

In Scenario 1 of *Making Ethical Decisions in Child Life Practice*, Burns-Nader et al. (2021)

describe a case of a four-year-old girl who is dependent on a ventilator. Her family has decided to remove her from the ventilator, even though she will die. The child life specialist assessed the child's developmental skills and although they want to support the family's decision they face internal conflicts with the extremity of the decision and has a hard time containing working with the family (Burns-Nader et al., 2021). Principle 1 states that the CCLS primary job is to attend to the psychosocial care of the patient and family (ACLP, 2023). In this scenario, the CCLS feels she can't meet the patient's needs due to the internal conflict she is facing regarding the family's decision. Principle 2 emphasizes the importance of maintaining objectivity, integrity, and competence while demonstrating compassion to the patient and family (ACLP, 2023). The CCLS struggles to maintain objectivity in this scenario, which leads them to decide to step away from working with this family. After making developmental assessments about the child, the CCLS feels conflicted about the family's decision, which can potentially affect their professional objectivity and affect the quality of care the CCLS provides to the patient. To maintain professional boundaries, I would follow the suggested principles and withdraw from working with the family, referring them to another CCLS for support. I feel this would best support my responsibility of providing the patient with the best psychosocial care. This supports principle 6 by making an appropriate referral if they can't offer their services effectively (ACLP, 2023).

Scenario 3 discusses the observation of ethical violations in a research study by a CCLS.

Although the CCLS was not part of the research team, they observed that the research team was not following proper protocols regarding the obtaining of consent and assent for participation. CCLS also recognizes that the team only asks parents for their child's participation,

not requesting the participant themselves. Lastly, the team notes all positive outcomes, which allows the CCLS to question the effectiveness of participating (Burns-Nader et al., 2021).

Through this scenario, the principles relevant to this case would be Principles 1, 4, and 9.

Principle 1 emphasizes that the CCLS's primary commitment is to the psychosocial care of the patient and family (ACLP, 2023). In this scenario, the CCLS doesn't believe the child is gaining any benefit from the research study, and they are also not allowed autonomy. Principle 4 applies to this case because it emphasizes the importance of respecting the privacy of children and families by maintaining confidentiality and upholding professional standards (ACLP, 2023).

In this scenario, the research team is not providing the patient with information about the study or the option to participate, which constitutes an invasion of their privacy (Burns-Nader et al., 2021). Lastly, principle 9 states that "CCLS respect the conventions of scholarly inquiry and recognize their responsibility for ethical research practice" (ACLP, 2023, p.3). Although the CCLS was not directly on the research team, this principle requires them to be responsible for ethical practice in research. In this scenario, I would be worried about damaging relationships with the research team in my unit but would need to uphold my ethical responsibility by protecting these patients' rights. I would discuss the ethical violation with my manager, providing factual evidence and refraining from sharing my personal and unprofessional opinions.

Scenario 4 discusses the professional boundaries of social media. The CCLS considers following the social media account of a former patient to receive updates on their medical journey. To me, this seems more like a personal boundary issue rather than a breach of professional boundaries.

According to principle 4, CCLS must respect the privacy and confidentiality of patients and families (ACLP, 2023). In this case, since the social media page is public and was shared to the

CCLS, she is not crossing any boundaries. Principle 10 advises CCLS to “assess and amend any personal relationships, social media exchanges, or situations that may interfere with their professional effectiveness or objectivity” (ACLP, 2023, p. 3). Since the profile was about a former patient of the CCLS, they are technically allowed to follow social media pages. I don’t believe the CCLS is directly violating any ethical boundaries; I think her intention is driven by emotion. In this case, I would not join the social media page. It sounds like the CCLS is already becoming emotionally attached to the patient’s medical journey, which could interfere with their commitment to provide the best care for their current patients. Instead, I would practice self-care and discuss with a manager or colleague how to effectively process difficult cases.