ETHICS AND BOUNDARIES PRESENTATION

APRIL 12, 2019

Douglas C. Smith, M.Div., M.A., M.S.

INTRODUCTION

Ethical Decision Making

CASE STUDY #1: ASSISTED SUICIDE?

Gary was an active man in his early fifties. He simply liked doing things. He was a vice president of a bank, always working well beyond the hours expected of him. He was active in his community, belonging to several civic groups. He was active physically: he enjoyed running marathons.

It was during the running of a marathon that Gary felt some funny sensations in his feet. He pulled out of the race.

The next week Gary was diagnosed with amyotrophic lateral sclerosis (ALS), Lou Gehrig's disease, a gradual paralysis that typically begins with the feet and ever so slowly moves up the body. The person with ALS maintains full mental awareness, but the rest of the body loses its functioning inches at a time. For Gary, it was a seven year process of watching his body lose its functioning more and more each day.

Gary was determined that no matter what that disease did to him he would remain an active person. He would have some meaning in his life, some purpose, no matter what he lost.

Gary decided to continue to be vice president of that bank for as long as he could, even if he had to go to work in a wheelchair, even if that wheelchair would provide him with embarrassing situations: and it did provide him with many embarrassing situations.

One day Gary was in his office bathroom and could not get up off of the toilet on his own. He called out for help. The only person to hear his call was his secretary, who had to

go into the bathroom and lift Gary up off of the toilet. Gary decided that day that he could no longer be vice president of that bank. But he determined that he would not be defeated by that loss; he knew he could find something else to do, something else to give him a sense of meaning, a sense of purpose.

By this time he had a van made for him that he could operate with his hands. He decided that he would use that van to go around his city and teach people about his new area of expertise – ALS. So Gary went to various civic groups and schools teaching people about ALS: this was his new purpose. He taught people about ALS for quite a long time and he felt good in doing that. But the disease did not stop: it was beginning to affect the muscles in the upper part of his body. Then one day he got in an accident while driving the van. That day Gary had to once again acknowledge that he could no longer do something: he could no longer drive that van. But he determined that he would not be defeated by that loss; he knew he could find something else to do, something else to give him a sense of meaning, a sense of purpose.

Now Gary was confined to his home. He called up the local junior college and asked if he might tutor students in his home. If students could come to his home, Gary would tutor them in basic computer skills, knowledge Gary had. He did that tutoring for some time, and that was his new purpose. But the disease did not stop: it began to affect the muscles around his diaphragm and his lungs. He had trouble projecting his voice; his students had trouble hearing him. Once again Gary said to himself that he would not be defeated. Once again he said to himself that he could find something else to give him meaning.

By this time Gary could use only one of his arms to any degree of control. He had his son make a special swivel device to rest his elbow on. Gary, then, with his right hand and his computer designed the software system for his local hospice, a software system that would help them track the health status of all their patients. Gary did that with one hand. It was his new purpose. . . .

When Gary was going around speaking at various civic groups and schools he came to speak at a class I was giving at the local university. (I was also on Gary's hospice care team at the time.) While Gary was at that class, a student asked him whether he had ever thought about taking his own life.

Gary responded: "I have not only thought about it, I am planning on doing it." He continued, "My disease will eventually have me in a bed, unable to move my legs and arms, unable to get out of that bed. I will not get there; I cannot get there. . . . I can tell a couple weeks ahead of time what I'm about ready to lose. And when I'm about ready to lose my ability to move my arm, I will use that ability to take some pills and end my life."

Gary announced that publically. I had to go back to the care team and tell them what Gary had announced he planned on doing.

You are Gary's hospice nurse (Jean) working with him in his home. I have just told you of Gary's intent.

Gary's disease has progressed. He is now in fact confined to a bed, unable to move his legs, unable to move his arms.

Gary takes pain medication: very unusual for someone with ALS, especially at this stage. But Gary has what are sometimes called "phantom pains" in his legs: those pains only being relieved through pain medication. He could take that medication in any number of ways: through a suppository, through a patch, through a drip. But Gary will have none of that because that's something being *done* to him, and Gary doesn't like things being *done* to

him; he likes *doing* things. So he insists on swallowing his pain medication, and he takes a small tablet of concentrated morphine, which he takes one every 8 hours. And Gary's personality is such that he won't even let you put the pill in his mouth; you have to put it on his pillow so he can move his head, stick out his tongue, take the pill, and swallow it on his own. - That's his personality.

You are about ready to leave his home and Gary whispers to you: "Jean. Please put three pills on my pillow so I can take my medication when I want and how much I want. That's all I ask. I just want to be able to take my pills when I want and how much I want."

