialist (CCLS) working in the oncology unit. Sammie, one of my long-term patients, is 10 years old and recently received news that his cancer has become terminal. Sammie has been on my unit for almost seven months, and during this time, I've built a strong and trusting relationship with both him and his family. Throughout his treatment,

Sammie's parents have maintained a positive attitude and have asked me and the medical team not to disclose anything about his updated diagnosis.

Recently, Sammie has started asking me more direct questions about his illness, including whether he is "going to die." I found myself uncertain about how to handle the situation: Do I honor his parents' wishes and withhold the truth, or do I answer Sammie honestly and support him through the reality of his prognosis? Using my personalized ethical decision-making model, I began by identifying the ethical violation in question. While there is no immediate safety risk, withholding the truth from Sammie could cause psychological harm and damage his trust in me. Next, I gathered all available information about Sammie's situation. He is developmentally on track for his age and seems to understand the seriousness of his illness, even though he has not been told he is dying. His parents are coping with his diagnosis by staying positive and avoiding discussions that could increase his stress. I also recognize that I have a strong and trusting relationship with both Sammie and his parents, which makes this decision even more difficult. No matter what I choose, I risk breaking trust with one of them. After gathering the facts, I examined the ethical principles involved. Principle 4 from the ACLP Code of Ethical Responsibility is especially relevant, as it addresses confidentiality. Sharing information with Sammie that his parents have explicitly asked me to withhold could violate their trust. At the same time, Principle 10 comes into play, as it relates to upholding professional integrity, honesty, and using child development knowledge to provide the best care. Withholding information from Sammie may conflict with my values and compromise my ability to support him with developmentally appropriate interventions (ACLP, 2023). I then considered any external factors that might influence my decision. Since I've only been in this hospital for about a year, I worry about how others on the team might perceive my judgment. I'm also worried about how my

relationship with this family will be impacted. Once I have discussed all the information about the case, I will start listing the potential outcomes of my decision, considering both sides. After that, I am prepared to sit down with my manager or supervisor to discuss all the relevant information and potential outcomes, seeking additional guidance. I am hopeful that they can shed light on which ethical violation outweighs the other and any possible compromises. Once a decision was made, I documented everything thoroughly. I included my assessment of Sammie's developmental understanding, his parents' stated wishes, and a summary of my interaction with Sammie. I also noted which ethical principles and developmental theories supported my course of action. Finally, I reflected on the outcome. I decided not to disclose the whole truth to Sammie, as he is under 16 and his parents still hold authority over what medical information is shared with him. However, as a compromise, I met with Sammie's parents to provide education on why honest conversations about death can be important for a child's emotional processing. I gave them resources to support their eventual conversation with Sammie when they feel ready. In my reflection, I noted what went well, what I might do differently in the future, and how this experience affected me. I made sure to practice self-care to address any guilt or internal conflict.

Having a model to follow helped me feel confident that my decision was the right one. I'm excited to utilize this decision-making process during my internship and throughout my career. It will help me stay focused on both my personal values and my ethical responsibilities as a CCLS.

REFERENCES

Association of Child Life Professionals. (2023). *Child life code of ethics*.