Some things you know: (1) Three pills at one time, given the weakness of Gary's lungs, might be enough to stop those lungs from functioning. And he had previously threatened suicide: but that threat was a long time ago about a situation that has long since passed. And all he is asking for now is some choice in the receiving of his medication. (2) Gary does not live alone. He lives with his wife who is somewhat disabled. She is however capable of making it to Gary's bedside and deliver those pills one every 8 hours. However, she has told you on several occasions: "Jean. I have lived with this man for 30 years. I know that whenever Gary asks you to do something, you do it. Please do whatever he asks you to do, Jean. Because if you don't do it, I will have to do it. Please do whatever he asks you to do." - You've heard that several times.

How do you respond to Gary? What do you say? What do you do?

DISCUSSION

EXAMINING THE ETHICAL CONSIDERATIONS

LEARNINGS

Example: Whenever possible, consult as many disciplines as possible. (We all see things differently.)

CASE STUDY #2: WHERE'S THE LINE?

After serving as a college chaplain for a couple years, followed by being a minister of a mission church and then an assistant minister at a medium sized church, I, at age 31, found myself being hired to be an assistant minister at one of the largest and wealthiest Episcopal churches in the country: All Saints' Church, Phoenix. (Its membership included Barry Goldwater and a former Attorney General. And its budget line item for trimming its palm trees was greater than my total budget of my mission church – including my salary.) I was living in a brand new home with a swimming pool along with my wife and two young children.

(When you are a minister, you are put on a pedestal; people believe you are superhuman. And it is easy to enjoy being on that pedestal; and you begin to believe that you are superhuman.)

Late one afternoon I was at the church to receive a telephone call from the mother of one of my parishioners, Suzi, a 37-year-old former runner-up to Miss Arizona. Suzi had just been in a serious automobile accident, and the doctors at the hospital believed she would not survive more than a couple hours. I rushed to the hospital to be with her and her mother.

I spent the rest of that afternoon, all of the evening and into the following morning, holding Suzi's hand, talking to an unconscious Suzi and her mother, and saying many prayers, verbally and silently. Later that following morning the doctors said that Suzi was no longer on the critical list. Suzi's mother was convinced I had saved Suzi's life, and told me such.

Until Suzi was released from the hospital, I made sure I visited her daily at the hospital. Once she was released, I would make sure I visited her in her home at least two or three times a week: to both see how she was recovering, but also because I was enjoying my time with her.

Eventually our relationship developed into a sexual affair. We were very discreet, and no one other than Suzi's mother and us was aware of the affair – Suzi's mother not objecting because of her feeling that I had saved her daughter's life.

But, even though no one was aware of what was going on, I was very much aware of what was going on, and I started manifesting physical and psychological abnormalities. I would be doing a worship service and start sweating profusely. I would be at a church coffee hour, talking to someone, then go into a blank stare and completely lose my train of thought – many times.

People were worried that something was very wrong with me: either spiritually, psychologically or physically. My boss asked me if I was getting help; I lied by telling him I was seeing a therapist and there was nothing to worry about. The president of our church prayer group approached me and asked me what her group could pray for; I lied and invented a story about being sexually abused when I was young – knowing that such a lie would keep people from prying. I moved out from my wife and children, saying I needed to work on my problem, moving into a seedy motel where I knew none of my parishioners would ever see me. And I tried to continue doing my job, periodically manifesting very unusual behavior.

My boss, a nice guy (too nice), called the insurance company that covered our health insurance, knowing that the policy would only cover 80% of psychological help, asked if he

might be able to anonymously cover the other 20%. The insurance company informed him that there was not any 20% because there was no 80% being covered.

My boss, Carl, confronted me at the church, wanting to know what was really going on. I told him I would call him the following morning, left the church, went to that seedy motel and did not sleep.

In the morning, I went out to a sidewalk phone. (There were no phones in the hotel.) I put a dime in the phone, dialed Carl's number, said his name and hung up. I gathered myself, put in another dime, dialed, said "Carl" again and hung up. I tried again, said his name and fell to the sidewalk, apparently going into convulsions.

I was later told that someone from across the street saw me fall, came over, picked up the receiver that was dangling from its metal cord, told Carl that I was rolling around on the sidewalk, talking nonsense. I was taken to a psychiatric hospital and gained consciousness two days later.

DISCUSSION

Questions to help:

(a) When did I cross the line between appropriate behavior and inappropriate?
(b) What is a good way of describing what that line is?
(c) What happens when we lie or cover-up wrongs?
(d) Was there ever a point, after crossing that line, where I could have changed the eventual outcome, and how could I have done that?

QUESTIONS

THE REST OF THE STORY

ELIMINATING RELATIONSHIPS OF DOMINANCE

LEARNINGS FROM CASE STUDY #2

Self-Preparation: What To Do Before Entering The Room

HO'OPONOPONO: STARTING FROM A "ZERO-STATE"

Assessing Someone's Ethical/Spiritual Language

A PERSON'S STRENGTH, PEACE, AND SECURITY

1. "What is 'strength' for you? Where can you go to get it? Who gives it to you? How can you get more?"
2. "What is 'peace' for you? Where can you go to get it? Who gives it to you? How can you get more?"
3. "What is 'security' for you? Where can you go to get it? Who gives it to you? How can you get more?"

MEANINGFUL SYMBOLS

The participant would be asked to gather 1-6 objects to place on a small table. These objects would symbolize what is most important in the person's life, what gives this person's life meaning and purpose, what this person most cherishes about his/her life. The objects could be described as "the glue" that holds the person's life together. The objects could also be described as a person's "spiritual/psychological/ethical vocabulary." Possible objects could include:

A. A book or books.
B. A photograph or photographs.
C. Religious objects.
D. Mementos.
E. Art work.
F. Materials gathered from nature.
G. A letter, letters, or other personal documents.

INTIMACY (INTO-ME-SEE)

1. “With whom are you most intimate (close, familiar, loving)?”
2. “With whom do you wish to be more intimate (close, familiar, loving)?”
3. “How would you describe your level of intimacy with God (The Goddess, The Sacred, The Buddha, That-Which-Is-Holy)?”
4. “How would you describe God’s level of intimacy with you?”
5. “What changes do you believe most need to occur with you for you to become more intimate with God?”
6. “What changes do you believe most need to occur with you for you to become more intimate with your family? With your neighbors? With your environment?”

Ethical Decision Making

THE CASE OF #ME-TOO: WHAT IS VIOLATION?

With the #Me-Too movement bringing to everyone’s consciousness the importance of addressing the many forms of violating someone sexually, what needs to be done in organizations with their policies and procedures?

DISCUSSION

a. What is your definition of sexual harassment?
b. What is your definition of sexual abuse?
c. How do sexual violations need to be processed within an organization?
d. What responsibilities does that organization have towards the victim?
e. What responsibilities does that organization have towards the perpetrator?

LARGE GROUP INTERACTION

ADDING TO THE GUIDELINES

Offering Ethical/Spiritual Help Through Prayer/Meditation

SIX WAYS OF PRAYING RESPECTFULLY:
WITHOUT GETTING IN TROUBLE WITH MY CLIENT OR SUPERVISOR

1.

2.

3.

4.

5.

6.

TONGLEN

Recognizing Our Limitations

CASE STUDY: WHERE ARE OUR BOUNDARIES?

When I was Executive Director of a hospice, the head of my social worker team was a woman named Wilma. One day she was making an initial call on a male hospice patient in his home. After about five minutes, the man said, "I don't know what it is, Wilma. You might be good with other patients, but I don't think you're good for me. I don't think we match well. I'd like you to leave my home now, and I don't want you to come back. I don't want to ever see you again." He then escorted Wilma to the door.

The man called me up after the visit and explained to me that he didn't want Wilma as his social worker and asked for another social worker to work with him. He also wanted me to meet with Wilma, saying, "I don't think Wilma listens very well, so I want you to reiterate to her what I said to her and to you."

I met with Wilma and asked her what her version of the interaction with that man was. In her explanation, Wilma said, "He only gave me five minutes. He didn't even give me a chance. There were lots of things I could have done for him. But he just wouldn't give me a chance."

I responded by saying, "Wilma, you just need to put this behind you. The man feels very strong about this. So, do not, do not, under any circumstances go back to that house. Don't."

Wilma apparently didn't hear the message. She went back to the home and knocked on the man's front door. The man came to the front door, saw Wilma, and said, "Wilma, I thought I told you that I did not want to see you again." He then slammed the front door.

Apparently Wilma still did not hear the message. She went around to the man's bedroom window and tried to speak to him through the screen window.

Before Wilma had returned to the office, the man had called me up and reported what had happened.

When Wilma returned to the office, I told her that that man was not the only person that didn't need her anymore. And I fired her on the spot.

DISCUSSION

Questions to explore:

(a) What caused Wilma to do what she did? What feelings were motivating her behavior?
(b) If you were I in this situation, how would you have responded similarly? Dissimilarly?
(c) How do you respond to rejection? By a client? By a co-worker? By a supervisor? By a family member?

LESSONS

Questions to explore:

(a) What guidelines do we need to add to our list based upon what Wilma did?

(b) What guidelines do we need to add to our list based upon what I did, or you would have done, in this situation?

SHARING OF GUIDELINES

THE STORY OF ROSE AND ME

* Doug Smith is the lead instructor for two counseling certificate programs offered through the University of Wisconsin's Department of Continuing Studies, a certificate on counseling the grieving (no matter what their loss: death of a loved one, divorce, losses associated with substance abuse, losses associated with sexual abuse, job loss, losses associated with aging, etc. – offered in both an in-person version and an online version) and a certificate on counseling the terminally ill. Call or Google the University of Wisconsin's Department of Continuing Studies for more information.